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The ANZPA Journal is published by the Australian and New Zealand Psychodrama Association (ANZPA).

ANZPA is an organisation of people trained and certificated in Dr. J.L. Moreno's psychodrama theory and methods, and their applications and developments, as a Psychodramatist, Sociodramatist, Sociometrist, Role Trainer or Trainer, Educator, Practitioner (TEP).

The purposes of ANZPA include the establishment and promotion of the psychodrama method, the setting and maintenance of standards, and the professional association of its members. Members associate within geographical regions, through this journal and electronic newsletter Socio, and at annual conferences held in Aotearoa New Zealand and Australia.

The ANZPA Journal has been established to assist in the fulfilment of the purposes of ANZPA through the dissemination of high quality writing focused on psychodrama theory and methods, and their application by practitioners in Australia and Aotearoa New Zealand.

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Introduction

Welcome to the 2010 edition of the ANZPA Journal. Nine articles and three reviews are included.

In the first article, Judy Broom draws interesting parallels between role theory and attachment theory. She proposes that the three coping role strategies of moving towards, moving away and moving against can be understood as attachment styles, developed in the crucible of the original social atom. She illustrates the way in which this view of coping roles provides a sound basis on which to choose effective interventions. As she notes, her synthesis broadens our thinking and provides a common language with which to engage with professionals from other therapeutic modalities.

Sara Crane traces the journey of her psychotherapeutic work with three children in the second paper. She describes how she came to appreciate the therapeutic potency of the extraordinary elemental roles enacted by them. She argues that the work of the clinician is to understand the context and underlying value system of these frequently unattractive and antisocial roles, and to ensure that they are doubled, mirrored and harnessed to the progressive system.

Despite J.L. Moreno's significant influence on nursing, there has been little acknowledgement of him from within the nursing profession. So argues Wendy McIntosh and in the next article, she begins to put this to rights. She explores the literature and identifies strong links between psychodrama and nursing. This paper presents parallel journeys, the author's personal journey with the work of Moreno and the vital impact of Moreno's concepts and techniques on the profession of nursing since the 1930s.

Yaacov Naor was the keynote speaker at last year's ANZPA conference in Sydney, and his presentation engendered much interest and discussion amongst attendees. In 'Towards Healing: Confronting the Holocaust through Psychodrama, Sociodrama and Rituals' he and colleague Hilde Goett describe an on-going workshop project undertaken with second and third generation descendants of Holocaust survivors and perpetrators. They describe how they use psychodrama, sociodrama and ritual to bring about encounter, dialogue and the beginnings of healing in this challenging environment.

In article five, Paul Baakman draws our attention to the subject of alcohol abuse in Aotearoa New Zealand and Australia. He shares insights from his decades of work with problem drinkers and their co-dependents and discusses effective treatment approaches, in particular the use of the psychodramatic method. He advocates a non-judgemental, involved and patient approach that focuses on people, relationships and connection.

In the following article, Cecelia Winkelman weaves three strands together as she reflects on her approach to the teaching of counselling. The first strand focuses on ways she assists counselling trainees to develop empathy, a naïve attitude and the ability to enter into the experience of their clients. In the second strand Cecelia describes the effective adaptation of role training in this work, while in the third strand she addresses defensiveness that emerges in the training group, including a discussion of the focal conflict model.

John Faisandier brings us a unique Morenian approach to corporate training in the next article. He describes his adaptation and use of psychodramatic principles and practices in the TUF: Thriving Under Fire training programme. In particular, he presents the use of action sociometry, systems analysis, role training and doubling to assist corporate staff to maintain positive relationships when facing angry customers and aggressive clients.

We welcome Zerka Moreno's contribution to the ANZPA Journal. In 'What Price a Smile?' Zerka relates the inspiring story of Buck, and the creative and unique means by which Dr. J.L. Moreno assisted Buck to return his mother's smile.

Four book reviews are included, although the first is a review-turned-article. Peter Howie favourably reviews the book 'Too Good to Last: The Death of a Caring Culture' whilst also honouring the legacy of its author, Dr. Robert Crawford, and the unique healing institution that he developed and led at Queen Mary Hospital, Hanmer Springs, Aotearoa New Zealand.

The recent re-issue of 'The Theatre of Spontaneity' inspired Christian Penny's review of this Moreno classic, first published in German in 1923. As well, John Faisandier's 'Thriving Under Fire: Turn Difficult Customers into Business Success' is reviewed by Peggy Cook and Walter Logeman reviews 'Group Supervision: A Guide to Creative Practice' by Brigid Proctor.

