

Maria Goes to Hospital

AN ORIGINAL USE OF THE DOUBLE

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ABSTRACT

This article is focused on the importance of doubling in individual psychotherapy. J.L. Moreno used philosophy, science and knowledge of the theatre to develop the psychodramatic method, including the use of the double as a therapeutic intervention. The author summarises Moreno's stages of development, and presents a description, applications and case study of the use of the double and doubling in clinical practice.

KEY WORDS

core strengths, creativity, director, double, doubling, mirror, Moreno, producer, protagonist, psychodrama, psychodramatist, psychotherapy, role reversal, spontaneity, stages of life

Introduction

This paper aims to offer a deeper appreciation of doubling and its application in the practice of psychodrama and psychotherapy. A review of J.L. Moreno's stages of development and a description of the double and the doubling technique in the psychodramatic method, are included to provide context and historical background. This is followed by a case study that demonstrates the use of the double in individual psychotherapy. The work was undertaken with a client over six months where extensive use of doubling, both in counselling sessions and in live situations, was applied to very good effect. For the purpose of this paper I will refer to the subject, patient and client as the protagonist.

In developing my thinking about doubling, I have been influenced by a range of writers - Zerka Toeman Moreno in *The Quintessential Zerka*, Max Clayton and Philip

Carter in *The Living Spirit of the Psychodramatic Method*, Sandra Turner in 'Facing Jerusalem: Reflecting On Doubling', Katerina Seligman in 'The Psychodramatic Technique of Doubling and its Relationship to Zen Buddhist Practice' and Adeline Star in *Psychodrama: Rehearsal for Living*.

Moreno's Stages of Development

Moreno described the first experience a child has, following their birth, as the matrix of all identity. Following birth the infant does not experience life as separate from the mother or from the universe. At the stage of the double, the child begins to discover that he is not an extension of the mother or a significant carer. It is possible to move independently in space. As this individuation begins, it is important that significant others give the infant a positive, life-affirming experience. The aim of doubling then is to enter into the child's world and promote and affirm their spontaneity and creativity (Zerka Moreno, 1975). Self-acceptance cannot develop without adequate doubling, mirroring is unlikely to be tolerated and role reversal cannot take place.

The next stage of development is the stage of the mirror. At this stage the infant is gaining self-confidence and curiosity, and beginning to explore a wider world. As the infant's awareness of her own actions and experience and that of others develops, caregivers may become fearful and over-protective. They might say "Watch out". With this kind of interaction, a young person's spontaneity for action diminishes. When a protagonist's warm up to action has been interrupted in this way, the use of the mirror technique is instructive. It allows a critical moment to be examined and mirrored, and this promotes an increase of self-awareness. This intervention assists in a move towards a new response to a situation (Clayton & Carter, 2002).

Role reversal is the final stage of development. A person has developed the ability to place themselves in another's shoes. The act of reversing roles increases awareness of the complexity of another person, strengthens independence and identity, and increases empathy and sensitivity in the understanding of others (Zerka Moreno, 1975).

The Art of Doubling

The Double

The double is a theatrical and psychological device that has been present since ancient times. In a psychodramatic enactment the double assists in bringing the protagonist's inner dramas onto the stage. The invisible becomes visible. When producing a drama the director instructs the protagonist to select a double for a number of reasons - to deepen the warm up at the beginning or during a drama, to bring the unconscious into consciousness, to support, to reduce fear, to assist in the expression of the unexpressed, to maximise conflict. Ultimately the purpose is to bring forth the inner world onto the psychodrama stage.

To accurately move into another's shoes, the double must be non-judgmental and

intuitive, with a high level of sensitivity. The relationship is not one of empathy or transference. The trained double enables a two-way communication to develop between the protagonist and the double, and the act of doubling leads to a relationship of mutuality. "The chief purpose of the psychodramatic double is to stimulate, not to pursue the subject, to help and retrain, not to persecute" (Toeman, 1948:52). In Sandra Turner's (2002:16) words, taking up the double position means "It isn't new action that is required, it is a new consciousness of being". A rarer double experience is that of the double trance. This is when the protagonist ceases to be aware of the double and experiences what could be described as the "mystic idea of oneness" (Toeman, 1948:61).

The double stands beside and slightly behind the protagonist, without touching and outside peripheral vision, and gradually feels her way into the same body postures, gestures, movements and facial expressions. Drawing on intuitive knowledge, the double begins to tune into the inner world of the protagonist. A trained auxiliary may also draw on previous knowledge of the protagonist and weave this into her responses. When a protagonist is unable to accept the double, the director may coach, encourage and describe the double's functions to assist understanding. It is important to note that the protagonist is in charge of his own drama, and can dismiss the double at any time (Starr, 1977). As the drama progresses, a strong collaborative relationship develops between the director and the double. This is essential, because it is through the double that the director is able to understand more fully the experience of the protagonist. This knowledge assists in the production of the drama.

