

**AANZPA JOURNAL #30 2021**



## AANZPA Journal #30 2021

Editor: Sara Crane

Editorial Team: Chris Hosking, Simon Gurnsey, Judy Sutherland

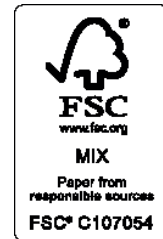
Editorial Support: Judy Sutherland, Chris Hosking, Robin Sutcliffe, Peter Howie, Bev Hosking, Hilde Knottenbelt, Walter Logeman, Rollo Browne, Bona Anna, Paul Baakman, Liz Marx

Technical Support: Simon Gurnsey

Cover: Trisha Bennett

Design: Katy Yiakmis

Printing: Bluestar, Wellington, Aotearoa New Zealand, on Forest Stewardship Council® (FSC®) certified stock from responsible sources



Copyright © 2021 Australian and Aotearoa New Zealand Psychodrama Association Inc.  
All Rights Reserved

ISSN 1836-1196 (Print)  
ISSN 1836-120X (Online)

Correspondence with, and submissions to, the *AANZPA Journal* can be addressed to the editor by email at <[journal-editor@aanzpa.org](mailto:journal-editor@aanzpa.org)>. Guidelines regarding journal contributions are on the AANZPA website at <<https://aanzpa.org/journals/>>.

The *AANZPA Journal* is published by the Australian and Aotearoa New Zealand Psychodrama Association (AANZPA). It has been established to assist in the fulfilment of the purposes of AANZPA through the dissemination of quality written articles focused on psychodrama theory and methods and their application by practitioners in Australia and Aotearoa New Zealand. The opinions and views expressed in articles and reviews are those of the authors and do not necessarily reflect the perspectives and recommendations of the journal editor or AANZPA.

The Australian and Aotearoa New Zealand Psychodrama Association (AANZPA) is an organisation of people trained in psychodrama theory and methods, and their application and developments in Australia and Aotearoa New Zealand. The purposes of AANZPA include the establishment and promotion of the psychodrama method, the setting and maintenance of standards and the professional association of members. Ordinary members of the organisation are certificated as Psychodramatists, Sociodramatists, Sociometrists and Role Trainers, and as a Trainer, Educator, Practitioner (TEP). Members associate within geographical regions, through the *AANZPA Journal* and electronic publication *Socio*, and at annual conferences.

2021 AANZPA Executive

President: Martin Putt

Vice President: Helen Phelan

Secretary: Elizabeth Synnot

Treasurer: Simon Gurnsey

Membership Secretary: Selina Reid

Publications Coordinator: Patricia O'Rourke



# Contents

Editorial	7
Hopeless, Choiceless and Other Experiential Openings for Psychodramatic Theory and Practice <i>Phil Carter</i>	9
Perspectives on Racism <i>Jenny Hutt</i>	18
Shining a Light on the Blues: the Gift of Psychodrama <i>Paul Baakman</i>	39
There's Lots of World Out There <i>Jenny Postlethwaite</i>	51
The Value of Sociodrama in Psychodramatic Couple Therapy Training <i>Walter Logeman</i>	58
Encounter: Catch a Falling Star and Put it in Your Pocket — Never Let it Fade Away <i>Annette Fisher</i>	72
Gifts of Encounter at Death's Door <i>Trisha Bennet</i>	81
How Psychodrama Helped Pop My Creativity Cork <i>Rowan Jeffrey</i>	87
Book reviews	
<i>MORENO'S PERSONALITY THEORY AND ITS RELATIONSHIP TO PSYCHODRAMA: A PHILOSOPHICAL, DEVELOPMENTAL AND THERAPEUTIC PERSPECTIVE (2019)</i>	93
<i>WORDS OF THE DAUGHTER: A MEMOIR (2021)</i>	100
Sacred Connections 4 <i>Trisha Bennett</i>	103



# Editorial

Kia ora koutou  
Greetings to you all

This is the 30th Journal produced by AANZPA. That we are still going strong in spite of all the ongoing challenges and uncertainties is a tribute to the strength of relationships and enduring dedication to spontaneity that AANZPA engenders.

I really didn't imagine that we would still be so stymied by Covid-19 this year. And I didn't take in, to begin with, the impact this would have on the contributors to this Journal. Lockdown and the protocols and restrictions in both Aotearoa New Zealand and Australia have had unforeseen consequences for the writers. Having time and space (and isolation) are not necessarily conducive to creativity and motivation.

So I am profoundly grateful for all the effort and commitment it has taken to produce these articles and I know that many people have been involved in bringing them to fruition. Friends, partners, family/whanau and colleagues often provide impetus and are sounding boards for developing ideas. The lessening of contact with significant others has stirred up some different expressions of flexibility.

I hope this Journal gives you the opportunity to feel more connected with each other. I also hope that these stories provoke and inspire you and you enjoy reading them.

Please contact each other directly when you have a response and also let me know if there is something you would like to read or something you are warmed up to writing. A movie review, a novel?

So to really get into the flow I invite you to wake up and breathe. Phil Carter's 'Hopeless, Choiceless and Other Experiential Openings for Psychodramatic Theory and Practice' will show you how. Next up, Jenny Hutt 'Perspectives on Racism' educates us that racial equity is achievable as opposed to legalised racism. Paul Baakman's article 'Shining a light on the blues, the gift of psychodrama' encourages a psychodramatic approach for victims of misjudged prescription drugs. Jenny Postlethwaite offers some delightful metaphors in her presentation of coaching in 'There's Lots of World Out There'.

In 'The Value of Sociodrama in Psychodramatic Couple Therapy Training' Walter Logeman shares his delight in his use of the sociodramatic couple when training therapists. Annette Fisher shows us her exquisite ability to be a tuning fork in her article 'Catch a Falling Star and Put it in Your Pocket — Never Let it Fade Away'

This is followed by Trisha Bennett's experiences of encounter in her

work at Hospice 'Gifts of Encounter at Death's Door'. The final article brings us poetry as Rowan Jeffery reveals her journey in 'How psychodrama helped pop my creativity cork'

Then we have two book reviews, 'Moreno's Personality Theory and Its Relationship to Psychodrama: A Philosophical, Developmental and Therapeutic Perspective', reviewed by David Oliphant and 'Words of the Daughter: A Memoir' by Regina Moreno reviewed by Judith McDonald.

This year you can find out about the painting by Trisha Bennett at the end of the Journal. An announcement about the next conference is on the back page. May we all meet in person in at the Conference in July.

*Ngā mihi mahana*  
*Sara Crane*  
*Editor*



# Hopeless, Choiceless and Other Experiential Openings for Psychodramatic Theory and Practice

*PHIL CARTER*

## *KEY WORDS*

auxiliary, breath, Bohm, choice, death, doubling, heart, interpersonal neurobiology, loci of identity, love, Max Clayton, mirror neurons, mirroring, neuroscience, personal experience, responsibility, social self, social field, tele

## *A warm-up*

One Tibetan breathing practice is to imagine a thick mass of toxicity below, breathe that into the belly and breathe out purified air. I assume the body is being used in the service of the universe. I give it a go. After a while, and totally unexpectantly, something else happens that I have never heard described. At the same time there is a cycling of muck coming in and clean going out, there's another cycling of clean coming in and muck going out. It feels like two bellows being worked simultaneously but in opposite positions, interpenetrating each other in a yinyang way.

## *Choice and tele*

In a training workshop, Max Clayton said to the trainees: "Things come by you. And when they're right there in your face, you respond, in some way, immediately, and choice doesn't come into it. So I've questioned that on the grounds that choice may, perhaps, be illusory." (Clayton & Carter, 2004, p. 321).

That got my interest. Really? Yes, many well respected thinkers concur. Yet, many disagree. I hunt out the neuroscience. Measurements of the brain show that a person's awareness of the decision to act occurs 0.4 seconds after the act has already been initiated (Libet, 2004). Using similar research, Wegner (2002) reckons that that which people call choice is more like a moral indicator with power to veto an action already begun.

Several years of paying attention to this, mainly through careful introspection, reveals there is a prior movement of attraction either to something or someone external or to an internal posture, attitude or value before there is any kind of assessment or evaluation. Even with the 'moral indicator' or 'vetoer', there appears an initial movement towards or away

from something. I've also looked carefully at this in psychodramatic action, particularly when a person says they are making a choice, and there appears already an initial movement in the relational tele *field*, either *away* or *towards*.

However, people often summarise this experience into being primarily a movement of will and personal agency. They can be motivated by not wanting to be passive or a victim. This can put the will and cognitive processes in command and isolated from the vitality of the life available in the field of tele and the force of love. The person can end up bullying themselves into shape and become fatigued. Appreciating how intertwined the individual and social worlds are is one useful way forwards here.

## Identity of the self

*Research in interpersonal neurobiology* reveals that an infant's experience of their social field shapes an initial structuring of the brain called the *social self* and this is prior to structures for reasoning and identity (Schermer, 2010; Siegal, 2010). Furthermore, the *social self*, is the core 'instrument' involved in functioning and that the separate individual consciousness is deeply and intimately entangled with the 'field' of the group<sup>1</sup>. The social self is a good fit with, and addition to, the social and cultural atoms of psychodramatic theory and practice.

Once as a psychodrama group we agreed to be finely attentive in ourselves to where the loci of identity was moment by moment. To assist in this end, we did productions that were silent and had no role reversals. One protagonist was astonished to find themselves experiencing themselves as both a separate individual and distributed at the same time. Perhaps this is a more common occurrence in psychodramatic enactments than we have noticed.

Experience with psychodrama shows that individuation is well set up and practiced when the individual is relating to others. Interestingly, David Bohm's work in studying the operation of electrons in metals revealed that the more an electron participated with others, the more it had individuated existence. He also came to a theory of holonomy in which things are distributed, each part containing the whole, each thing constantly infolding and unfolding into the other in such a continuous process that one would never be able to definitively identify an elementary particle other than the process.

## Musings for psychodrama

Appreciation of the deeply entwined nature of the individual and their social self offers other openings for psychodrama theory and practice.

---

<sup>1</sup> I have described (Carter, 2014) how the psychodramatic method has special properties to free up and expand the social self, using similar mechanisms that occur when a mirror is used to heal phantom limb pain.

I find I don't need one definitive approach to describing a 'role'. Stereotypical, generalised descriptions such as 'spontaneous actor' and 'loyal son' are highly useful as a specific type of behaviour is identified and can be enacted as a separate 'role' in a psychodramatic production. Call it a characteristic of a role if you want. A role description that is a unique to the individual and could be termed a personality is also highly useful, if it fits. Astute observation and careful inquiry with a protagonist in the field of action is a great place for this inquiry. Not only can I get at specifics, I'm also less likely to have my prejudices and pet theories twist or dominate the facts.

Careful and detailed observations of instances of what is called mirroring and doubling led to what seemed like clear things to becoming not so clear. In my PhD, I collected trainers' descriptions of psychodrama fundamentals based on their observations of videos of psychodramatic enactments. Careful examination of the functioning described as mirroring or doubling revealed there were no common external phenomena to distinguish them from each other, including time (same time — after), distance (beside — across), and closeness of the auxiliaries behaviour to the behaviour of the protagonist. Surprisingly, purposes and effects such as self-esteem and self-perception did not work either. The remaining thing was the protagonist's identification with the auxiliary. A differentiating description based on this could go something like: *Mirroring is self perceiving itself external. Doubling is the other perceived as self, internal.* However, when looking at specific instances, this also slips from being inclusive and definitive.

Observation of a protagonist when they are being 'doubled', shows that at times they have the auxiliary as themselves, a merged identity, and other times as separate. At times, this can be an inadequacy of the doubling. However, also consider that the protagonist may be moving quickly between internal and external loci of identity and that in one moment they are experiencing the auxiliary as a double and then in another moment more as a mirror.

Is it also possible that mirroring requires a base of doubling to be operating somewhere in the person? A person cannot be self-reflective unless there is an adequate base of self-esteem? In addition, perhaps the identity in a moment is spread or distributed in the whole system and so could be inclusive of both. How to accurately and precisely observe and inquire into these things during enactment is something we can swap notes on. Reflecting on the experiences of being an auxiliary could be relevant here, too.

It was such a relief to me when Max Clayton once said to an auxiliary playing a role something like, *'Look, you have to do exactly what the protagonist did in this role and at the same time take in what the protagonist is doing now because very shortly there will be a role reversal. Don't worry, it is almost impossible.'* The astonishing thing is how magnificently most people can be an auxiliary, even when they almost never do it in 'real' life.

There are many possible factors at play. The attention and thinking taken up in the living action of a crisp psychodramatic production might occupy the thinking and attention that are used to focus on self-interests and preservation. The willingness to be of service to others might also deactivate the ego mechanisms of survival. Some might call that love. Erich Fromm's work (1956) described in *The Art of Loving* continues to offer up treasures in the art and power of love. Noticing the dynamics between love and responsibility is relevant.

## Responsibility and heart

If there is no choice, does that also mean there is no responsibility? When looking for responsibility, love or heart has emerged as a principle factor at work. In the twenty years I've worked with men who have committed various crimes, including murder and paedophilia, demands from others, or self, for remorse, accountability and responsibility have not generated much useful action. Instead, when conditions are set up for a person to enter their heart, and they do, there can appear a capacity to really know and see, to be available to what has really happened. Occasionally there is not even a whiff of responsibility, yet the experience of the suffering that has occurred to self and others is particularly visceral and sobering. The behaviour of the person looks very much like what 'responsibility' is held to be but they are in a place that appears beyond or independent of responsibility. Perhaps the 'heart' includes responsibility but is not defined by it.

Sometimes when all the factors in operation in a particular event can be laid out in a psychodramatic enactment, there can be a clarity on responsibility. There can be an initial event in the person's childhood where they were not responsible but it is imprinted and they go on to set up people and conditions in which this thing happens again and again. Seeing this accurately laid out can result in a very useful discrimination of responsibility. Without it, full responsibility can be resisted; and so too, full forgiveness. Here's love again.

## Hopeless

Like choice, a careful examination of the treasured institution of *hope* offers gifts. Chogyum Trungpa (1991), a practitioner of the Crazy Wisdom School of Tibetan Buddhism, identifies hope as the main hindrance to freedom.

*The process is one of going further in and in and in without any reference point of spirituality, without any reference point of a saviour, without any reference point of goodness or badness — without any reference points whatsoever! Finally we might reach the basic level of hopelessness, of transcending hope. This does not mean we end up as zombies. We still have all the energies; we have all the fascination of discovery, of seeing this process unfolding and unfolding and unfolding, going on and on. This*

*process of discovery automatically recharges itself so that we keep going deeper and deeper and deeper. (p. 10)*

Hope can be used to protect against all kinds of dangers. As a response to the myriad of pressures, unforeseen and unwelcome events, false accusations, accidents and other things coming at them, people can attempt to cheer themselves up and exhort themselves to be positive and not weighed down by negativity. Being gung-ho and putting on a posture of toughness is advocated. Mantras of positiveness abound: *'everything is for a reason', 'you will be better off because of it'*. All manner of saviors appear: gods, heaven, ascension and reincarnation. Given that they are typically bred up in the imagination, they end up attracting and nurturing the very thing they are trying to avoid: anxiety.

Sometimes, fear is identified as the culprit. There are calls to overcome fear or even remove it but fear can be a response to something very real that must be dealt with. Could we distinguish fear from anxiety by saying fear is an instinctual response to something that is real. It is not something to remove, ignore or minimise. Trungpa offered the worthy and interesting challenge to live with fear without hope.

Jeanne de Salzmann (2010) offers various approaches or postures not only to the threats, surprises and other unknowns coming at you, but also to the personal deficiencies and conflicted internal warm-ups. Her phrases *'willing surrender'* and *'conscious suffering'* carry daring and dignity for me and I have been trying them out. Now I might call them convictions, something Max called a belief based on prior experience. In such a *'conviction,'* my will and determination are engaged and activated. I may not have chosen anything but those things which people would normally bundle up with choice or self-agency are there.

This quote from Jeanne's book *The Reality of Being* is one illustration of the process of willing surrender. Note, the *'it'* in the first sentence refers to attention. "I cannot make it appear, just as I cannot force love to appear. Attention comes when it is needed, when it is called by a feeling of necessity. If I really see that I do not understand, that I have lost the direction and the meaning of my life, then at that very moment my attention is called to be here." (p. 217).

A psychodramatist might call Jeanne's *attention*, warm-up, which appears a good fit given how I have found this attention is not just a point of awareness but can thicken and spread, is spontaneous yet can be worked. Others could well call it life force or presence or essence. This sits well with Jeanne's encouragement: "I let go out of humility because I begin to see that myself I am nothing, and at the heart of this humility a trust, a kind of faith, appears. In this moment I am tranquil. I am at peace." (pp. 261-262).

## Breath

The operation of breath offers another integrative structure that can be usefully applied to many processes. Breath is immediately available, intimate and personal. The breath comes in, there is a pause, a place of fullness and capacity, a breath out, a pause, a place of nothing, and then a breath in. Interestingly, the breath in does a mini-activation of the sympathetic system and the breath out, the parasympathetic.

Usually I am operating in a partial way. The breath out is not full. I'm holding on to something, not confident about the future, unwilling to surrender. The breath in is partial. Perhaps I want to say something to somebody. I can't do that breathing in.

The psychological appears to also 'breathe'. When person makes a full expression, there is a pause, a changeover place, and then the new comes. As the receiver of the expression, we breath it in and we tend to relate to the content of the expression and not the pause or the new thing coming to the person making the expression. For example, Fred has a whinge about how crippling the day's events have been and Mary wants to fix it, analyse or argue against it but Fred's already in a new place. It's history. Watching Max Clayton work was inspiring and illustrative of how to be alive in the changeover period, attentive and available to the fresh, keeping production in the emerging and not five seconds behind the action. This involved being willing to drop fixations on ideas and theories.

Psychodramatic enactment invites attention to the social field and its dynamics. The occupation with the action neatly sidetracks the usual mechanisms of checking things out and other inhibiting habits, releasing the person from domination by choice, hope, keeping it safe and other cognitively-bound movements of ego survival that use the field of the imagination to exist. The protagonist is drawn into relating to what is.

What does your experience tell you?

## Experience

Max's (Clayton & Carter, 2004) encouragement and guidance was to make experience and experiential learning the base:

*I do profoundly live by the idea that everything that I do and everything that other people do is best related to experience. Experience is the foundation. The whole of life is an outgrowth of that. Life is not lived on the basis of external ideas or external pressures. It is based solely on generating experiences within ourselves and respecting that experience. Realising that really and truly there is life in that experience and it will always give us the best guidance. (pp. 122-123).*

There is a resonance with Ramana Maharshi (1972): "People would not



understand the simple and bare truth — the truth of their everyday, ever-present, and eternal experience... They love mystery and not the bare truth, religions pamper them... why not abide in the self, right here and now?" (p. 99).

Inquiry based on personal experience comes with challenges. Daniel Goleman's (1986) summary of various scientific investigations are that the unconscious mind filters out most sensations as too threatening.

*Crucial decisions as to what should and should not enter awareness are made in the unconscious mind. Thus that essential human ability, self-awareness, brings with it the capacity for self-deception. It is a simple step for the unconscious mind to act as a trickster, submitting to awareness a biased array of facts intended to persuade the aware part of the mind to go along with a given course of action. (p. 249).*

Perhaps, only a genuine willingness to suffer, some kind of posture of being present with pain and fear, or an absence of self-interest and concern for preservation, might actually release the binds of these instincts. Many spiritual traditions emphasis the path as being one of total abdication of the self in service to the other or to an ideal. This 'experiment' only appears possible if I really want to completely offer myself. Again, I can't make this happen. I notice that the integrity of my desire is not full or sustained. I am wishy washy, conflicted. This has gone on for so long and so consistently that I am pretty convinced that I will not make it. However, even there I am a failure. My convictions have proven to not be reliable. I did actually move the cell phone charger from its usual place. Ah yes, see Philip, you do like the truth. I do like what experience shows. I am willing to question anything. I notice a tight trembling inside. It's normal. It appears to be frightened. I have been frightened my whole life...? It appears so. And I've survived. No wonder the ego is so wired. I'll go for a walk. Did my legs initiate that, or the knowing of past experiences, or was it a whiff of fresh air? Difficult, if not impossible to know now, seconds later, as it is already memory. What a great challenge for psychodrama to see if there can be a production in which these fine grained things can be laid out in accurate ways, with all the contextual factors. What new insights might that reveal?

### **Walking the dog on the beach**

I'm out walking the dog on the beach and there is so much light in everything: the air, the sea, the land. There is a vitality, a life, an extraordinary freshness and it is bursting from within every cell of me and everything else. It is the living beingness of me and it is everywhere. *I am the essence of the universe getting to know itself.* This comes fresh, as a realisation: I am the essence of life getting to know itself through this body and everything else

is also the essence getting to know itself through their bodies. No plan, no ending, an on-going feast.

Some days later, I'm out walking the forest road just in from the beach. *I am mortal*. This comes as a certainty. I will die. This body and everything that I associate as me will end. I feel very sober. Settled. I feel honoured to be limited to this body. What an extraordinary experience. This mystery. As I am walking, I sense a force of life is living me and that this force isn't me. I look around — the trees, the light, the birds — it is living everything. It gets to live everything. I feel no rush, no deprivation. Life will get to know and experience everything. What a relief.

So what am I? The very essence of the universe getting to know itself or a totally mortal entity with a use by date? I'll take either. Both experiences had an extraordinary aliveness, freedom and presence. My normal functioning is a kind of middle ground of conflicted warm-ups, focusing on surviving all the different threats, full of self-referencing and various patch-ups of hope, positive thinking and other petty bullies, with not even enough motivation to give anything full sustained attention. I see this deficiency. I can't bully myself into being motivated. My tummy rises. It's a breath. The breath out is noticed. The breath in comes fuller. I feel moved. I don't know by what. I don't care. I don't need to know. I willingly surrender to a force I don't even know. Attention comes as a force, fresh and fuller. I am available or that availability has embraced me. It appears that the whole universe is here to support me. That sounds silly and a set up. I am in my head, rushing around collating a kind of summary, alert to some trick, watchful for a setup. Ah, my old friend is doing his work. An outbreath rushes out. On and on it goes, forever in the now.

## REFERENCES

- Carter, P. D. (2014). Phantoms in the brain: A neuroscience view of social self repair using the psychodramatic method. *Groupwork*, 24(2), 45-59. doi: 10.1921/9401240103.
- Clayton, G. M. & Carter, P. D. (2004). *The living spirit of the psychodramatic method*. Resource Books: Auckland.
- Fromm, E. (1956). *The art of loving*. Harper Perennial.
- Goleman, D. (1986). *Vital lies, simple truths: The psychology of self-deception*. New York: Simon & Schuster, Inc.
- Libet, B. (2004). *Mind time: The temporal factor in consciousness*. Cambridge, Mass: Harvard University Press.
- Ramana. (1972). *The spiritual teaching of Ramana Maharshi*. Berkeley: Shambala.
- de Salzmann, J. (2010). *The reality of being: the fourth way of Gurdjieff*. Boston, Mass: Shambhala.
- Schermer, V. L. (2010) Mirror neurons: Their implications for group psychotherapy. *International Journal of Group Psychotherapy*, 60, 4, 487-513.



- Siegal, D. J. (2010). Reflections on mind, brain, and relationships in group psychotherapy. *International Journal of Group Psychotherapy*, 60, 4, 483-485.
- Trungpa, C. (1991). *Crazy wisdom*. Boston, Mass: Shambhala.
- Wegner, D. M. (2002). *The illusion of conscious will*. Cambridge, Mass: Bradford Books.



**Philip D Carter, PhD**, is a psychodramatist with two decades experience using the psychodramatic method. He has been active in the domestic violence field as a trainer, supervisor and group facilitator. As a senior lecturer and researcher at the Auckland University of Technology, he researched the connections between interpersonal neurobiology and psychodrama. He has used the psychodramatic method to investigate the future of technology and to formulate humane approaches to computer system design and usability. He has also been published for his work applying psychodrama in various areas, including supervision, men's groups, domestic violence, sexual offending, community development, leadership training, biculturalism, and social action and research.