The papers and reviews in this 19th edition of the ANZPA Journal are intended to inform and stimulate readers, and carry forward the inspiring legacy of Jacob Levy Moreno.

Bona Anna
Editor
December 2010

I attended one of Freud's lectures. He had just finished an analysis of a telepathic dream. As the students filed out, he singled me out from the crowd and asked me what I was doing. I responded, 'Well, Dr. Freud, I start where you leave off. You meet people in the artificial setting of your office. I meet them on the street and in their homes, in their natural surroundings. You analyze their dreams. I give them the courage to dream again. You analyze and tear them apart. I let them act out their conflicting roles and help them to put the parts back together again.'

Jacob Levy Moreno recalling an encounter with Sigmund Freud in 1912.
The Autobiography of J.L. Moreno, M.D. (Abridged). Moreno Archives, Harvard University, 1985, p.61.

Towards, Away, Against

COPING ROLE STRATEGIES AS ATTACHMENT STYLES

JUDY BROOM

ABSTRACT

This paper draws parallels between psychodrama role theory and attachment theory. The three coping role strategies of moving towards, moving away and moving against can be understood as attachment styles, developed in the crucible of the original social atom. This view of coping roles provides a sound basis on which to choose appropriate interventions, and builds links between psychodrama and other therapeutic modalities. The material in this paper is adapted from the author's 2008 ANZPA psychodrama accreditation thesis, *Protest, Clinging and Withdrawal: Attachment Theory and the Origins of Coping Strategies*.

Introduction

As a psychodrama practitioner I work to assist people to expand their role repertoires, increasing their options for functioning well in the systems in which they live. Role theory underpins psychodrama practice, and is an effective and enlivening framework. However, its clinical utility has not been widely appreciated outside the psychodrama community. It is a bottom-up approach that views the functioning person and names individual roles as they emerge. In contrast, attachment theory is a top-down perspective developed largely as a research tool, that attempts to classify people into broad categories. The identification of links between role theory and attachment theory broadens our thinking and promotes dialogue between therapeutic modalities. In this paper I draw

parallels between attachment styles and the three coping role strategies of moving towards, moving away from and moving against others. The consideration of coping roles in the light of attachment theory leads to some broad recommendations about the kinds of interventions that are likely to be useful in each case.

About Role Theory

Moreno defined role as "the functioning form the individual assumes in the specific moment he reacts to a specific situation in which other persons or objects are involved" (Moreno, 1977:175). Roles emerge in response to the systems around us, and also in response to the models of systems within us that have been built up by experiences over a lifetime. A given role can be classified as progressive, coping or fragmenting, following the classification system first published by Lynette Clayton in 1982.

Progressive, Fragmenting and Coping Roles

Progressive roles are marked by an inner sense of spontaneity, integration and wholeness. An individual operating from these roles produces an adequate response to the situation at hand, congruent with their values, with appropriate levels of emotional expressiveness and thinking. These roles are a unique expression of the individual's functioning, as they bring their inner resources to bear on the situation with fluency and liveliness. To act progressively may at times require moving towards, away from or against others in the system, but the basis of these actions is an inner sense of coherence.

Fragmenting roles are roles in which the functioning of the individual is severely compromised and spontaneity is minimal. In these roles the individual is oriented towards reactive rather than progressive forces (Clayton, 1993). Fragmenting roles are associated with overwhelming feelings and a sense of disintegration, loss of control and distress. They are by their nature difficult to tolerate. There is a strong wish to escape from fragmenting roles, even at the cost of denial of certain aspects of an individual's own experience or denial of the experience of others.

Coping roles sit between these two modes of functioning. These are roles that are conserved in the personality, having emerged as strategies for avoiding warming up to or for escaping from fragmenting roles. They are conserved responses to earlier experiences that felt like life and death struggles, and are mobilised in order to manage anxiety-provoking situations in the present. They have been learned in the fire and are not given up lightly.

