A PSYCHODRAMATIC INTERVENTION WITHIN A T.A. FRAMEWORK IN INDIVIDUAL AND GROUP PSYCHOTHERAPY

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The past several years have witnessed a creative emergence of new therapies. The proponents of these innovative therapeutic approaches have attempted, with more or less elegance, to describe the theoretical basis for their approach (Berne, 1964; Mintz, 1971; Perls, 1973). Unfortunately, the trend among mental health practitioners has been to emphasize the technique with little or no regard for theoretical underpinnings. Although, as pointed out elsewhere (Naar, 1975) theoretical underpinnings are not absolutely necessary for an effective intervention, they nevertheless offer a number of advantages. They enable the therapist to proceed in a logical, rational manner and permit him/her to make predictions, thus broadening already existing knowledge.

Many of these techniques were borrowed, modified, and/or plagiarized from Moreno's psychodrama, the generic basis, one might say, for the current new approaches. Psychodrama, a philosophy of life as well as a therapeutic modality, rests on sound and well-delineated theoretical foundations (Moreno, 1959; Moreno, 1964; Moreno, 1974), and the techniques derived from the theory (Moreno, 1966; Moreno, 1975) are of such elegance and flexibility that they lend themselves to use within a variety of theoretical frameworks. Under the impetus of the non-traditional therapies of the recent years, the use of techniques derived from psychodrama greatly increased; but such use was neither steeped in Moreno's theory nor soundly anchored in other theoretical approaches—a reflection of the provincial, contemporary stance marked by concern for "what works" and little interest, if any, for "why does it work" (Patterson, 1974).

In the belief that a specific therapeutic technique can have greater effectiveness when used within a coherent theoretical framework and that the two questions "what works" and "why does it work" should go hand in hand, this paper describes how a modified psychodramatic "warm-up" may be used within a Transactional Analysis theoretical framework, both as a therapeutic and a diagnostic tool, individually as well as within a group. I will briefly discuss the theoretical basis for the use of the technique, describe the technique itself, and quote excerpts from two instances illustrating its application.

The effects of early learning upon present behavior are, of course, undisputed. The effects of early parental interactions upon present behavior have been particularly emphasized by a number of psychotherapeutic schools, such as psychoanalysis (Mahler, 1975) client-centered therapy (Rogers, 1951), and transactional analysis, or T.A. (Berne, 1964).

According to T.A. theorists, personality can be conceptualized as made up of three aspects or "ego states". The ego states, titled *the Child, the Adult,* and *the Parent,* manifest themselves in the individual's behavior at different times. The Child ego state manifests itself in expressions of spontaneity, creativity, drive, joy and rebellion. The Adult ego state manifests itself in the individual cognitive behaviors. It copes with the outside world and, in addition, mediates between the activities of the Parent and the Child. The Parent ego state has two functions: It has survival value for the human species because it enables individuals to behave as parents of actual children and, secondly, it makes certain kinds of behavior automatic, thus conserving much time and energy which can be used by the adult in order to make more important decisions. To quote Berne, "conception of personality in terms of the above three ego states presents a number of implications as follows:

1. That every individual has had parents or substitute parents and that he carries within him a series of ego states of those parents (as he perceived them) and that these parental ego states can be activated under certain circumstances.
2. That every individual (including children, the mentally retarded and schizophrenic) is capable of objective data processing if the appropriate ego state can be activated.
3. That every indivdual was once younger than he is now and that he carries within him *fixated relics from earlier years which can be activated under certain circumstances*[1] (Berne, 1964, pg. 24)."

Two expansions of the above constructs are necessary in order to make more explicit the use of the technique which will be described below.

1. Among Parental ego states carried by the individual may be undue criticism and rejection of one's self as a child. For instance, if an individual has been rejected by his parents as a child, or if his parents were overly critical and judgmental of him, the individual may carry that ego state within himself and thus be rejecting and overly critical and judgmental of himself. This carried Parental ego state, rejection and criticism of self, can be either always active or latent and activated under certain circumstances.

[1] Author's italics.

2. Among the fixated relics from earlier years carried as part of one's Child ego state are not only creativity and spontaneity, but also fear, weakness and vulnerability as experienced by a child. It should be pointed out that whereas felt vulnerability, weakness and fear may have been legitimately experienced earlier in life, the threatening stimulus may be absent when the child has grown up. The felt experience, however, may have remained fixated and be reactivated again under certain sets of circumstances.

It is clear, of course, that not only the three ego states but their smooth functioning and interrelations have a survival value for the organism. Conflict and disturbance may occur (a) when such interaction becomes unbalanced or (b) when, because of unusual circumstances, destructive Parental or Child behaviors are temporarily reactivated.