The Director as Double

When the protagonist is at the stage of the double, the director uses the doubling technique to increase self-acceptance, self-confidence and expressiveness. A director begins interviewing the protagonist during the first stage of a psychodrama and frequently, if not always, begins to double the protagonist. This assists the protagonist to deepen his warm up to a drama and move towards a consciousness of deeper concerns. Through her experience as the double, the director gains a stronger sense of the protagonist's world and is better able to develop a positive collaborative relationship.

Together the director and the protagonist develop a plan for the drama. The director then begins to move from being subjective in the protagonist's world to a more objective stance as producer of a scene, and the protagonist becomes more independent. Through this process the director assists the protagonist to warm up to spontaneity and creativity. In Max Clayton's words "... my doubling causes him to increase his sense of self-acceptance. As he accepts himself more, his spontaneity increases, he becomes less and less self-conscious" (Clayton & Carter, 2004:53). As the drama progresses, the director/producer continues to tune into the protagonist's world and to double from the side of the stage, moving in and out of a subjective (double) and objective (producer) stance for the length of the drama. During the sharing phase, the director may be required to act as a supportive double as the protagonist listens to the contributions of the audience members.

The Self as Double

With the development of healthy roles and the diminishment of fragmenting roles, an ability to double one's self emerges. Psychodramatists learn to view their own functioning from a more objective perspective. With practice it is possible to self-double, to observe and value thoughts and feelings and to be alongside one's inner experience without being judgemental or evaluative. Katerina Seligman (1998:30) has noted "I have come to view Zen meditation as a process of self-doubling, rather than tuning in to the experience of another person, we are tuning into our own experience".

A Case Study: Maria

The protagonist in our case study is Maria, a young woman who has had a tough life. A neurological condition from birth has resulted in physical disabilities that limit her mobility and independence. Maria has experienced extensive trauma since early childhood. At our first meeting, she and I agreed that I would assist her to address the debilitating fear that she felt regarding pending surgery and hospitalisation.

First Appointment

Maria arrived on time. She was attractive, bright and cheery, and we greeted one another. She had difficulty negotiating the stairs to my consulting room. Maria asked me to introduce her to my dogs and this broke the ice. She talked about the companionship she had with her own dog, her love of music, her singing and guitar-playing, and her connections with musicians and fan clubs that she has joined through the internet. As the conversation proceeded, Maria told me about her severe physical disability and provided a detailed medical history. It became obvious to me that Maria was well versed in these matters. She had a long history of negative experiences with health professionals. During the interview I discovered that Maria had a part time job, lived in public housing with household help, and had her own case worker. She also organised complementary medicine for herself, including physical therapy and massage. She explained that her elderly uncle was the only family member involved with her. He provided transport, endless domestic support and organised many of her appointments. Maria was passionate about her independence, and revealed inner conflicts about the dependency needs that resulted from her disability.

Eventually we arrived at the purpose for Maria's counselling appointment. As she told me that she was preparing to have back surgery involving a spinal fusion to heal her crumbling spine, she began to cry and shake. She said "I want help with these panic attacks". It emerged that a lack of adequate early intervention had led to the severity of Maria's current problem. Rounds of surgery in childhood were followed by long periods of torturous physical therapy. As well, Maria had endured the breakdown of family relationships, poor parenting, physical and sexual abuse and separation from her mother and siblings. A court case regarding recognition of her childhood neglect had not been decided in her favour. Overall, Maria's greatest concerns were focused on the looming surgery and hospitalisation.

Maria's vibrancy demonstrated to me that she was able to be creative and responsive to life. It was clear that a positive and affirming experience was needed because of the impending medical treatment and the past memories that it was activating. Without affirmation, this hospitalisation could well add just another chapter to a long list of traumatic experiences. So I doubled Maria. I assisted her to express her fear of hospitals, authority figures, intrusive surgery and follow up rehabilitation. Through psychodramatic enactments, I doubled her as she addressed the cruel and unsympathetic people from her past. This provided a corrective emotional experience. When doubled, Maria warmed up to confidence, expressiveness and assertion in the face of authority figures, and her usual coping responses of anger and passivity dropped away.