Adapting Karen Horney's (1945) defence system typology, Lynette Clayton (1982) classified coping roles into three types, moving towards, moving away from and moving against others. Turner (2002) describes these three coping styles as the modes of supplication, flight and fight, noting that a feature of these roles is some restriction of intellectual and emotional functioning. A single individual may enact roles from all three coping strategies, depending on the context. However, one or two strategies usually predominate in the personality. These tendencies are likely to develop early in life, in response to the individual's original social atom. For example, one person might

react to anxiety by moving towards others from roles such as *placating peacemaker*, *coy seductive playmate* or *soothing nurse* and at other times move away, taking up roles such as *chilly distancer*, *self-sufficient mountaineer* or *lone wolf*, but seldom mobilise moving against roles such as *angry streetfighter* or *righteous critic*.

Let us hold this understanding of roles for a moment, while we consider another framework for understanding early human development.

Attachment Theory: An Impossibly Brief Summary

John Bowlby, a British psychoanalyst, initiated attachment theory in the middle of the 20th century. He became convinced that the relational environment of the developing human infant, and in particular the primary care-giving relationship, was critical to the development of personality and mental functioning. Drawing on studies of animal behaviour Bowlby described the Attachment Behavioural System, a biologically determined system developed over the course of evolution that promotes survival by maintaining proximity of parents and offspring (Bowlby, 1969, 1973, 1980, cited in Wallin, 2007). For those interested in learning more about attachment theory, I recommend Robert Karen's book 'Becoming Attached' (1998) for an excellent summary and David J. Wallin's 2007 book 'Attachment in Psychotherapy', which provides a clear outline of attachment theory and relates it to clinical practice.

Attachment Relationships

The human infant is born with the capacity and the need to be an active member of an emotionally attuned dyad. This is the attachment relationship. The attuned responses of the caregiver, which Moreno called doubling, promote the healthy development of the infant. Attachment relationships are the context in which the baby develops his or her initial understandings of how relationships work, termed Internal Working Models (Wallin, 2007). These are internal maps of how self and others function in relationships, models of how the relational world works. There are obvious parallels with Moreno's (1937) concept of the original social atom.

Attachment relationships constitute a fundamental human need that is present throughout life. We humans are capable of sustaining a number of different attachments at the same time, to parents, siblings, other carers and later to friends, teachers, partners and children. Internal working models that develop early in life tend to persist nonverbally and often unconsciously, and are likely to provide a template for later attachment relationships. They are often reinforced by choices of friends and partners that recreate the original system. Significant relationships throughout life do, however, offer possibilities for updating internal working models with new relationship patterns. In psychodrama this is termed social atom repair. It is also true that both secure and insecure attachment styles can emerge throughout life in response to different relationship systems.

Attachment Behaviour

Attachment behaviour is defined as a set of responses activated to elicit care, protection and emotional attentiveness from an attachment figure. It is particularly evident when a person experiences distress. For a young child, attachment behaviour includes clinging, smiling and vocalising, or protesting, calling and crying. In adults attachment behaviour becomes much more complex but may still be marked by feelings of need and longing, or protest and anger.

Broad trends are apparent in the style of attachment between caregivers and children. Four different categories of infant attachment are currently recognised: secure attachment and three categories of insecure or anxious attachment, ambivalent, avoidant and disorganised. These classifications are based largely on a laboratory procedure called The Strange Situation (Ainsworth et al., 1978). Children are exposed to a series of situations that evoke attachment behaviour, including the absence of the parent and the presence of a stranger. The child's responses are carefully observed in terms of actual behaviour and the duration and intensity of responses. It is the behaviour of the child on *reunion* with the parent that is particularly revealing of attachment style. Attachment figures can be either gender, but I use mother here to denote the primary attachment figure. The patterns of infant attachment parallel four patterns of adult attachment: secure/autonomous, preoccupied, dismissive and unresolved. These patterns are tested by self-report and by the Adult Attachment Interview (AAI) which relies on the scoring of responses during an interview by a trained interviewer. In effect, the AAI seeks to assess the roles that emerge in interviewees in response to attachment-related prompts.

Securely attached children are flexible and resilient in their responses to separation and reunion. They are rapidly reassured by their mother after a separation, and return to play readily. Their mothers function as adequate doubles, responding to their children flexibly and appropriately. These children tend to grow into secure/autonomous adults who are able to tell their attachment stories in a coherent manner, remaining in touch with affect but not overwhelmed by it. They may have had painful experiences in early life but are able to discuss these experiences in a thoughtful way, through roles such as *thoughtful recounter*, *compassionate storyteller* or *realistic analyst*.

