

PSYCHODRAMA OF YOUNG MOTHERS

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Psychodrama offers systematic action training for the most important role in the world, "the role of the mother." Mother role training is designed to assist the new mother in finding herself in this delicate, entangling and often frightening relationship to the expected new human being, a being in whose creation she has the leading part. The application of psychodramatic methods of diagnosis have taught us that the prospective mother carries in her mind a conscious-unconscious Gestalt of her baby, a "psychological or psychodramatic baby." This baby is not merely the result of her pregnancy, but of the entire growth process of a woman. It may have become distorted long before she conceived, even before reaching puberty, while herself a child, playing at motherhood with or without dolls, in a psychodrama of her own making. The psychodramatic method can be usefully extended to mother-infant situations with adolescent girls, long before they go through the actual experiences of marriage and pregnancy, delivery and motherhood. Psychological babies preoccupy their mind considerably. Psychodramatic techniques can help to liberate them from and correct distorted perceptions. If distorted perceptions, false anticipations and morbid presentiments are left unresolved, they may become the kernel of deep-seated mother-child conflicts later on. Psychodrama with pregnant women may be contraindicated in the normal course of events unless the subject has a special problem to work out for herself, and volunteers to do so. Even so, every precaution must be taken not to traumatize her.

Some of the problem areas uncovered by means of psychodrama are: *anticipation* of a) stillbirth, b) premature birth, c) crippled babies, d) blue babies, e) twins, f) a specific sex—boy or girl, g) looking like cultural prototypes, the Moses baby, the Jesus child, h) resembling father or mother when they were children, i) looking like a phantasmagoria, a monster, a beast or bird, j) rejection of child by father, k) rejection of child by herself, l) rejection of self by husband while pregnant with concomitant delusions as to his sexual behavior and fear of losing him, m) fears that the husband believes the child is not his. We have dealt with such areas as *perceptions* of herself: 1) grotesqueness of appearance during pregnancy, 2) fear of injury during birth, 3) fear of death in the course of delivery, 4) fear of bleeding to death after delivery, 5) fear of labor starting somewhere and being left unattended, 6) fear of being deserted by husband and having to take care of the child alone.

It is difficult to resolve such conflicts on the verbal level when they are so deeply rooted in the actional framework of the psyche. The motoric aspect of the psyche demands acting out.

Although the more advanced "natural childbirth" programs include lectures and group instruction on the care of the neonate, they cannot bridge the gap which psychodrama can fill in the area of multi-dimensional mother role training.

Psychodrama has been used for diagnostic, therapeutic and training purposes. Space limitations do not permit detailed description but we will attempt to cover to some extent the three areas mentioned.

DIAGNOSTIC PSYCHODRAMA

A young woman came to us with her husband to obtain some counseling, ostensibly because of problems with her mother-in-law. When we began by psychodramatically exploring the marital relationship (the session was conducted by J. L. Moreno), the husband was present and assumed his own role. We learned how they had met, courted and married and how they lived. We were thus able to assess their total relationship up to the present.

Lee, the wife, was tense, unable to warm up freely and, in her anxiety, resisted the development of a session. It became more evident that the mother-in-law problem was only a minor issue. The director decided to use the "double technique." In this technique, the patient and auxiliary ego (or therapeutic aide) are placed side by side on the stage. The patient is told to consider the ego as her double, the invisible "I" with whom she talks at times, but who exists only within herself. This invisible double is projected into space in psychodrama and embodied by an actual person, who is thus experienced as outside the patient. The patient is supposed to represent the deeper, inner levels of experience, while the auxiliary ego acts as double, copying physical bearing in every detail, representing the so-called outer levels. However, the patient usually begins by resisting deeper processes and reveals but the superficial layers of herself; the auxiliary ego's task is then the reverse of the director's formal instructions. It is her job to stir up the subject to reach deeper levels of expression by "peeling off" the outer, social visible "I" of the subject, and by reaching for those experiences and imageries which a person would reveal when talking to herself, alone, in the privacy of her own room.

When the double situation with Lee commenced, the scene was set late at night, the subject and her double were preparing to go to bed. Bedtime is a good setting, it is a time for self reflection and self revelation, and for reviewing the day's happenings.