# Perspectives on Racism

JENNY HUTT

## KEY WORDS

anti-racism, aversive racism, Gordon Allport, J.L. Moreno, legalised racism, racism, socialisation, sociodrama, systemic racism, unconscious bias

*Apparently, it's common. Tyres explode when you drive in high temperatures out on this big country. My colleague Kerry and I are on the road from Broome to Fitzroy Crossing when ours blows. As we inspect the shredded remains, help arrives in the form of a young couple, in a large vehicle, baby on board, boat in tow, on their way home 1000 kms away. Soon the heavy tyre is off the roof and our blow-out is replaced. Its over 40 degrees and I can feel the back of my neck beginning to burn. They give us chilled water from their on-board fridge. I am touched as we thank them and I say with feeling, 'I'm very grateful we live in a country where people help each other out!'. The young man who works for the Roads Board is used to helping people out like this. He says, 'It's not true for everyone. I've come across Blackfellas who didn't have all the tools they needed to replace a tyre, who'd been sitting there all day, because no one would stop to help them'.*

## Introduction

This article is about racism. My interest was prompted by a study group to focus on the history of the relationship between Aboriginal and Torres Strait Islander peoples and other Australians, which I wrote about in this Journal (Hutt, 2018). This work made apparent to me the racism embedded in our history. I wanted to learn more about racism: where it comes from, why it is still prevalent today and how it can be transformed. I began with a search of literature on contemporary social research and anti-racism practice, and along the way discovered the contribution to this field of J.L. Moreno, the founder of psychodrama, and some of his influential contemporaries. This article presents my findings.

There are several reasons why getting a greater grasp on racism matters to me. It's relevant to my personal and work relationships. It's essential professional development for me as a diversity educator and facilitator. It's also relevant to me as a sociodramatist, psychodrama trainer and member of AANZPA. For a number of years, now, AANZPA colleagues, trainees and

practitioners, have explored their experiences and shared their wisdom in this area. This has included participation by some in sociodrama training workshops and conference sessions conducted by my colleague Bev Hosking and myself about working interculturally, and grappling with identity, belonging and racism. I notice that some matters surface and get dealt with in these workshops which might not otherwise arise. 'Nga mihi nui' to Bev, and to Chris Hill, Astrid Mbani and Helen Phelan who recently shared their experiences in response to an early version of this article in an online conference session. I feel deep appreciation for your companionship as we have been exploring this terrain together.

Engaging in conversations about racism can seem daunting. Some people report that it is becoming more challenging to discuss racism, rather than less (Bernard, 2021). Harvard social psychologist, Robert Livingston, sees a need to increase our confidence, competence and commitment to be able to engage in racial dialogue. 'If we want to make profound and sustainable racial progress in organisations and society, then we have to reach people on a deeper intellectual, emotional and moral level... Nothing will change until we begin to have honest and informed conversations about race and decide as a community to do something about it' (Livingston, 2021, pp. xiii-xiv). I hope that this article will be a resource for those warming up to and participating in such conversations within AANZPA and beyond.

How we understand racism affects whether we recognise it and if we think we can do anything about it. Philosopher Kwame Anthony Appiah says racism is not the only social inequality or motive for discrimination which matters: 'ask Christians in Indonesia or Pakistan, Muslims in Europe, or LGBT people in Uganda. Ask women everywhere. But when it comes to racial inequality, even as much has changed, much remains the same' (Appiah, 2015, p. 2).

## Origins

A broad historical perspective on racism reveals how recent it is in human affairs and some of its key characteristics. Estimations of how long it has been with us range between 170 and 400 years (Allport, 1954; Kandola, 2018; Appiah, 2018). The human tendency to identify in ingroups and outgroups and to create social hierarchies has been around a lot longer. Social hierarchies are thought to have started when human groups began farming and settled in larger population groups (Harari, 2011). These hierarchies often included servants and slaves. Kwame Anthony Appiah (2018) observes that until several hundred years ago 'the colour of your skin wasn't even seen as fixed: it simply showed what part of the world you came from. The key dividing lines were religion and language not appearance'. Racial or colour prejudice as we know it today didn't exist

during the Egyptian, Greek and Roman empires: in fact, as Kandola (2018) states, several Roman Emperors were African.

## Solvability

As several contemporary writers observe, the recency of racism in human societies is significant. Importantly, it tells us that racism is not an inevitable aspect of human nature about which nothing can be done (Kandola, 2018; Kendi 2019; Livingston, 2021). Livingston reminds us that racial equity is achievable. 'That's not just my opinion — logic, data, and scientific evidence all speak to the solvability of racism'. It's achievable, desirable and recognised in the USA by an overwhelming majority of citizens as critical in moving forward (Livingston, 2021).

## Categorisation

Racist ideas came to the fore during the Enlightenment, an intellectual and philosophical movement that dominated the world of ideas in Europe in the 17th and 18th centuries (Soutphommasane, 2015, p. 16). European scientists started categorising everything in the natural world and turned their attention to human beings. Science writer, Angela Saini (2019, p. 47), tells us 'Categorising humans became a never-ending business. Every gentleman and scholar (and they were almost exclusively men) drew up his own dividing lines, some going with as few as a couple of races, others with dozens or more. Many never saw the people they were describing, instead relying on second-hand accounts from travellers, or just hearsay'.

## Hierarchies

Contemporary genetic research confirms that race is not a biological reality: humans share more than 99% of our genetic makeup (Soutphommasane, 2015). But during the Enlightenment the fascination of these early scientists with creating categories was problematic. As Angela Saini observes, 'However the lines were drawn, once defined, these 'races' rapidly became slotted into hierarchies based on the politics of the time, character conflated with appearance, political circumstance becoming biological fact. Linnaeus, for example, described Indigenous Americans (his 'red' race) as having straight black hair and wide nostrils, but also as subjugated, as though subjugation were in their nature' (Saini, 2009, pp. 47-48). Differences in physical appearance customs and language were seen as reflections of a deeper, innate otherness (King, 2019, p. 6).

## Essentialism

A racist world view attributes to groups of people innate qualities that are not only visible at the surface of their skins but are intrinsic to their physical and mental capacities. These innate qualities are seen as belonging to everyone in

the group, and as inherited and unchanging. They are seen as the reason for our success and failure — as individuals, groups, societies, nations. (Saini, 2019, p.7) Furthermore, inferiorities and superiorities of racial groups have been used to explain current racial inequalities in society (Kendi, 2019, p. 20). The poor are seen to be poor because of their own inadequacies.

### Superiority and inferiority

A historical perspective on race generates a broader systemic perspective. The race 'science' of the Enlightenment fuelled and was used to justify the European slave trade and colonisation. By 1910, 85% of the globe had been colonised by the powers of Europe. Former Australian Race Discrimination Commissioner, Tim Soutphommasane, notes that race quickly became a characteristic that helped to explain why civilised humanity was something only Europeans could supposedly achieve. To be white and European was the very meaning of being civilised. In the case of Australia, British colonialism treated the First Nations as people too low in the scale of social organisation to be acknowledged as possessing rights and interests in land (Soutphommasane, 2015, pp. 16-17).

### White supremacy

The historical development of the Australian state followed a similar trajectory to those of other white settler states such as the United States, Canada, New Zealand, Rhodesia and South Africa. The pattern was similar: territory was taken from inhabitants, indigenous populations were displaced, the colonial enterprise caused many deaths, all regarded as inevitable features of colonial progress. 'Within this colonial world there emerged a transnational European polity, in which colour bars separated Europeans from others. For the white European, there was secure knowledge of one's membership of a superior race, and tranquil consciousness that one's skin amounted to special admittance into the ranks of civilisation' (Soutphommasane, 2015, p. 18). Today this is called 'white supremacy' and the inherited privilege that flows thereafter 'white privilege'. Cultural critic and feminist writer bell hooks reminds us that these white supremacist ways of thinking and acting are expressed by people of all skin colours (hooks, 2013). From this perspective, racism is not only prejudice against people of colour, but is about whiteness, discrimination in favour of white people. White supremacy is the view that white equals better, superior, more worthy, more credible, more deserving, and more valuable (Saad, 2020), and is deeply embedded in the socius or wider culture. White people, says racial justice consultant Robin Di Angelo (2018), have to learn to see themselves not just as individuals, but as part of a group, to get to know what white supremacy affords them.

## Australia

There are distinctive aspects of Australia's colonial history which impact experiences of racism today. One is the absence of a founding treaty between the British and the First Nations people living on their ancestral lands. Having initially assumed Eastern Australia was largely uninhabited and that locals would quickly abandon their country to newcomers, the colonial experience of the British in Australia soon proved otherwise. First Nations peoples strongly contested the encroachment on their traditional lands, stood their ground and resisted the invasion with every means available to them (Reynolds, 2021, p. 34). The British decision to abandon the policy of treaty making in Australia had disastrous consequences for First Nations people, condemning hundreds to violent deaths. Once planted in Australia, racial violence became habitual, expected and normalised (Reynolds, 2021, p. 22). The violent conflict in Tasmania between 1827 and 1831 drew attention to the impact of proceeding with colonisation without treaties. 'Colonial officials called for the negotiation of treaties and the imperial government made the significant decision to negotiate with the Maori at the very start of the settlement of New Zealand in 1840' (Reynolds 2021, p. 47).

Another distinctive feature of Australian history relates to the constitution. Aboriginal and Torres Strait Islander peoples were excluded from the development of the Australian Constitution which came into effect in 1901. Racist clauses in this document ensured Aboriginal people were not counted as citizens and gave the state the power to discriminate on the basis of race. This immediately enabled legislation to establish the White Australia policy which restricted immigration on the basis of race between 1901 and 1958. While a 1967 referendum finally allowed First Nations peoples to be counted in the census and the Commonwealth to become involved in Aboriginal Affairs, it removed mention of Aboriginal peoples in the constitution (Torres Strait Islanders were never mentioned) and retained the race powers installed in 1901. This is notoriously difficult to change (most referendums fail) and so Australia's founding document perpetuates a racist world view deep in the heart of the state machinery. The *Uluru Statement from the Heart*, which is written to the Australian people, not to the government, seeks constitutional reforms to empower First Nations peoples to take a rightful place in their own country. It calls for the establishment of a First Nations Voice enshrined in the Constitution (Davis & Williams, 2021).

## Legalised racism

Professor Larissa Behrendt (2012) writes that since colonisation, the neglect, cruelty, and intrusion of the state into the lives of Aboriginal and Torres Strait Islander peoples has been profound, constraining many basic rights — where people could live, travel, who they could associate with, who they could



marry, whether they could own property and whether they received their wages. Further dispossession from reserve lands between the two World Wars left families with no savings, few employment opportunities and no money for rent with little option but to build makeshift dwellings on the edge of towns. Without decent housing and no water or sewage systems authorities found it easy to claim that children were not properly cared for. After World War II, protection boards kept a strict control over First Nations peoples' lives and the removal of their children increased (Behrendt, 2012, pp. 162-3). Tim Soutphommasane (2015, p. 54) describes this as legalised racism.

These intrusive incursions in the name of protection were strongly resisted and objected to. Indigenous people began building their own political organisations that specifically advocated for citizenship rights, land rights and rights to political participation such as voting and being represented in parliament (Behrendt, 2012, pp. 162-3). Amongst these voices were William Ferguson and John Patten who wrote in 1938, 'that 26 January... is not a day of rejoicing for Australia's Aborigines; it is a day of mourning.' They continued, 'we ask you to change your whole attitude towards us to a more enlightened one. Your present official attitude is one of prejudice and misunderstanding. We ask you to be proud of the Australian Aboriginal, and to take his hand in friendship... We ask you to be proud of the Australian Aborigines, and not to mislead any longer by the superstition that we are a naturally backward and low race. This is a scientific lie, which has helped to push our people down and down into the mire. At worst, we are no more dirty, lazy, stupid, criminal, or immoral than yourselves. Also, your slanders against our race are a moral lie, told to throw all the blame for your troubles onto us. You, who originally conquered us by guns against our spears, now rely on superiority of numbers to support your false claims of moral and intellectual superiority... After 150 years, we ask you to review the situation and give us a fair deal — a New Deal for Aborigines. The cards have been stacked against us, and we now ask you to play the game like decent Australians. Remember, we do not ask for charity, we ask for justice' (Patten & Ferguson, 1938, in Heiss & Minter, 2008).

## United States

Racism is a global phenomena. Around the time Jack Patten and William Ferguson were calling for a new deal for Aborigines, J.L. Moreno had been applying sociometry to race relations in the USA, work which is described in the next pages along with that of his influential contemporaries. The first of these was Franz Boas.

## Franz Boas

Boas, a German-born migrant to the US in 1890 was the founder of cultural anthropology. He developed a new paradigm called cultural relativism

which countered the 'race science' which had divided humanity into vastly different categories. Boas had an epiphany as he studied the migration of Inuit people on Baffin Island in the Canadian arctic. He had originally seen the Inuit as objects of research, not quite as people. As he lived among the Inuit and got to know them as individuals with personal histories and coherent customs, he concluded that Europeans had no right to look down on them. The key message of Boas and his students at Columbia University (who included anthropologists Alfred Kroeber, Ruth Benedict, Zora Neale Hurston, Margaret Mead<sup>1</sup>) was that, in order to live intelligently in the world, we should view the lives of others through an empathic lens, suspending judgement about the way they see social reality until we understand it, and in turn we should look at our own society with the same dispassion and scepticism with which we study other societies (King, 2019, p. 9). They taught that no society is the endpoint of human social evolution (p. 13). Boas saw ideas about race themselves as a product of history, 'a rationalisation for something a group of people desperately want to believe: that they are higher, better, and more advanced than some other group. Race was how Europeans explained to themselves their own sense of privilege and achievement' (p. 106).

### J.L. Moreno

As a European Jew migrating to the USA from Vienna in 1925 Moreno arrived at a particularly xenophobic period in American history. After substantial migration between 1890 and 1910 increased the proportion of overseas born Americans to 15%, some 13.5 million people, U.S. immigration policy changed dramatically. The new approach was designed to reduce the future populations of Jews, Italians, Poles and Slovaks, effectively banning others including Asians, and revoking the citizenship of American women who married foreign men ineligible for citizenship because of their race or national origin. This immigration policy dominated the next four decades, until its reversal in 1965. Along with it, universities began to limit the places for 'race-alien' and 'foreign-born' individuals (King, 2019).

During this period a racist ideology was firmly embedded in US society. At the end of the American Civil War in 1865, former Confederate generals and officeholders were pardoned and returned to positions of power in Congress and the federal government. They launched a new wave of race-oriented legislation. 'Legally enforced segregation, prohibitions on interracial marriage, voting restrictions, and other policies introduced from the 1890s forward created a race-based system of politics and social relations — the authoritarian apartheid scheme eventually known as Jim Crow'

---

1 Jonathan Moreno recalls Mead was a regular visitor at the Moreno household.



(King, 2019). Eleven million southern Blacks<sup>2</sup> moved to northern cities in two great waves between 1910 and 1940 (Moreno, 2014; Eberhardt, 2019). 'White Americans in Northern cities and towns resented and felt threatened by the influx...The racism encountered by Black Americans was in some ways as harsh as, if more subtle than, that they had experienced for generations in the south' (Moreno, 2014, p. 129).

As J.L. Moreno developed psychodrama, including the disciplines of sociometry and sociodrama, he had a keen eye on the racism of his time. Moreno's sociometric research included a focus on intergroup relations between ethnic groups and nationalities. He observed that as children developed sociometric links they showed no spontaneous aversion for children of other races and nationalities. Younger children showed no preference for children from one racial and ethnic group over another, however, as they got older they gradually developed a preference for others from their own group. He could see no evidence that parental influence was the exclusive cause of racial prejudice: the influences of peer group norms and standards, and of key individuals in crystallising those norms were also significant. Sociometric research of the time noted that social divisions manifested as a) one group withdrawing from the other, or b) both groups withdrawing from one another, both termed 'cleavage' or as c) open friction, termed 'hostility and aggression' (Moreno, 1934).

J.L. Moreno and the sociologist Helen Jennings collaborated to conduct long-term sociometric research at the New York State Training School for Girls, a reformatory school for teenage girls in Hudson NY. Jonathan Moreno notes that his father and those he worked with were among the first social scientists to be sensitive to race issues and to attempt to ameliorate racial tensions, using the State Training School as a laboratory (Moreno, 2014, p. 129). He says J.L. made a special effort to show with sociograms that the Black and white residents could live and work together rather than being segregated. At Hudson, sociodrama was developed to build on the sociometric explorations used. 'Sociometric reorganisation of the girls' cottages and work groups were only one form of intervention. While Moreno believed that people should be able to choose with whom they wanted to associate, that any good society would enable its actual social structures to comport with the tele<sup>3</sup> of its members for one another, he also recognised that prejudices could create false and dangerous divisions. Simply allowing people to organise into groups

2 There are a variety of terms used in this paper to describe Black Americans or African Americans, depending on who I am quoting. When quoting J.L. Moreno the term Negro, which was current at the time, is used. I am guided by Robin DiAngelo who in her latest book *Nice Racism* (2021) decided to capitalise Black but not capitalise white as the latter is used by white supremacists.

3 Tele is a sociometric term denoting the flow of feeling towards another (which may be positive, negative or neutral) and the flow of feeling from another (which may be positive, negative or neutral).

without establishing genuine tele relationships might only reinforce racial, ethnic or tribal conflicts. These conflicts or potential conflicts had to be dealt with in sociodramas, especially in role reversals, so that people could understand one another from the different points of view' (pp. 120-130).

Moreno joined an influential group of social scientists engaging with the challenges of racism. His working relationship with Helen Jennings helped put him in touch with her mentor Gardner Murphy at Columbia University and through him Moreno came into relationship with the major social scientists in the US. By the mid 1930s his publications on sociometry, along with public support from key figures, made him well known in the social sciences. By the late 1930s he could count among those who were involved in his works a long list of American social scientists and psychologists, including Frans Boas, Kurt Lewin and Gordon Allport. These people were keenly interested in race relations, social conflict and intercultural training.

## Sociodrama

Moreno's description of his own work addressing racism in *Psychodrama: Volume 1* shows how active and experimental his approach was. (Moreno, 1946, pp. 367-383). His aim for sociodrama was to teach about social truth, truth about social structures and conflicts, by means of dramatic methods (Moreno, 1948). When he engaged Richard and Margaret Cowley<sup>4</sup> in a sociodrama on 'black-white' relations in 1945, his record shows daring and sensitivity by all three and offers a vivid picture of the racism experienced in their social context. The setting is an intercultural education workshop being held in an auditorium at a large university in one of the western states of the USA. 130 people are present, 6 of them African American, 124 of them white. Most participants have attended such an open session before. Selections from this record are described below.

Margaret and Richard are an African American couple, both graduate students, whom Moreno invites to the stage, asking them to set out where they live. During the university year Richard and Margaret live in one room, a living space they had considerable difficulty securing. However, it's their apartment in a black neighbourhood back in North Carolina they chose to show the audience. Moreno encourages them to sit with each other and converse about their experiences of the university. He suggests they may have felt isolated and asks if the well-educated whites treated them better than other white people.

Margaret encourages Richard to recount a recent conversation he had with Evan<sup>5</sup>, a white intercultural studies student. Evan has made wide-

4 Fictitious names

5 This man is unnamed in the sociodrama. I have invented a fictitious name for ease of telling.

ranging comments on race including an account of a friend with biased opinions who has refused to hear a Black American speaker on amalgamation and inter-marriage, saying 'the Negroes were making a mistake to approach it that way'. Margaret asks why Richard didn't say much in response: he says he didn't know Evan, so he just listened. Evan has also commented on the 92nd Infantry Division an Black American infantry division of the United States Army, which didn't hold the line during the war in Italy. An investigator's report published in Time, concluded that the division didn't do so well in terms of fighting the war: 'After all they were primitive people. They were unable to handle the technical instruments of war. It was going to take some time to come up to that'. Evan concluded this must be a blow to all Black American families implying that they had let the side down. In response, Richard expressed concern for the soldiers themselves telling Evan there were contrasting perspectives in the Black American press. The young men were illiterate, insufficiently trained and there were morale problems — they resented that the top officers in their division, who were white, were not kindly disposed to them. In response Evan warned Richard, 'It's a white man's country. Don't you go around telling that story here!'.

Later in the session it is clarified that Richard and Margaret did not expect to be on the stage that evening. Richard describes it as a wonderful thing to be able to feel and live this thing that's not acting. In an extended interview we discover Richard works for the state department of welfare supervising the schools of North Carolina and Margaret teaches library science at one of the North Carolina colleges for African Americans. We discover who they voted for; what newspapers and books they read; and their projections of life in 12 years time: the end of Jim Crow and what that will mean for them and their children.

In his analysis afterwards Moreno speaks about the tendency to see members of a particular group as a singular identical collective, commenting that while such social identities have no organic reality, they are continuously projected and believed in. His conclusion? His analysis shows that the audience needs to become better acquainted with the true life role of a 'Negro' family not only intellectually, not only as neighbours, but in a psychodramatic sense, 'living and working it out together' on the stage. I read this to mean, white people not just knowing *about* people of ethnic or cultural groups different from their own, but *being with* others; not only *engaging*, but *reversing roles* with others and *seeing the world through their eyes*. This includes seeing themselves through the eyes of others, as an intrinsic part of the situation, part of the problem and part of the solution. To me, the spirit of this assessment by Moreno is still salient today.

## Kurt Lewin

Moreno formed a strong relationship with Kurt Lewin who established the Centre for Group Dynamics at MIT and whose students studied with Moreno and went on to establish the National Training Laboratories in Bethel, Maine. Lewin invented 'sensitivity training' first as a response to racial conflict. Like Moreno he was interested not just in academic concepts but in an experimental approach: action research. Lewin was a European Jew whose mother had been murdered by the Nazi regime. He and Moreno shared a passion for democracy, and in Lewin's case this was applied to organisational life. Lewin became a founding figure in the field of organisational development before his early death in 1947. One aspect of racism which Lewin explored in his collected papers, published posthumously in 1967, was self-hatred among Jews, focussed on the self but also on other Jews. Today this is recognised as 'internalised racism' and the resulting conflict between people of the same ethnic or cultural group as 'lateral racism'.

## Gordon Allport

Psychologist Gordon Allport, another of Moreno's contemporaries, became a highly regarded expert on racism. His landmark text, *The nature of prejudice*, published in 1954 is still referred to in current social science literature. It focused primarily on the prejudices of Protestant whites against African Americans, Jews and Roman Catholics. In this comprehensive review Allport examined prejudgement, the formation of ingroups and outgroups, the acquisition of prejudice, the dynamics of prejudice, prejudiced and tolerant personalities, and approaches to overcome prejudice. He examined prejudice at an individual, group, social and political level.

Allport defined ethnic prejudice as 'an antipathy based upon a faulty and inflexible generalisation'. This antipathy could be expressed or simply felt. It had thinking, feeling and action elements, some expressed, others not. It could be directed toward a whole group of people, or toward an individual because they belong to that group (Allport, 1954, p. 9). He concluded that prejudices incorporate beliefs, such as stereotypes, which can be challenged; and attitudes, which are much more difficult to change. He distinguished between what people believed, *prejudice*, and behaviour based on that belief, *discrimination*. Allport contrasted discriminatory behaviours based on how energetic they were: from expressing antagonism with like-minded friends or occasionally to strangers; avoiding members of the disliked group; taking steps to exclude all members of the group from employment, housing, political rights, educational or recreational opportunities, churches, hospitals or some other social privileges; through to acts of violence or semi violence, lynching, pogroms, massacres and programs of genocide (pp. 14-15).

Allport's examination of the effect of contact between groups, since labelled 'contact theory' is perhaps his best-known legacy. In his recent book *Humankind: a hopeful history* Bregman (2020, p. 354) highlights Allport's visit to South Africa in 1956 to argue the case that apartheid wasn't the solution to the nation's problem, but the cause.