Children with an avoidant attachment pattern show little distress on separation from their parent and appear unmoved by her return. However, while outwardly appearing calm their heart rates are as elevated as those of secure children, and cortisol levels, an indicator of stress, are significantly higher than those of secure infants (Wallin, 2007). Avoidant children have defensively accommodated to a parent who is unresponsive or rejecting. They have discovered that the overt seeking of comfort and care does not work, and have therefore learned to suppress these responses in themselves. They effectively 'turn down the volume' of their attachment system, reducing both their attachment behaviour and their experience of attachment-related feelings. The equivalent adult pattern is dismissive. These adults have not actually extinguished their need of others, but they have learned to shut feelings of dependency and need out of their awareness. Experience has taught them that bids for attachment are futile, and it is pointless to turn to others for attunement and emotional support. Relatively blind to possibilities of relationship, they are limited in

their capacity to offer attunement to others. Such an individual might pay close attention to the feelings of others and thus avoid experiencing their own feelings, or they might experience little feeling at all and function in times of stress from roles such as *pragmatic problem-solver* or *emotionally distant workaholic*.

Ambivalently attached children are preoccupied with the whereabouts of their caregiver. They are deeply distressed by separation, and are not easily settled on reunion. Some oscillate between bids for attention and connection, and rejection of the caregiver. Others appear passive, overwhelmed by their helplessness and misery, and are able to make only weak attempts to reconnect. Mothers of ambivalently attached children tend to be unpredictable and unreliable in their availability, and also seem to discourage autonomy in their children. In these children, attachment behaviour is hyper-aroused. Similarly, preoccupied adults experience attachment-related feelings as strong or overwhelming. Early attachment feelings intrude in the present. They learned from early interactions with an unpredictable, unreliable attachment figure that the best way to get their needs met was to make a strong bid for attachment. They have developed a strategy of amplifying their attachment signals, including their own experiences of the feelings associated with their needs, resulting in the development of roles such as *drama queen, self-deprecating pleaser* or *raging protester.*

Mary Main and Judith Solomon (1990) defined a further category of infant attachment called disorganised attachment. These infants display bizarre or contradictory behaviours on reunion with their parents, including freezing, backing towards the mother, collapsing to the floor or appearing in a trance-like state. Often these behaviours last for only 10-30 seconds, appearing in a flow of more usual behaviour which fits one of the other classifications, secure, ambivalent or avoidant. Main and Hesse (1990) proposed that disorganised behaviour results from experiences of terror in the attachment relationship. The child is caught in a situation where the person to whom they wish to flee for safety is also the person who is the source of terror. This creates an irresolvable paradox. The child is stricken with conflicting impulses to flee and to approach. The experience of fear and danger can arise not only from frightening behaviour by the parent, but also if the parent themselves is frightened. Disorganised attachment can be understood as a collapse of attachment strategies. Nothing works, no coherent strategy for seeking comfort and safety is possible, which leaves the child struggling to manage fragmenting roles.

The equivalent adult attachment category is unresolved, observed in AAI interviews as lapses in contact with present reality in response to discussions of abuse or loss. Examples include referring to someone who is dead in the present tense, or suddenly falling silent. These responses are thought to indicate unresolved trauma. The person's ability to stay present and engaged is compromised when traumatic memories and the feelings associated with them threaten to surface, and there is a discontinuity in the individual's functioning at that point. Roles such as *absent dreamer, blind non-thinker* or *numb disengaged robot* may emerge. Sue Daniel (2007) suggests that roles such as these constitute a fourth category of coping role, which she names frozen roles. However, they differ from the moving away, against and towards roles in that they are not, in themselves, a strategy for maintaining relationship. Frozen roles seem to represent a last ditch effort by the self to avoid fragmentation, and may be better understood as part of the fragmenting gestalt.

Coping Role Strategies and Attachment Styles

It is clear that coping roles have their beginnings in the original social atom, that is, in early attachment relationships. Coping role strategies can be thought of as attachment styles, as attempts to maintain an essential relationship in the face of an attachment figure who is unresponsive or unreliable. While coping roles, like all roles, can be developed throughout life, a preferred overall strategy of moving towards, moving away from, or moving against others develops early in life and can be directly related to attachment classifications of infants and adults.

