

## About Moreno and the Development of Psychodrama

The accompanying monograph on *Psychodrama* by Dr. J. L. Moreno and Zerka T. Moreno is the second in the Roche series, *Adjunctive Techniques in Psychotherapy*. Dr. Moreno has earned world-wide recognition and distinction as founder and principal developer of this method.

Born in Bucharest in 1890, Dr. Moreno received his M.D. degree at the University of Vienna in 1917. In 1921, he founded *Das Stegreiftheater* (The Spontaneity Theater), and it was here that the therapeutic potentialities of

spontaneous acting were revealed, leading Dr. Moreno to formulate the basic concept of psychodrama as a form of treatment.

In 1925, Dr. Moreno came to the United States. He started private psychiatric practice in New York City in 1928, and in the same year began psychodramatic work in various hos-

pitals and institutions in the city. He also conducted a number of sociometric studies.

In 1936, Dr. Moreno founded the first theater for psychodrama. He is founder and president of the Moreno Institute, the only institution devoted exclusively to teaching and training in the disciplines of psychodrama, role playing, group dynamics, group psychotherapy, sociometry, sensitivity training and encounter groups, on the graduate level.



Dr. Moreno has taught at the New School of Social Research, at Teachers College, Columbia University, and has been on the faculty of the Graduate School of Arts and Sciences at New York University. He is a prolific writer, has produced several films and a number of books on psychodrama and has contributed numerous articles published in professional journals. Dr. Moreno is editor of the *International Handbook of Group Psychotherapy*.

Mrs. Moreno (born Zerka Toeman in Amsterdam) attended Willesden Technical College, London, 1934-1938, and New York University, 1948-1949. She studied at the Psychodramatic Institute, Beacon, N. Y., 1941-1942. She is currently Director of Training and Dean at the Moreno Institute and Managing Editor of *Group Psychotherapy and Psychodrama* and the *International Journal of Sociometry and Sociatry*. In addition, she is Director of the International Council of Group Psychotherapy and Secretary for U.S.A., World Center of Psychodrama, Sociometry and Group Psychotherapy. Mrs. Moreno has been author, coauthor and coeditor of numerous publications in these fields. She is Listed in *Who's Who of American Women* (1970) and *Two Thousand Women of Distinction* (1970).

## Psychodrama

J. L. Moreno, M.D., and  
Zerka T. Moreno  
Moreno Institute, Beacon, N.Y.

Two thousand years ago mankind underwent, as we are doing today, a crisis of the first magnitude. To the broad masses, catharsis came not from the philosophical schools of Egypt and Greece, but from Christianity, owing to the universality of the latter's methods and the practicality of its instruments, i.e., love and confession, charity and hope. In our time the social and mental sciences aim at an accomplishment similar to that which religion once attained. Mankind's masses suffer from social and mental unrest. Catharsis will probably come again from instruments which combine universality of method with great practicality. One of the most promising methods of catharsis developed in the last twenty-five years and one fulfilling these demands is the psychodramatic method.

Drama is a transliteration of the Greek δράμα, which means *action*, or a *thing done*. Psychodrama can be defined, therefore, as a science which explores psychologic truth by dramatic methods.

### The Five Instruments of Psychodrama

The psychodramatic method uses mainly five instruments—the stage, the subject or patient, the director, the staff of therapeutic aides or auxiliary egos and the audience.

The first instrument is the *stage*. Why a stage? It provides the patient with a living space which is multidimensional and flexible to the maximum. The living space of reality is often narrow and restraining; the subject may easily lose his equilibrium. On the stage he may find balance again because of the freedom afforded—freedom from unbearable stress and freedom for experience and expression. The stage space is an extension of life beyond the reality tests of life itself. Reality and fantasy are not in conflict, but both are functions within a wider sphere—the psychodramatic world of objects, persons and events. In its logic, the ghost of Hamlet's father is just as real and permitted to exist as Hamlet himself. Delusions and hallucinations are given flesh—embodiment on the stage—and an equality of status with normal sensory perceptions.

The stage is architecturally designed in accordance with therapeutic requirements. Thus, its circular forms and levels—levels of aspiration pointing to the vertical dimension—stimulate relief from tensions and permit mobility and flexibility of action. The locus of a psychodrama, if necessary, may be designated anywhere—wherever the patients are, the field of battle, the classroom or the private home. But the ultimate resolution of deep mental conflicts requires an objective setting, the therapeutic theater. It is as with religion—although the devout person may pray to his God in his own chamber, the church is where the community of believers



attain the most complete confirmation of their faith.

The second instrument is the *subject* or patient. He is asked to be himself on the stage, to portray his own private world. He is told to be himself, not an actor, inasmuch as the actor is compelled to sacrifice his own private self to the role imposed upon him by a playwright. Once he has warmed up to the task, it is comparatively easy for the patient to give an account of his daily life in action, since no one else is as much an authority on himself as he is. He has to act freely, as things come up in his mind; that is why he has to be given freedom of expression, *spontaneity*.

Next in importance to spontaneity comes the process of *enactment*. The verbal level is transcended and included at the level of action. There are several forms of enactment: pretending to be in a role, re-enactment of a past scene, living out a problem presently pressing, creating life on the stage or testing oneself for the future.