This was a good start. It was evident from the initial interview that, because of her history, Maria was often at the stage of the double in certain aspects of her functioning. She required doubling to assist her to develop enough confidence to be creatively expressive when in the world of a large institution and facing authority figures. Without intensive therapeutic interventions, I predicted that Maria would be traumatised again. There was not enough time before the surgery for her to develop the necessary roles to relate positively to herself and become an assertive communicator. At this point I made the decision to offer to act as her double *in situ* as she prepared for surgery and hospitalisation, even though I knew that this would be a demanding commitment for me.

The Agreement

Maria and I agreed that our work together would focus on the fears and panic attacks that accompanied imminent surgery. After considerable discussion, we decided that I would accompany her to her pre-admission appointments, stay with her at the hospital until she was taken into the operating theatre and be there when she emerged from surgery. We made a hospitalisation management plan to avoid situations that might lead to excessive pain and distress. When Maria was not able to act on her own behalf and with her consent, I would talk to doctors, therapists and social workers about her history. I reassured her that the past would not be repeated. I would intervene if her treatment became harsh, and when staff members were insensitive to her needs.

Maria met with me several times before the surgery and we explored a range of approaches to address fear and panic. In these sessions we were involved in social atom repair, role training and future projections. I frequently doubled Maria. I used mirroring to remind Maria about the positive aspects of her life - her dog, her home, her facebook friends, her uncle, her musical abilities, her musician friends and her work. In this way, she was able to maintain a warm up to the progressive features of her personality, and the fearful fragmenting roles faded into the background. Her self-acceptance and self-confidence increased as her admission date drew closer.

First Hospital Admission

Maria and I attended the pre-admission meeting with a nurse and a pathologist. Acting as double, I was able to prompt Maria to tell the professionals to be gentle with her. As

double, I coached Maria to explain to them how they could assist her to stay calm. On the day of the surgery, Maria arrived at the hospital in tears. She had had difficulty in separating from her dog, and she was anxious and fearful. As I doubled her, she expressed her grief and fear and the staff responded to her with compassion. She was then able to fill out the forms and organise the practical aspects of her admission. As agreed, I briefed the social worker about the necessary and specific care that would be required during Maria's hospitalisation. I was allowed to accompany Maria to the first door of the operating theatre and was phoned as soon as she was back in the ward. I was acting as a supportive double and this part of the process went very well.

After the operation, Maria agreed that all staff members had attended to her with care and sensitivity except the anaesthetist. With encouragement from me as double, she said that he had been grumpy and rude and the injection had caused stiffness and bruising. The doubling validated Maria's experience. Rather than pretending that all was okay, she experienced the freedom of fully expressing her discomfort and anger. Then she relaxed. The next step was physiotherapy. The physiotherapists responded positively when I told them about Maria's past history of draconian therapies. Maria accepted my doubling, both before physiotherapy treatment and from time to time during treatment. She became more confident and was able to give instructions and communicate cheerfully with the therapists and nurses. The positive responses Maria received from staff and friends were important because they reinforced the progressive roles that she was developing. Gradually, Maria was able to communicate freely with the staff and eventually had them 'eating out of her hand'.

Maria requested that her computer be set up beside her bed and she began to connect with her facebook friends. The doubling assisted her to be spontaneous and creative, and as her spontaneity increased she became curious about the surgery scar. She asked me to take a photograph of her scar, which she then posted on her facebook page. This increased her connection with her young friends in the outside world and they responded with interest and concern.

Second Hospital Admission

I did not predict the intensity of the next stage of recovery. The challenges that Maria faced would have tested the most resilient of us. Not only did Maria have to recover, but because she had lost further physical independence she now needed to use a wheelchair most of the time. She was unable to participate in sport, and even playing her guitar was now physically demanding. She was more dependent on others at home, and continued to experience ongoing difficulties in family relationships. Then a double blow. Maria lost her job due to downsizing, and she had to come to grips with the fact that the operation had not been successful. She required further surgery.

Doubling continued to strengthen Maria, and increase her ability to value and call on her own resources. This time, when she and I returned to the hospital, we were received with open arms. I was invited to put on a gown and go into the operating theatre with Maria. This time Maria demonstrated her ability to be assertive with confidence and flare. I took a much more background role. Maria only required intensive

doubling immediately before and after the surgery. As we waited outside the operating theatre I said "I hope I don't have that cranky old anaesthetist again". Maria replied "You're right. He was a horrible old man". As she said this, the anaesthetist appeared. He was a kind, gentle man who reassured her that he would listen to her and provide her with the best possible pain-free treatment. After the surgery, the staff invited me into the recovery room. Maria was distressed. I became a tender, soothing, supportive and expressive double. Maria gained comfort and reassurance when I said "Even though this place is scary, I am safe and these people are not going to hurt me". She replied "Yes, I am safe here".