To draw parallels between attachment styles and coping role strategies it is necessary to align three coping strategies, moving towards, away and against, with two styles of anxious adult attachment, dismissive and preoccupied. The dismissive attachment style corresponds to a predominance of moving away roles, suggesting that moving towards and against both relate to the preoccupied attachment style. Wallin (2007) notes that preoccupied adults, like ambivalently attached infants, experience hyper-activated attachment feelings and associated behaviours that fall into two patterns, the pattern of helplessness and the pattern of anger and chaos. Moving towards corresponds with clinging in children and helplessness in adults, while moving against can be identified with protest in children and adult anger and chaos.

The relationships between role theory categories, infant attachment styles and adult attachment classifications are summarised below in Table 1.

TABLE 1: *RELATIONSHIPS BETWEEN INFANT AND ADULT ATTACHMENT CLASSIFICATIONS AND ROLE THEORY CATEGORIES*

Infant Attachment Classification	Adult Attachment Interview Classification (AAI)		Role Theory Category	
secure	secure/autonomous		progressive	
ambivalent	*preoccupied*	*pattern of helplessness*	*moving towards*	coping
		pattern of anger and chaos	*moving against*	
avoidant	*dismissive*		*moving away*	
disorganised	unresolved		fragmenting	

Originally published in Turner (2008), where the moving away and moving against categories were reversed.

Clinical Implications and Examples

Let us now consider each of these categories in turn, with some examples from psychodramatic individual and group work.

Moving Away: Dismissive Attachment in Action

A dismissive attachment style develops when the primary caregiver has been emotionally unavailable, that is, where there has been a significant lack of doubling. Thus the protagonist's acceptance of the double will constitute a significant step forward, and is likely to promote progressive functioning. People who have a dominant coping strategy of moving away are likely to be out of touch with their feelings and their bodies. The doubling of unacknowledged feelings, and interventions that put them in touch with their bodies, are likely to be of assistance in expanding their awareness and coaxing them into more open relationship. It is important for the psychodrama producer to be alert to cues of emerging affect, and to double these as they emerge. Significant feelings of grief and anger are often present but unacknowledged, and may need to be accepted and worked through. Thinking is often overdeveloped in people who rely on moving away strategies. For this reason mirroring should be used with caution, as it tends to take people away from affect into a more cognitive experience.

David: Doubling the Unexpressed Affect

David, a young man in his early twenties, has experienced very limited doubling as a child and has been terrified by his father's rages. In response to questions such as "How do you feel about that?" he will turn his body away, smile apologetically and with a shrug say "I don't know!" He seems unable to experience and verbalise his feelings, whilst also wishing not to antagonise me. David is functioning as a *pleasant distancer*, a moving away role.

Towards the end of one session, I comment that it must have been devastating to grow up with the constant threat of Father's unpredictable rages. David looks away and his face becomes rather expressionless. I enquire what has just happened. He looks very sad and says "It's that word, 'devastating'".

"Is that the wrong word?" I ask.

He suddenly turns, looks me straight in the eyes and says with great feeling "It's exactly the right word. And it really sucks".

At this moment of high feeling, David accepts me as a double. As a double, I express the affect that he is unable to express, and acknowledge the seriousness of his experiences. In response he is able to experience his distress without being overwhelmed. After this session David disengages less, is more in touch with his feelings and is more present with me. His functioning as a *pleasant distancer* diminishes while the progressive role of *trusting companion* expands.

Moving Towards: Helplessness in Preoccupied Attachment

People with a dominant coping strategy of moving towards have a tendency to perceive the self as weak and others as strong. Faced with inconsistent care in their original social atom, they have learned to amplify their cry for connection in order to get their needs met. They respond to the ever-present threat of abandonment by clinging. Feelings of helplessness, pain and vulnerability are likely to be keenly experienced and openly expressed. Doubling these affects alone, however, is likely to reinforce the existing coping roles. It is more helpful to double emerging affect that arises from the other pole of attachment behaviour, such as protest, anger and moves towards autonomy. Mirroring may be a useful intervention to strengthen reflective functioning. The experience of strong attachment longing leaves little room for reflection and thought, and roles with a strong thinking component such as *realistic self-observer* and *clear-sighted systems analyst* are likely to be underdeveloped. Maximisation of the moving towards roles may be effective in an enactment, as a full expression of this functioning temporarily reduces the act hunger for these roles and makes room for new roles to emerge. It is important not to take up a counter role such as *benevolent expert*.