Lee and her double began to reflect upon how they really felt about her marriage, how she felt often alone, and it suddenly became clear that she was

three months pregnant. This changed the tone of the situation and the double seized upon it at once by including "their baby" into her musings. Lee tried to escape this by calling out to her husband (who was watching from the group), asking him to come to bed, reminding him to turn out the lights when he did, etc. The auxiliary ego did not give up. She continued to reflect on whether the baby would be a boy or girl, whether her husband was happy about the event, whether they wanted the baby, whether the marriage was ready for such a complication, etc. Lee responded to all the double's remarks in a superficial, unrealistic, slightly manic fashion. She stressed only the "good" things in her life, avoiding all consideration of conflict, difficulties and responsibilities. The ego began to press closer, questioning their maturity for parenthood, worrying about the financial situation since Lee would no longer be able to work (her husband was getting his Ph.D. and she worked to support themselves), what the baby would do to her, whether she would be disfigured or incapacitated after the event. Lee persisted in her negative warm-up and responded: "What's the use of worrying about such things?" "we are both so happy that I'm going to have a baby," etc. However, her body no longer conveyed this, her back had begun to slouch and her face was increasingly furrowed and worried.

The director decided to use the future projection technique at this point, to "rehearse" the future, as it were. He stepped in and changed the scene: "This is the hospital, six months from now, labor pains have begun, the baby is about to come." Lee and her double changed positions, from wandering about the bedroom at home, to lying on a bed in the hospital. The director prompted the auxiliary ego to warm up to the pain and suffering. The auxiliary ego followed instructions until suddenly Lee began to sob her heart out, exclaiming: "I don't want to die, I don't want to die."

The post-psychodramatic "shock" interview with the therapist alone revealed the reasons for her fear. Lee, a Catholic, had married out of the faith. Many of her surface problems with her in-laws arose from this. However, she now admitted that she was afraid of what would happen to her if she should lose her life in childbirth, for she was without protection in the hereafter.

The therapist advised the husband that his wife was in need of treatment, to prepare her more adequately for the future. The advice, though sought, was not followed up. Lee's husband was suddenly recalled into military service and they left for the West Coast unexpectedly. We did not hear from them for several months, when a letter came from her husband, requesting us to recommend a psychotherapist out there to him, because Lee succumbed to a violent psychotic episode within two weeks after the child's birth. She was hospitalized for almost a year. The marriage itself was dissolved when the child was three years old. A single session at the beginning of the pregnancy disclosed the roots of the problem and predicted, so to speak, a serious outcome.

The episode illustrates how important it is for many future mothers to undergo a "rehearsal for life," making psychodramatic therapy and training the next step.

PSYCHODRAMATIC THERAPY AND TRAINING

We usually commence our mother-role training with a selected group of pregnant women who volunteer. The most common reason for desiring training is unfamiliarity with newborns, insecurity in handling them; the mothers-to-be state that they do not want to practice on their own babies, they want to have the security of knowing what to do in advance. One declared that she was very impatient and, since her husband was in the navy, she had little to occupy herself with during the waiting time. She wanted to "enjoy" her pregnancy rather than fritter the time away on inconsequential chit chat with neighbors.

To enable our mothers to begin to feel the "reality" of the baby, we decided on the "rehearsal for the future," a scene in which each group member projects herself forward into time, about one year, and warms up to her baby as one which has already been born. As a warm-up scene, the director asked each member of the group to visualize their baby's sex. "Here you are, it is a year from now, your baby is about six months old." "Mary" (to one of the group members), "Would you like to come upon the stage?"

Mary: Steps up.

Director: How old are you?

Mary: I'm twenty-four, oh, no, twenty-five, since this is next year, I forgot.

Director: And your husband's age?

Mary: Twenty-seven.

Director: What does your husband do?

Mary: He is a teacher of mathematics in a boy's high school.

Director: What do you do?

Mary: Before I married and had the baby, I also taught, English, for foreigners.

Director: You say you have a baby?

Mary: Yes.

Director: Boy or girl?

Mary: (Falling out of the future situation, due to her preoccupation with the present) Well, I'm glad that came up because I'm quite disturbed today. Before coming here this morning, my husband told me he "was sure the baby is going to be a boy."

Director: Why are you disturbed? Now that the child is here, what is it?

Mary: Well, I too, want a boy, but suppose it is not?

Director: But the child is here already! You are falling out of the role!

Mary: Yes, I am, that is because I can't seem to visualize it clearly now.

Director: This morning, before your husband discussed it with you, what did you visualize then?

Mary: A boy.

Director: Very well, then, you have a boy.

Mary: (Trying to warm up to the future projection again) Yes, he's a big, husky fellow.

Director: What is his name?

Mary: Carl, after my brother.