Further comes the principle of *involvement*. We have been brought up with the idea that, in test as well as in treatment situations, a minimum of involvement with other persons and objects is a most desirable thing for the patient. An illustration of this is the "Rorschach." The Rorschach situation is reduced to ink blots. In the Rorschach the subjects change but the situation is always the same. Its greatest virtue is thought to be that it is "pure" and therefore offers an objective test. The psychoanalytic interview in its orthodox form, too, tried to be pure and objective, by reducing involvement with the analyst to a minimum. In the psychodramatic situation, on the other hand, a *maximum* of involvement with other subjects and things is not only possible but expected. Reality is not only not feared but provoked. Indeed, in the psychodramatic situation all degrees of involvement take place, from minimum to maximum.

In addition, there is the principle of *realization*. The patient is enabled not only to meet parts of himself but also the other persons who participate in his mental conflicts. These persons may be real or illusions. The reality test, a mere phrase in other therapies, is thus actual-



ized on the stage. The process of warming up the subject to psychodramatic portrayal is stimulated by numerous techniques, such as self-presentation, soliloquy, projection, interpolation of resistance, reversal of roles, double ego, mirror techniques, auxiliary world, realization and psychochemical modalities. The aim of these sundry techniques is not to turn the patients into actors, but rather to stir them up to be on the stage what they really *are*, more deeply and explicitly than they appear to be in ordinary life.

The third of the five instruments of psychodrama is the *director*. He has three functions: producer, therapist and

analyst. As producer, he has to be on the alert to turn every clue which the subject offers into dramatic action, to make the line of production one with the life-line of the subject and never to let the production lose rapport with the audience. In his role as therapist, it is just as permissible for the director to attack and shock the subject at times as to laugh and joke with him. At other times he may become indirect and passive, and for all practical purposes the session seems to be run by the patient. As analyst, he may complement his own interpretation by responses coming from informants in the audience, husband, parents, children, friends or neighbors.

The fourth instrument is a staff of *auxiliary egos*. These auxiliary egos or therapeutic actors have a dual significance. They are extensions of the director, exploratory and therapeutic, but they are also extensions of the patient, portraying the actual or imagined *personae* of his life drama. The functions of the auxiliary ego are threefold: the function of the actor, portraying roles required by the patient's world; the function of the therapeutic agent, guiding the subject; and the function of social investigator.

The fifth instrument is the *audience*. The audience itself has a twofold purpose. It may serve to help the patient or, being itself helped by the subject on the stage, the audience becomes the patient. In helping the patient, it is a sounding board of public opinion. Its responses and comments are as extemporaneous as those of the patient. They may vary from laughter to violent protest. The more isolated the patient is (for instance, because his drama on the stage is shaped by delusions and hallucinations), the more important to him becomes the presence of an audience willing to accept and understand him. When the audience is helped by the subject, thus itself becoming the patient, the situation is reversed. The audience sees itself, that is, one of its collective syndromes, portrayed on the stage.



## Psychodrama and Mental Catharsis

Now that we have described the five basic instruments required to run a psychodramatic session—stage, patient, director, auxiliary egos and audience—we may ask ourselves: To what effect? We will limit ourselves here to the description of a single phenomenon, mental catharsis.

Breuer and Freud were ignorant of the psychotherapeutic implications of the drama milieu to which Aristotle referred. It remained for psychodrama to rediscover and apply the idea of catharsis in its relation to psychotherapy. We picked up the thread of thought where Aristotle had left off.

We, too, began with the drama but reversed the procedure. It was not the end phase but the initial phase of the drama toward which we directed attention. When we entered the scene with our investigations, mental catharsis was to be found only in dramatic literature, in faded memories of Aristotle's old definition, and the term itself had virtually gone out of circulation. The psychoanalysts, after a flare-up in the early 1890's, had pushed it aside. As almost every human activity can be the source of some degree of catharsis, the problem is to determine in what catharsis consists; in what way it differs from happiness, contentment, ecstasy, need-satisfaction and so forth; whether one source is superior in the production of catharsis to another source; or whether, indeed, there is an element common to all sources operating in the production of catharsis. Therefore, the aim has been to define

catharsis in such a way that all forms of influence which have a demonstrable cathartic effect can be understood as positive steps within a single total process. Psychodrama revealed the common catharsis-producing principle to be *spontaneity*.

## Psychodrama and Its Tributaries

Because of the universality of the act and its primordial nature, psychodrama engulfs all other forms of expression. They flow naturally out of it or can be encouraged to emerge—verbal associations, musical associations, visual associations, color associations, rhythmic and dance associations and every other stimulus that might arouse or inhibit the emergence of one or another factor. For instance, the use of psychochemical "starters," e.g., sedatives such as the barbiturates, sodium amylal and sodium pentothal, shock methods such as insulin therapy, metrazol or electricity or hormonal medications such as thyroid, are fully within the scheme of total catharsis. They may condition and prepare the organism for psychodramatic integration. The need for the drama can be temporarily choked, for instance, by sleep or shock therapies. But the fundamental need for the realization of certain fantastic imageries can not be "shocked away." Unless the subject is reduced to a brain invalid by surgery or prolonged shock treatments, the temporarily scared patient is bound to relapse and reproduce the same type of mental syndrome he had before treatment began. It is into the stream of action catharsis that all the rivulets of partial catharsis flow.