While Allport refers very briefly to Moreno's sociometric research, it is the use of psychodrama in overcoming prejudice to which he gives greater attention. He recommends the following ways of reducing intergroup tensions: legislation, educational programs, contact and acquaintance programs, group retraining, exhortation, individual therapy and catharsis. He identifies discussion, sociodrama and group retraining as small group processes used successfully in educative programs. Of group retraining he says, 'one of the boldest advances of modern social science comes from the invention of role-playing and other techniques that lead to a kind of forced empathy.' He notes, the individual who submits him or herself to a re-training program is in it up to their eyes, 'being required to act out the roles of other people and learning through such 'psychodrama' what it feels like to be in another's shoes'. They gain insight regarding their own motives, anxieties, and projections. Sometimes such training programs are supplemented by private sessions with a counsellor who helps with further self-examination. 'As perspective grows, a deeper understanding of the feelings and thoughts of others develops. Along with such personal involvement comes better conceptualisation of the principles of human relations' (Allport, 1954, pp. 479-499).

Allport (p. 493) observes that many people interested to improve their human relations skills and techniques of democratic leadership 'may soon learn that it is their own attitudes and biases that are blocking their effectiveness as team leaders, teachers and executives'. He describes others gaining from directly practicing ways to respond to racist comments (not dissimilar to workshops some of us run today). He suggests that school children, too, may easily be led into role-playing. 'By playing the part of a child in an out-group the juvenile actor may learn through his own organic sensations something of the discomfort and defensiveness engendered by discrimination' (pp. 484-493).

## Progress

In 1948, the United Nations adopted the International Declaration of Human Rights. Civil rights campaigns in many countries finally saw legislation adopted to deal with racial discrimination and recognise human rights. In Aotearoa New Zealand and Australia such legislation was introduced between 1975 and 1986. Subsequently, equal employment opportunities to dismantle discrimination, and workplace diversity initiatives to foster more inclusive, equitable organisations with greater capacity to recognise and



value differences, have been put in place. There is now much greater contact between people of different ethnic groups in the workplace and in sporting settings, for example, and there has been a gradual shift towards more progressive social values. Human rights legislation has been further developed since and in 2007 the United Nations adopted the Declaration on the Rights of Indigenous Peoples.

Steven Pinker (2018) observes that in the last 70 years racial and ethnic prejudice has been declining world-wide. While in 1950 nearly half the countries of the world had laws that discriminated against ethnic or racial minorities, by 2003, fewer than a fifth did. A huge 2008 survey by World Public Opinion Poll of 21 developed or developing nations found that, in every one, large majorities of respondents (averaging 90%) said that it is important for people of different races, ethnicities and religions to be treated equally. Pinker cites research on emancipative values, also called liberal values, which see people prioritise freedom over security, diversity over uniformity, autonomy over authority, creativity over discipline and individuality over conformity. He notes the values of Western countries have been getting steadily more liberal and results from 95 countries in the World Values Survey show that 'in every part of the world people have become more liberal. A lot more liberal' (Pinker, 2018, pp. 222-225).

## Socialisation

Given this progress, we might wonder why racist ideas still persist. The answer seems to be that they are conserved in our culture. We absorb them in our environment, not just from our parents, leaders or peer group, but in the representations, absences, tropes and memes of popular culture which imbue our lives. For any of us who think we are above racism — that it simply doesn't apply to us — Robin Di Angelo (2018), author of *White fragility*, asks that we wake up to our socialisation. Getting more aware of the impact of our socialisation is an important key to interrupting it.

An illustration of the way we absorb racist ideas is given by Jennifer Eberhardt, a Professor of Social Psychology who has spent the past twenty years pioneering research into racial bias which she uses in her work with US police departments to transform racist outcomes. The research she presents in her book *Biased: the new science of race and inequality* is fascinating and compelling, and her personal anecdotes affecting. An example is the following interaction with her son:

Some years ago, Eberhardt was with her five-year old son Everett on a plane, he was wide-eyed, taking it all in. He looked around and saw a Black passenger. He said, 'Hey that guy looks like Daddy.' She looked at the man who did not look anything like Daddy, not in any way. She checked to see if Everett saw someone else, but the guy was the only Black man on the plane. She thought it ironic that as a race researcher she was going to have to

explain to her Black child that not all Black people look alike. She looked again thinking that maybe as a child Everett was seeing something different than adults might. The guy was shorter, had no similar features, different skin colour and hair. This man had dreadlocks flowing down his back, while Everett's father is bald. As she gathered her thoughts preparing to lecture her son in the way that she might inform an observant student in her class, he looked up at her and said, 'I hope that man doesn't rob the plane'.

"What did you say?" I asked him, wishing I had not heard what I heard. And he said it again, as innocently and sweetly as you can imagine from a bright-eyed boy trying to understand the world: 'I hope he doesn't rob the plane.' I was on the brink of being upset. 'Why would you say that?' I asked as gently as I could. 'You know Daddy wouldn't rob a plane.' 'Yes' he said 'I know.' 'Well, why did you say that?' This time my voice dropped an octave and turned sharp. Everett looked at me with a really sad face and said very solemnly 'I don't know why I said that. I don't know why I was *thinking* that?'

Eberhardt describes telling this story to members of a highly defensive police department which had found itself under the spotlight. 'Just telling that story reminded me of how much that moment hurt. I took a deep breath, and when I looked back out at the crowd in the auditorium, I saw that the expressions had changed. Their eyes had softened. They were no longer uniformed police officers, and I was no longer a university researcher. We were parents, unable to protect our children from a world that is often bewildering and frightening, a world that influences them so profoundly, so insidiously, and so unconsciously that they — and we — don't know why we think the way we do. With a heavy heart, I continued with my point. We are living with such severe racial stratification that even a five-year-old can tell us what is supposed to happen next. Even with no malice — even with no hatred — the black-crime association made its way into the mind of my five-year-old son, into all of our children, into all of us' (Eberhardt, 2009, pp. 3-4).

### Aversive racism

As liberal values have been on the rise, racism seems to have morphed. Several commentators, including Robert Livingston, observe a change in the expression of racism from more blatant acts of exclusion, oppression and violence in the first half of the 20th century, to more subtle forms in the latter half of the 20th century and into the 21st. The cultural shift towards egalitarian values in the wake of civil rights and other social movements in the 1960s saw white people began to genuinely adopt egalitarian values — including the belief that all people, regardless of race, should be treated with dignity and have the same access to opportunity. However, negative feelings towards Black people did not fully disappear but went underground (Livingston, 2021, pp. 26-27).

Social psychologist, Stephen Franzoi describes aversive racism in the US context: 'On the one hand the majority of whites hold to egalitarian values that stress equal treatment of all people and a sympathy for social groups who have been mistreated in the past. Therefore, they sympathise with the victims of racial prejudice and tend to support public policies that promote racial equality. On the other hand, because of exposure to unflattering stereotypes and media images of African Americans as lazy, unmotivated, and violent, and due to simple ingroup-outgroup biases, many whites come to possess negative feelings and beliefs about blacks that directly contradict their egalitarian values'. The Protestant work ethic, which emphasises self-reliance and individual initiative in pursuing life goals, reinforces these negative social perceptions. 'Given their own relative lack of personal experience with the negative impact of racial prejudice, many whites tend to believe that anyone who works hard has a good chance of succeeding in life. Therefore, many of them conclude that at least part of the source of continued inequality between the various races is what they perceive as a low level of motivation and effort' (Franzoi, 1996, pp. 404-405).

Franzoi continues: 'Because an egalitarian value system is important to their self-concept, many whites are ashamed of these negative feelings and do not openly acknowledge them. Because interacting with members of disadvantaged racial groups tends to make whites aware of their prejudicial attitudes, they avoid such interactions and, thus, avoid confronting their true feelings. This is why the combination of both positive and negative beliefs and attitudes about a particular racial group is called aversive racism. White people encountering people from other ethnic groups experience this attitudinal conflict and this awareness threatens their self-concept as a fair-minded, yet discerning human being' (pp. 404-405).

Livingston (2021, p. 27) comments, aversive racism is 'the paradoxical result of white egalitarian values and anti-Black feelings which together create an aversion or contradiction. Whites push their negative feelings towards Blacks into the subconscious and just focus on their egalitarian values, believing that they are unbiased and that they treat everyone the same. This was one of the early theoretical foundations of research on implicit bias'.

### **Implicit/unconscious bias**

Today there are many measures of implicit bias, the Implicit Association Test (IAT) being the most widely used. It shows that about 80% of white Americans have negative biases against Black Americans compared with a much smaller percentage of Blacks showing implicit bias against whites. Indeed, implicit bias research shows a high degree of internalised racism against people of colour by people of colour. Livingston reports that these



days research confirms that implicit bias is not permanent but is malleable — determined by culture, norms, history and other social factors (Livingston, 2021 p. 31). I have observed, when conducting diversity education in corporate environments, that the evidence that unconscious bias exists, and that there are ways to reduce or eliminate it, is readily accepted by participants.

### Owning and disowning racism

Coming to grips with racism, according to Robin DiAngelo (2018, p. 138), involves learning to see *how* our racism manifests not *if*. In a radio discussion in 2021 she adds, ‘And let me just be really clear. As a result of being raised in the society as a white person, I’m racist. I have a racist worldview. There is no way I don’t have a racist worldview, because it’s embedded in everything. And that means I have racist assumptions and behaviours and investments. And it’s liberating to start from that premise and then just get to work trying to figure out how it’s manifesting and interrupting that, rather than the insistence that we could be untouched by ‘the water we are swimming in’ (Tippett, p. 2021).

Owning racism means learning to recognise our biases, learning about unconscious bias, the conditions under which it is more likely to kick in, and developing conscious steps to interrupt it. Owning racism means noticing the pull to sidestep racism, claim we are colourblind and that we have already ‘arrived’. Owning racism is not a blame game. DiAngelo suggests that for those of us who are white it means beginning to see ourselves as a member of a racial group. It also means coming to know in ourselves and in our relationships the dynamics of white fragility when we are challenged, white centredness in how we see the world and white silence when racist views are expressed and we say nothing. DiAngelo suggests white people have personal work to do on racism. ‘I am actually getting to where I do think that we should not be having these conversations together until we’ve done a fair amount of our own personal work as white people, because we cause so much wounding in these conversations. And our consciousness is — you can get through graduate school in this country without ever discussing systemic racism. And so we just have a pretty low critical awareness, and we go into these dialogues and we cause a lot of harm’ (Tippett, 2021).

### Structural/systemic racism

As DiAngelo describes it, racism is embedded in our institutions. Structural or systemic bias is not just about personal prejudice but the collective effects of bias. It is the kind of racism that has the power to drastically impact people’s life chances (Eddo-Lodge, 2017, p. 64). These include spiritual, mental and physical health, equitable access to employment, education,

health services, home ownership, equal pay, economic wellbeing, sense of belonging and more (Kandola, 2018; Paradies, Harris, & Anderson, 2008; Australian Human Rights Commission, 2020).

Systemic racism is a major focus of the 2020 report by June Oscar, Aboriginal and Torres Strait Islander Social Justice Commissioner, based on large scale consultation with First Nations women and girls in Australia. 'As Aboriginal and Torres Strait Islander peoples, we live in the knowledge that our peoples governed themselves over tens of thousands of years. We are united in the conviction that colonisation has not broken us. It is the system that is broken. Our women, girls and their communities have had enough of being ignored and of taking part in processes that are limited to tweaking fundamentally flawed systems: systems that reflect Australian governments' continuing focus on Aboriginal and Torres Strait Islander assimilation to mainstream values, systems and perspectives. Women are asking for nothing less than a fundamental change in the way government does business with Aboriginal and Torres Strait Islander peoples and for the transformation of this relationship to be reflected in the design of our governing structures. It is only through a fundamental shift in the way Aboriginal and Torres Strait Islander people are represented, respected and empowered in this country that we will see the long-term, systemic change that is needed to close the gap in outcomes for our people (AHRC, 2020, p. 92).

Globally the Black Lives Matter movement is successfully drawing attention to deep racial disparities in policing and the criminal justice system. In *Why I am no longer talking to white people about race*, Journalist Reni Eddo-Lodge (2017) gives a compelling description of how structural or systemic racism has played out in Britain showing the history of inequitable treatment of people of colour by the police, a pattern of structural racism which is recognisable in many countries across the world where over-policing and grossly disproportionate incarceration rates of indigenous peoples, Black people and people of colour are evident. This includes Maori in Aotearoa New Zealand, Aboriginal and Torres Strait Islander peoples in Australia, People of Colour in Britain, and African Americans in the USA.

In defining structural racism, Eddo-Lodge quotes a report into the death of eighteen-year-old, Stephen Lawrence, at the hands of a gang of white men around his age while he was waiting for a bus, and the subsequent handling of this case by the police. The report defined institutional racism as 'the collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantage minority ethnic people.' Most importantly, it is a form of collective behaviour, a workplace

culture supported by a structural status quo, and a consensus — often excused and ignored by authorities’ (Eddo-Lodge, 2017, p. 61).

The Uluru Statement from the Heart addresses this form of racism in Australia: ‘Proportionally, we are the most incarcerated people on the planet. We are not an innately criminal people. Our children are alienated from their families at unprecedented rates. This cannot be because we have no love for them. And our youth languish in detention centres in obscene numbers. They should be our hope for the future. These dimensions of our crisis tell plainly the structural nature of our problem. This is the *torment of our powerlessness*. We seek constitutional reforms to empower our people and take a *rightful place* in our own country. When we have power over our destiny our children will flourish. They will walk in two worlds and their culture will be a gift to their country’ (Davis & Williams, 2021).

Globally, structural or systemic racism is apparent in disparities such as access to employment, pay gaps between white and other ethnic groups and selection for leadership roles. British business psychologist Binna Kandola (2018) examines the pay gap present in Britain, Canada and the US. In Canada, for example, university-educated visible minorities earn on average 12.6% less than their caucasian peers. A study of the global consulting firm PwC surfaced a gender pay gap of 14% and a race pay gap of 13%. Furthermore, leadership prototype research has consistently found a pro-white leadership bias which expects leaders to be white and subordinates to be from a minority: not only white people have this bias, minorities show this pro-white bias too.

## Action

In his book *How to be an antiracist*, Professor of History and International Relations, Ibram Kendi, revises the terminology about structural racism. He thinks ‘racist policy’ is a more tangible and exacting term than institutional racism, structural racism or systemic racism. A racist policy, he explains is ‘any measure that produces or sustains racial inequity between racial groups...Racist policy says exactly what the problem is and where the problem is’ (Kendi, 2019, p. 18). ‘We all have the power to discriminate. Only an exclusive few have the power to make policy. Focusing on racial discrimination takes our eyes off the central agents of racism: racist policy and racist policy makers, or what I called racist power’ (p. 19).

Kendi invites us to re-think the word ‘racist’. He says it’s not a pejorative or the equivalent of a slur. It’s descriptive and it needs to be used. ‘The only way to undo racism is to consistently identify and describe it — and then dismantle it’ (p. 9).

He gives a strong lead on personal action to dismantle racism. For a start, he says, the opposite of racist is not ‘not racist’, it is anti-racist. ‘The good news is that racist and anti-racist are not fixed identities. We can be a

racist one minute and an anti-racist the next. What we say about race, what we do about race, in each moment, determines what — not who — we are.’ In our struggle to be fully human and see that others are fully human, ‘an anti-racist world in all its imperfect beauty can become real if we focus on power instead of people, if we focus on changing policy instead of groups of people. It’s possible if we overcome our cynicism about the permanence of racism’ (pp. 9-10). Kendi distinguishes between merely demonstrating for change and joining focussed campaigns to end racist policies.

Gillian Triggs is a former President of the Australian Human Rights Commission and since 2019 the Assistant High Commissioner for protection of refugees at the United Nations. In her memoir *Speaking up* she observes that overt racism is on the rise in Australia and that, in response, we have much to do (Triggs, 2020, p. 107). She highlights where action to end systemic racism is needed saying it is time for all Australians to speak up to end discrimination against First Nations peoples and achieve meaningful equality (p. 100). She reminds us that there are 65 million displaced people in the world, about a third of them refugees. ‘Australia’s response to this global tragedy has been exceptionally harsh, illegal and humane, attracting international condemnation’ (p. 72). ‘The personal face of the policy of offshore processing has been largely hidden from public view. It is time to bring an end to this tragedy. The only viable solution, especially for those with close family ties, is to return the legally recognised refugees to Australia, where they can receive proper medical and psychological care, and start to repair and rebuild their lives’ (p. 204).

Who will bring an end to systemic racism? Gillian Triggs suggests this may well depend upon civil society and professionals, rather than government initiatives. While the law and the Racial Discrimination Act, in particular, provide a framework for prohibiting racism, she sees its ‘cultural and social rejection as the strongest ingredients of success’ (p. 263).

Gillian Triggs prompts Australians to participate in our democracy. The need to overcome apathy, denial and indifference is emphasised by a number of writers in this field including Kandola and Livingston. I am reminded of the interest in democracy expressed by Moreno, Lewin and Allport. Kurt Lewin commented that democracy is a far more difficult social structure to attain and to maintain than autocracy, and that democracy must be learned anew in each generation (Allport in preface to Lewin, 1967). Moreno’s vision too was that every citizen become an active participant in their world.

Robin DiAngelo highlights that for white people this means getting out of their comfort zone. ‘I just really want to push back against any narrative that white people are innocent of race. I think it takes energy not to see it. It’s a kind of wilful not-knowing or refusal to know. And I offer this question.

When white people ask me, ‘what do I do?’ I ask them in return, ‘how have you managed not to know, when the information’s everywhere, they’ve been telling us forever?’ What does it take for us to ask, and then to keep asking? And it just speaks to how seductive the forces of comfort are. So what am I going to do to keep myself uncomfortable, because that comfort is really seductive and powerful?’ (Tippett, 2021).

## Conclusion

I trust that the voices presented here about how racism has developed and how it can be transformed will confirm or refresh your perspective and provide encouragement for further learning, dialogue and action.

## REFERENCES

- Allport, G.W. (1954/1979) *The nature of prejudice*. Cambridge, Massachusetts: Perseus Books.
- Appiah, K.A. (2018) *The lies that bind: rethinking identity: creed, country, colour, class, culture*. Great Britain: Profile Books.
- Australian Human Rights Commission (2020) *Wiyi Yani U Thangani (Women’s voices): securing our rights, securing our future report*. Australia: HRC.
- Behrendt, L. (2012) *Indigenous Australia for dummies*. Queensland: Wiley Publishing Australia.
- Bernard, E. (2021) *Black is the body*. Great Britain:Doubleday.
- Bregman, R (2020) *Humankind: a hopeful history*. London: Doubleday.
- Davis, M. & Williams, G. (2021) *Everything you need to know about the Uluru Statement from the Heart*. Sydney: UNSW Press.
- DiAngelo, R. (2018). *White fragility: why it’s so hard for white people to talk about racism*. Boston: Beacon Press.
- Eberhardt, J. (2019) *Biased: the new science of race and inequality*. Great Britain: William Heinemann.
- Eddo-Lodge, R. (2017) *Why I’m no longer talking to white people about race*. Great Britain: Bloomsbury Circus.
- Franzoi, S.L. (1996) *Social psychology*. Madison, Wisconsin: Brown and Benchmark.
- Harari, Y.N. (2011) *Sapiens; a brief history of humankind*. London: Vintage Books.
- Heiss, A. and Minter, P. (2008) eds. *Macquarie PEN anthology of Aboriginal literature*. Sydney: Allen and Unwin.
- hooks, b. (2013). *Writing beyond race: living theory and practice*. New York: Routledge.
- Hutt, J. (2018). ‘Starting where we are’. *AANZPA Journal* 27: AANZPA.
- Kandola, B. (2009). *The value of difference: eliminating bias in organisations*. Great Britain: Pearn Kandola.
- Kandola, B. (2018) *Racism at work: the danger of indifference*. Great Britain: Pearn Kandola.
- Kendi, I. X. (2019) *How to be an antiracist*. London: The Bodley Head.
- King, C. (2019). *The reinvention of humanity: a story of race, sex, gender and the discovery of culture*. New York: Vintage.

- Lewin, K. (1967) *Resolving social conflicts: selected papers on group dynamics*. New York: Harper International.
- Livingston, R. (2021) *The conversation: how seeking and speaking the truth about racism can radically transform individuals and organisations*. New York: Currency.
- Moreno, J. L. (1934/1993). *Who shall survive? foundations of sociometry, group psychotherapy and sociodrama*. Roanoke, Virginia: Royal Publishing Company.
- Moreno, J. L. (1946/1994) 'Sociodrama : the Negro-White problem' in *Psychodrama: first volume*: Virginia: American Society of Group Psychotherapy and Psychodrama.
- Moreno, J. L. (1948) 'Sociology and sociodrama' in *Sociatry* pp 67-68
- Moreno, J. D. (2014) *Impromptu man: J.L. Moreno and the origins of psychodrama, encounter culture, and the social network*. New York: Bellevue Literary Press.
- Paradies, Y., Harris, R., and Anderson, I. (2008) *The impact of racism on Indigenous health in Australia and Aotearoa: towards a research agenda*. Darwin: Cooperative Research Centre for Aboriginal Health.
- Pinker, S. (2018) *Enlightenment now: the case for reason, science, humanism and progress*. UK: Allen Lane.
- Reynolds, H. (2021) *Truth-telling: history, sovereignty and the Uluru statement*. Sydney: Newsouth.
- Saad, L.F. (2020) *Me and white supremacy: how to recognise your privilege, combat racism and change the world*. London: Quercus.
- Saini, A (2019). *Superior: the return of race science*. London: 4th Estate.
- Soutphommasane, T. (2015). *I'm not racist but...40 years of the Racial Discrimination Act*. Australia: Newsouth Publishing.
- Tippett, K. (2021) 'Towards a framework for repair' *On Being with Krista Tippett*, with guests Robin DiAngelo and Resmaa Menakem. Civil Conversations Project.
- <https://onbeing.org/programs/robin-diangelo-and-resmaa-menakem-towards-a-framework-for-repair/>
- Triggs, G. (2020) *Speaking up*. Melbourne: Melbourne University Press.



**Jenny Hutt** is a Sociodramatist, TEP, Distinguished Member (AANZPA) and Director of Training at Psychodrama Australia's Melbourne Campus. She has been involved for several decades in facilitating workplace diversity initiatives; and more recently with Aboriginal organisations; and with other Australians coming to grips with reconciliation. Jenny is an Associate of Burbangana, a First Nations owned and managed consulting company.



# Shining a Light on the Blues: the Gift of Psychodrama

PAUL BAAKMAN

## KEY WORDS

addiction, antidepressants, anxiety, creativity and spontaneity, de-institutionalisation, depression, role theory, social atom, therapeutic community, therapeutic relationship

## Introduction

Structural restraints, in terms of mental health funding, a biochemical narrative based on shaky evidence and the profit motive in Big Pharma, contribute to a pathologising cultural force which promotes a medical model that has reduced aspects of human suffering to an illness to be cured by drugs.

Psychodramatists, psychotherapists and counsellors can make a difference by providing psychodrama as a drug-free approach in working with depression and anxiety.

A special contribution of psychodrama is that the theory and practice of this method highly value and promote relationship and community as curative factors. Role theory and the notion of creativity and spontaneity impacting on the social atom, underpins and supports a respectful and normalising engagement with those labelled 'depressed'.

This article refers mainly to antidepressant use. Much applies also to medication for anxiety. I share some of my early formative experiences in mental health care, appraise recent trends, take a look at some evidence and give examples of clinical practice.

## Once upon a time

In my mid-twenties, open-eyed, keen and eager to learn about human relations, I worked in the acute ward of a psychiatric hospital. I noticed that many of the patients seemed either not to speak, speak really fast or speak and make little sense. Some had a weird sluggish walk (aka the 'thorazine shuffle') or engaged in repetitive behaviours or looked dazed with their mouth hanging open. New to the field of mental health, it appeared to me that these were outward signs of mental illness and this explained why these patients needed to be medicated.

Over time I discovered that many of the 'weird' presentations I saw were the actual *result* of being medicated. Some patients were completely 'off their faces'. The overriding concern of the institution seemed to be that patients would 'accept their illness' and 'comply with medication'. Suicide was to be prevented through a chemical straight-jacket.