Director: An older brother?

Mary: Yes, we lost him when I first conceived, in a dreadful skiing accident, and I wanted my baby to be named for him.

Director: That was too bad about your brother. It's nice that you have a namesake for him now. May I see him?

Mary: Sure. He's in his playpen, trying to crawl, here he is.

Director: I'll tell you what I'd like you to do. We will do a role reversal. You, Mary, be Carl now, and lie down on the floor of the playpen. This way we can all get to know him better and see what a nice boy he is. And I will call our auxiliary ego and ask her to be Mary. (Motions to auxiliary ego who comes upon the stage.)

Mary: (Lies down and crawls, as if in play pen.)

Aux. Mary: Hello, there fellow, how're you making out with crawling? (Bends over Mary who is now baby Carl, crawling and drooling and grinning at mother.)

Carl: Grrh (grins and grabs at mother's hair).

Mary: You know what, Carlie boy? I think you're teething. Hey, let go of my hair and let me pick you up so I can see. (Goes through the motions of picking up the baby.) Open your mouth, honey, and let me see.

Carl: (Grins and grabs at mother's hair again.)

Mary: Baby, dear, let me see, maybe you've got some ivories peeking out. Come on, now (tries to get him to open his mouth, while trying to untangle her hair), say Oooh, or Aaah, or something.

Carl: Grr, da, da, da (continues to play with mother's hair).

Mary: (Cuddling the baby) Oh, well, maybe Mummy is asking too much of you. But we're so proud of you, and Mummy and Daddy love you so much, I thought maybe we could surprise Daddy with the good news when he comes home tonight. (Caresses baby's hair.)

Director: Good. Now, Mary, get up and be Mary again, and you (to auxiliary ego), you are the nurse. Here you are, we are going to do something a little bit different. Now, Mary, let's return to the present for a moment. When do you expect to have your baby?

Mary: In about five months.

Director: All right, here you are, it's June. June the?

Mary: Oh, the 20th, or so.

Director: June 20th. You're in the hospital, the baby has just been born and the nurse is with you and the child. You have not seen it yet. (Prompts auxiliary ego as nurse that the baby is a girl, whispers so Mary does not hear.)

Mary: You are in bed, the nurse comes in with the baby.

Nurse: Well, you have a fine, eight-pound baby. Aren't you proud?

Mary: I sure am! Let me see him.

Nurse: Him? It's a girl! A beautiful, bonny, round baby girl.

Mary: A girl? Are you sure? (Looks questioningly at the director who shakes head affirmatively.)

Nurse: (Indignant) Of course, I'm sure. Are you all right?

Mary: Oh, do let me have her, I want to see and hold her. Nurse hands her the baby.

Director: Now you (to auxiliary ego) become the baby. You see, Mary, although the baby cannot speak yet, it is obvious that you are putting all kinds of things into the situation, what the baby might be feeling and thinking. The auxiliary ego will represent the reflection of these things in your relationship to the child. Go ahead.

Baby: (In highpitched voice) Mummy, I do hope you love me.

Mary: Sure, I do, but it is sort of sudden.

Baby: Why? Didn't you expect me?

Mary: To tell the truth, we thought you'd be a boy.

Director: Now reverse roles. Mary, you be the baby and the baby becomes Mary.

Aux. Mary: (Repeats last sentence of Mary to help her warm up) To tell the truth, we thought you'd be a boy.

Mary (as baby): Oh, and I'm a girl. I'm so sorry but I can't change that.

Aux. Mary: Of course, you can't. I don't mean to seem displeased, but I had wanted a boy to name Carl, after my dear brother.

Baby: Uncle Carl?

Mary: Yes, but he is dead, you see. And I loved him very much. I always wanted to be like him; in fact, I wanted at one time to be a boy myself (this is a piece of information not given by the subject, but produced out of the situation, and later supported as true by the subject). Baby: I'm sorry, Mummy, but you could call me Carolyn. That's a nice name?

Aux. Mary: Yes, dear. I never thought of that. A girl? Oh, dear, it is a good thing boys and girls wear similar things these days when they are small, or you'd look like your own brother in all the blue things we bought for you.

Baby: Maybe one day I can have a brother and then you can call him Carl. And I'll help you bring him up.

Mary: Yes, darling, that's a lovely idea.

Baby: And you do love me, don't you?

Aux. Mary: Oh, yes, I do. You're my little girl.

Baby: And do you think I'll be all right with Daddy?