## Therapeutic Effect on the Audience

The treatment of audiences has become an important alternative to in-

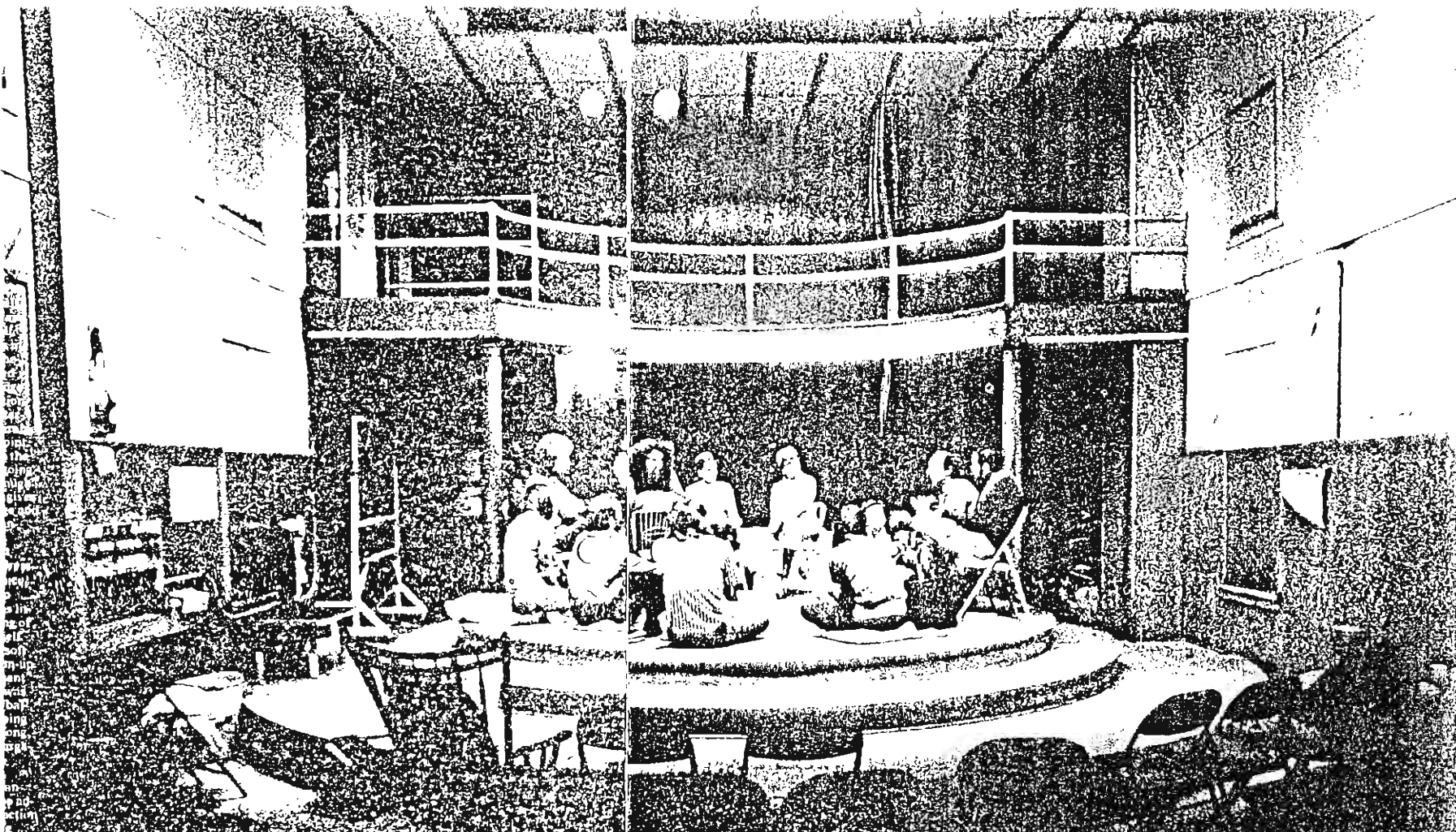


dividual treatment. The relationship of the audience to itself in a psychodramatic session, being treated by its own spokesman on the stage, gives us a clue as to the reasons for the cathartic effect of psychodrama. According to historians of the Greek drama, the audience was there first, i.e., the chorus, musing about a common syndrome. There were "keynoters" among them, but they remained within the chorus. Thespis is credited with having put the first actor upon a social space outside of the chorus, namely, the stage, not speaking to them but portraying the woes of their own hero. Aeschylus is credited with having put the *second* actor on the stage, thus making possible dialogue and the interaction of roles. We may be credited with having put the psyche itself on the stage. The psyche which originally came from the group after a process of reconversion on the stage—as personified by an actor—returns to the group in the form of the psychodrama. That which was most startling, new and spectacular to see and to feel on the stage appears to the participants, after thorough exposure, as a process as familiar to them and intimately known as their own selves. The psychodrama confirms their own identity as in a mirror.



### **Influence of Psychodrama on Group Psychotherapy**

The stage portion of a psychodramatic session has opened the way to action research and action therapy, role testing and role training, situation tests and situational interviews, whereas the audience portion has become the common ground of the better-known forms of group psychotherapy, such as lecture methods, dramatic methods and film methods. The scientific foundations of group psychotherapy require as a prerequisite a basic science of human relations, widely known as sociometry. It is from "sociatry," dealing with the pathologic aspects of such a science, that knowledge can be derived as to abnormal organization of groups, the diagnosis and prognosis, prophylaxis and control of deviant group behavior.