So-called 'group therapy', usually run by a psychiatrist, meant going around the circle of 20 to 30 patients and everyone getting a few minutes. In these brief moments, the psychiatrist's main focus was on checking that the patient was accepting of their diagnosis and complying with taking their prescribed medication. Talking back was pathologised as a sign of denial, resistance or illness. Submission and compliance would be interpreted as a sign of increasing wellness and this meant the patient was one step closer to discharge.

It appeared to me that patients would, as a standard, first be medicated or sometimes electro-shocked. Sometimes, a fuller interview would be attempted, usually behind a one-way screen in a soulless clinical room with not a single plant. The multidisciplinary staff on the other side of the mirror and thus invisible to the patient, would be commenting, sometimes judgementally, in the privacy of being safely screened off. Discussion would often centre around diagnosis and medication and focus on questions like: 'does the depression cause the psychosis or does the psychosis cause the depression?' The purpose of such discussions was to determine what medication would be used.

I met some wonderful staff; nurses, social workers and doctors who treated patients with deep respect and care. They did an amazing job in a terrible atmosphere and seeing these courageous staff in action gave me hope and inspiration. Yet, any attempt to build a truly therapeutic relationship with patients was thwarted by the fact that I could, with little notice, be assigned to another ward. At one time a patient with whom I had built a good connection was given electro-shocks and subsequently could not even remember my name or our previous conversations! Any activity that might stir up feelings, such as psychodrama, was unwanted as the orthodoxy required that 'we need our patients to be settled'.

One response to this story is: 'That was then, but surely we are not barbarians any-more?' to which I reply that I yet have to come across a publicly funded psychiatric clinic or hospital that gives patients an option of drug-free intervention.

De-institutionalisation, promoted as 'community care' was largely intended as a positive move respectful of personal liberty, yet was also motivated by an effort to cut costs. Many former patients now live on the street, end in prison or in rickety boarding houses.

Mike Consedine, a Psychiatric Nurse and inspiring in-service trainer, organised psychodrama workshops and I personally experienced its' power



and effectiveness. I began training in the method and learned about potent psychodramatic interventions. The mainly custodial model used in the psychiatric clinic led to me feeling under-utilised. I resigned in order to take up a position as therapist in the Therapeutic Community that was Queen Mary Hospital, in Hanmer Springs. I felt uplifted and encouraged by seeing many hundreds of patients coming off alcohol, illegal and prescription drugs. The hospital pioneered a beginning bi-cultural approach by instituting a Taha Maori programme. Through group sessions and individual therapy, lectures, films, a 'grief-group', many psychodrama sessions, hiking in the hills, dances and a communal soak in the thermal pools, patients came to relate well, understand themselves and their relationships and were helped to turn their lives around.

Robert Crawford, the Superintendent and inspirational leader of the hospital was for a while my mentor. He organised many stimulating training workshops with Max Clayton and Chris Hosking. He wrote a book about his experiences at the hospital (Crawford, 2008). Chapter three, with a focus on group therapy and psychodrama, is available on the Psychodrama Australia website.

## Nowadays

The scarcity of available therapeutic communities is partially responsible for the rise in drug-treatment. Funding for mental health, instead of paying for more medics to prescribe ever more pills, could pay for the establishment and the training of people to staff such communities. The trend in mental health is to reduce things down to the level of the individual and the emphasis on this has an isolating and pathologising effect.

Psychiatry largely has learned to depend on psychopharmacology and left behind psychotherapy. The 'psychiatrist's bible' aka the DSM (Diagnostics and Statistics Manual), with each updated edition invents new 'disorders' which further squeezes and narrows the boundaries of what may be considered 'normal' functioning and legitimises drug treatment.

A psychodramatist who works as a psychotherapist or counsellor offers an in-depth relational approach, which includes a recognition of the complex factors that shape our expectations and experience of 'happiness' or well-being. These factors range from genetic, dietary, attachment styles, family, social, historical, economic, political, environmental and commercial, to spiritual or cultural. This focus supports a *systemic* approach.

Therapists and counsellors are not paramedics, doctor's assistants or quasi-psychiatrists. Our task is not to ensure that a client accepts a diagnosis of illness or to blindly suggest or promote 'compliance' with drug-treatment. Our mission is to work for the advancement of creativity and spontaneity and the freeing up of the creative genius in individuals and communities.

### *Psychiatric-identity formation*

Many people with emotional, mental or interpersonal struggles have been advised by their doctor that they have an illness or 'biochemical imbalance' and are best to take antidepressants or tranquillisers. I regularly hear that patients are told they must take these drugs for the rest of their life. One of my clients said 'stuff that' to their psychiatrist and this person is now an effective and valued leader in the mental health field.

Accepting a diagnosis of 'illness', for some, can hold an attraction, as it suggests that 'your depression or anxiety is a disease that is *happening to you*' (that you're sick and therefore don't need to engage in the challenging process of examining your life and perhaps make changes).

Long-term antidepressant use may set patients up for more depression in the future. Study after study has shown that generally anti-depressants are no more effective than placebo treatment. Yet, placebos are cheaper and don't cause side-effects or withdrawal symptoms! Placebos' apparently similar effectiveness is a testament to the remarkable power of the mind.

### *Drug-companies: lifesavers or psychopaths in suits?*

I support vaccinations and highly value medicine and science. Drugs can be most helpful in maintaining life or curing disease. Drug companies have made some amazing contributions to human well-being. At the same time, the current massive opioid crisis in the USA is the outcome of pure greed by the makers of such drugs as Oxycontin and have cost countless lives.

### *A place for drug-treatment*

Generally, persons with mild to moderate depressive symptoms will benefit from attending to exercise, good nutrition and sleep, social connection as well as counselling or therapy.

There are times when taking prescription drugs for depression can be helpful, generally for a shorter period (say 6 months). Some effectiveness has been shown for drug-treatment of severely depressed persons. Medication, in these exceptional circumstances, can save a life by or help a person to get relief from debilitating symptoms and free up energy that makes therapeutic work possible. But when do we call someone 'severely depressed'?

### *Inflation*

The definition of 'severely depressed' has suffered from inflation (like the word 'trauma'). When something like 10% of the population in the developed world is given a prescription for antidepressants, this means that either we must have an enormous epidemic of severe depression or a severe epidemic of over-prescribing!

About one in 10 New Zealanders are prescribed antidepressant medication each year. In Aotearoa, in 2017, the number of children and teenagers on Prozac-style antidepressants has soared 98 per cent in the previous 10 years to a total of nearly 15,000 young people. (Wiggins, 2017)

The review of 70 trials of the most common antidepressants, involving more than 18,000 people, found they doubled the risk of suicide and aggressive behaviour in under-18s. (Paludan-Müller et al, 2016)

### *Bio-babble*

You have a 'biochemical imbalance', or so the story goes, and 'this drug will correct that unbalance'. The remarkable thing is that this assumption has been promoted as gospel. I have not come across evidence that depression is a medical illness or brain disease. No depressed person I know has ever had a blood test or other investigation to determine exactly what chemical might be missing. The diagnosis of depression is based solely on the person's subjective reporting of their state of mind. Lifestyle and cultural factors such as poverty and deprivation, abuse, oppression, colonisation, lack of exercise, alcohol use and diet are often overlooked in a standard 15-minute medical consultation.

The 'lack of serotonin' theory, because of its simplicity, is ideal for marketing purposes, yet is increasingly being challenged (with one researcher calling it 'bio-babble' — a play on the term 'psycho-babble'). It is not easy for doctors to engage in depth with a patient, in 15 minutes, when both are bombarded by the glossy brochures and clever marketing campaigns of the pharmaceutical companies who manipulate popular culture to increase their profit margins.

### *A critical look at some evidence*

The results of clinical trials are frequently withheld, making it difficult for patients and prescribers to make an informed decision. The British Medical Journal has published an audit of 42 pharmaceutical companies, worldwide. The study concludes: 'Transparency commitments are highly variable between companies, with some making minimal commitments, or none at all. Many companies' policies were poorly worded and internally inconsistent.' (Goldacre et al, 2017)

*In Primum Non Nocere: An Evolutionary Analysis of Whether Antidepressants Do More Harm than Good*, the authors conclude: 'Our review supports the conclusion that antidepressants generally do more harm than good'. (Andrews, et al. 2012)

Peter C Gøtzsche, MD, a Danish physician, medical researcher, and former leader of the Nordic Cochrane Center at Rigshospitalet in Copenhagen, Denmark, and author of 'Deadly Medicines and Organised Crime: How Big Pharma Has Corrupted Healthcare', exposes the

pharmaceutical industry, both in research and marketing, as ‘well-dressed organised crime’. He says:

*The main reason we take so many drugs is that drug companies don't sell drugs, they sell lies about drugs. This is what makes drugs so different from anything else in life. Virtually everything we know about drugs is what the companies have chosen to tell us and our doctors. The reason patients trust their medicine is that they extrapolate the trust they have in their doctors into the medicines they prescribe. The patients don't realize that, although their doctors may know a lot about diseases and human physiology and psychology, they know very, very little about drugs that hasn't been carefully concocted and dressed up by the drug industry...* (Health Impact News, 2015)

David Healy, a former secretary of the British Association for Psychopharmacology, reports: ‘Suicides in healthy people, triggered by happy pills, have also been reported. The companies and the psychiatrists have consistently blamed the disease when patients commit suicide. It is true that depression increases the risk of suicide, but happy pills increase it even more, at least up to about age 40, according to a meta-analysis of 100,000 patients in randomized trials performed by the US Food and Drug Administration.’ (Healy, 2014)

Kirsch states: ‘The serotonin theory is as close as any theory in the history of science to having been proved wrong. Instead of curing depression, popular antidepressants may induce a biological vulnerability making people more likely to become depressed in the future’. (Kirsch, 2014)

### *Reducing or eliminating*

The long-term side-effects of anti depressant use are poorly researched. Blunting of emotional life, loss of sex drive and weight gain can all be part of the bargain. Withdrawing from antidepressants can cause anxiety, dizziness, vivid dreams, electric shock sensations, head zaps, stomach upsets, flu like symptoms, headaches, insomnia and.....depression and suicidal thoughts!

Generally, the longer a person has taken these powerful mind-altering drugs, the longer a withdrawal period is required. When a person stops their medication too quickly and relapses into a depression, then this is often seen as evidence that ‘the disease has returned’ and the best thing to do is to ‘accept there is an illness’ and resume taking drugs, take a different drug or increase the dosage (described by one client as ‘the pharmaceutical lucky-dip’).

## Looking forward

### *A drug-free approach*

I generally do not advise my clients to stop (or take) medications. Any reduction in, or withdrawal from medications is initiated by the client. The client drives the process. My function is to support the client in their autonomy and self-determination. We work together to determine the level of motivation and readiness. We also collaborate in devising a solid plan, with back-ups and a support-team. Any reduction of medication must not be done impulsively. Even though some manage a 'cold turkey', withdrawal best takes place thoughtfully and gradually and with support (generally the longer a person has been taking medication, the longer the withdrawal period). We chose a time with as few other stress factors as possible. Collaboration with a GP or psychiatrist or case worker is ideal. Some GP's are hostile to the idea of reduction and the client may get a scathing response. In these situations we find a friendly GP who is willing to collaborate in supporting the patient in their attempt to go drug-free.

### *Social and cultural atom*

If clients are not to rely on having their biochemistry altered by drugs then the resulting vacuum needs to be filled with people and positive relationships. Deeply felt positive social experience affects biochemistry, naturally.

Role Theory (sometimes referred to as Role Dynamics) is a humane alternative to labelling. It attempts to describe all behaviour as interpersonal, taking place *within* relationships. In naming a role, the values a person has which underpin behaviour, are taken into account (we can discover the value by completing the sentence 'the world works best when.....').

Some clients, in a first session, may say: 'I feel depressed'. As depression is actually not a feeling but *a state of being*, I may respond by inviting 'imagine that the word *depression* doesn't exist, and now describe your experience — what words come up?' When someone claims to 'have' social anxiety, I might explore how it is that they fear judgement and rejection. A naive curiosity helps in discovering the fullness of the whole person. Whenever a person uses the word 'depressed', I keep a gentle look out for *repression* of feelings or where in their life they might experience *oppression*. Any assessment or diagnosis (meaning 'to know thoroughly') greatly benefits from taking into account *sociometry*: a mutual flow of feeling within the dynamic tapestry of affiliation; parents and children, friends and enemies, spouses, colleagues and neighbours, past and present. Sociometry exists within a social and cultural atom (an instrument for the assessment and working with interpersonal relationships which gives an in-depth description of networks of relationships and role-relationships). An individual's story can only be made sense of and worked with, within the context of their social and cultural atom.

### *True insight is followed by action: to know means to act*

Role Theory is used to create a picture of a Social and Cultural Atom and offers a humane approach to describing behaviour, as it avoids labelling or any judgemental process (but does include appropriate judgement). Role descriptions are the result of collaboration between client and practitioner and are never imposed. In a psychodrama group-setting, everyone can become involved. A role name attempts to capture the whole functioning of a person at a given moment in response to a person or object. Through the significant joint-effort involved in the accurate naming of roles and counter-roles, it is possible to gain a deep understanding of the dynamics involved in relationships.

An analysis is half the work done. The other half consists of action. Any role-analysis is imbued with the notion that all humans are endowed with the capacity for creativity and can act on this by mobilising their spontaneity. The deep understanding gained through role-analysis is made relevant through warming-up to a creative act, a fresh, vital, flexible and fitting response. This act may be in relationship to self or another person or group and leads to *social atom repair*. Role-development moves in a direction from Fragmenting to Coping to Progressive.

### *Warm-up is of the essence*

Working effectively with those withdrawing from psychiatric drugs is not done through painting by numbers and neatly following the prescribed steps. A formulaic approach won't cut it. Our clients need to experience us as a thoughtful, involved, kind and curious human who will respond with vitality and care. In order to be of assistance the therapist themselves needs to experience a joy in life and a love of people. What a therapeutic relationship can offer has to be more powerful than what a drug can muffle. In arriving to this work well-informed, it pays to read some supportive literature.

Peter Breggin has written a handbook for 'Prescribers, Therapists, Patients and Their Families', called: "Psychiatric Drug Withdrawal" which is an excellent guide. (Breggin, 2013) He offers an informed and humane approach to patients seeking to reclaim their lives and I suggest this as a good read to all psychodramatists who wish to work in this area. Breggin's advice dovetails beautifully with a psychodramatic approach.

### *A few examples from practice*

(Permissions have been gained and identities have been disguised.)

#### MARY

A woman who gets beaten by her husband and is desperate, finally makes it to her GP and dutifully answers the list of stock questions. She is passive and too ashamed to disclose the abuse at home. The doctor does not ask or



probe. She is prescribed antidepressants and goes home. After 2 years of dutifully taking the pills, she musters the courage to reject the 'sick' label. She seeks out a psychotherapist. She withdraws from medication. She joins a psychodrama group which helps to expand and enrich her social atom. The pills acted as a chemical soother that helped her to endure the abuse a bit longer. In the group-setting she receives doubling (a dynamic two-way empathy). Over time she becomes ready to receive a mirroring of her self-blame and passivity in the face of violence. She becomes focused on addressing herself as a long-suffering martyr and effectively confronts her husband's behaviour and their relationship.

#### JOHN

When John visits his GP, he complains of anxiety, depression and insomnia. What he avoids to mention is that he has had three affairs in the last six months and has been busy lying to all three as well as to his wife. Who, living his kind of life, would not be anxious and have trouble sleeping?

The GP too is anxious. He worries about getting a complaint if he doesn't prescribe and 'something happens'. He prescribes anti-depressants and sleeping pills and he (the doctor) feels better already!

John goes home and plays on his wife's sympathy for his 'illness'. He has no motivation for change. Medication helps the couple to continue an awful status quo. Nothing changes until his wife makes a move that unmasks the devious cheat behind the so-called sick sufferer. Now the truth is out, the work can begin. Instead of anxiety, depression and insomnia being seen as the problem, now lying, conflict-avoidance and truth are being addressed.

#### CHLOE

A young woman, aged 18, is referred by her parents. They are concerned that she spends her days in bed and nights on her computer. She has dropped out of school and has no job. Her parents' main concern is that Chloe hears voices and hallucinates and therefore they avoid pushing her in any way. They wonder if she is schizophrenic or bi-polar, as this 'runs in the family'. They also wonder if Chloe should be on medication and they ask for an assessment. I meet with Chloe. She presents as a quiet, pale and pimply young person, who withdraws behind her hoodie and squints at me suspiciously.

I find out that her parents have adopted a number of troubled children and were pre-occupied with the immense need these children represented. Chloe (their only biological child) has felt badly neglected. Over the last few years, without her parents knowing, she and some of her mates, like wild escapees, have had a number of weekend benders on a cocktail of alcohol and other recreational and prescription drugs. She shares that she hears a frightening and intimidating voice that others can't hear.



In the second session we have a psychodramatic production in my room, using cushions and chairs. I ask Chloe to help me understand how she experiences the voice by her becoming the voice and speaking as the voice to herself. She expresses herself as the voice of a condemning judge: 'You are a useless piece of crap, go on, why don't you just knock yourself off, you loser?'

In the interaction that follows, she lets me know how fearful she is and how she freezes in response to hearing the voice. I double her as a frightened frozen sufferer and we continue to work to develop her ability to talk back. We return to the scene and Chloe expresses curiosity and assertion in response to the put-downs. She feels motivated to act her own version of talking back and she does so with fervour.

I worked with the hypothesis that the voice was an expression of her low self-valuing in response to perceived neglect. Her feelings were distorted and amplified through isolation, computer overuse, a mix of alcohol and drugs and a topsy-turvy day-night rhythm. She had identified with other troubled youths in her life and 'done some bad shit', which further reduced her self-esteem. That the 'voice' was an expression of a condemning judge was confirmed by the fact that the voice appeared mainly in situations where she felt appraised or evaluated, such as in a job interview or meeting new people for the first time.

In the third session Chloe reports that she has hardly heard the voice and feels relieved.

She has committed herself to a normal day/night rhythm, a healthier diet, daily walks and no alcohol. She has been looking for a job and is encouraged to 'get on the horse' and socialise with those friends who are going places. She makes changes to the composition of her 'leisure-time social atom'.

In subsequent sessions she reports that the voice has appeared only briefly — just before a job-interview or when meeting the parents of her boyfriend for the first time. Each time she was able to talk back. When I tell Chloe that she is an inspiration, she seems to glow. Her face now has colour and there is a new liveliness in her being. Her life was on track as 'a psychotic young person on tranquillisers in supported accommodation'. Instead, she now has positive relationships and a fresh direction in life. She dares to have hope for a future.

ANDREW

There is a long-term risk when anyone, especially a teenager, slips into the identity of a 'mental-patient'. A possible consequence of this and the significant work involved in social re-connecting are illustrated by the following vignette:

Andrew, now aged 40, has been on antidepressants since 15. At that

time his parents has just separated. He lived with his mother and became her confidante, mummy's little helper, whilst his brother stayed with his father. This situation tore him apart and he started bunking school and had emotional outbursts. His mother had become an alcoholic and never addressed her addiction. She took her son to their GP and, once on medication, Andrew numbed out and fitted in with his mother's needs and demands. He became a 'good boy'.

A medication history (two A-4 pages!) reveals what he calls 'the pharmaceutical lucky-dip' he had been exposed to over 25 years.

Andrew could talk the ears of a person. Half an hour of talking without pause gave the impression of a manic person and this had been a factor in him being diagnosed bi-polar at one stage. However, by checking the side effects of the three medications he was on, we learned that two of them had a stimulant effect!

Andrew takes a year to slowly reduce, one drug at a time, 10% or 15% at a time. Once he is emotionally stable on a new dose he further reduces. If he has a 'relapse' of symptoms then he goes back to the previous dose on which he was stable. Once stabilised, he will try again. His best chance is when he chooses a time of low-stress.

We collaborate in making a sociometric assessment of the people in his life who will support him in his desire to become free of prescription drugs. A support-team is established, so when he feels low, needs to talk or cry or rage, he has somewhere to go. This support team has also been educated as to what kind of behaviours they might expect when Andrew has withdrawal reactions. Instead of panicking through ignorance, they can support him through kind and accurate doubling and mirroring.

He has engaged in swimming and yoga and these activities help to regulate his mood.

His GP, who was scathing of his wish to reduce medication and suggested yet another psychiatric referral, has been sacked. He is now with a new GP who respects his autonomy and self-determination.

In sessions he wants to talk about his early life as a teenager. He is grieving what he has lost as a result of his 'psychiatric career'; not having had children as well as the loss of what could have been a science degree. My response is to listen, double and double some more and maintain a humane and friendly atmosphere. Any in-depth therapeutic work on the early conflicts in his life is mostly postponed until he is medication-free and we both know that what he is experiencing is not distorted and / or amplified by a drug or the withdrawal of a drug.

He has days when he already feels a lot better as well as some darker days. We are catching up with the pain of what was numbed for 25 years. I know that I will be working with Andrew for some time yet.

## Conclusion

I hope that, by reading and taking in this article, psychodramatists everywhere are encouraged and feel emboldened to creatively engage in working with those in a deep funk or labelled depressed. I wish you satisfaction and joy in imaginatively applying the psychodrama method in building and restoring relational health between individuals and communities.

## REFERENCES

- Andrews, P., Thomson, J., Amstadter, A., & Neale, M. (2012). Primum Non Nocere: An Evolutionary Analysis of Whether Antidepressants Do More Harm than Good. *Frontiers In Psychology*, 3. <http://dx.doi.org/10.3389/fpsyg.2012.00117>
- Breggin, P. (2013). *Psychiatric Drug Withdrawal, A Guide for Prescribers, Therapists, Patients and their Families*. Springer Publishing Co.
- Crawford, R. (2008). *Too Good to Last. The Death of a Caring Culture*. Sunbeam Publishers, Hanmer.
- Goldacre, B., Lane, S., Mahtani, K.R., Heneghan, C., Onakpoya, I., Bushfield, I., Smeeth, L. (2017) Pharmaceutical companies' policies on access to trial data, results, and methods: audit study. *British Medical Journal*. Sourced from <https://doi.org/10.1136/bmj.j3334>
- Gøtzsche, P. (2015) Dr Peter Gøtzsche Exposes Big Pharma as Organized Crime. *Health News Impact*. sourced from <http://healthimpactnews.com/2015/dr-peter-gotzsche-exposes-big-pharma-as-organized-crime/>
- Healy D. (2014) *Psychiatry Gone Astray*. Sourced from <https://davidhealy.org/psychiatry-gone-astray/>
- Kirsch, I. (2014) Antidepressants and the Placebo Effect. *Zeitschrift Für Psychologie*, 222(3), 128-134. Sourced from <http://dx.doi.org/10.1027/2151-2604/a000176>
- Paludan-Müller A.S., Sharma T., Rasmussen K, Gøtzsche, P. (2016) *Extensive selective reporting of quality of life in clinical study reports and publications of placebo-controlled trials of antidepressants*. Nordic Cochrane Centre
- Wiggins, A. (2017) Number of children and teens on anti-depressants doubles. *The Herald*. Sourced from <https://www.nzherald.co.nz/nz/number-of-children-and-teens-on-anti-depressants-doubles/ZNQ5FNZQEMF4O7NNNZ4YSEWWPI/>



**Paul Baakman** has a background in Mental Health Nursing and Residential Social Work. He is a Psychodramatist, Trainer Educator Practitioner (TEP, AANZPA) and a Registered Psychotherapist in private practice in Ōtautahi Christchurch.

# There's Lots of World Out There

JENNY POSTLETHWAITE

## KEY WORDS

academic mentoring, creativity, coaching, human development, insight, J.L. Moreno, mentoring, metaphor, organisational culture, spontaneity, supervision

Metaphors have a way of holding the most truth in the least space (Card, 1995); sparking our imagination, our creativity, our understanding; providing us a royal road of relating to situations and possibility.

Here follows a scene from a classic musical.

I invite you to warm up to the world of a developing psychodrama practitioner. Don their garb, enter into this scene, sense the role relations, experience the spontaneity, look for what truth, insight and inspiration it may offer for them.

## A scene

Cornelius, a callow young store clerk from Yonkers, confident and desirous of adventure and romance, is entreating his co-worker Barnaby to join him for a night of excitement in the bright lights of New York city ....