Aux. Mary: I think Daddy will just be happy it's all over and we're both well. Now he'll have two girls instead of one.

Director: Thank you, Mama and baby. Now let's sit down and discuss what has just occurred.

The other members of the group, although they did not have such a traumatic incident to account for it, shared to a considerable degree this rigidity of "future imagery," being tied either to a male or a female child, and unable to shake off the conviction as to the sex of their baby. Needless to say, this future projection is a dynamic approach to this very common problem. Mary was enabled, by simultaneous role reversal, to feel what it means to be a mere newborn, and more or less rejected because of being the "wrong sex." As this problem affected such a large number of the members of the group, we decided to continue the production part of the session, by constructing a few other test-training situations. The second mother, herself the oldest of four girls, admitted always having dreamt of having a boy. But, she stated, her husband wanted a girl. A scene was set up in the hospital, with Nora in bed, and her husband coming to see her and the baby, a girl. In this scene the husband (again enacted by an auxiliary ego) declares his joy at having a daughter and gave for his reason his fear of not being as good a father to a boy as he would be to a girl, because a) he himself had never got along well with his parents, but his sister had much better relations with his parents and b) because he feared the competition for her affection which he assumed a boy would cause. The third mother was placed into a situation with a nosy neighbor who deprecated her boy because "boys are noisy and dirty and so much harder to bring up" (a fear which she herself had expressed and which she had declared made her want a girl). Linda was now forced to defend her boy child. The group members again discussed these scenes and reflected their own feeling in reference to the problems they raised.

There are, obviously, non-private factors involved in these obsessions, cultural values placed upon having a boy, etc. But the private configurations as they affected the members of the group were intense and meaningful conflict areas which lend themselves to deeper exploration by means of the psychodramatic future projection and role reversals.

The fact of having to face themselves in the role of the mothers they are likely to become to their own child, in situ, is often so revealing as to make further analysis irrelevant. The learning in action is of an all-inclusive nature, and matures them for the next step of learning without the need for insight-giving on the part of the therapist.

There are two other applications of psychodrama to young mothers which we have used, namely, that of treating the traumata of the labor itself, and

that of the problem of spontaneous abortion. Regrettably, our physical hospitals are not geared to the emotional needs of patients. This is true in hospitals across the nation. Nurses, aides and even physicians are not trained to deal with the emotional upheavals attendant upon surgery, diagnosis of malignancies, terminal disease, loss of babies, or whatever, and they are terrified of allowing patients their emotional release. The patient is expected to be a "good" patient which simply means submitting him or herself to the dulling routine of the hospital and not making waves, no matter what ill fate awaits or meets them en route.

One such incident occurred when a young mother came to us with her three months old baby boy. She had terrible memories of her labor. She had requested that her husband be allowed to be present at her labor but the hospital in which her doctor worked had no facilities for this. She wanted her baby by natural childbirth, having had four previous ones that way and suffering no ill effect whatsoever. Again, this was denied. Her older children were born in England, whence she had come into this country while pregnant; she and her husband had immigrated six months earlier. She re-enacted first the experience as it was, with all its horrors, isolation, brutal treatment, such as being given medication without explanation, being heavily sedated without her consent and a number of other insults. When she stated her demands, she was told to stop being "neurotic" and finally became so hysterical, that several nurses were needed to hold her down so she could be sedated by injection! We allowed her to ventilate her spleen upon all these torturers and then to re-do the entire process as she wished it would have happened, with her husband present and the kind of non-interference she had expected to be allowed during labor; in fact, to be treated for what she was, a normal, sensitive adult whose needs were respected and met according to her choices. We did not assume the prerogative of knowing more and better what she needed than she did herself. The auxiliary egos were very effective, especially the young man she picked to portray her husband. Her husband, too, had been traumatized by the way he had been shut out; all his efforts to avert this had been met with physical force to keep him out of the labor room. We expected her to have a catharsis and that she would be able to put the whole series of unfortunate events behind her instead of brooding obsessively about them as she had been doing. This did happen. But far more important things happened. She had been so involved with the emotional deprivation she had experienced that she had not been able to warm up properly to her role of new mother. This aspect she had not uncovered before the psychodrama session. Indeed, we assumed that, as she was breastfeeding her baby quite successfully, there were no deeper disturbances in the symbiotic relationship. The protagonist astounded us, therefore, when she reported to us the next day that for the first time since she had her baby she experienced him as

"real." She became aware that he had a body, a presence, a personality. Whereas before she could not experience him, she now had a complete perception of him. There had been a total reorganization of perception since her psychodrama. She felt confident once more in her ability to be the mother she knew herself capable of being. One session was all that was needed to bring this healing about.