### The Process

The group is preparing to enter into action. Here they are warming up to one another as a new group which has just commenced. They are presenting themselves to the group members, stating the reason for their presence in the group. The circular stage lends itself well to eye contact between members, face-to-face meetings in which all are equal, therapists and patients or protagonists alike. Once a protagonist

emerges - usually a person with the most intense need to get to work on himself for himself - the group members will leave their seats at the edge of the stage. They know that this is the hardest step to take, the biggest and the most decisive one. The first step from the seating position into the actorial position, center stage.

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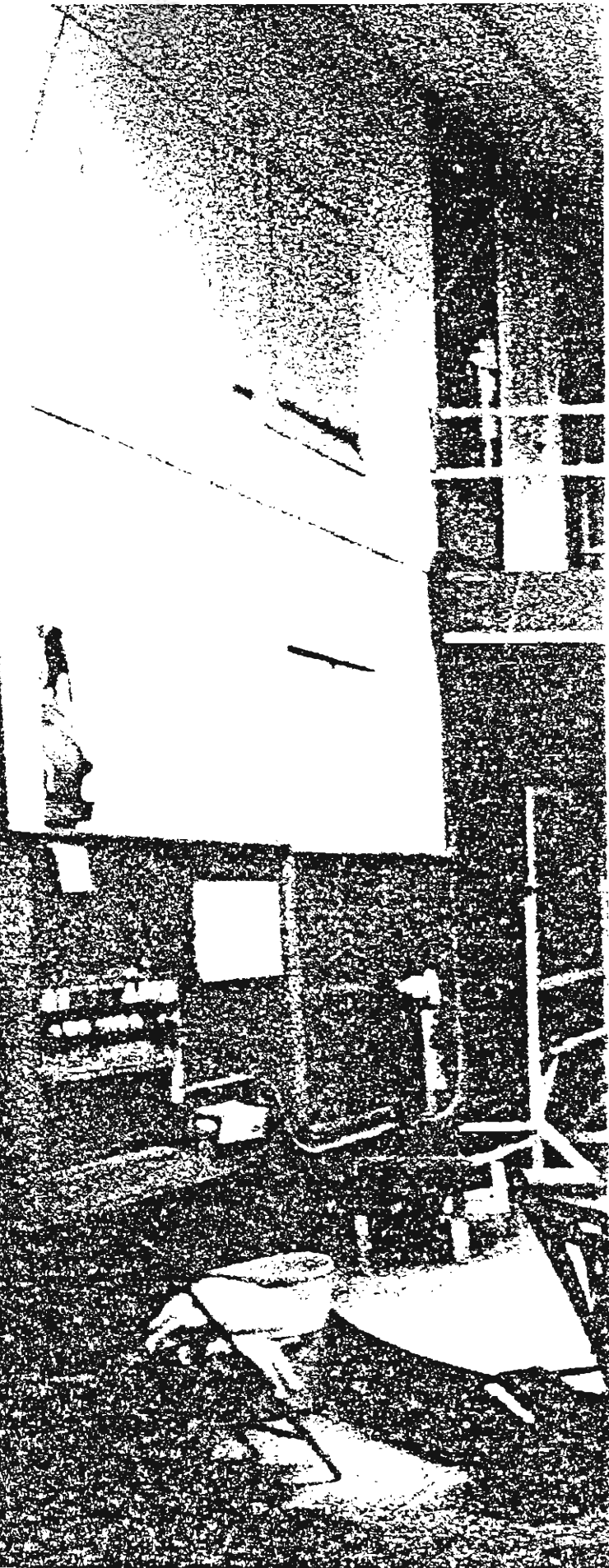
**Psychodrama Illustrated  
by J. L. Moreno, M. D.  
Zerka T. Moreno**

**Scenes photographed at  
the Moreno Institute,  
Beacon, New York**

### **The Setting**

This is the original theater of psychodrama, designed by J. L. Moreno, constructed at Beacon, New York, in 1921. It consists of three concentric circles of which the bottom one merges into the seating space and the group space. This is the only theater built to date which has a complete fourth level, a balcony, emphasizing the vertical dimension. It symbolizes man's attempt to lift himself upward and offers many practical advantages in the psychodrama process itself. For example: When the protagonist is involved in a scene on the top level of the stage which embodies earth, a deceased member of the family, or God, or a judge, may simultaneously be part of the action on this superior level, commenting, interceding, etc. Conversely, when it is desirable for the protagonist to get a new viewpoint, he may be sent up on the balcony with the scene below either being repeated or going into the dimension of "as it comes through" to the participating actors. This, then, gives the protagonist an opportunity to judge and evaluate for himself the essential meaning of this aspect of his life. Or, if the protagonist is a psychotic with a Christ or Adolf Hitler syndrome, he may address the multitude below from that lofty place. Then the group members are forced to "look up to him," figuratively as well as literally, giving the protagonist the feeling of power he so badly needs to fulfill himself. The colored lights may be turned to a soft blue to deepen the intensity of the warm-up. This level has also been used to represent earth, while the top level of the stage was the setting for a scene in hell; then the balcony was earth and the decision was being made by the earth dwellers, as to how long the protagonist needed to remain in purgatory. Hell scenes are usually bathed in deep-red lights.