Alana: Holding Up the Mirror

Alana and I are both members of a long term group. Alana experiences her own feelings so strongly that it is difficult for her to accurately perceive and respond to the feelings of others. When responding to other group members, she darts covert glances at the group leaders to make sure they are approving of her. She is engaging and playful, and often compliments others. In the group, Alana's fragmenting roles of *despairing raging child* and *terrified orphan* are evoked. She responds by moving towards group members, particularly towards the group leaders and the sociometric stars, enacting roles such as *friendly ally*, *bouncy Tigger*, *playful cutie-pie* or *warm flatterer*. I find that I often move away from her when she functions in this way. During one group session, Alana wonders if I like her.

I reply "I am ambivalent about you. I see you in the group, often so involved with your own feelings that you are unable to get with other people and that frustrates me".

Alana responds immediately and warmly. "Oh yes, I know! I am like that! I know I am".

Alana responds to the mirror by immediately moving towards me, rather than becoming thoughtful about possibilities of change. Nevertheless, interventions like this hold great potential for her. Mirroring generally tends to increase self-awareness, promoting thinking rather than feeling. With repeated experiences of mirroring while not being rejected, Alana may develop the capacity to reflect more on her experience without simply acting out of old coping strategies. If group members remain consistent in their positive attitude towards her she will gradually learn that it is safe to drop her placating, moving towards functioning. She may then become more aware of the full range of her own feelings towards others in the group, be better able to perceive the feelings of others and reverse roles with them.

This brief interaction alters the relationship between Alana and me. Alana is less apprehensive about my feelings towards her, and more aware of her own ambivalent

responses to me. I feel less frustrated with her, and more able to accept my own ambivalence without feeling I 'should' have a different response. Over time, our relationship shifts to one of mutual warmth.

Moving Against: Anger and Protest in Preoccupied Attachment

Like those who habitually move towards others, people who have developed a moving against strategy have done so against a background of early unreliable and inconsistent attachment. Rather than amplification of clinging behaviour, they have learned to amplify protest. The internal working model learned in the original social atom is an image of oneself fighting for what should be given. There is a sense that the other is bad or withholding. Those with a moving against coping strategy are prone to interpret ambiguous stimuli as signs of injustice or attack and respond accordingly, enacting the old system of an angry child vigorously protesting at an unresponsive parent.

As with all coping roles, the therapist must avoid taking up the complementary role from the original system, which in this case might result in hostility, defensiveness or allowing oneself to be pushed away. Doubling the presenting affect of anger and protest is likely to reinforce the coping roles. Instead, it is essential to double the unexpressed longing for connection and tenderness. If it can be tolerated, mirroring offers a way to enlarge the view of self and relationship. Mirroring also enhances reflective functioning, which can reduce the tendency to act out of coping roles in which the feeling is disproportionately high. Maximisation of the old overdeveloped coping role may promote the emergence of new roles. If the protagonist is to fully experience the role without harm, the safety of all concerned must be an important consideration for the psychodrama producer.

Lily: Doubling Underlying Sadness

Lily is an angry young woman. Her original social atom included a charismatic but bullying father whom she alternately adored, hated, fought with and feared. In her present life she often experiences turbulent feelings of rage and hostility that result in relationship breakdowns. In one session she enacts the role of *contemptuous rager* at length, complaining bitterly about the people around her. Just as she is about to leave, she mentions that she also feels very disappointed. I seize the last moments of the session to double her disappointment and sadness, feelings that she is usually unaware of. To my surprise, I find myself telling her that her disappointment is much more attractive to me than her anger. In that moment I feel tender and gentle towards her. This has a big impact on Lily, who looks slightly stunned and quietly leaves. In the next session she expresses her great sadness about missing elements in her family, and a new, softer role of *tender griever* emerges. The impact of my continued doubling and explicit valuing of her embryonic expression of grief strengthens the role. I encourage Lily to experience and express her softer, more vulnerable feelings which have been contemptuously rejected in her original social atom.

Conclusion

The identification of the links between attachment theory and role theory enriches both approaches. By combining the bottom-up approach of role theory with the top-down perspective of attachment theory we can understand the theoretical underpinnings of the categories of moving towards, away from, and against others in attachment terms. From this we can draw broad conclusions about the types of interventions that are likely to be effective in promoting new functioning. None of these interventions are new or surprising, but viewing the process through an attachment lens helps us to understand why they are effective. This synthesis provides a common language with which psychodramatists can confidently engage with professionals from other therapeutic modalities.