This time round, Maria had prepared very creatively for her convalescence. She had organised for her dog to be smuggled up to her room for a visit. She determinedly arranged a leave pass from hospital so that she could attend a musical concert given by her favourite singer. However, during this second recovery old fears resurfaced. I continued to double Maria, sometimes communicating by phone, sometimes visiting her at home. Through the doubling, I assisted her to express her pain, her resentment about the length of the rehabilitation period and her grief about the loss of her independent life. Through mirroring, she continued to gain self-awareness regarding the way that she related to others and the value of her many achievements.

Childhood memories of harsh treatment were again triggered when aqua therapy was prescribed. I assisted Maria to confront people from her past who had caused the suffering. Doubling assisted her to express her rage, disappointment and hurt, and her revenge fantasies. She was then able to respond positively to the proposed treatment and befriend the therapists. I attended the first aqua therapy session, and again became a supportive double as Maria addressed her fears and maximised her positive responses. Through this therapy she regained her fitness, so much so that she continued to attend these sessions after discharge from hospital.

Maria continued to experience ongoing difficulties regarding family relationships, employment and health. I continued to stick to our original agreement. I continued doubling. Very gradually, as progressive roles developed, I began to withdraw. I encouraged Maria to use the specialised services that were available. Our telephone conversations became shorter and our contact less frequent.

Recently, Maria reported to me that she has finally given up fighting with government departments. She is negotiating instead, to gain maximum support for her day to day living. She said "I stopped fighting just like you told me". Through her developing self-awareness and self-confidence, she is role reversing with those involved in her care. Maria has undergone further surgery without a face-to-face consultation with me. On the telephone, we discussed the ways in which she would use her strengths and resilience to make her hospitalisation successful. Again I used doubling and mirroring to assist her to experience the fullness of her progressive roles. After many weeks without contact, Maria phoned and said "I hope you don't mind if I phone you occasionally, to give you an update. I like to keep you in the loop!"

Conclusion

Through the use of the doubling technique in the *here and now* situation, Maria was able to develop her abilities to approach surgical treatment without further traumatisation. She was able to maintain a positive attitude during her long hospitalisation and rehabilitation. Along the way, her early traumatic experiences emerged and were addressed. Considerable social atom repair was achieved. As the double, I assisted Maria to feel validated, to maintain her spontaneity and creativity, to relate to herself with unconditional acceptance and compassion, and in this way develop a positive self-image. Her contact with her inner world was strengthened as self-awareness and self-acceptance increased and her social networks grew.

My therapeutic work with Maria was unusual. I had never taken on the double role in quite this way before. My professional peers played an especially important role in this process. In peer supervision sessions, they doubled me. They assisted me to become aware when emotional fusion was taking place, and reminded me of my original agreement with Maria. I was then able to move back into a more objective position. In a parallel process, Maria was then able to maintain her hard won independence despite the complexity of her life.

For the psychodramatist, the capacity to double is a core strength requiring sensitivity and flexibility. It is essential in a therapeutic process because it is through the experience of being doubled, that human beings develop self-acceptance and self-confidence. Each person then moves forward and their unique individuated identity emerges. It is also essential that the psychodrama director be creative and open to learning, direct hundreds of dramas, be a protagonist and have dedication to maintaining a life style that increases spontaneity and a love of life. With time and development, doubling ability becomes an integrated aspect of everyday functioning in one's personal and professional life.

Maria offered me the opportunity to re-reflect on the double technique. As a professional, I have revisited the value of the double and doubling, and have appreciated anew the foundational importance that this ability has when using the psychodramatic method in individual psychotherapy.

Epilogue: A Future Projection

I recently asked a psychodramatist supervisee to identify his requirements of me. Without hesitation he said "To be doubled". I immediately imagined a future scenario.

*Advertisement in the Positions Vacant section of
THE AGE 2020*

Senior therapist wanted for position in large metropolitan hospital. Emotional intelligence essential. A high level of competency and experience in the art of doubling very desirable. The successful applicant will also demonstrate a commitment to seek regular doubling for themselves so that they continue to increase their ability to be sensitive and responsive to staff and patients.

Many thanks to Maria for allowing her story to be told. She said "If I can assist professional people to know how to help people like me, then it is all for the right reason".

Much appreciation to my colleagues at the 2009 ANZPA Conference for participating so freely in my workshop on doubling. Your participation assisted me to clarify and develop my thoughts and ideas.

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