Experiments with stages other than circular have quite definitely shown the advantage of the circular model, in that action with new *dramatis personae* appearing, the scene seems to serve the protagonist or



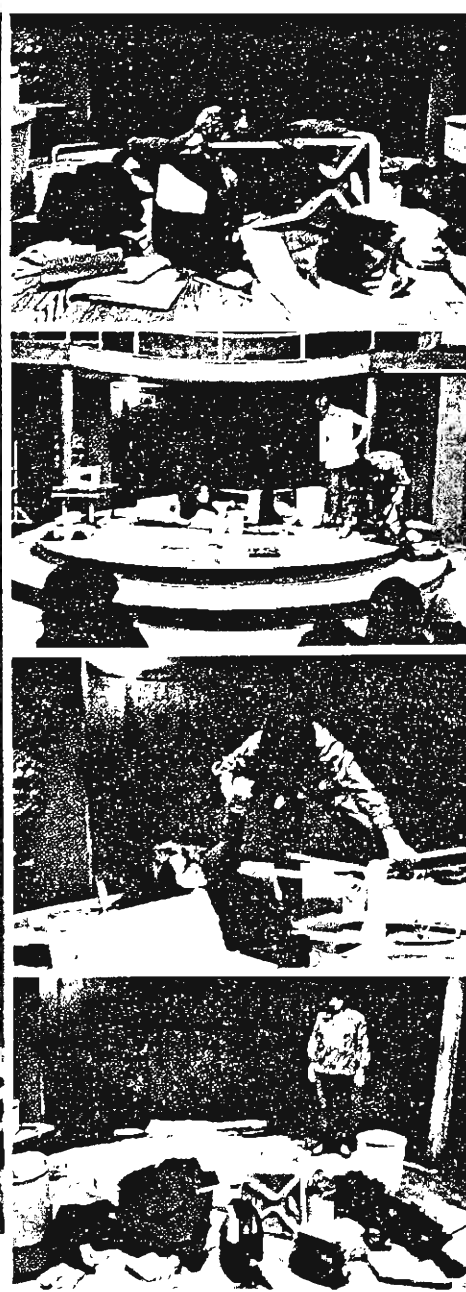
Experiments with stages other than circular have quite definitely shown the advantage of the circular model, in that action with new *dramatis personae* appearing upon the scene to rescue the protagonist or bring about new dimensions in the psychodrama can be entered into from almost any point on the periphery without interrupting the protagonist's warm-up. Unless the latter is obsessive about his psychological space, the entrance can be made without disturbance.

The circular form symbolizes the world, our planet; the circle stands also for unity, perfection, wholeness and a sense of being encompassed. All this is aided by the dimming or intensifying of colored lights.

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emerges — usually a person with the most intense need to get to work on himself or herself — the group members will leave the stage, yielding up the entire space, and take their seats at the edge of the stage. They know that this is the hardest step to take — the biggest and the most decisive one — that first step from the seating position into the actorial position, center stage.



## The Protagonist

Adaline is deeply depressed; she manifests this depression in an inability to mobilize her energy and focus on a task which badly needs to be completed: clearing up the mess she has been accumulating in her house. The house is not dirty but it requires straightening out. There has been an accumulation of odds and ends in it which, over a few years, has grown into a tangled mass of clothing and furniture that ought to be discarded, and whatever may be of use ought to be reorganized into a livable whole. But, although she has been functioning extremely capably as a professional person, this aspect of her private life is a continuing reproach to her. She is unable to master her home environment, burdened as it is by the memories of a marriage which ended in divorce. It is both a symptom and the result of her depression, as well as a stimulus for further depression. The size of the task looms threateningly before her eyes; her conscience prods her to take charge and simultaneously accuses her of being unworthy of such a nice home.

The scenes depicted here show how she visualizes the mess and the items of which the heaps consist; and how, with the encouragement of the director-therapist supporting her in her decision to keep, give away or discard items, she starts tackling the task as she moves about the stage.

The soliloquy begins with her conscience reproaching her out loud, but as the process of physically organizing the piles begins to move her more systematically, she changes her tone from one of accusation to clarification, gradually to supportive mild encouragement and, finally, with a note of satisfaction, she views the neatly stacked piles of possessions.

It is a learning-by-doing, aided by a growing sense of mastery and a reorganization of perception of self as well as of the dimensions of the task itself, which now no longer holds her in its grip. This sense of accomplishment is integrative in itself; in turn, it reduces the self-reduction which has plagued the protagonist for a number of years.

The protagonist has reported progress in actually commencing the job at home.

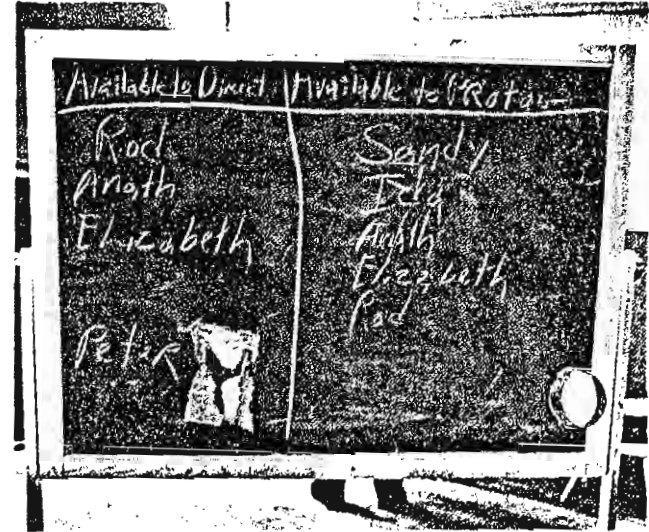
## The Blackboard

This may be used for the technical illustration of the group's interpersonal organization or for the roles which are relevant in the current interaction, or simply to establish some order in the turns to be taken on stage by protagonists and directors. The protagonist may choose his or her director from among the several therapists in the group and may indicate at what point in time he wants this to happen. The process of total inclusiveness which is one of the precepts carried out in the psychodrama will thus ensure that no one is left out.