*Out there*

*There's a world outside of Yonkers*

*Way out there beyond this hick town, Barnaby*

*There's a slick town, Barnaby*

*Out there*

*Full of shine and full of sparkle*

*Close your eyes and see it glisten, Barnaby*

*Listen, Barnaby...*

Barnaby, a less assured fellow, is captivated yet apprehensive. It is, after all, quite a leap from hick town to bright lights, from the known comfort of Yonkers to the unfamiliar and exotic of the big city. Cornelius offers a suggestion ....

*Put on your Sunday clothes there's lots of world out there ....*

*..... put on the Sunday clothes ... get out the brilliantine and dime cigars  
... take in the shows at Delmonicos ... ride in the horse drawn open cars,  
breathe in the sights, the sounds, the smells ....*

*Dressed like a dream your spirits seem to turn about*

*That Sunday shine is a certain sign*

*That you feel as fine as you look!*

So goes the opening of the number *Put On Your Sunday Clothes*, from the celebrated musical *Hello Dolly*.

For J. L. Moreno “psychodrama was a way to train people to be more spontaneous in their lives in a safe and controlled environment, then go out and try their new roles” (Moreno, 2014). Of course! Barnaby simply needs a little role development! He and Cornelius sing and dance their way through a role training session of sorts, in which Cornelius’ vision, his advice to Barnaby, might be paraphrased in Morenian terms as to ‘take up the role, take it up fully, with an integration of thinking, feeling and action’.

However, singing about it in Yonkers is not the same as living it in New York city. Role training is one thing, role application another.

### **In here and out there**

The situation facing Cornelius and Barnaby in a sense mirrors a quandary I have often heard expressed by budding coaches and psychodramatists whom I am training or supervising, who have a desire to take what they are learning in a training context and apply it in their ‘real world’.

They have experienced the *in here* of their training world as relatively cloistered and supportive, a place, a space where they have warmed up to and begun to integrate something new: a mindset, a philosophy, a technique. It has been a semi-comfortable Yonkers of sorts for them. But their concern, their reactive fear, is that beyond the training room, in the *out there* of their ‘real world’ their new offering is somehow out of place and may land as gratingly foreign, neither comprehended nor valued by the target audience. Their New York city equivalent looms as a daunting destination, where the role tests, real and perceived, are likely to be quite

different to those experienced in the training room.

During training, a developing coach or psychodramatist is in company with others who share an appreciation of what they are learning. Present because they wish to develop greater expertise in their chosen discipline, the values and principles inherent in that discipline ordinarily appeal to them at a deeply personal level. One of the top reasons people choose to be professional coaches is to “actively promote and contribute to human development on an individual and global scale” (Erikson Coaching International, 2016). This mirrors Moreno’s vision for fostering spontaneity in “the whole of mankind” through psychodrama, sociodrama and sociatry.

However, in the *out there* of their everyday professional context, the perceived and actual expectations, priorities, norms and values encountered by practitioners (at any stage of their development) can be markedly different. Their audience, be it individual or group, may not be so open or willing to engage in a process which feels foreign to them, or which exemplifies values and beliefs which conflict with their norms.

The narratives of Carmen and Hailey, two developing practitioners, illustrate this experience.

Carmen<sup>1</sup>, a mature, experienced and well respected scientist and academic, is in conversation with me about her desire to change the focus of her career. Having for many years concentrated on establishing quality clinical controls in her scientific field, her desire now is to take up a formal coaching and mentoring role with the next generation of scientists. She wants to help them develop greater relational skills; skills which she feels are critically important, but generally not well developed or valued in a scientific context. “Scientists are generally impatient with feelings rather than facts”, she explains to me. Carmen has operated informally as a coach/mentor and has delivered lectures on the topic to scientist colleagues and students, but she is concerned about being seen as an imposter by her target audience if she steps into their professional development space explicitly as a coach who also has experience in science, rather than as a recognised scientist who also knows something about coaching.

Hailey, an administrator in a public service organisation, is passionate about changing the culture in her organisation. She wants to take her psychodrama learning out into her workplace to build a new way of relating, of dealing with conflict, of working through interpersonal and structural issues. From her training room experience she values the power of vulnerability and of staying in relationship as a means to work through issues and differences. However, her perception is that such things are undiscussable in her workplace, where safety is valued over vulnerability

---

1 Names and other identifying details have been changed to protect the privacy of the individuals.



and where issues are more often addressed through opaque back channels than person to person.

The extent to which Carmen's and Hailey's concerns are reflective of actuality, versus some aspect of their own performance anxiety, doesn't much matter. Either way it is part of their immediate warm up to *out there*.

And the challenge for both is simple but potentially confronting — how do I bring myself, my being, what I have learned, into relationship with what is actually valued *out there*? How do I get with the warm up that *is out there*, rather than lose my spontaneity in the absence of the warm up I wish was there?

Carmen and Hailey were both initially considering their situations from a practical or process perspective. For example Carmen was looking to me for advice regarding which coaching qualification she might best pursue in order to attract the professional respect of her target audience of scientists. In that world formal qualifications are a valued currency of respect, though not of relationship. Hailey, contemplating an upcoming difficult conversation with work colleagues, initially shared with me her concern about the practicalities of who might speak first and what impact that would have on the proceedings.

Missing from their initial sharing with me was an awareness of their own being, of how they are bringing themselves to the table, beyond the techniques they have learned and adopted. Focused on 'how can I use this method?', they have overlooked 'how can I use this being?'. Also missing was consideration of what might be blocking their spontaneity, their courage to be, to take up their leadership, to identify as more than simply a technician of a method.

I suggested to Carmen that she not conflate or confuse qualifications with presence and capacity, the fundamentals of a good coach. "There are two key paths of development as a coach. One is the skills stuff — what the training course will help you with — the other is your being and mindsets. The former can be taught but the latter is internally developed and critically underpins your effectiveness, particularly if you are working in a space where you are inviting people to step into the vulnerability of emotions rather than facts. It would be helpful for you to consider both paths."

In effect my suggestion is a mirror of Cornelius' advice to Barnaby. The Sunday clothes are important, crucial even, but it is not enough to simply put them on. You need to warm up fully to the role, with the whole of your being, to fully engage in relationship with the world *out there*.

## The Bigger Picture

Taking a step back from the immediate content of Carmen's and Hailey's situations, it is possible to explore the wider system and various factors in play in each of their contexts *as developing practitioners*.

In Carmen's coaching training room, other trainees are willing partners



for a coaching session. However, in her work environment, where knowledge is king, other needs and expectations are more likely to be in play eg 'I want you to give me an answer, not coach me', or 'Just give me the facts; feelings are irrelevant and get in the way of good decision making'.

In her clinical context, she experiences and witnesses lots of push back from the frontline scientists when new clinical standards are rolled out. The culture is authoritative and status oriented and she recognises the frustrations which flare when standards arrive, without consultation, as mandatory edicts. In that context the proposed solution she shares with me is to provide more information as to why new standards are required, as they are issued. "If we explained more, there would be less frustration," she explains. "That's a possibility," I respond, "but how is it addressing the underlying relational issue?"

Ideally, Carmen wants all parties involved — the standard setters and issuers, the laboratory managers and the frontline scientists — to be able to engage and discuss what is happening, with a view to arriving at a more effective and satisfying process. But she is frustrated herself. "These things aren't real to them. They live in a world of microbes. Microbes are real. Feelings aren't real."

We discuss an upcoming conference address she is planning to deliver. She can envisage what she wants to share with the audience, the vision she has, but thinks it will largely fall on deaf ears as it is outside the audience's reality. Or at least what she perceives their reality to be. I offer a suggestion. "How would it be if, toward the beginning of your presentation, you invited them to turn to each other for a minute or two and share an experience of the process not working well for them? That might help them warm up to their reality in a way conducive to your purpose." "Oh, yes, I could definitely manage that. That could be quite impactful." Carmen, her eyes now wide and bright, is in this moment more in her own being. Her spontaneity has risen as she imagines this New York city scenario, where she invites others to a new future by being different herself, moving beyond the Yonkers norm of presentation style content transfer, to engaging audience members in relationship.

In Hailey's case the norm in her psychodrama training room is to work in group, with a stage, in action. Playfulness and experimentation is encouraged. She is learning the classical psychodrama method with warm up, enactment and sharing/integration. By contrast, in many if not most organisational settings, including hers, such an approach might typically be met with discomfort and suspicion. This has left Hailey unsure, not only of the mechanics of how to proceed, but more importantly of how to manifest her full being in that environment, questioning even what right she has to challenge and change the environment. "Who am I to say what is better?" I am reminded, in the moment, of the words of Marianne Williamson. "Our

deepest fear is not that we are inadequate. Our deepest fear is that we are powerful beyond measure. It is our light not our darkness that most frightens us." (Williamson, 1992)

Haley shares with me that her fear of becoming grandiose is sapping her confidence. It is cutting across her spontaneity, inhibiting her fully taking up her purpose. "Well, yes, it's possible," I respond, with a shrug, "so what?". "Oh ..... Okay then .... Yeah .... So what!" she replies. Clearly warming up to something new in her being, her spontaneity lifts and our conversation about the upcoming difficult meeting takes a sharp 180° turn. We stop talking about the process of the meeting and start talking about how Hailey will maintain her spontaneity in the face of the various obstacles which might arise in the moment. *In here*, in our conversation, she is now seeing herself *out there* as a resourceful agent for change. Cornelius would be delighted, "That Sunday shine is a certain sign, That you feel as fine as you look!"

### Out there, beyond the net

As a child visiting the circus, I was mesmerised by the daredevil feats of the trapeze artists. I can still feel the chilling thrill that ran through me when the most daring of them were boldly introduced by the ringmaster as about to perform Without The Aid Of A Safety Net!!

I think I'm safe in assuming that those artists didn't start off that way. Their training would have involved safety harnesses and nets and most likely commenced firmly on the ground, not up in the air. Their transition from earthbound to flying free and unimpeded under the big top is not unlike Carmen and Hailey moving from the relative safety of *in here* training to *out there* practice. They can build up their muscles, hone their balance and spatial awareness, apply the rosin powder to their hands, but ultimately, in their being, they need to let go of the bar in order to fly.

But how to get to that point? As Carmen and Hailey pursue their development as practitioners, their role development is fundamental; yet there is no ideal set of generic roles, no magic role system to aim for, no optimised checklist against which to mark off their unique psychodramatic roles. Roles emerge and unfold in relationship. And each context, each moment, each *out there* presents a different challenge and opportunity for a practitioner. It requires of them a capacity to warm up to their own spontaneity, in order to get with the actuality of what is met. For any practitioner — developing or experienced — our ongoing work is to warm up, in our being, with spontaneity, ready to meet the world *out there*, where it is, as it is.

Cornelius is a master of warm up and scene setting. "There's lots of world out there!!" See it, hear it, smell, feel it!! Lots of opportunity, lots of possibility, lots to relate with. As I hear his voice in my head, I feel the

spirit in Carmen's desire to unite the qualities of humanity and science, the fire in Hailey's passion to change the culture of relationship in her workplace. My own spontaneity, my own life force rises. My own *out there* is expanded. 'Tis good.

There is lots of world *out there*; out beyond the crucially formative yet ultimately limiting safety nets of *in here*. And whether or not you are a Barnaby, or a Cornelius, or an altogether different character, the core principle remains. To enter fully into *out there* we need access to our spontaneity. Consider for yourself, how you step out into whatever your *out there* is. What are the somethings that foster spontaneity in your being, in order that you might let go of the bar and fly?

## REFERENCES

- Card, O. S. (1995) *Alvin Journeyman*. Tor Books, New York
- Erikson Coaching International (2016) 'Top Reasons For Becoming a Professional Coach' <https://erickson.edu/blog/top-reasons-people-become-professional-coaches#:~:text=To%20help%20others%20with%20issues,successful%20in%20a%20particular%20niche>.
- Moreno, J.D. (2014). Bellevue Literary Press Conversations Series: Jonathan D. Moreno & John Pankow <https://blpress.org/news/blp-conversations-jonathan-d-moreno/#more-2450>
- Moreno, J.L. (1953/1993) *Who Shall Survive? Foundations of Sociometry, Group Psychotherapy and Sociodrama*. (Student Ed.), Beacon House: New York.
- Williamson, M. (1992) *A Return to Love: Reflections on the Principles of "A Course in Miracles"*. Harper Collins



**Jenny Postlethwaite** is an accredited Sociodramatist (AANZPA) and Professional Certified Coach (International Coach Federation). She has her own organisational coaching and consulting business, Reach Coaching and in 2021 joined Psychodrama Australia Sydney Campus as a TEPIT. Since first encountering psychodrama in 2010, she has enthusiastically integrated and applied psychodramatic philosophies and methods into her practice.

# The Value of Sociodrama in Psychodramatic Couple Therapy Training

WALTER LOGEMAN

## KEY WORDS

couple therapy, Moreno, psychodrama, psychodrama training, psychodramatic couple therapy, relationship, sociodrama, sociodramatic couple, systems, tele

## ABSTRACT

This article focuses on the value of sociodrama in the training of psychodramatic couple therapists. The author describes the way in which a sociodramatic approach is employed to bring to life a 'sociodramatic couple', who later become the focus of training sessions in which the trainer and trainees explore the effectiveness of various interventions in couple therapy practice. Drawing on the illustrative material, the author reflects on the value of sociodrama in the development of the trainees, at both conscious and unconscious levels, and raises the possibility of applying a sociodramatic approach to training in related fields, such as individual therapy, family therapy and organisational development.

## Introduction

I use sociodrama to train people in psychodramatic couple therapy (Logeman, 2019, pp. 35-46). This method of training is a delight, and I am inspired to write about it. Through sociodrama, the trainees create a social system and a 'sociodramatic couple'<sup>1</sup> who come alive in scenes of birth, death and love. Love inevitably leads to trouble, and the couple arrive at the therapist's door. The trainees then take up the roles of therapist and partners in the couple relationship to explore, experiment with and practise psychodramatic couple therapy. While the main modality used is sociodrama, which focuses on social roles ranging from stereotypical to typical to roles that include all the unique qualities of a person, as we shall see, this training approach integrates many aspects of the broader

1 As far as I know, the term 'sociodramatic couple' has not been used before. A more generic term, and one applicable to many forms of training, would be 'sociodramatic client system'.

psychodrama method, including sociometry, role training, group work and spontaneity training.

The sociodramatic approach has evolved over time within the broader development of psychodramatic couple therapy training. In the initial training groups, one trainee presented a client couple. However, I soon realised that this raised matters of confidentiality and more problematically, the work was focussed on a sole trainee's supervision needs and did not foster a sense of free experimentation. I also engaged the trainees in short role plays to practise technical skills but found these somewhat mechanical. The eventual introduction of sociodrama and the sociodramatic couple addressed these issues and transformed the training.

A sociodrama, emerging from the life in a group of trainees, is a qualitative shift away from simple role-play and introduces the elements of surprise, experimentation and lived experience. It is independent of, and yet connected to, the dynamics of the training group and the trainees' involvement in it is close to their involvement in life. As the trainees warm up and act in the sociodrama, a social system, with a sociodramatic couple coalescing at its centre, emerges with beauty and complexity. The trainees 'live the lives' of this couple, their family members and friends, experiencing attraction and rejection, sounds and silence, shifts in mood. In so doing, they develop spontaneity, creativity and insight, which they later bring to the role of couple therapist, experimenting with and practising interventions in their work with this sociodramatic couple. The following section, involving a fictitious training group and composite events, describes this process while abbreviating some aspects to highlight the essence of the work. While I am the group's trainer, I employ the conventional psychodramatic term 'director' when producing action on the stage.

### The group warm-up

We begin with a multilevel psychodramatic couple therapy training event, where some trainees are experienced psychodramatists, some are new to the psychodrama method, some are experienced couple therapists and others are beginners. The warm-up starts with an exploration of the trainees' individual areas of interest, which are diverse and compelling:

- How do I begin a session?
- I'm interested in affairs.
- What if one of the partners walks out?
- I want to be less anxious.
- What about violence?

### Production of the Sociodrama

With the level of warm-up in the training group high, I stand up to signal

the move to the action phase. This involves the production of a sociodrama, and the social system and sociodramatic couple that emerge from it.

### *Creating a social system*

Director        Together we will create a social system, and within it is a couple who will come to therapy. As you take on the roles, see if you can bring to life an opportunity to explore your question of interest. We are co-creating, so it may not look as you expected. We accept everyone's contribution as a truth about the couple.

*A group member steps onto the stage and others follow.*

Caroline        I'm Mary. I'm 34 and I'm 5 months pregnant. Joe's the father and we separated just before I knew I was pregnant.

Arthur         I'm Bill, Mary's father, and I think she needs to get back with Joe. He's a good bloke.

Director        *To Caroline as Mary:* Mary, choose someone to be Joe.

Before long, we have clusters of people on the stage: Mary and Joe, our sociodramatic couple; Tracey, Joe's 12-year-old daughter from an earlier relationship; Mary's father Bill, and Sue who is Bill's ex-wife and Mary's mother. At this stage, I do not produce interaction between the people in the sociodrama. Indeed, I often restrain interaction until the social structure is established.

Director        *To group members:* Who else is here?

Adelle         I am Alice, Mary's closest friend.

Rita            I'm Janice, Joe's mother. My husband is long gone.

Tracy           *To Janice:* You're my grandmother.

As the family system develops on the stage, I conduct interviews for role<sup>2</sup>. The answers to my interview questions come from the imagination of the participants, who are in the realm of surplus reality<sup>3</sup>. They disclose details that they might never say in real life and others on the stage may feel the impact, even though they know this is private information. The ensemble is developing an unconscious dimension.

Director        *To Sue, Mary's mother:* You are looking at your daughter, what do you experience?

Sue             I feel so sad as I see her there with the baby inside. That's me. I did not want to marry Bill. But we did marry, and we were together for 27 years.

---

2                I suggest you follow this link <<https://vimeo.com/213632785>> to a video of Max Clayton (2017) where, at 7:16 minutes he speaks about the art of the interview for a role. Most inspiring!

3                Moreno (2012, pp.18-19) describes surplus reality as a "... level of structuring which represents the intangible, invisible dimensions of intra- and extra-psychic life, ... it means that there are certain invisible dimensions in the reality of living, not fully experienced or expressed...".



During the development of the sociodrama, I produce moments that will deepen the participants' warm up, emotionally, socially and spiritually.

Director        *To Sue:* So that was about 34 years ago (Mary's age). So what year was that?

*A group member identifies the year as 1986 and I place a large cushion on the stage near Sue.*

Director        *To Sue:* How about you be there in 1986 (indicating the cushion). Do you remember the songs on the radio? (A group member begins to sing Like a Virgin by Madonna, others join in.) How old were you when you were pregnant with Mary?

Sue                I was 19 when she was born, so I was 18.

Director        Be 18 and feel the baby inside you. Breathe into her. (Tears are welling as Sue experiences the baby.) Choose someone to be Mary as a baby.

Director        *To group members:* Before we fade out from this scene in '86, does anyone have something to express to others right now?

Mary              *To Sue:* You are a great mum, but it did not help that you stayed with Dad for so long.

We now have two Marys on the stage, one as a baby and the other as a pregnant woman.

Director        Let's return to the present day. Sue, your baby's grown up. You are about to become a grandmother.

*I place a large cushion near Mary to represent her womb. In a flash, Lindsay is in the womb as Mary's unborn baby.*

### *Exploring the sociometry*

As the sociodrama 'goes live, I take the opportunity to explore the sociometry. Such an exploration will reveal the tele, that is, the web of attractions, rejections and ambivalences amongst the participants in the system.

Director        Tele tends to persist. It is a felt experience. Be who you are in the drama. Have a look around at the family and friends. Breathe. Notice your response as you look around. Put one hand on your heart and make the other like an antenna. Feel what you feel and follow your antenna to the person you have the strongest positive feelings for. Put your hand on their shoulder.

As the participants move, the constellation of relationships on the stage transforms. The mothers connect to their children, and Mary and her baby nestle closer. I note that Joe has chosen his unborn baby. Surprisingly, Bill has chosen his son-in-law Joe. Tracey is with her grandmother.



Director        Express yourself to the person you are drawn to.

The sociometric exploration continues with the question, who are you least attracted to? This is followed by an exploration of ambivalence. Significantly, for the purposes of this training, Mary and Joe, the sociodramatic couple, are mutually ambivalent.

### *Producing interaction*

With the closure of the sociometric exploration, I turn to produce interaction in the system.

Director        It is Saturday afternoon, 3 pm. Where are you? When I say go, go there and do what you do, interact with others. This may seem chaotic but trust your experience and bring it forth. Sometimes you may not be acting at all but find yourself in your own life drama! Trust that, and you will have an opportunity to express that in the sharing at the end. I will pause the action from time to time so that you can see what others are up to. Go now and do what you do.

Movement and chatter follow as constellations form and reform. After a few minutes, I pause the action and, like a TV journalist, I drop in on one cluster after another to investigate.

Joe and Mary, our sociodramatic couple, are arguing. They love their unborn baby, but do they love each other?

Joe                Remember, I earn the money. I work my butt off!

Mary              *In tears:* You just don't get it.

We see an interaction between Tracey, Joe's 12-year-old daughter, and her grandmother Janice.

Tracey            Can I come and live with you Granny?

Janice            Oh! My dear girl. Let me give you a hug. Of course, you can come and stay! But since your parents separated you live with them week about.

Tracey            I hate it at Dad's place. And Mum is always tired and crabby.

In this way, each of the clusters is visited and its activities and dynamics are revealed to the members of other clusters.

### *Identifying a Sociodramatic Couple*

A crucial moment in the sociodrama takes place when Mary and her closest friend, Alice, visit a naturopath named Victoria:

Mary              Thank you for these herbs. Do you think they will really help with the cramps?

Victoria          They may do, but I imagine stress is contributing to your tensions.

Alice           What about you and Joe, Mary?

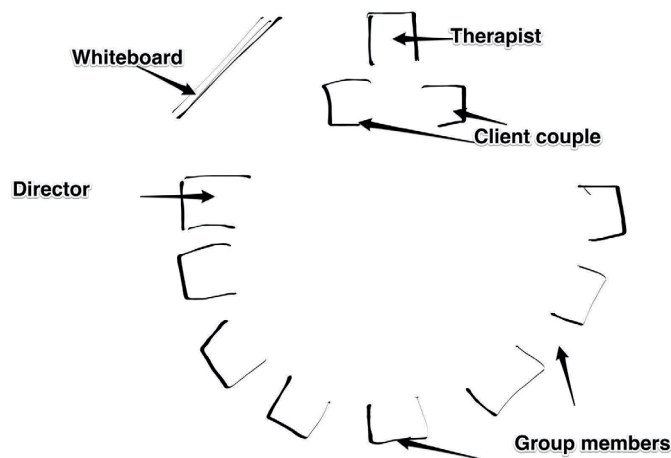
Mary           Joe wants to come back one minute and then he changes his mind. I'm the same. I had just moved out and settled into my own flat when I discovered I was pregnant.

Victoria       I know a good couple therapist that you and Joe could go to see.

At this point, I judge that the sociodramatic couple has emerged and bring the sociodrama to a close.

### The Training Session using the Sociodramatic Couple

The trainees take a refreshment break and then return to the training room, which I have set up as indicated in the diagram below. As they take seats in the semi-circle of chairs, they notice a familiar set-up on the psychodrama stage before them. It is a couple therapist's office, with two facing chairs for a couple and a therapist's chair.



My intention now is to create a warm-up to couple therapy training, to signal that their work as trainee therapists is about to commence. I inform the trainees that Mary and Joe, whose relationship and social world were explored in the sociodrama, will now become the client couple seeking therapy in this training session. The trainees orient themselves to the work and create a list, on the whiteboard, of the elements that they consider should be achieved in the first therapy session. Their suggestions include:

- Initial contact
- Engagement
- Data collected
- Fees

- Hope
- What they want
- Empathy
- They interact

Director      In this session, we'll be focusing on the first two elements, the initial contact and engagement. The engagement phase will be complete when a connection has been established with each partner in the couple and a plan made for the work. How about someone volunteer to be the therapist?

Sam             *Stands up:* I'll give it a go.