Names and identifying details have been changed throughout this article in order to protect the privacy of the people involved.

References

Ainsworth, M., Blehar, M.C., Waters, E. & Wall, S. (1978). *Patterns of Attachment: A Psychological Study of the Strange Situation*. Earlbaum, Hillsdale, NJ.

Bowlby, J. (1969). *Attachment and Loss Volume 1: Attachment*. Basic Books, New York, NY.

Bowlby, J. (1973). *Attachment and Loss Volume 2: Separation, Anxiety and Anger*. Basic Books, New York, NY.

Bowlby, J. (1980). *Attachment and Loss Volume 3: Loss, Sadness and Depression*. Basic Books, New York, NY.

Clayton, G.M. (1993). *Living Pictures of the Self: Applications of Role Theory in Professional Practice and Daily Living*. ICA Press, Caulfield, VIC, Australia.

Clayton, L. (1982). The Use of the Cultural Atom to Record Personality Change in Individual Psychotherapy. *Journal of Group Psychotherapy, Psychodrama and Sociometry* 35:111-117.

Daniel, S. (2007). Psychodrama, Role Theory and the Cultural Atom: New Developments in Role Theory. In Baim, C., Burmeister, J. & Maciel, M. (eds.) *Psychodrama: Advances in Theory and Practice*. Routledge, London & New York.

Horney, K. (1945). *Our Inner Conflicts*. WW Norton, New York. (Reprinted 1993)

Karen, R. (1998). *Becoming Attached: First Relationships and How They Shape Our Capacity to Love.* Oxford University Press, Oxford.

Main, M. & Hesse, E.D. (1990). Parents' Unresolved Traumatic Experiences Are Related to Infant Disorganized Attachment Status: Is Frightened and/or Frightening Parental Behavior the Linking Mechanism? In Greenberg, M., Cicchetti, D. & Cummings, E.M. (eds.) *Attachment in the Preschool Years*. University of Chicago Press, Chicago.

Main, M. & Solomon, J. (1990). Procedures for Identifying Infants as Disorganized/Disoriented During the Ainsworth Strange Situation. In Greenberg, M., Cicchetti, D. & Cummings, E.M. (eds.) *Attachment in the Preschool Years*. University of Chicago Press, Chicago.

Moreno, J.L. (1937). Sociometry in Relation to Other Social Sciences. *Sociometry* 1:206-219.

Moreno, J.L. (1977). *Psychodrama First Volume* (Fourth Edition). Beacon House, Beacon, NY. (Original publication 1946)

Turner, S. (2002). Encountering What Is Possible: The Impact of Role Development in Facing Existential Crisis. *ANZPA Journal* 11:31-37.

Turner, S. (2008). Me, I, You, and All of Us. *ANZPA Journal* 17:18-27.

Wallin, D.J. (2007). *Attachment in Psychotherapy*. The Guilford Press, New York.

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Extraordinary Children

HARNESSING THE POTENCY OF ELEMENTAL ROLES

SARA CRANE

ABSTRACT

Sara Crane traces the journey of her psychotherapeutic work with three children, describing how she came to appreciate the therapeutic potency of the extraordinary elemental roles enacted by them. The work of the clinician is to understand the context and underlying value system of these frequently unattractive and antisocial roles, and to ensure that they are doubled, mirrored and harnessed to the progressive system.

KEYWORDS

children, clinician, core roles, double, elemental roles, mirror, psychodrama, psychotherapy with children, role context, role system, role theory, values

> *As I was going to St. Ives*
> *I met a man with seven wives*
> *Each wife had seven sacks*
> *Each sack had seven cats*
> *Each cat had seven kits*
> *Kits, cats, sacks and wives*
> *How many were going to St. Ives?*
> > Traditional

Prelude

This well known old nursery rhyme was my youngest child's favourite when he was three. He was keen to know how all the cats had got into the sacks. He would examine

the picture in great detail and puzzle about how they could all fit in. He wondered what would happen if they were all let out at the same time. I was delighted by his curiosity and investigative nature. However, at about the same age this youngest son dropped my favourite green clock out of an upstairs window. My beautiful clock lay in smithereens and my 'revolting' child was examining its innards with pleasure. When I asked him why he had broken my clock he said that he had wanted to "get the insides out". I was upset and furious although I also remember that there was a very small aspect of myself that, along with my son, was fascinated by all the little silver springs that were now visible.