Clearly visible on this blackboard is a good-sized gash on the lower left. This was occasioned by an angry protagonist who

was warming up to a violent confrontation with his father, now deceased, a man who had dominated the son throughout his lifetime in many subtle ways and was continuing to do so from his grave.

Such furious actions are quite frequently witnessed in the psychodrama theater and are often used as the starting point for the psychodrama itself, as it was in this case, when the therapist asked: "For whom was that blow meant?" It was a mere step from the act of aggression to the scenes which evoked it in the mind of the protagonist. The reader is referred to the next few pages in which this type of psychodrama is portrayed.





**The Lovers**

Problems with members of the opposite sex are honestly explored in psychodrama. Peter has expressed his concern about his inability to make a permanent commitment to a relationship although he is at an age when most young men are married and raising a family. He is again about to break off a relationship with a young woman— here portrayed by an auxiliary ego, a trained psychodramatic therapeutic actress—although he loves her. His fear of entering into the future committed to a marital situation with all its responsibilities and burdens leads him to go up to a certain point in the relationship, only to break it off when his involvement becomes too entangling.

This has become a pattern over the past ten years or so, and he is becoming increasingly disturbed by the spectre of loneliness facing him.

The auxiliary ego is encouraged to be as loving, warm and receptive as possible, in order not to support him in a negative

warm-up. The largest picture shows the two lovers, now projected into a scene of the future constructed by the director-therapist, in which he is warming up to ask her to marry him.

Not shown in this sequence is the discovery he makes, as he goes through this psychodrama, that his fear of permanent entanglement is related to his fear of losing his beloved, much the way he lost his mother at the age of 4. Committing himself means being vulnerable to the most painful loss of all.

A later psychodrama dealt specifically with the loss of his mother by death, and Peter was given an opportunity to have his mother back, here and now, in the present, as a grown man. In that scene, in role reversal, Peter, as his own mother, assured the auxiliary ego portraying him that his fear was ungrounded and that she could see no reason why the same fate should befall his wife.

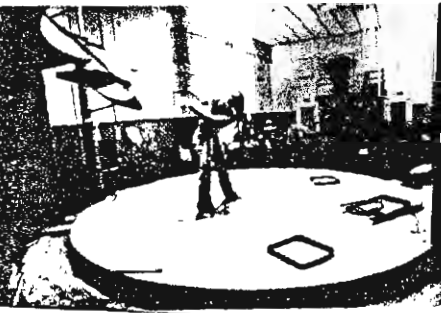


### Daughter-Mother Conflict

Nora presents her lifelong hatred for her mother and everything this woman denotes to her. Recently, Nora's father died and this loss has more clearly brought the chasm that separates them into focus. Here Nora is throwing out all the parts of the diseased relationship she has been carrying within her, shouting out all the dreadful things her mother has done to her and to her father from her childhood on.

As she flings the chairs far and wide, she experiences deep catharsis. Nora's final act is systematic tearing up of a sheet which represents a recent gift of an afghan her mother made for her. Nora has hidden this afghan deep in a closet, out of immediate sight. Now she has found the courage to actually rip it apart, symbolizing her breaking of the umbilicus as well as destroying all the afghans her mother has produced for friends and relatives and which to Nora stand for the subtle ways her mother makes people dependent upon her and obligated to her at the same time.

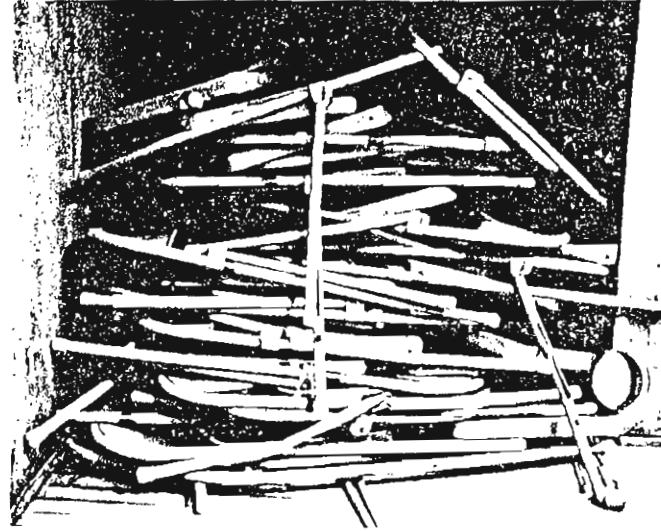
Nora wanted no tender reconciliation with her mother. Psychodrama takes care not to sentimentalize the protagonist's feelings.