Sam is an experienced couple therapist and has attended several psychodramatic couple therapy training workshops. He sits in the therapist's chair, as indicated in the diagram above.

Director      *To Sam as therapist:* I believe you know about Mary and Joe?

Sam             Yes, Mary rang and made an appointment.

Director      What do you know about them?

Sam             Just that they have been separated and they want to get back together. This is the crucial phase of initial contact, which can be complex. Sometimes the therapist has received information from one partner but may know little about the other partner. On this occasion, things look promising. But is Mary a reliable spokesperson for Joe or even for her own experience? We shall see.

Director      *To Sam:* Mary and Joe are in the waiting room.

By now we have already had different participants portray Joe and Mary and others in their world. Soon everyone in the group will have at least one turn at being one of the partners. Each participant is both true to the emerging character of the person they portray and contributes to it. The sociodramatic couple exists in our drama independent of the auxiliaries who portray them. Two trainees volunteer to take up the roles of Joe and Mary. They place a few chairs in a corner of the stage to create the waiting room. In the waiting room, Joe makes a point of sitting some distance from Mary.

Sam             I'll do the meeting and greeting.

Director      *To the group:* Whatever this sociodramatic Joe and Mary do and say, we will incorporate into their story. Their experience here will go with them into new scenes and new people taking up their roles.

*Sam stands up and walks into the waiting room.*

Sam             *To Joe and Mary:* Hello. Welcome. I'm Sam.

Joe                This is Mary and I'm Joe.  
Sam               Come on through.

*Sam ushers Mary and Joe into the therapy room and they sit in chairs opposite each other.*

Joe                *To Sam, moving his chair to face Sam:* Mary asked me to come because she wants us to get back together. I've told her that I want that too but only if she does not try to control every move I make.

Sam                *Waving his arms to mentally erase the scene and turning his head to make an aside:* I understand what is to be done, but already I have lost my confidence as Joe begins in that way. I'd like to start again.

Director          Ok, rewind. The last moment did not happen. Stand up and breathe into the new... Sam, Mary and Joe stand up, take a breath, sit down again, and begin 'Take 2'.

Sam                *To Mary and Joe, assertively:* Take a moment to arrive. Take a breath (a moment of silence). Have a look around. ... Look at each other.

*Sam suggests that Joe and Mary make eye contact. While this takes a few moments and some encouragement, Mary and Joe eventually look at each other for a significant amount of time. Sam, calm and centred as the couple connect, continues:*

Sam                If this therapy goes really well, what would be the outcome for you? I'll listen to you each in turn. You first Mary?

Mary               We would be back together, be parents together and feel the love we have for each other.

Sam                You'd be together, be parents and feel the love you have for each other. Thank you.

Sam                What about you Joe?

Joe                Yes, I'd like that too.

Sam                Say more Joe.

Joe                When Mary says we love each other (*tears almost visible*) and that she loves me (*trailing off*).

Sam                Follow that thread, Joe.

Joe                *Turning towards Mary:* I do love you ... very much.

Sam                Wow, that is the direction we can go ... together. I'll keep listening to each of you in turn.

Director          *To the group:* There has been a powerful experience in these first minutes of the session. Let's have some discussion about what we notice and name interventions and the principles that they draw on. First, Mary and Joe, how about you both make an aside regarding how the therapy is going for you so far.

Mary            *Turning her head to make an aside:* As Mary, I was about to walk out when Joe said I controlled him all the time. I was furious. Then in the retake, I did get into doing it afresh. I was surprised at how different it was the second time.

Director        Tell Sam, as the therapist, what made the difference.

Mary            *To Sam:* It was your suggestion to look into Joe's eyes. I felt the baby in me, and then I really did feel the love for Joe.

Joe              *To Sam:* I was disarmed by your immediate instruction to look around the room and then at Mary.

Joe              *To Mary:* I was swept off my feet when you said we would feel our love again.

Director:        What do you think Sam?

Sam:             It's great to hear. I don't really know what I did. I just had one word in mind. Presence.

Rita              *A group member:* That question, what is your best hope for the therapy, that's the miracle question from solution focussed therapy. It's so much better than asking them about their problems.

The therapy training session continues where Sam left off. There is animated discussion as the trainees experiment, in action, in the roles of Joe, Mary and the therapist. As the trainer I frequently demonstrate what I would do at moments when the group gets stuck. Denice brings forward a concern, which leads to another enactment:

Denice            I was Sue, Mary's mother, in the sociodrama and Mary thought that I should have split from her father much earlier. So do I, as Sue that is! Obviously, it was a bad situation for Mary to grow up in. With that past, I think that Mary would be more conflicted than she has been in this therapy session so far.

Director        At what point do you think that would emerge in the first session? When they first look into each other's eyes?

Denice            They do love each other, so maybe not then. But soon after the eye contact.

Director        Let's go to that moment. Denice, you be Mary.

*Rita volunteers to be the therapist and Denice moves to sit in Mary's chair, as Mary. She takes a moment to warm up and then expresses herself to the therapist.*

Mary            I don't want to be doomed to repeat my parents' dead life! I won't do that. Staying together for the sake of the baby sapped the life out of my mother and out of me. No way!

*Rita is not satisfied with her response to Mary and steps out of the chair. Other trainees take turns to experiment as the therapist. Denice, as Mary, repeats her concerns forcefully.*

Mary            I grew up with parents who did not show any love to each other. Not once!

*A little later Rita returns to the therapist's chair, ready to offer a new intervention. She looks at Mary then Joe and then moves to stand behind Mary and double her:*

Rita            *Looking Joe in the eye:* Joe, I love you. But I won't be in a relationship that kills my spirit.

*Immediately, Rita moves to stand behind Joe.*

Rita            *Looking Mary in the eye:* Mary, I love you. But I won't be in a relationship that kills my spirit.

Rita            *Back in the therapist's chair:* Have I got that right Mary? Have I got that right Joe?

Mary            Yes. We have the love my parents did not have.

Joe             This is good! I want to do this work with you Mary. Do you think we can do it?

Mary            *Looking towards the therapist:* What do you think? I want to.

Director        *To the group:* Is this couple engaged in the therapy?

We look at the whiteboard and see that engagement is the second essential requirement on the list. My question is rhetorical!

Over the following days of training, I produce further sociodramas where the trainees 'live the lives' of the sociodramatic couple, their family members and friends. Through the sociodramatic interaction, the characters and their life stories develop. Joe and Mary express tentativeness about their future together, more so than anticipated in the first sociodrama. Joe discloses that he has become interested in another woman. Joe and Mary also attend to childhood issues that are influencing their relationship, Mary regarding growing up with parents who lived their lives in coping modes and Joe about his absent father. I can add that the work had a happy ending. Mary and Joe are living together and looking forward to the birth of their baby girl.

### *Sharing*

Towards the end of the training event, the trainees and I sit in a semi-circle facing the stage. We look at the empty chairs of our sociodramatic couple, Mary and Joe, along with a few scattered cushions to represent their family members and friends. I introduce sharing, the essential third phase of sociodrama.

Director        It is time for sharing. There are three areas to focus on, and you can do that in any order. One is sharing from the role, what emerged while you were in the roles of people in this system? Then your personal sharing, anything from your experience

and your personal life that you are aware of? And lastly, learning that you will take away as a couple therapist. This might be to do with techniques, but hopefully more about your growing identity as a couple therapist.

The trainees share extensively in the three areas that I have indicated. Carolyn's and Denice's sharing, which follows, is typical of the group and demonstrates the impact of the sociodrama on the trainees. Denice's sharing is abbreviated to highlight the connections between the roles she enacted as Mary and her own life experience.

Carolyn      I knew straight away I was Mary. She came to me well before I stood up. I had no idea at the time why I knew she was pregnant. It is so obvious now (hesitating, flooding with feeling). I've never shared this in a group.

When I was 16, I got pregnant. I knew the father, who was also 16. We were not ready for this. I could not tell my parents, but he told his. Mine were ok about it once they found out and got over the shock. We planned to have an abortion and just before that, I miscarried. We were in love, but the relationship crashed and burned. We were too young. As Mary, I felt the love for Joe, and it brings up this teenage romance. So sad. My parents were not in a dead relationship, but I am hot on not wanting to be fused like my parents. I fight for my independence.

At the start I was interested in affairs and while Joe did not really have one, I learned a lot about how to work with ambivalence as a therapist. I am more confident, especially after that moment when I was the therapist and helped Mary listen to Joe's story about the other woman. I really got my head around how to double the listener. I see how this way of working is different from individual therapy and how powerful it is, as therapy, for the individual partners in a couple and how that helps the couple resolve issues and grow.

Denice      My parents were in a dead relationship! They stayed together for the baby, and the baby was me. My mother sometimes blamed me for the fact she was married to my father. It made me feel bad about even being alive. I discovered she loved another man, and I think I always had an uneasy sense of guilt that it was my fault. It was very satisfying for me as Mary to express the healthy idea that I would not live in a dead relationship. It was as if my parents were getting the therapy



they did not have. Later in the drama I was their unborn baby and I felt so secure that these parents would be together out of their love for each other not just because of me.

**Reflections on the value of sociodrama in couple therapy training**  
Sociodrama benefits the training of psychodramatic couple therapists in several interrelated ways. The enthusiasm and enjoyment that the participants' experience through sociodrama facilitates learning.

Beyond this involvement, sociodrama facilitates experiential learning. Trainees learn from sitting in the therapist's chair. They learn to be present with the volatility of the sociometric couple. Participants are immersed in the drama and want to portray what they experience is emerging in one of the characters. We saw such involvement when Denice wanted to enact Mary. This presents the therapist with clients who have a depth that is truly felt, not simply acted. Trainees learn to centre themselves, to quieten the personal turmoil. In some cases, they actively resolve inner conflicts by leaving the therapist's chair and enacting psychodramatic or role-training vignettes. In those cases, the sociodramatic couple provides the role test when the trainee returns to the chair. Rita, in the example above, lost her confidence and took some time to compose herself. At one training event, I recall the sociodramatic couple becoming particularly aggressive to each other and critical of the therapist. Trainees took turns to simply sit in the therapist's chair and experience this moment. A trainee told me weeks later that the experience had helped her to remain calm and present when she later came to just such a moment with a client couple.

As well as embodying the therapist's role, trainees learn experientially by being in the roles of the sociodramatic couple. In role reversal with each partner, they experience the couple's relationship, as well as the impact of the therapy. As they experience every response, movement and word from the other partner and the therapist, they discover which interventions work best. In this regard, the asides form a remarkable function in informing the trainee therapist just how their interventions are 'landing' with each partner. We saw the way in which a trainee, as Mary, made an aside to inform Sam, as therapist, that his suggestion for her to look into Joe's eyes was a significant and effective intervention. At times, the couple therapist might be confronted by an inarticulate partner and the trainee enacting that role can offer insights into the dynamics of the silence through an aside. Overall, the trainees experience the quality of the applied techniques.

Moreover, sociodramatic action negates the need to bring in a real-life vulnerable couple for a demonstration. Instead, the trainees engage with a couple that has 'come to life' through their involvement in a sociodrama. They can experiment with interventions, and experience and discuss the impact of those interventions, knowing that the sociodramatic couple will

not be harmed by a trainee therapist making multiple attempts or losing their way. For example, in the illustration above, we saw Sam, as therapist, freely shape and reshape his responses to Mary and Joe as they responded to each other and him. The participants have a visceral experience, and the learning becomes part of their being under conditions that prevent detrimental impacts.

Moreno's idea that the psychodrama method can be used for collaborative experimentation and research (Logeman, 2015, pp. 51-62) is illustrated by the work with the sociodramatic couple. As we saw in the illustration above, the trainees and I experiment together, trusting the asides of those enacting the roles in the system. We identify principles, share notes and discuss developments. I also offer experimental practice for implementing an already proven approach. The trainees form groups of three and, because they embody a 'ready-made' deep warm-up through the sociodrama, they can take turns as therapist working with the two partners, experimenting and receiving feedback from them.

The most important benefit of working with a sociometric couple is, perhaps, somewhat obvious. During the training, we got to know our sociometric couple, Mary and Joe, intimately. At the end of the training event, the group experienced a moment of grief as we said goodbye to them. Let me be so cruel as to break the illusion. Like audiences in all good theatre, we have suspended our disbelief. Moreno (1977, p. 86) states that "the true subject of a sociodrama is the *group*". It may not have seemed obvious to the participants as they 'lived' the life of the couple and their social world during the sociodrama, but 'they were the couple' and 'the couple was them'. Just as a protagonist embodies the group's focal conflict (Whitaker & Lieberman, 1964) and works for the group to create resolutions so Joe and Mary were the protagonists who embodied the process of this group's focal conflict and its resolution (Logeman, 1996, p. 12). Looking back, we can see themes of abandonment versus attachment and stolid coping versus authentic expression, the resolutions to which were the healing of past hurts and a baby well held by a loving couple. At a mostly unconscious level, the trainees were resolving some of their own past hurts and healing one another as they worked with the sociodramatic couple in their social world. Some of this was made conscious in the sharing, as exemplified in Carolyn's and Denice's expressions. However, some of this healing will work through the participants' lives and be expressed in their work with couples, in subtle and yet unknown ways, in time to come.

## Conclusion

This article has shown how we 'bring to life' a sociodramatic couple. This couple becomes the focus of training sessions, where the trainees and I experiment with different interventions in couple therapy practice.

The sociodramatic approach to training is valuable in several ways. It promotes successful adult learning and facilitates experiential collaborative experimentation. Through the group process, the trainees experience conscious and unconscious healing and carry this forward into their lives and their work with couples. It is worth noting that the use of sociodrama to create a 'sociodramatic client system', could be applied to training in related fields, such as individual therapy, family therapy or organisational development.

I delight in the work with psychodramatic couple therapy trainees. We delight in our sociodramatic couple. Their heart is our heart and the enjoyment in the work, the tears, the pain and the connections are real. The trainees' vulnerabilities are attended to in a therapeutic container that mirrors the therapeutic container that they provide for their couples.

## REFERENCES

- Logeman, W. (1996). *The Group and Its Protagonist*. Unpublished Thesis. AANZPA Inc.
- Logeman, W. (2015). Moreno's Scientific Methodology: By, Of and For the People. *AANZPA Journal*, 24. AANZPA Inc.
- Logeman, W. (2019). Encounter: The Heart of Psychodramatic Couple Therapy. *AANZPA Journal*, 28. AANZPA Inc.
- Moreno, J.L. (1977). *Who Shall Survive? Foundations of Sociometry, Group Psychotherapy, and Sociodrama*. 3rd Edition. Beacon House, Beacon, N.Y.
- Moreno, J.L. & Moreno, Z.T. (2012). *Psychodrama Third Volume: Action Therapy and Principles of Practice* (2012 Edition). The North-West Psychodrama Association, UK.
- Whitaker, D.S. & Lieberman, M.A. (1964). *A Focal-Conflict Model in Psychotherapy through the Group Process* (pp.14-40). Aldine Press, Chicago.



**Walter Logeman** has a background in teaching, social work and psychotherapy, specialising in couple therapy. He is a TEP (AANZPA) and works as a trainer at the Christchurch Institute for Training in Psychodrama. Walter can be contacted at [walter@psybernet.co.nz](mailto:walter@psybernet.co.nz).

# Encounter

## Catch a Falling Star and Put it in Your Pocket — Never Let it Fade Away

ANNETTE FISHER



### ABSTRACT

This paper illustrates and discusses encounter, regarding it as a vital aspect of the therapeutic relationship. In my view an encounter, as described in this paper, can provide a corrective emotional experience that assists in social atom repair and contributes to role development. The article also gives an historical background of 'encounter' and its place in psychodrama theory and in the canon of psychotherapy. This is followed by an illustration derived from my work with several people, and my reflections on that work.

### KEY WORDS

attachment, attachment theory, corrective emotional experience, counter-transference, crisis intervention, critical incident debriefing, empathy, encounter, encounter group, equals, I and thou, role development, role reversal, social atom repair, spontaneity and creativity, tele, transference,

The history and meaning of encounter are fascinating and enlightening. The following extracts give a grounding and depth to Moreno's notion of encounter.

It has been recorded that in 1914 Moreno introduced the word "encounter" in a series of poetic writings, 'Invitation to an Encounter.' (Waldl, 2005a, pp. 169-173).

Thomas Treadwell acknowledges that Moreno is the founder of the Encounter Group Movement, a pioneer in the grounding and principles of group psychotherapy and recognises 'Moreno's contribution as a fore runner of web based social network media in virtual communities'. (Treadwell, 2014, pp. 95-105)

"Unfortunately, the genius of Moreno's poems will get lost in translation, but I will try: Word by word it says: There are no means between me and others/I am actually in the encounter.

It could mean: There is nothing between me and you/I am real in the encounter." (Waldl, 2005b, pp. 69-93)

There has been much contention about who first used the word 'encounter', Martin Buber or Jacob Moreno. However, Zerka Moreno says it is clear Moreno was the first. (Moreno, Z., 2006). Supporting Zerka's claim is a box that had been left in Europe, containing Moreno's papers. It was opened in 2006 after both Moreno and Buber had died. It has been found that Buber used 'almost word for word' Moreno's excerpts about encounter in his book, "I and Thou" (Waldl, 2005a). Moreno and Buber were colleagues and were both involved in exploring the concept of encounter. They were revolutionaries in the development of modern day thinking and practice in the area of interpersonal relationships. They were forerunners of our practice as psychodramatists today: meeting others mutually with compassion.

Jacob Levy Moreno, in an "Autobiography of a Genius" (Moreno, J.L., 2011, p. 163), said that the religion of encounter came to life between 1908 and 1914. Along with his friend Chaim and several others they were "...all committed to anonymity, of loving and giving, living a direct and concrete life in the community with all we met. We left our homes and families and took to the streets." "All gifts received went into funds for the House of Encounter."

Before World War 1 the world was in turmoil, like today. There was instability in the Austro-Hungarian Empire. Refugees in Vienna were looking for new homes. Moreno and his friends found a house and written on a wall was "Come to us from all nations. We will give you shelter."

In this overcrowded house, during evening sessions "problems were bought forth and grievances were settled." These early "encounter groups" were the model for the encounter groups now spreading throughout the world. But nightly meetings were not just discussion sessions. "After sharing our feelings, we sang and danced and played games. Participating in the

encounters was a religious experience, a joyful one.” (Moreno, J. L., 2011)

In 1954, Jacob Moreno gave a series of lectures. These included discussions with colleagues regarding his theories about tele and encounter, transference and countertransference. His colleagues acknowledged Moreno’s ideas regarding the importance of tele in the therapeutic relationship and Moreno did not dismiss transference and countertransference. However, he saw tele and encounter as of primary importance in individual and group psychotherapy. (Moreno, J. L., 1959, p. 99). Throughout his life he continued to regard encounter and tele as fundamental to the method.

Dr Moreno defines tele as “insight into”, “appreciation of”, and “feeling for” the “... actual makeup of the other person.” “Thus defined it is indeed the foundation of all therapy.” (Moreno, J. L., 1959, p. 26)

In his lectures Moreno states that, “encounter encompasses not only loving, but also hostile and threatening relationships. It is not only an emotional rapport, like the professional meeting of a physician or therapist and patient, or an intellectual rapport, like teacher and student, or a scientific rapport, like a participant observer and his subject. It is a meeting on the most intensive level of communication.” (Moreno, J.L., 1969).

Moreno takes the position that empathy and transference are one-way, tele is two-way and mutual and this leads to encounter which is always mutual. “A meeting of two: eye to eye face to face. And when you are near I will tear your eyes out and place them inside mine and you will tear my eyes out and place them inside of yours, then I will look at you with your eyes and you will look at me with mine.” (Moreno J. L., 1959, p. 15)

“Encounter means that two people not only meet but also comprehend one another, each with his whole being. The participant is not pushed into the situation by an external force. They are there because they want to be there. There is in every encounter an element of surprise.” (Moreno, Z.T., 2006)

“A living encounter involves being bold, requiring one to direct, to challenge, to explore, to be truthful and for the dramatic producer to warm-up to respecting the full potential in themselves and the others.” (Clayton, M. & Carter, 2004 p. 207)

Lynette Clayton shared from her experience, “Encounter occurs when the creative genius of the protagonist and of the psychodramatist meet”. (Clayton, L., personal communication AANZPA Online Event 2021). At this point the protagonist and the psychodramatist meet as equals.

“Encountering, is therefore, at the core of the psychodramatic experience. The encounter comes first. Perception or interpretive analysis comes second.” (Moreno, Z.T., 2006)

“Catch a Falling Star and Put it in Your Pocket — Never let it Fade Away” (Vance & Pockriss, 1957) is a metaphor to illustrate the notion that a psychodramatist can assist a person to develop inspiration, spontaneity and



creativity in the face of adverse life situations. Catching a falling star seems impossible, however, an outcome in a therapeutic encounter can lead to a starburst of hope and inspiration for the protagonist, the psychodramatist and, during a group session, for group members.

### Paul's story

Paul has been living in his car, 'couch surfing' and using refuges for the homeless for two years. His addictions included alcohol, drugs for pain and Valium. There had been numerous nights in a cell at a police station and several times the riot squad had been called when he became threatening and aggressive. These confrontations caused the situation to heighten his aggression and once again he would be charged; a court case would follow and would be given either a jail sentence or a good behaviour bond.

Paul was the second appointment for the day, and he arrived clutching a roll of paper. "Read this" he said. I unrolled the paper and began to read. A therapist had once suggested he write his story in the third person. His narrative was a tragedy, appalling violence and neglect. He was smart, he did not want to go over his story again and he wanted me to have a sketched outline of his life.

His current life had taken a down-turn when he had been evicted from his public housing and his neighbours had stripped the flat of all its contents. Due to prescribed medication for a back injury, he had become addicted and found that withdrawing from the drugs caused unbearable anxiety and panic attacks.

After reading his story I shared my response and told him that I was horrified that he had been treated in such an appalling way. I then invited him to share with me what had brought him along to this session.

Paul launched into a tirade of anger and rage. He had worked hard all his life for his wife and children and then she had an affair. This ended in a divorce; he lost the house and ended up with a large debt. His father had recently died, and his mother was chronically ill. He wept about his father and despaired about his mother.

Much to my alarm he then began saying that he would like to kill his ex-wife. After about ten minutes of expletives and rage he looked at me and said, "I would never do that as I love my kids". I did not want to maximise his rage at this point. The office manager phoned to check that I was all right as the noise was travelling throughout the building. He then began to cry and sob. He expressed the pain and grief of not being with his children and shared his frustration about the barriers that his ex-wife put in the way, stopping him from having adequate time with them.

I looked at Paul and said, "You are a good man Paul, I can see that you are a loving father and you want the best for your kids. You want your children to have a better life than you had." He softened and said, "I am



pleased that you can see that in me, I haven't been thinking much of myself for a long time". I then said, "You are also caring for your elderly parent, this shows me how loving you are with your family". He continued sobbing and weeping.

During this meeting a true encounter occurred, and Paul and I benefited greatly, allowing us to move towards a mutually positive relationship and together face the current crisis and plan the required action.

Psychodrama is called the theatre of the soul and the truth and as I was experiencing a sense of gratitude, Paul said, "Thank you for listening to me." He attended further sessions. I then assisted him to communicate with his doctor as he was desperate for medication for his back pain.

This intervention prevented the usual chaos caused by his cravings for drugs, and it stopped the history of police intervention that usually occurred when he required medication and was suffering from drug withdrawals. He continued to share his grief and pain and, with the assistance of a kind GP, received adequate pain medication. He continued to gain insight into his behaviour and once said to me, "When I say these things out loud I realise some of my actions, ideas and thoughts aren't so good."

Paul was given public housing and began to rebuild his life. Finally, his children were able to stay with him for extended lengths of time and he began to re-establish family life.

Paul contacted me a year after our last session. He was distressed and asked for an urgent appointment. A misfortune that was not his fault had led to him letting down a friend, financially and psychologically. At our meeting the next day he informed me that his shame and humiliation was overwhelming, he had spent the night wrestling with his suicidal thoughts and his murderous feelings towards his ex-wife. He was able to experience his fantasies and not act. During our time together he made an action plan and began to see a way out of the problems. He reported to me some weeks later that he was back on track.