TECHNIQUE

The technique is the author's modification of a psychodramatic "warm-up" demonstrated in his presence by Marcia Robbins Sprague, a director of the Moreno Institute, presently residing in England. As modified, it consists of a guided fantasy followed by a dialogue during which the subject plays two parts. In the fantasy, the subject is asked to imagine himself[1] as he is today (i.e., an adult) facing himself as he was (i.e., a child). In the dialogue, the subject alternates between being his grown-up self and his child self, thus becoming aware of the possibility that some earlier feelings have been reactivated and hampering his present behavior, or he may become aware of certain attitudes which he has toward himself and which may have been similar to attitudes which his parents had towards him.

The following two cases illustrate the technique and its results. In the first case, the technique is used in a psychotherapeutic manner, and in the second case, it is used as a diagnostic tool as well as therapeutically. The first interaction occurred in an individual session and the second in a group.

Case 1: Jane was a 25 year old psychiatric nurse who had come to therapy approximately five years ago while in Nurse's Training. At that time she was complaining of a general dissatisfaction with life and particularly her school work, poor family relationships, loneliness, depression and "alienation". She remained in therapy for approximately two years and did quite well in the sense that her zest for life was re-awakened, she successfully completed her training and was able to wean herself away from her family while maintaining friendly relations with family members. Approximately two years later she married a young physician, shortly before his being drafted

[1] For brevity's sake, and because the author is male, the masculine pronoun will be used throughout except when reference is made to a female patient.

into the service and assigned to an Army post near a thriving Mid-West metropolis. Eventually, Jane and her husband, aware of many incompatibilities, decided to divorce. The divorce was amicable and the two parties remained on friendly terms. In the meantime, however, Jane had become the administrator of a small psychiatric hospital, a well-paid and responsible position which she thoroughly enjoyed. She wanted very much to keep her job but was very frightened at the thought of being alone, without the emotional and psychological support provided by her husband. She returned to Pittsburgh for a brief vacation and we met once. We spent part of the hour discussing the pros and cons of remaining in the Mid-West in her present position versus returning to Pittsburgh where she had many friends and acquaintances. Twenty minutes before ending the session, she was asked to have a fantasy. The following interaction took place:

THERAPIST (TH.): I would like you to close your eyes and imagine yourself back in time, as far as you can go. It's like climbing on a time machine and seeing your life like a motion picture projected in reverse. Experience yourself becoming younger, younger yet, much much younger, a very little girl. Can you see yourself?

JANE (J.): (Nods)

TH.: How old are you?

J.: About five.

TH.: Get acquainted with yourself, look at the way you are dressed. Feel your face, your hair. Imagine yourself in a large empty room with a large size mirror. Can you see the mirror?

J.: Yes.

TH.: You know that anything can happen in a fantasy. After all, it's only a fantasy. As you look into the mirror, you see that it is a very unusual mirror. You don't see your reflection in it. Instead, you see a vague, indistinct silhouette. As you keep staring at it, it becomes clearer, and . . . clearer. It is now quite distinguishable. It is you, but you today, you as an adult. The adult You steps out of the mirror, into the room and stands right next to the child You. Be the adult first and talk to the child.

J. (*as the Adult*): Hi! What are you doing there?

TH.: Now be the child.

J. (*as the Child*): I don't know.

TH.: I want you to look at the child's face. Can you tell me what you see?

J.: I see loneliness and fear.

TH.: Tell her.

J. (*as the Adult*): Why are you so afraid? Things can't be so bad.

TH.: Now be the child and look at the grown-up. What do you want from her?

J. (*as Child*): I want you to stay here. Don't go away. Don't leave me.

TH.: What do you feel now, Jane?

J.: I'd like to tell her . . .

TH: (*interrupting*): Tell her.

J. (*as Adult*): I won't leave you. Don't be afraid. I'll stay with you as long as you want me to.

TH.: Look at the child's face. What do you see now?

J.: More peaceful, but still a little afraid.

TH.: What do you want to tell her?

J.: I want to tell her . . . (voice trails off) . . . everything will be OK. Don't cry. I'll help you. I . . .

TH.: How do you feel about the child?

J.: I like her very much. I want to help her.

TH.: Tell her.

J. (*as Adult*): I love you very much . . . very much.

TH.: What do you want to do, Jane?

J.: I'd like to put my arm around her and hold her.

TH.: Kind of difficult, isn't it? She is so small and you are so big.

J.: I could kneel.

TH.: Go ahead. . .