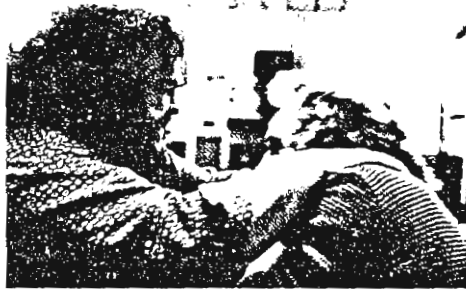
## The Cemetery

The broken chairs represent the remains of some violent purging of hate for unloving parents or siblings, rejected authority figures, etc. Protagonists are encouraged to release these intense wells of hostility in order that they may go on from there to more loving, complete relationships. It is a basic tenet of psychodrama that it is better to kill some hated person

in the theater than to do this in life itself, outside the theater. In addition, the protagonist can, if and when needed, be judged or stand trial or experience the consequences of these acts, rather than being punished for them. The psychodrama is a learning beyond what is possible in life itself, in a nonpunitive fashion, a laboratory for learning to live and to love.



...into this light...  
from the pictures, however, he is a slight h



## Son-Father Conflict

Derek has been the object of much physical aggression from an alcoholic father who has abused him and his mother from his early childhood. Derek was never able to confront him in life as an equal and now that he is a young man, in full possession of his physical faculties, his father is a broken hull of a man, not a fit partner for an even fight. The psychodrama director-therapist has provided Derek with an alternative, in the form of a live powerful male auxiliary ego, whom he can face and with whom he can get into physical combat. Derek has literally been spoiling for a fight with his father for years and it is hard to convey the passion with which he enters into this fight. As is clearly evident from the pictures, however, he is a slight

young man, not nearly as sturdily constructed as his auxiliary ego father. Nevertheless, the auxiliary ego was literally upset by Derek who brought him to his knees. The auxiliary ego assured everyone present that he had not made it an easy fight for Derek; on the contrary, he had given him blow for blow. But he himself was utterly amazed by the intense power Derek was able to muster against him, denoting the enormous burden of hatred and pain he had been carrying around all these years.

In contrast with Nora's session, the final scene shows Derek sobbing his heart out, sitting on his auxiliary ego father's lap, actually a scene which never did or could have taken place in life but which the

young man so desperately needed to clean up the past with his father. This type of psychodrama involving enormous physical involvement with an actual person can not be overestimated in its effectiveness. Many a young man is unable to reach his maleness until and unless he is able to experience such contact on the most elemental, primeval level of his being. Only after this has been achieved can the protagonist begin the emotional repair work needed to be done in the relationship. At the same time, the tenderness experienced as coming from a genuine, effective male in all its dimensions releases the hurt little boy's tears and his readiness to ask for and receive loving affection. Heal the hurt child!

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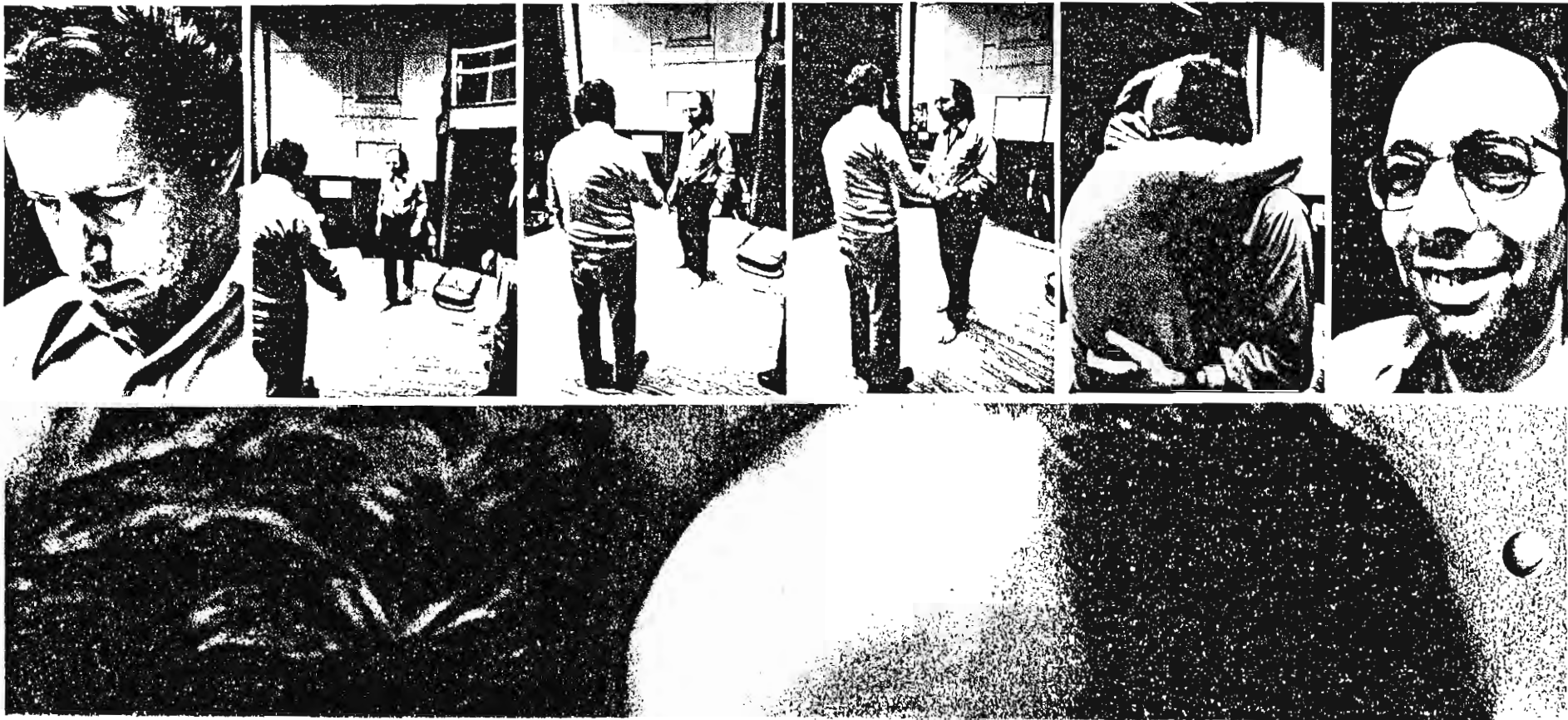
## Peer Conflict