## Reflections

It is with gratitude that through my psychodrama training and my psychodrama practice, I am dedicated to my own development through peer and hierarchical supervision. Applying psychodramatic principles to my own life assists me to be a more tolerant and sensitive human being. These disciplines have led to role development and life skills enabling me to work with people who have complex life situations.

Having continued to refine my abilities to role reverse with a wide range of people, my capacity to have mutual, respectful relationships has improved. The therapist is a 'tuning fork' who is finely pitched to resonate, then to draw on their learning and life experiences, and then respond adequately to situations that emerge during a therapeutic encounter. In my

work with Paul, and with countless others, I have observed and experienced that the strength of tele and encounters facilitates role development.

As I consider my meetings with Paul, my first memory is of the pleasure, humility and joy I gained from this work. The second is how easy it is to forget the importance of the encounter that is created by two people involved in human relationships and that, "through direct expression, we are able to achieve living encounters that leave lasting impressions." (Clayton, & Carter, 2004. pp203-205).

Following his explosive abreaction Paul seemed to integrate my mirroring when I said, "You are a good man Paul, I can see that you are a loving father and you want the best for your kids. You want your children to have a better life than you had."

My response came from the depth of my being and I felt warmth and love for him. At that point he began sobbing and I continued to sit with him, and our gaze met. I could see the transformation taking place as he softened, as he felt his own and my humanity.

Paul's crisis unleashed past trauma and grief and, as a psychodramatist, I was able to make therapeutic interventions to assist him to resolve past concerns and to develop new responses to life situations.

Paul experienced a "corrective emotional experience" (Hartman and Zimberoff, 2004 pp3-8) that enabled him to become unified in himself — "thinking, feeling and acting in the 'here and now'."

The encounter created a fluidity of Paul's psyche: "The reworking of old situations aided social atom repair." (Broom, 2010, p. 18). New and fresh responses to life situations began to emerge. (Clayton & Carter, 2004)

During meetings with Paul we continued with mutual respect for each other. Despite his panic and pain I kept a kind, patient and generous spirit that assisted us to find enabling solutions. Encounter and role reversal enabled this result and I think the previous cathartic encounter established positive tele that led to our compatible working relationship.

In further sessions Paul and I discussed his hopes and plans. He began to put his life in order. We met as equals and the sessions were uplifting. Together we met as creative geniuses: wise, creative and spontaneous as Paul grappled with his life. A doctor who recommended further sessions for his patient commented, "I am requesting further sessions for Paul this year. This is the first time Paul has responded so quickly to treatment, it appears that he has a very successful therapeutic relationship. I strongly recommend further treatment sessions."

The difficulties with relationships due to the lack of attachment (Bretherton, 1992, pp. 759-775) and the absence of a primary carer throughout Paul's life began to diminish. His adequate roles developed and were strengthened through our mutually positive, robust, companionable relationship.

During the meetings with Paul we formed an attachment of trust and mutual concern. This provided the beginning of social atom repair in relation to his lack of attachment and limited parental guidance, nurturance, love and affection. The result of this lack of attachment had been a chaotic life that had plagued him.

The principles of crisis intervention (Pilar, 1990, pp. 121-40) were useful with Paul as he would arrive at the clinic in a predicament requiring urgent assistance. By working in the moment during a crisis, interventions were successful as Paul was less guarded and defensive, his psyche fluid and flexible.

What I discovered, when working with men at the Drug and Alcohol Centre, is that the truth was revealed when we had meetings that included encounter. Despite their addictions, criminal records and traumatised childhoods, these men contacted the truth of their human spirit; they became, in the moment, beautiful, sweet, kind, compassionate human beings.

The bond and the positive tele that had developed during our therapeutic encounters had assisted Paul to reach out and seek assistance and find new responses to old situations. He reported that he had formed relationships in his neighbourhood and was involved in shared childcare and assisting with repairs and renovations in his community.

It has been a memorable experience to enter the world of Paul as he caught his falling stars. My hope is that he will not let them fade away. Or when they fade, he will retain an ability to bring vitality, dreams and imagination back into his life.

The combination of clinical experience and research during the writing of this paper has led me to understanding further the fundamental concept of encounter, which is a foundation of the psychodramatic method, and how strongly it is required in the therapeutic relationship.

Following the history of the word 'Encounter' adds to an understanding of Moreno's philosophy. His acute interest and passion regarding human beings was grounded in a vision of each of us learning to understand and to connect with each other.

The way I see it, encounter is a concept that contains a vision for the world, a vision of people connecting with each other mutually, with love, honestly, spontaneously and creatively.

You meet and you get each other.

This paper was written as a result of a peer group of psychodramatists, Kate Cook convener, Peggy Cook, Neil Hucker and myself. Our focus was to translate aspects of our work hoping that this would lead to other professions understanding our contribution to psychotherapy. We presented our work at an AANZPA Conference 2014 and at the International Group Psychotherapy Conference in Croatia in 2015.

Many thanks to all my colleagues who have been my guides and companions.

## Note

Thank you to all the 'Pauls' I have met during my work. This Paul is made up of men with similar life situations and with common interpersonal difficulties. They all progressed and developed in their ability to build a meaningful life. Names and identifying details have been changed throughout this article to protect the privacy of the people involved.

## REFERENCES

- Broom, J. (2008) Protest, Clinging and Withdrawal, Attachment Theory and the Origins of Coping Strategies, *Unpublished AANZPA Thesis*, AANZPA Inc.
- Bretherton, I. (1992) The Origins of Attachment Theory, John Bowlby and Mary Ainsworth, *Developmental Psychology*, Vol 28, no. 5. APA.
- Clayton, M. and Carter, P. (2004) *The Living Spirit of the Psychodramatic Method*, Resource Books Auckland New Zealand.
- Hartman D. and Zimberoff, D. (2004) Corrective Emotional Experience in the Therapeutic Process. *Journal of Heart-Centred Therapies*, 2004, Vol. 7, No. 2, Heart-Centred Therapies Association.
- Moreno J. L. in collaboration with Moreno Z.T. (1959) *Psychodrama Second Volume, Foundations of Psychotherapy*, Beacon House, Beacon. NY
- Moreno, J. L. (1969) *Psychodrama Volume 3: Action Therapy and Principles of Practice*. Beacon House.
- Moreno J. L. (2011) *Autobiography of a Genius*, North West Psychodrama Association.
- Moreno J. L. and Moreno Z. T. (1959) *Psychodrama Volume 2 Foundations of Psychotherapy*. Beacon House. Beacon.
- Moreno Z. T. (2006) *The Quintessential Zerka*, Routledge Taylor and Francis Group, London and New York.
- Pilar P. (1990), *Introduction to the Theory and Practice of Crisis Intervention*, Journal Quaderns de Psicologia.
- Treadwell, T. (2014) J. L. Moreno: the pioneer of the group encounter movement: the forerunner of web-based media revolution. *Zeitschrift fur Psychodrama und Soziometrie* <https://link.springer.com/article/10.1007/s11620-014-0241-1>
- Vance P. and Pockriss, L. (1957) "Catch a Falling Star" is a song best known and was made famous by Perry Como's hit version, recorded and released in late 1957.
- Waldl, R. (2005a) J. L. Morenos Einfluss on Martin Bubers Ich und Du. (J. L. Moreno's influence on Martin Buber's I and Thou). *Zeitschrift für Psychodrama und Soziometrie*. Sourced from: <https://blatner.com/adam/pdntbk/BuberMoreno.html>. Also on internet in the original German <https://www.waldl.com/resources/downloads/2006-Thesis-Begegnung--J.-L.-Morenos-Beitrag-zu-Martin-Bubers-dialogischer-Philosophie.pdf>
- Waldl R. (2005b) The routes of encounter within psychotherapy: the influence of J. L. Moreno on the dialogical philosophy of Martin Buber. *Rev. bras. psicodrama* [online]. 2012, vol. 20, no.2. ISSN 2318-0498. Sourced from: [http://pepsic.bvsalud.org/scielo.php?script=sci\\_abstract&pid=S0104-53932012000200006&lng=en&nrm=iso](http://pepsic.bvsalud.org/scielo.php?script=sci_abstract&pid=S0104-53932012000200006&lng=en&nrm=iso)



**Annette Fisher:** Psychodrama Trainer Educator Practitioner. BA Visual Arts with Hons, BA Occupational Therapy. Annette is a psychodramatist with a private practice seeing individuals, families and couples and is a consultant to a variety of organisations. She has been a psychodrama trainer for 35 years. She is also involved in an art practice, exhibiting and publishing her paintings and photography.  
[annette@annettefisher.com.au](mailto:annette@annettefisher.com.au)

# Gifts of Encounter at Death's Door

TRISHA BENNET

## KEY WORDS

auxiliary, death, doubling, encounter, flow, healing, Moreno, nursing, patient, psychodrama, relationship, spontaneity-creativity, tele, vulnerability, Zerka Moreno

Acute vulnerability, rawness, honesty, courage and depth all coexist and surface in the journey towards death.

*"I don't want to die!"*

*"It's not fair, I've done everything right." "I was not expecting this!"*

*"I'm not ready!"*

*"How can I leave them?" "I'm really afraid!"*

*"I can't even think about it!" "It's too much!"*

*"You wouldn't treat a dog like this." "This is their fault."*

*"Go away."*

Embedded in each of these statements are offerings that communicate 'what is' for the person, each of which may lead to encounter.

I know that Moreno's emphasis on living fully connected engaged lives holds the essence of what is important for all transitions, including that of death. Although there is scant direct reference to death in Moreno's writing, his certainty about our capacity to grow, regardless of what life throws at us or where we are in our life journey, is demonstrated in the richness of clinical examples he left in his writing.

So, first and foremost, this paper is about encounter. More specifically, it's about my understanding of Moreno's call towards encounter, which I believe is a challenge to put as much of ourselves into our lives as we can muster to be available for the healing that encounter offers. This writing is an invitation to warm up and enter these offerings, with curiosity and openness. It demonstrates clinical examples of using psychodrama theory and methodology in one-to-one therapeutic sessions in the hospice setting.

## So, what is encounter?

I appreciate Zerka's simple clarity in explaining the meaning of encounter. She communicates it being a fully embodied, here and now, active process

of engagement. "Encounter means that the two persons not only meet but also experience and comprehend one another, each with his whole being..." (Moreno, 2006, p. 209).

Moreno's clinical examples demonstrate psychodrama as an active methodology. This emphasis serves to breathe life into psychodrama theory. Following his example, I move straight to the stage where action takes place and follow these clinical examples with theoretical discussion. (NB: Attention has been given to ensure client confidentiality)

### **Ada: Warming up and entering the unknown.**

I received a referral to see 80-year-old Ada, apparently "shut down" and "not engaged" with staff who were trying to assist her. Ada was bedridden with a painful, smelly, disfiguring, fungating tumour. Her physical pain had improved with medical input.

I had previously introduced myself to gain consent for contact and an initial experience of her. During this time, I asked her a little about the life she lived and discovered that she lived alone, spending much of her time in solitude in her beloved garden. Ada enjoyed visits from her three adult children who

lived out of town. She expressed a sad acceptance that their relationships were strained, so they never visited together. I had left the room having organized a time to see her and felt heaviness in response to her flattened affect. My sense was of a woman in touch with nature and family relationships which were sources of comfort and life to her. She valued life and was capable of social interaction. It was apparent that something was prompting a primitive response in her.

As I prepare for my second contact with Ada, I notice my blankness. I have no idea how, or if, I can assist her. Unusually, I am troubled with feelings of anxiety as I contemplate being with her. It seems important to settle myself. Listening to this prompt, I walk quietly in the garden and consciously breathe in the stillness and life that is present. I notice the Kowhai tree and am drawn to its buds, just beginning to burst. Thinking of her, I pick a small twig, the flowers unfolding flesh quietly stand out. I am conscious of my bodily response to Ada and my wish to be as present and available to her as possible.

I enter the room and pull a chair up close to Ada's bed and give her the flower. I say, "I was walking in the garden out there thinking of you and saw this flower."

We begin to talk about her garden and her life.

Ada says very little, and I match her level of responsiveness.

Staying calm, I remind myself that my role is to sit alongside her and resist the urge to try to fix anything.

We wander together around the garden in her mind with several pauses.



Eventually Ada says, "How can you stand being near me?"

Feeling the full force of her disdain, for her tortured body, as a painful tension in my chest, I respond,

"What is it like for you that your body is like this?"

Her eyes well with tears and she continues, "I don't know how anyone can do this."

I respond, "This is torture for you...it is hard to know yourself anymore when this is happening to your body."

Looking downward, she nods, remains wordless and full of feeling.

I pause, then I say, "It is hard to imagine that anyone could stand bearing what you have to bear". Listening to the prompt of a childhood memory I continue, "Sitting here with you I am remembering being outdoors with my mum when I was little."

I speak about my mother walking with me in the paddock, noticing and pointing out the beauty in what were considered weeds. Her ability to see goodness and convey her depth of contact with the natural world somehow seems relevant to Ada right now, as we are talking about this tumour that is taking her life away.

This very private woman then speaks directly about her embarrassment of needing staff assistance with this smelly tumour.

I continue responding to her, "You know, us human beings are designed to need and help each other. Sometimes it is easier to be the helper than the one that needs help. I know that this is true for me too."

Ada visibly relaxes and we return to speaking about the garden before I take my leave.

Following this brief encounter Ada allowed her 'physical cares' to take place and engaged with staff. I believe Encounter between Ada and myself occurred when we allowed each other to be seen.

### **Edna: Doubling and being a full auxiliary to facilitate the encounter in a single meeting**

The nursing staff had referred Edna. They had been struggling with her constant demands and concerned about her agitation and anxiety.

With this in mind, I enter her room. Her frailty and anxiety immediately 'hit me'. I introduce myself then quieten myself and sit still for a few minutes. I notice an ease between us, even though no words are spoken. Listening to my body experience in her presence, words emerge in my mind. I then double her saying "I'm frightened...I don't want to die".

Edna responds, "I don't want to die twisted up in my face and hands and be like that forever". I enquire about what makes her think this might happen.

She explains her experience of seeing her grandmother at death when she was a child. I say, "So, you don't want to die like her, all twisted up?"

"No", she replies.

Noticing the pad beside her that has unrecognizable scribbles on it, I ask, "Do you want me to write that down for you?"

She nods and I speak her words clearly as I write, "*I do not want to die all twisted up in my face and hands and be like that forever*".

I invite her to sign her words; she does this with a tiny scribble. This simple action leaves her deepest wish visible for all to see. Once written, her words sit clearly in the world and fully in Edna.

She then asks for one of her cigarettes and says, "Now I can relax." I smile and nod, feel the ease settle in my own gut and am heart warmed by this tiny interaction.

Staying in relationship we voice our mutual respect. She says, "You are a special woman". I respond, "It takes one to know one".

I offer her another time in a few days. She agrees, adding "If I'm here", as she reaches out and kisses me in farewell. We both know she might not be alive by our next scheduled meeting, and indeed...she is not.

### Creating the conditions for the possibility for encounter

The psychodramatist's fully embodied self, through encounter, is required to bring communication fully to life. Thus, healing occurs in the space between the two individuals. The self through encounter is a primary therapeutic instrument.

I understand healing through encounter to encompass and utilize information that is interpersonal (telic), intra psychic (in the mind and spirit) and auto telic (tele of one's self), where the interaction of these forces forms the healing dynamic. I bring qualities into the room (including thoughts, feelings, insights, energy, spiritual flow), that are present within me (conscious and unconscious). What I am warmed up to is in the foreground. This sits together with whatever is in the person (protagonist) and what s/he is warmed up to. Where I sit has an impact on the quality of what is possible and the warm-up of the person I am with. "Bodily contact...most indicated if it gives the patient the warmth and immediacy of pulsating life in an area in which he is in need — not only in words, but in action." (Moreno, J. & Moreno, Z., 1969). Like standing on the physical stage in classical Psychodrama, close proximity communicates that work is about to take place. I pull a chair as close to the person as my reading of the telic information will allow me. Where possible, I ensure that proximity enables physical contact. Verbal interaction emerges from the reflective space, intentionally prepared prior to entering the room, and then allowed once contact is established in the room. What I notice in my body and mind in response to the person is verbalized.

Encounter occurs where meeting and flow is created/allowed between two individuals. In this flow, verbal and non-verbal information is

communicated. In essence, there is an interplay of tele, intra psychic information and auto tele.

The encounter is an active, conscious and exacting process requiring attunement to self and other. Willingness to be alongside, to feel and tolerate one's own responses and those of the other, is required. This includes observing our own coping responses. When we stand on the psychodrama stage, we are not separate observers, empathic helpers, or curious reflective listeners. Psychodrama's intention is to be with and in; to double fully and be a dynamic, full auxiliary for the person while knowing the healing potential of the encounter.

This calls for boldness, imagination, risk taking and effective listening, including attention to feeling tone, subtle body language and energy shifts. It requires trust and giving voice to emerging unspoken communication; physical and emotional responses; hunches; images, sayings, song ditties and other prompts. These all emerge as auxiliaries in the work. Authentic responses in the here and now can emerge as laughter, tears, worry, anger or tenderness, agony or terror or possibly sorrowful farewells.

Contact beyond the superficial is only accomplished if we are settled and this is articulated in our demeanour. When sufficient availability is communicated then connection is possible because fear, busyness etc. do not form the foundation of the contact. When we listen and deeply respond to someone's sharing in our work, there is an unspoken subtext that says, "I can't go with you, but I can be with you now", separate from you and not separate from you, in the encounter where we both experience something of the essence of each other. Zerka Moreno describes this well when she writes of the double experience, "they are fused and separate and fused again" (Moreno, Z., 2006, p. 52).

Zerka Moreno (p.209) was clear about the necessity to not pre-empt the work, but to allow it to surface. She states, "The encounter is unprepared; it is not conducted or rehearsed in advance". More specifically, she reminds us that a "...predetermined course of action would prevent spontaneity for the patient, reduce the tele flowing from the patient to auxiliary and furthermore throw the ego off the therapeutic track" (p.39). Trusting our clients and using the method assists us to see through the dross to the heart of the matter sitting in front of us. When we make space for the encounter the layers of what is communicated are available. For example, in a client's withdrawal or fussing we may discover what else is irritating or worrying, what is avoided or what is difficult to bear.

Moreno understood the impact of full connection in relationships and how encounter addressed suffering. Our challenge is to stay alert to moments of disconnection, in ourselves and others and attend to what is discovered with spontaneity and creativity, to enable contact to be meaningful. *Through psychodrama I have realized the primary task of all therapeutic work is to 'be with',*

*to settle myself, notice with all my senses, listen for what is spoken and what seems unspeakable, or intolerable to bring to life what is discovered.* It takes courage and honesty to go deeply into work where terror and fear sits. To do so requires living a considered, vital and full life myself and importantly that means, to have also discovered the necessity for compassion towards my own fluctuating capacity and personal limits.

## REFERENCES

- Moreno, J. L. and Moreno Z. T. (1969). *Psychodrama Volume 3: Action Therapy and Principles of Practice*. Beacon House.
- Moreno, Z. T., Horvatin, T., & Schreiber, E. (Eds.). (2006). *The Quintessential Zerkas: Writings by Zerkas Toeman Moreno on psychodrama, sociometry and group psychotherapy*. London & New York: Routledge.



**Trisha Bennett** is a psychodramatist, counsellor/therapist, mother of three, grandmother to nine mokopuna, grateful companion to her beloved friends, sister and advocate to her LGBTQI+ whanau, artist, lover of life and determined seeker of depth and connection. She is currently working in private practice after a long and rich period of work at the hospice where she discovered a depth of treasure longing to be brought to life.

# How Psychodrama Helped Pop My Creativity Cork

ROWAN JEFFREY

Almost anyone can write, but at what point can you call yourself a writer? I enjoy writing but I've always struggled to perceive myself as a writer, at least outside the safe confines of the academic arena. Academic writing is my safe space where the rules of specificity, clarity, formality and evidence dictate the tone and credibility of your work. I make my living supporting others to write effectively in this style, as an avenue for achieving their learning goals. Quietly though, I've harboured more expansive writing objectives.

My creative aspirations started as a 10-year-old, when a short story I entered in an Arbour week competition (featuring a dialogue between Mrs Douglas Fir and Mrs Radiata Pine, no less) was broadcast on Nelson radio. I still remember the warm glow of hearing my words come alive on air. It was a success sadly never repeated, despite numerous efforts to develop my creativity. Looking back, I was trying too hard: attempting to be literary, searching for subjects, when in truth I really didn't have a style or anything particularly significant to say. Life was also busy and self-confidence low. I spent too much time "waiting for inspiration's shove or society's kiss on (my) forehead" as Susan Sontag puts it (as cited in Militello, 2003). Caring too much about others' perceptions has been a lifelong theme. Over-developed role, anyone?

Over the past decade I've experienced several life-quakes that shifted my groundedness. One of these was my father's devastating stroke in 2017, an unforeseen calamity that left him in hospital-level care in a retirement village. The consequences have often felt overwhelming, as dad's health deteriorated and our family faced a compounding series of crises. Often, I wondered what to do with my extreme emotions. I didn't know how to carry the guilt, grief, anger and pain; how to contain them and the troubling questions they raised for me and my life. That's when I started to write again, to find words to express and hold the emotions and questions, to help me to live with them, rather than be consumed by them. I was also aware that we wouldn't be the only family facing such a traumatic experience. I wrote a version of dad's story from his perspective in creative non-fiction form, shared it with some friends who gave positive feedback, and that felt amazing. I thought that was it, all wrapped up. But no.

In 2020, I restarted psychodrama training after a 27-year gap, Covid-19 struck, and coincidentally (or not) I became a poet, of sorts. Yes, the role is

still emerging, and I struggle to claim it. Nevertheless, as lockdown progressed, I wrote and wrote and wrote. The condensed form of poetry seemed achievable, even with my fulltime work and parenting. And I haven't stopped, though the output varies according to my commitments and level of emotional agitation. It's not all good writing — I have a large trash can — but enough of it meets my standards to make me smile. When I get the writing urge, the process of finding the “right” words feels gnawingly obsessive, then wonderfully therapeutic when it works.

So why do I claim that psychodrama popped my creative cork? Because, on reflection, I consider my poems mini-psychodramas in which I create vignettes, direct scenes, engage in dialogue, soliloquys, role reversals and role training, as I attempt to make sense of my turbulent social universe.

### Taking a director role

Through poetry, I explore significant moments by creating scenes with dialogue, depth and role reversal. Often, they explore my changing family atom, within a sociodramatic medical context. In *D-word* I explore my parents' current situation, we say things we sometimes haven't said, and maximise their expression to convey the emotional force of the experience.

#### D-word

My 90-year-old dad asks why  
his parents haven't visited.  
They passed away long ago, says mum.  
His expression is puzzled, then outraged.  
Why was I never told?

It's a stage of dementia, says the nurse  
and mum's face scrunches.  
That's the first time they've mentioned the d-word  
she says later.  
No mum, remember the doctor did briefly -  
that day you cried?

It's the sneaky way this d-word arrived  
that's perplexed her.  
It's not the kind of word  
that should just drop in.  
Who made that diagnosis? When?  
Wouldn't a wife be told?  
Have things explained —

what to expect?  
how to cope?

After all  
it's not a word she's too frail to carry  
having trudged the perilous path  
of caring for four long years.  
The day-to-day fray of it carves at her  
as slow rivulets of decline strip away  
conversation, empathy,  
interest in people, activities,  
and in her.

Yet he calls and calls her name, desperate  
to keep her in view.  
I'm in the toilet, she snaps.  
Is this the day everyone leaves me? he whispers.

We speak of being prepared for the other d-word, death.  
It's okay, she says, I've already grieved.  
It's not death that scares me.

None of us ever expected to be in this situation, yet here we are, now year after year, facing the unthinkable and surviving. Is that not what psychodrama teaches us?

### Auxiliary role and role reversal

By doing the work of writing, I believe I have become a more useful life auxiliary for family members, especially my parents. The act of role reversal is one of recognition and relationship: I role reverse with you in order to *see as you, feel as you, empathise with you*. In *Complaint*, when I role reverse with my father, who has so little autonomy, I'm mirroring his anger back to him, and doubling him by affirming his absolute right to say the unpalatable and refuse to accept the intolerable. Containing my emotional response to his despondency through poetry frees me to fully engage in our face-to-face interactions; to listen to him, respond fully, and hold him even as he sobs or rages... though I still sob with him.