Another type of trauma or rather series of traumata we were able to deal with successfully was that of a young woman, who had lost four pregnancies. The last one had been of longer duration than any of the previous ones and the loss was therefore even greater. As she was the wife of a physician, she was expected to perform in the role of the exemplary patient in the hospital and every time she wept at her loss the nurses would chide her and make denigrating, feelingless remarks such as; "Oh, we don't want to cry now, do we?" "This isn't the end of the world, you know. You can always have another one," "Aren't you indulging yourself?" She became extremely depressed and when first presenting herself doubted her ability to ever bear a child to term. We re-enacted the last and most painful loss and when it was completed, permitted her all the grieving she wanted, right then and there. No nurse came and chided her; instead, her doctor, her husband, the family members and friends she wanted around, attended her, cherished her, wept and mourned her loss with her. These were all represented by auxiliary egos of her choice, from among the group members present. The end result of this session, again a single one, was that she conceived within the month and has since given birth to a fullterm healthy child.

THE PSYCHODRAMATIC BABY

In the first few weeks of a child's life the need for psychodramatic application is far more urgent and universal because even a normal mother has false apprehensions of what is going on in the child's mind. It is really not only to help the mother, but to help the relationship to the child that we use these methods. The treatment in groups is particularly indicated because these problems are shared by millions of women. Whereas in pregnancy the baby is inside the mother, here the child is already present in space and has actual existence.

A group of young Negro mothers came to the Institute with their new babies, between four and six weeks of age, because they had heard about our group sessions and wanted to learn more about the proper care of their babies. The director, a physician, and an auxiliary ego were present. The mothers held the children on their lap.

Director: What can we do for you? Do you have any particular questions in mind?

The mothers shook their heads negatively—a typical beginning in a session. Unless there is something very pressing, the start of a session is frequently quite slow.

Director: Well, either you have remarkable children or you are all remarkably fine mothers.

This challenge aroused one of the members of the group.

Mother No. 1 (seated at the director's immediate right—physical proximity may accelerate the warm-up): Well, I did have some trouble with my baby. She was spoonfed some vegetables this week and she spit them out.

Director: (looking at the auxiliary ego) What does a baby think of such a situation?

The inner psychological picture here becomes a “psychodramatic baby.” which an auxiliary ego or the mother herself acts out, giving it a concrete Gestalt. In this case it was the auxiliary ego who took the role of the baby, spoke in a high-pitched voice, rather softly, weakly and in an appealing tone. Aux. Baby: Well, those vegetables don't taste so good after the milk. I'm not used to them yet, they are kind of rough on my sensitive mouth. I don't like the feeling, so I spit them out. I don't know what else to do with them, it hurts me to swallow them. After all, I'm only a month-old baby.

The mothers looked at the auxiliary ego, surprised and startled. Slowly, one after another began to smile, particularly the mother who brought the problem.

Director: Do you think your baby could be thinking this?

Mother No. 1: Yes, she could.

Director: Do you think she might resent you if you continue to do this?

Mother: Yes, she might.

Director: What made you start her on vegetables?

Mother: I did not start, it was my mother. I had to go to the doctor for a checkup and my mother gave her her meal.

Director: Perhaps the baby is not ready for such food yet. Maybe you had better wait a while until she is ready for solid food, until her doctor tells you she can start on it.

Mother: All right, I'll tell my mother not to try vegetables any more.

The other mothers approved this decision, and several others mentioned that they had considered giving some solids to their babies but had hesitated. Now they knew better.

The warming-up began to take hold now and several mothers simultaneously spoke of feeding problems.

Mother No. 2: I don't give my baby vegetables, and she gets very little milk at one time. but still she throws up, you see? (She holds the baby who she has just been feeding, up for the physician to see.)

Director: Do you burp her sufficiently?

Mother No. 2: I think so.

Director: Well, baby?

Aux. Baby: She puts me down too fast. I can't eat that quickly, so I bring up the milk with the burp.

Director: (Looks at the baby again) Yes, it looks more like a wet burp than vomiting. Why don't you give the baby more time? Now that I see her do it, I am sure that is what she needs.

The mothers smiled at the auxiliary baby and the guilty one looked lovingly and apologetically at her baby.

Aux. Baby: After all, I'm not as much of a hustler as she is and besides, I have all the time in the world. She forgets, I'm still very small and helpless, it takes me some time before I can bring up a burp.