Two members of the group, Daniel and Kenneth, honestly confront each other with the fact that they feel a barrier between them. Neither can quite put his finger on the sore spot; they have not argued or been hostile or in any way involved, yet they feel a subtle entanglement with one another, made up of many conflicting emotions. Indeed, they have been avoiding dealing with this as it makes them extremely uncomfortable, but this is the final day of the three-week marathon and the entire group is disbanding, each

going his separate way. They come from different continents and may never meet again. Somehow they want to clear up the matter between them, but how and where to start? They are both thoughtful at the start of the session.

The director suggests that they move away from each other, leaving as much space between them as feels comfortable, and then, as they commence to confess their mutual irritations with one another, to step toward each other as much as they feel is suitable and only when it is genu-

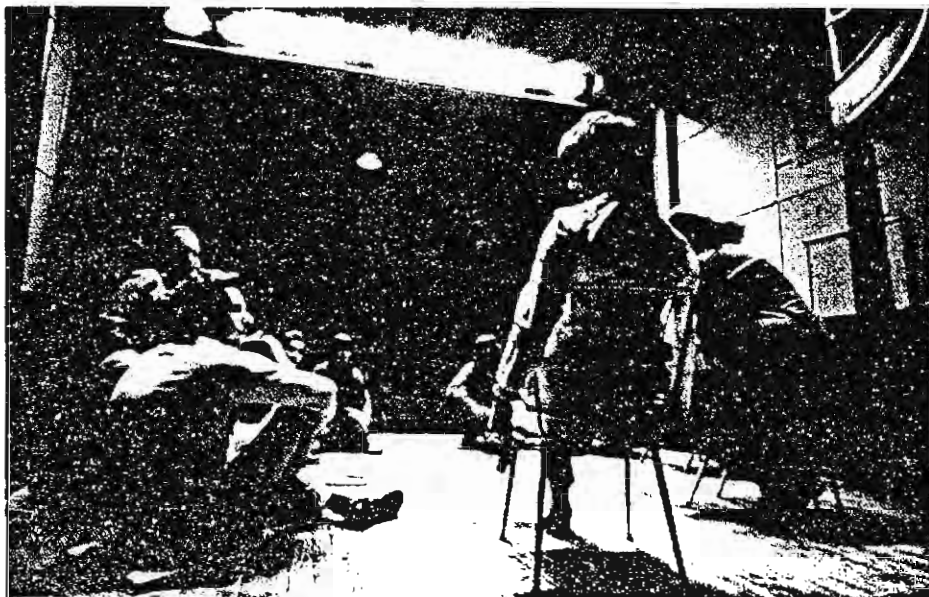
ine. Slowly they begin to confess the various ways in which they irritate or threaten one another. In doing this, they discover that they both stimulate similar experiences and emotions in each other and then they recall some of the psychodrama sessions each has produced. It is their similarities, not their differences, which rub against each other and bruise them. When they have made this confession, their faces express incredulous relief. Now they can face each other honestly and finally embrace warmly, as good brothers.





### **The Horn of Plenty**

Psychodrama sessions use up enormous quantities of emotional and physical energy. The marathon structure of the intensive groups depletes the members to such a point that it has been found useful to supply sweets for consumption during the sessions. This basket was filled to the top at the start of the sessions here depicted. Now the basket is showing its bottom and will soon have to be replenished. Visitors and new group members repeatedly marvel at the fast disappearance of the contents but find great delight in having such a basket there; it is as if their childhood dream of unlimited sweets has become a reality. Here no one warns them not to eat before meals; instead it is proffered to all and sundry, provided, of course, there are no contraindications. The child in us delights at such unheard-of indulgence and appreciates its implication of still other goodies to come!



### **Closure and Sharing**

No psychodrama marathon can be complete without a summing-up of the gains and learning achieved. Not only does every session end by sharing, but all final sessions, in one way or another, end as they started, with encountering, expressions of mutual concern, future plans for returning, professional goals to be reached, etc.

## The Rocking Chair

The return of the rocking chair is a happy event in psychodrama: it brings us back to our infancy when rhythmic rocking satisfied a basic need. Here a protagonist who has just completed a deeply moving, emotionally draining session is soothingly talked to by the director while gently rocking in the chair. When this scene is finished, the protagonist will re-join the group out front, sitting side by side with the director-therapist, and group members will share emotional involvement with the protagonist's psychodrama. Thus, step by step, the protagonist will be led back into the circle of the group while the group members once more prepare their own warm-up for their next session.