J.: (Puts her arms around herself and cries silently, rocking gently right and left.)

TH.: It feels good, doesn't it? Stay together for as long as you want to. Then blend together into one and open your eyes.

After a while, Jane's tears subside. She opens her eyes, looks very peaceful, smiles.

J.: You know, I found out something.

TH.: What's that?

J.: I found out that I don't need someone to be with me and love me all the time. I am perfectly capable of loving myself. I mean . . . I can hack it.

Jane was indeed quite capable of "hacking it". She returned to her post and did quite well.

Case 2: Father Jonathan, a Catholic priest in his late thirties, came to therapy for a number of problems the nature of which is not relevant to this paper. After a period of individual therapy, he joined a group led by the author. A bright, perceptive, sensitive fellow, always eager to help others and extend himself, he was incapable of accepting anything from other people, be it material gifts or demonstrations of friendship and affection. When confronted by the group he attributed his tendency to his religious training which attached a positive value to giving but de-emphasized receiving from others. He was asked and accepted to experience a fantasy.

The introduction to the fantasy was essentially the same as for Case 1 with the exception that Father Jonathan saw himself as a six year-old child. The rest of the interaction was as follows:

TH.: Be the adult first and talk to the child.

FA. J. (*as Adult*): Who are you? What are you doing here?

TH.: Now be the child and answer.

FA. J. (*as Child*): (silence)

TH.: It seems as if he doesn't have anything to say. Can you be the adult again?

FA. J. (*as Adult*): You should be in school, not wandering around like this.

TH.: Now, speak for the child.

FA. J. (*as Child*): I don't know what to do.

TH.: Look at the child, what do you see on his face?

FA. J.: Confusion, fear, loss.

TH.: How do you feel about this child? He is so small and he feels lost, frightened.

FA. J.: I don't know . . . I feel kind of remote, not close to him.

TH.: Tell him.

FA. J.: I feel far away from you. I wish you'd go away. (Pause) He looks very sad.

TH.: What do you want to tell him?

FA. J.: I want to help you.

TH.: Can you reach for him?

FA. J.: (*Shakes his head "No"—grips the arms of the chair violently for a while, then opens his eyes and holds his head between his hands*) Oh, my God, my God, that was me, it was me. What kind of man am I that I can't even reach for a little boy?

DISCUSSION

In the case of Jane the "fixated relics from earlier years" included fear, weakness and vulnerability as she had experienced them as a child. Under the stress caused by her divorce these Child ego states were reactivated. The fantasy helped Jane realize that she was neither as vulnerable nor as weak as she had felt as a child and that such feelings (as least at that level of intensity), while legitimate in a child, were less appropriate for an adult. To use her own words ". . . I don't need someone to be with me and love me all the time. I am perfectly capable of loving myself. I mean . . . I can hack it."

In the second case, Father Jonathan carried within him a Parental ego state of criticism and rejection. Not only was he lonely and perfectly miserable but the religious structure within which he operated gave his self-rejection and self-criticism a positive value. As he later told the group, it was the first time in his life that he really experienced his attitude towards himself with great pain and as something negative and ugly. It should be added, here, that the group greatly reinforced Father's beginning awareness of himself as someone "to be good to". Several months after that session, he triumphantly announced to the group that, in order to attend the session which he enjoyed tremendously, he had asked a young couple to return the next day for the rehearsal of their wedding ceremony. To understand the meaning of the above, one should bear in mind that in all the years of his priesthood, Father Jonathan had never refused a request from a parishoner.

Needless to say, the technique described above may be used within other theoretical frameworks. It is important, however, that it be used judiciously and not as a hit-or-miss proposition simply because of its emotional impact. It must be used with a specific goal in mind, be that goal therapeutic or diagnostic in nature. It is also important that the timing be right and that adequate emotional support be available. Therefore, it behooves the therapist to know his client and to ascertain that the group is capable and willing to stand by in support. Unless these precautions are taken, at best the technique will fizzle, have no impact, render the protagonist self-conscious and the group uncomfortable. At worst, it can be damaging. To cite but only one such possibility, an individual may be absolutely devastated if suddenly confronted with his self-rejection unless propped up by the support and acceptance of those around him.

Let me, therefore, reiterate a word of caution. Structured interventions as the one discussed in this paper can be powerful and as suggested in the above paragraph, potentially dangerous instruments. They must be used with caution—with an idea of their consequences and how to deal with them. One must remember that such interventions are means to an end and not an end in themselves. Otherwise, they can truly become copping-out "gimmicks" rather than the powerful tools which they are intended to be.

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