### Complaint

Death  
you've come too late  
I'm long past my best.



You could have had me by the feet  
in a fast-flowing river  
high on a mountain trail  
that time I stumbled  
caught my pack on a rock  
struggled to be free.

That would have been an adventurous death.

Or the time I painted the roof aged 84:  
a simple slip would have done it then.  
Or you could have had me on the road  
outside Wellington railway station  
when a car's bolshie horn made me hit  
the tarmac.

I could have coped with an accidental demise.

But no, you messed up  
and I've paid the price.  
Now you owe me  
Death.

My stoic mother tends to understate and avoid situations and emotions that are too stressful and confronting. She used the phrase "perfect afternoon" and described the experience below in such a light way that it felt like a stomach punch. I started writing this poem the moment the phone hit the table.

### Perfect afternoon

On the perfect afternoon  
you returned to me  
I looked into your face and your old eyes  
looked right back  
at me.  
And for two unseasonable sunlit hours  
we re-lifted our unfinished book  
taking turns to select and read  
from its most worn pages.  
Your face was soft again with pleasure  
and I bathed in waves of wonder  
at the small familiar.

Breath flowed freely  
in and out  
of our chests and our shoulders  
dropped  
into soft companionability.

On the perfect afternoon  
our locked eyes stretched to shatter-point  
as they wheeled you away from  
me, left gasping  
rocking back, forward, back, forward  
punishing my pillow for the knowledge of you  
still in there somewhere  
while darkening sky  
enveloped me  
and my shoulders ached to know -  
will we ever meet again?

Nobody tells the full story of dementia and its many-faceted cruelties. By reversing roles with my mum, I pay full attention to her everyday pain. She is the one experiencing the cruel loss of a 60-year relationship and she needs my support. My compassion and pain are written into every line and for now that gives me strength.

### Role training

My re-immersion in psychodrama is helping me to accept, even celebrate, the joy in writing and to care much less about outsiders' views or assessments. The act of writing is developing my role of confident (and shameless) self-expressor and helping me to find and trust my own voice.

### Lost and found

Strange phrase —  
finding your voice.  
As if you were combing the shore for  
beautiful shells  
and came upon it  
nestled in the knots of an old  
piece of driftwood dribbled with  
glints of sand and the broken claws  
of a crab. And you thought  
what's this rusty old thing  
discarded and disowned?

Cleaned and polished would it have  
any use?  
And if it spoke its truth  
would it have something  
of worth  
to say?

Yes, I answer now, regardless of what others (including you) think. That assertion is bewitchingly liberating. The lessons of psychodrama are helping me to inhabit the voice that I (and only I) own, and to reject prescriptive rules or standards that don't suit my creative and emotive purpose. While I admire those who perfect the art of literary poetry, sometimes I lose patience with their artistry, especially when it requires too much prior knowledge (or the use of an encyclopaedia). I don't need or desire to be a literary poet. My objectives in any genre of writing have always been communication and accessibility.

I would like others to share and enjoy my poems, but it's not essential. I write them *for* myself because I write *myself* and *my life* through them. A poem is finished when I recognise it, when the words create an emotional story that sings to me, that expresses me. My motivation to share is excitement — like a big kid: look what I've created, does it sing to you too? My audience is myself and anyone with emotional common ground.

Thank you psychodrama, I now call myself a writer.

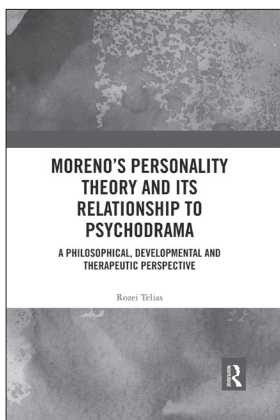
#### REFERENCE:

Militello, C. (2003). Commencement 2003. *Vassar* 99(4). Sourced from <https://www.vassar.edu/vq/issues/2003/04/features/commencement.html>



**Rowan Jeffrey** is a Scottish-born Kiwi who grew up in sunny Whakatū Nelson then made Ōtautahi Christchurch her home over 30 years ago. She is currently a psychodrama trainee and the Acting Manager of Learning Services at Ara Institute of Technology Ltd, a subsidiary of the national vocational training body Te Pūkenga. She lives with her fox terrier Suzy and her twin teenage boys.

# Book reviews



*Moreno's Personality Theory and Its Relationship to Psychodrama: A Philosophical, Developmental and Therapeutic Perspective*

By Rozel Telias

Routledge, London and New York.

2019

Reviewed by David Oliphant

I am grateful to have been asked to review this book. I hesitated at first. Although I have been around Psychodrama circles for around twenty years or more, I have never qualified. But I feel some sort of connection with Moreno. I had a big experience of what I believed was God in my early twenties, and I lived in shame of my megalomania; until Moreno came along. It has fascinated me that when he had the experience that led him to write *The Words of the Father* he gave up on religion; when I had my experience I gave up on atheism and took up religion. He said that he had found God without religion and eventually I came to see that perhaps I had also. I began calling myself a secular religionist. I have Moreno to blame for this. So you see, he is quite special to me.

I am grateful also for Rozei's book. It has sharpened my own thinking, and since reading it a number of important ideas have fallen into place. It is a big book. If you are looking for a simple handbook on psychodrama methodology you would be better served elsewhere; but mind you this is not to say that there is not a wealth of insight and discussion about psychodrama methodology in this big book. There is. But Rozea is raising much more urgent issues for her, like the future of Psychodrama. It has become lost in therapy, she thinks, and worse still it has cut loose from being a method based on theoretical principles. "In other words, in this day and age, psychodrama is praxis without theory, and almost nobody bothers reading the works of Moreno anymore." (Telias, 2019, p.2)

In fact the situation is such, in her mind, that she thinks Psychodrama actually needs saving. "Converting all concepts into a theory that may be empirically studied is the basis which may serve as the anchor for saving psychodrama — theoretically and practically." (p. 24)

That is the main thrust of the book, to re-work the theory behind Psychodrama in a way that is true to both the full scope of his work and to

the man himself, so that the practice can be revitalised and reformed and given a proper theoretical basis. What Moreno left is a mess! You can't tell where the theory ends and practice begins. He uses the same concepts for all levels of his thought, from the Cosmos to personal therapy, from God to fragmenting role players. Little wonder the method has got cut off. But the situation can be saved, and when it is Psychodrama will be more readily welcomed and accepted in the world not only of therapy, but also the worlds of developmental studies and philosophy (if not theology even). But we must start with the theory, the big theory, and settle that; and from there we can stimulate, renew and refine the practice. That in a nutshell is her agenda.

Make no mistake, Rozei's vision is big and inclusive. She presents,

*the hypothesis of the cosmodynamic man, who operates on many spheres: personal, interpersonal, familial and social, and is involved in the dialogue with God, which is spontaneity's universal principle in both the philosophical and developmental aspects. The hypothesis aims at understanding the human organism as a being creating his own identity as a role player. (p. 134)*

I can only admire and be grateful for her taking on such a big and worthwhile challenge. It has re-awoken something similar in me, from reading her book. But we each will have to make up our own minds as to how successful we think she has been in realising her agenda. After both my first reading, and then my careful picking through and marking 'bits and pieces', I felt that it was all still a work in progress, however important. I wondered if she actually thinks that also, that it is a work in progress. On the very last page she writes,

Moreno made many contributions, yet they are to be examined according to the rapid changes occurring in the world in which we live, rather than as finished works. In the author's opinion, Moreno's work should be the foundation upon which the rest of the psychodrama method is further constructed. All Moreno's insights — philosophical, theological and scientific — are to be brought together and integrated into one, coherent image, as though from the viewpoint of Moreno himself. Thus, a full image of Moreno, and his work will be formed, serving as the basis for its continued development. That was the purpose of this book and, hopefully, it has been achieved. (p. 184)

So let me raise how I think what Rozei has done might be progressed further, if I am right in what I say. I think all my points interrelate, but I start with the less significant in my mind to the more.

I think more should be made of the importance Moreno places in the idea of 'responsibility'. If you have not been aware of this or have doubted it, have a look at one of his last publications, *The Religion of God Father*

(Moreno, 1972) in P. E. Johnson's (Johnson, 1972), *Healer of the Mind: A Psychiatric Search for Faith*. In fact, I would (humbly!) suggest this is essential reading for any serious student of Moreno. I think of Moreno's commitment to responsibility as the antidote he needed for his megalomania and the serious side of his claim to be God, something he believed we can and should all share in as we access the spontaneity and co-creativity of the Cosmos. All the more so now since the Second World War when most cultures around the world have accepted that every Tom, Dick and Harry has rights; while virtually no one says anything much about responsibilities.

I also think a lot more needs to be said about robots. Rozei certainly deals with them, but not with the urgency that I think Moreno felt. There is something crucial to grasp here that is about both Moreno and our culture. We are far more entrapped in our technology, conserves and robots now than we were in Moreno's time. He was fully aware of the danger and what it meant ultimately for spontaneity and creativity, but I am not sure he had the science and the philosophy clear enough in his own mind. Like most thinkers of his period, he, at least at times, wanted his thought to be considered as science. The idea that science, as it had developed in our modern world, has boundaries was only just seriously appearing, and even though now we are more aware of it and even talk about scientism and other such delusions, the capture by science and technology of our world and its cultures is still just about complete. And despite quantum theory, the prevailing philosophical background we still all inhabit is the dualism of mind and body, matter and psyche that was bequeathed to us by Descartes and was capitalised on by modern science. It has become a yawning gulf that the bulk of people are unaware of; yet we all are having to adjust to the consequences. Robots abound, but this is just the beginning of what nanotechnology and artificial intelligence promise. The morning after I first wrote this the Guardian published a piece entitled: *Robots may soon be able to reproduce — will this change how we think about evolution?* (The Guardian, 2021) Our self conception has been divided now for a long time, and subjectivity and mind increasingly subsumed under body and matter. The reality and freedom of our inner being is at stake unless we can re-conceive ourselves in a way that asserts the unity of body and mind.

It is vital that we see, and I believe Moreno would now back me, that science cannot bridge this increasing gap between psyche and matter, mind and body. It is not within its bailey-wick. Science is a reflective process around matter of fact and means. It produces either a type of knowledge that resolves in being used in technology, or theoretical hypotheses that remain waiting connection with the empirical for validation. On the other hand, the Arts are reflective processes around feelings and values; ends rather than means. Moreno knew this well. If Kant and the Romantics are right, all forms of knowledge are dependent on imagination, but particularly

the Arts; so much so that more modern Romantics such as Owen Barfield believe that the aesthetic judgement, through a philosophy of the evolution of consciousness, can close the gap between subject and object, mind and matter, the one intermingling with the other in what Barfield called 'participation'. This requires a freely flowing imagination. I think this actually happens in good psychodrama, and I can hear Moreno saying 'See, I told you so'. But like the reasoning reflection of science, the aesthetic reflection of art is still a withdrawal into mind, a contemplation that since the Greeks is the basis of theory, *theoria*. It can stay in the mind, as it does for most philosophy in our tradition, or it can be projected out into practice as it does in the sciences and the arts. But the practice will be the creation of conserves and, now, robots. It will not be encounter and the experience of spontaneity and creativity.

This brings me to my main point. In the Cartesian dualism, theory comes before practice. Rozei writes entirely within this paradigm, despite knowing full well how important action was to Moreno. Get the theory right and proper action and practice will follow. Moreno on the other hand knows, I think intuitively that goes back to his earliest experiences playing God, that practice comes first. Look at Jesus and Socrates. Trust yourself to the encounter and reflect on your actions as you need, to change or enhance or diminish your presence and interaction. This is how it was in the beginning long before the Greeks. Practice came before theory, not theory before practice. This is why I think Moreno is so significant in the unfolding of western thought. Intuitively he closed the gap between subject and object, mind and body. When he acted his whole being, mind and body was involved as one, and the magic ingredient in this was the unpredictability of spontaneity and creativity, offspring of the productive imagination, 'the blind art in the depths of the soul' and at the heart of the Cosmos. But I don't think his thinking fully grasped his intuition and he kept falling back into the old paradigm of the Cartesian dualism.

The problem is, and this is where I think Rozei perhaps comes unstuck, that we can talk and theorise about action without actually doing it. For instance, Fichte in his major work begins with the assertion, 'In the beginning was the Act'. But as one commentator remarked 'this 'act' turns out to be an act of *consciousness*, and its objective the theoretical and egocentric one of complete self-consciousness' (Macmurray 1957, p.11) It is still all in the mind. It is theorising about action from within the Cartesian paradigm. But not only Rozei does this; a good deal of The Philosophy of Action, which includes some significant thinkers, is still largely in this paradigm. But there is at least one philosopher, who in his own way is as unrecognised in the mainstream as Moreno, who could see that to fully close the gap we have to learn to *think* from the point of view of action. Because when we act and not just behave our whole being is involved, body, mind and all. This is when



we are fully ourselves, not split between mind and body. This philosopher is the Scot John Macmurray. His magnum opus was the Gifford lectures entitled *The Form of the Personal* (Macmurray, 1957), published in two volumes, *The Self as Agent* (Macmurray, 1957), and *Persons in Relation* (Macmurray, 1961). Macmurray thought deeply about the human condition from a new philosophic paradigm that breaks free from Descartes, a paradigm that puts action before reflection, practise before theory, without negating the validity of withdrawal and contemplation in its own place. I think also that it is clear Moreno had gone into this very significant paradigm shift also at least in his practice. And his thinking was also coming around to it. At least by 1947 when he published *The Future of Man* (Moreno, 2013) he believed the locus of the Self was in spontaneity.

My thesis is, the locus of the self is spontaneity. Spontaneity itself is (1) deviation from the “laws” of nature and (2) the matrix of creativity. When spontaneity is at a zero the self is at a zero. As spontaneity declines the self shrinks. When spontaneity grows the self expands. (p. 19)

The links between Moreno and Macmurray are striking. Rozei lists Moreno’s therapeutic principles on page 21 of her book:

1. *Encounter means a discourse of ‘I’ and ‘thou’.* Macmurray believed we have to think of ‘I-You’ as the basic unit of our being, not the isolated ‘I’. This is dealt with in detail in *Persons in Relation*. Interestingly, Macmurray and Martin Buber met once in a long conversation. When they emerged, Buber said that he and Macmurray agreed on most things, but ‘Macmurray is the metaphysician, I am the poet’.
2. *Action.* This is dealt with fully in *The Self as Agent*. *All meaningful knowledge is for the sake of action.* This was the original experience before we began to withdraw into our minds to contemplate map things mathematically. This was a natural development and good in itself, but it took over and cut us off from our original interaction with and participation in the world and each other. We need to encounter each other and re-personalise the world.
3. *Transition from Individual to Group Therapy.* For Macmurray: *all meaningful action is for the sake of friendship.* We are meant for personal community. It is where in our interactions we learn and have the opportunity to become more open, self revealing and wise. Personal community is not only therapeutic, it enables personal growth and self transcendence.

If I am right, little wonder it is so hard, as Rozei asserts, to find in Moreno where theory ends and practice begins; but only if you want to put theory first. Put practice first and theory will always have to come out of it and go back to it, whether you are playing God or sorting out a social and cultural atom. The refinement of this theory then can only be brought about by

thinking from the point of view of action, and that is something we have to learn to do.

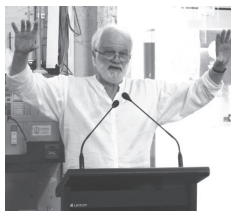
So there is the rub. If we want to take further what Rozei has achieved, I believe we have to 'cross the rubicon' and think through the implications for psychodramatic theory of thinking from the point of view of action. Moreno began with God and the Cosmos, went first to axiodrama, then to sociodrama and finally to psychodrama. Going to the theatre of therapy Moreno said saved psychodrama at the time. I think now the time has come to go back the other way, saving psychodrama again by going back to the Cosmos through understanding what we do from the point of view of practice that involves reflection that returns to practice. I think this may have some chance of realising Rozei's vision. Being able to put forward a group process in which we clearly understand and work with a unified concept of the self (or rather the *person* as both Macmurray and, at times, Moreno suggested) is of truly important cultural significance; training and growing people to live spontaneously and creatively with the robots.

It may not be as hard as you may be thinking. I suspect many of us are already doing it intuitively if not formally. Take the central idea in Macmurray's philosophy of reflection-in-action, an idea and process that is now talked about by other theorists. Rather than withdrawing into mind completely from action to think about what we are doing, we learn to reflect while we are acting, to adjust our intentions and motives in accordance with the reality before us. It requires a whole new trusting of the flow of our consciousness. It is the getting of wisdom, a form of knowledge the world so desperately needs. In more traditional terminology, when I reflect I am mind, when I act I am spirit. I am not just behaving, I am acting. I have definite motive and intention. To access mind while I am acting I have to trust what my psyche gives me in the flow. The more I trust what is given to me the more spontaneous and creative I become. I tap into my body and my inner depths. To get to this happy state, I no doubt needed therapy along the way to sort myself out and tame the 'baggage'. To be free spirit in the world is to engage other presences and spirits in different levels of encounter. It is to be Cosmodynamic, and to know I am. And I am is the ancient Hebrew name for God. That is where Moreno began.

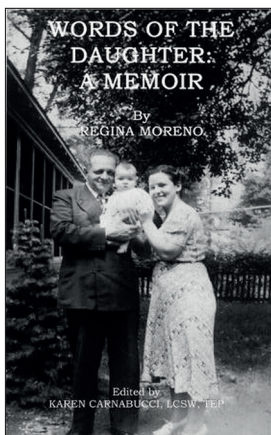
## REFERENCES

- Di Fuccia, M.V. (2016) *Owen Barfield: Philosophy, Poetry and Theology*. Cascade Books, Eugene Oregon.
- Hart, E. (2021) 'Robots may soon be able to reproduce — will this change how we think about evolution?' *The Guardian*. Sourced 23 August 2021 from <https://www.theguardian.com/commentisfree/2021/jun/21/robots-reproduce-evolution-nature-technology>

- Johnson, P.E. (Ed) (1972) *Healer of the Mind: A Psychiatric Search for Faith*. Abingdon Press, Nashville TN.
- Moreno, J.L. (1972) The Religion of God Father. In Johnson, P. (Ed.) *Healer of the Mind: A Psychiatrist's Search for Faith* (p.197f). Abingdon Press, New York.
- Moreno, J.L. (2013) *The Future of Man*. North-West Psychodrama Association, UK.
- Macmurray, J. (1957) *The Self as Agent: being the Gifford Lectures delivered in the University of Glasgow in 1953*. Faber and Faber, London.
- Macmurray, J. (1957) *Self As Agent* (Vol. I of 'The Form of the Personal'). Faber and Faber, London.
- Macmurray, J. (1961) *Persons in Relation* (Vol. II of 'The Form of the Personal'). Faber and Faber, London.
- Macmurray, J. (1986) *Religion, Art and Science: A study of the reflective activities in man*. The John Macmurray Society, Toronto.
- Telias, R. (2019) *Moreno's Personality Theory and Its Relationship to Psychodrama: A Philosophical, Developmental and Therapeutic Perspective*. Routledge, London and New York.



**David Oliphant** lives on the far south coast of New South Wales. He is a retired Anglican priest who lives and works with the psychodramatist Angela Young. Together with the sociodramatist Helen Kearins they run a Spiritual Care for Life program, training and supervising volunteers in pastoral and spiritual care using Action Method and Clinical Pastoral Education.



*Words of the Daughter: A Memoir*  
By Regina Moreno  
Lulu.com  
2021

Reviewed by Judith McDonald

*Words of the Daughter: A Memoir*, by Regina Moreno, recounts her growing up with the famous JL Moreno as her father. She is the only child, and daughter, of JL with his second wife, Florence

Bridge Moreno. The book traces the time in which her parents married, the family moved to and lived at Beaconsfield, followed by her parents' eventual divorce, after the years in which JL was having an affair with Zerka. Regina spent some unhappy time living with her mother, before returning to live with JL and Zerka, and eventually her brother, Jonathon, was born.

While Regina obviously adored her father, and craved his attention, the book focuses as much on her difficult relationship with her mother, who never got over the grief of losing her own mother at the age of six, a trauma that impacted their relationship significantly.

The book's strength, or rather the reason one would take the time to read it, is of course because it's written by J. L. Moreno's child. In my opinion, it's not a particularly well written book, but the fact that it is written by one of JL's children does give it enough of an interest factor for those wanting to know more about Moreno, and from another perspective. As such, it gives a unique window into this aspect of his life: what was he like as a parent? At times he could be attentive and engaging, but the memoir reveals his first priority was always his work. While he was undoubtedly brilliant, and his work at Beaconsfield trailblazing, a child's perspective is always unique and Regina suffered at times, known as the "girl from the nuthouse". She was often lonely as a young child too, and developed friendships with some of the patients at the sanatorium.

It is Zerka who emerges from this memoir as the person who perhaps the most consistently kept Regina and her needs in mind, despite the initial affair with her father, which precipitated the divorce of Regina's parents. Zerka initiated Regina's move, as a young teenager, to living with herself and JL, recognising the unhappiness of her home life with her mother, and Regina's longing to be with her father. Zerka too, included Regina in her and JL's extensive working European trip, a highlight for Regina.

This is a book any one of us might potentially write: charting the coming to terms with our childhoods, the facing into the ways in which

we have been both loved and let down by our parents, doing the work required in our struggle to understand ourselves and our relationships, and to improve them. Regina says it best: "I have come away with love for everyone, while also realizing and accepting their flaws and struggles. They were not perfect parents or perfect people, but I have loved them and they have loved me. "



Judith McDonald works in private practice as a Registered Psychotherapist. Her pathway to attaining her interim psychotherapy registration was by qualifying as a Psycho-dramatist. She enjoys walking, reading, semi-occasional gardening and getting away for weekends and holidays with her family and dog in their house bus.



# Sacred Connections 4

*TRISHA BENNETT*

Trisha is a psychodramatist who whakapapas to Ngāti Raukawa and has Irish and British heritage.

She is interested in the unseen psycho-spiritual dimensions of life.

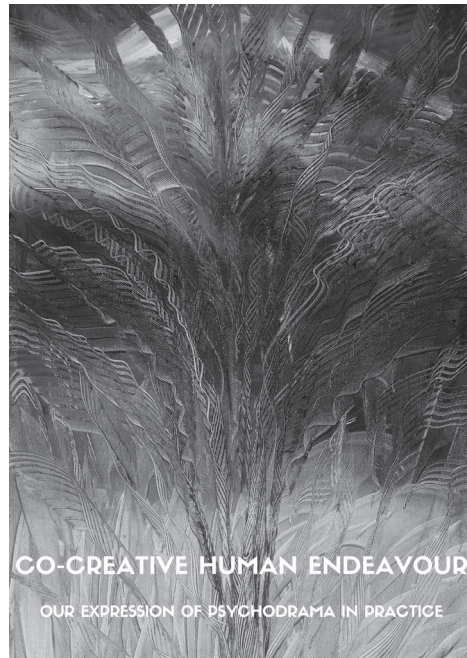
This edition's cover image is one of a series of nine paintings and was submitted towards Trisha's 2020 post graduate diploma in visual arts.

Articulating her own experience of encounter in the liminal space between life and death, while working with people who were close to death, formed the motivation and inner material for this series.

This particular painting formed part of her "lockdown experience" that evoked a deep encounter with her own mortality, subsequent coping roles and inner life.

She remains compelled to explore the landscape of transition and encounter in her work and periods of transition in her own life.





## AANZPA Conference 2022

*Ka whanawhana ai te tīwhanawhana o Kahukura i te rāngi  
Let the arch of the rainbow glisten*

The AANZPA 2022 Conference is being held in Tāmaki Makaurau  
Auckland, Aotearoa New Zealand.

July 6-10 2022

Parnell Hotel, Gladstone Rd, Parnell, Auckland

We are hoping conditions are sufficiently conducive that we can all meet  
together in person as an association, see you there.