Mother No. 2: All right, I'll take it easier with you from now on. She addressed the baby and the group at one time. The mothers began to smile at the auxiliary ego as if she really were their baby and the talk began to deal with the problem of sleeping.

Mother No. 3: You know, my baby frets all night, although he sleeps beautifully during the day. But at night I don't know what to do with him, he's so restless. I have to get up early in the morning and can't always wake up and caress him and play with him during the night. I'm so sleepy I often can't hold him. Once or twice I fell asleep again before he did and I could hear him cry and fret in my sleep.

Aux. Baby: What is the matter with mothers, I am a little baby. I don't know night from day, whether it is early or late. All I know is that when I wake up and everything is so quiet, I'm lonely. Everyone else is asleep or dead or something and it's dark. Then I get scared and I start to cry. I want my Mummy and I want some companionship and comforting. During the day I see things and people moving and I hear voices of people or grownups or somebody and people come to me. They talk to me, or smile at me, or pick me up and love me. I don't feel the same way at night, only I don't know it is *because* it is night, I'm just scared to be all by myself in the world; I feel so lost.

The mothers shook their heads "Yes." They started to murmur about this, several confirming the fact that during the day their babies were quiet and happy, too.

Mother No. 3: That is true. I guess they don't know day from night.

Mother No. 4: I don't mind taking care of the baby if I'm not asleep or tired. I pick him up and make him feel good, play with him and all.

Director: Maybe you all would not mind turning night into day. Several answered to the effect that they would not mind, "If they could only sleep during the day, instead."

Mother No. 2: (Slowly and pensively) You know, come to think of it, I

myself feel lost at night when I'm not asleep and I wake him up to play with *me*.

This caused general laughter.

Director: How many of you feel lost and alone when you wake up at night and everyone else is asleep?

Quite a large number (there were ten mothers in the group) conceded that they did feel that way, although they "don't always wake up the baby to keep me company."

Mother No. 3: Well, I understand all that, but sometimes my baby cries and I don't always know why, or what to do about it.

Director: Tell us, Baby.

Baby: Sometimes I just like to cry, not because I'm unhappy, but because it makes them pay attention to me. It is not always fun to be left alone. Other times I cry because I'm uncomfortable. I want to turn over and can't do it all by myself. Or my clothes are creased and that hurts my skin, or my diaper is wet, or it rubs me sore. Of course, *they* think it is good for a baby to cry, that it helps his lungs to develop. I don't know about that, I just cry.

Director: What do you think? Could that be how the baby feels when it cries and you don't know why?

The mothers smiled and shook their heads affirmatively again. They were now thoroughly warmed up to the process. Quite unpredictable—and we know that the warming-up process is responsible for this total contagion—one mother, who had all this time remained more aloof than others, blurted out: "I don't know, there have not been any babies in my family as far back as I can remember. I should feel better about her, I was a school teacher before I married, but somehow I just can't seem to get adjusted to having a baby around the house. Everything seems to be going wrong, mostly in the way I feel about her. I can't get used to her at night or by day. I sometimes have to go out for some errands during the day and when I return, everything seems to be more difficult than before I left.

Director: Perhaps you had better make an appointment to see me individually, so I can give you more time, and we can go into this further before the next session.

It is doubtful whether this mother would have come to such a quick awareness of her anxieties without the preceding group interaction. The post-session discussion with the mothers brought out that the therapeutic value of the psychodramatic dynamics consists in working out weak and distorted images which the mothers have of their own babies, in an articulate and plastic way. Faced with these images in a dramatic fashion, they are first startled and then they evaluate them, accepting or rejecting them. The auxiliary ego stimulates them, through a triple feeling out of what kind of mothers they are, how they perceive their babies and in what type of milieu they

function: The process starts them thinking and feeling like the baby might be feeling and thinking; it is a "reversal of roles."

Most mothers have a hazy perception of these subtle interchanges and they continue to carry around these half-formed images unless some deep action process is applied. Besides the individual experiences which a mother has of her own particular baby, she has also collective experiences of babies in general. The learning which takes place in the psychodramatic situations as outlined above comes through enacting these collective experiences by trained auxiliary egos. These "action-images" and feelings may differ from culture to culture but the psychodrama is a simple and direct way of teaching them to accept life as it is, in whatever environment, to become more relaxed in relation to their infants and to learn how to help themselves by becoming more effective auxiliary ego-mothers to their own children in life itself.