In both the scenarios above, my son's underlying desire was a deep longing to understand how things work. One of the core roles he enacted was that of the scientist. Depending on our individual experiences each of us will imbue the meaning of this role in different ways, but some constants such as experimental, observant, logical and inquiring are given. However, the re-statement of the familiar aspect of a role can have a watering down effect. For example, to describe a scientist as observant is unlikely to engage much interest. The quality of expression in my young scientist son ranged from enthusiastic, steadfast and determined to perfectionistic and doubting, depending on the particular context and set of role relationships with which he was involved. Had I shouted, blamed and thrown the clock in the rubbish bin I would have likely engendered a fragmenting role system, which would be adversely linked to my child's experience of being a scientist. However, my conflicted response possibly provoked doubt and confusion, and the energy of his scientist may well have receded for awhile. In contrast, by entering into the puzzling matter of the cats in sacks I encouraged playfulness in both of us. A casual observer might have named my son's roles *destructive tyrant* or *naughty fool* in relation to the clock incident, and *caring animal lover* or *concerned questioner* regarding the cats in sacks. This would have been to name roles by noticing the behaviour and to therefore miss the all important but not immediately apparent value system that underlies functioning and which imbues its context with meaning.

Premises

This paper encompasses three related premises. The first concerns the therapeutic potency of elemental roles. While seeing roles as the expression of an individual's unique response to a situation, it is also useful to view them as imbued with all the stories, memories and influences on the very edge of awareness. Each of us will have had experiences in childhood when others perceived us as destructive or revolting, or in some other negative frame. Often these situations leave us, as children, feeling misunderstood and shamed. As adults it becomes clear that these unappreciated and often unattractive childhood roles have served us well. They have strengthened us and helped us to survive. Their means of expression are unique and full of force. These are central roles, often enacted as dynamic fragmenting or coping responses that make sense in context. Far from disapproving of or rejecting their repugnant qualities, the work is to couple their vital energy to the person's progressive system.

The second premise is concerned with the vital nature of context in the emergence

of roles, especially elemental roles, and the fundamental importance of the value systems that underlie them. There is a delight and a deep joy in accurately and precisely naming a role and thus 'getting' the true nature of another person. The function of both double and mirror is present. For that other person there is potency, a wake up to self in a new way. In psychodrama, a tendency has developed towards compartmentalising roles and listing them as progressive, coping or fragmenting. This can be a useful way of conceptualising an individual's personality and getting to grips with her or his functioning. However, it can also narrow down our view of a person by defining them in a partial way. The vital being of a person is fluid. There is value in taking a broad view of the core essence of an individual and the context in which roles emerge, allowing all possibilities to enter our consciousness. The roles they enact change in response to a relationship, progressive in one relationship but coping or fragmenting in another. In considering roles, context and foundational values are central.

Given the first two premises, a third premise relates them to the work of the clinician. The elemental roles that startle us into life are observable in tiny children as they show preferences and search for meaning through play and interaction. The role of the *free spirit* on the jolly jumper, screeching with excitement, will be affected depending on the responses of significant others. Join in and strengthen the role, or shush the infant and see the role diminish. Thus what is needed is doubling, followed up by a discriminating mirror. What may be considered cute in a three year old is often repulsive in a thirteen year old. Passion can be interpreted as excess, ingenuity as deceit. Mirroring assists us to learn about our impact on others so that our capacity for relationship is not seriously impaired and our ability to role reverse is increased. It is the clinician's job to double and mirror elemental roles, to make sense of the context in which they emerge, to illuminate the underlying value system and most importantly to harness their vitality to the person's progressive role system. Perhaps this perspective could be understood as an archetypal approach.

A word about my use of the term 'elemental' to describe roles. "Role is the functioning form the individual assumes in the specific situation in which other persons or objects are involved". This is the familiar definition of role provided by Moreno (1994:iv). The following definition provided by Charmaine McVea and Don Reekie (2007, cited in Reekie, 2009) resonates most with my understanding of the meaning of role. "Role is understood holistically as a person's specific way of being himself or herself in any given situation". The key word is 'holistic'. When we understand the core role a person is enacting we are most likely to relate to their experience. The choice of elemental as the preferred term and title of this piece indicates perhaps my literary style more than anything else. For me it is the word that most evokes the essential potency of the core roles enacted by the children that I present in this paper.

Illustrations

To illustrate the three premises, I present three children with whom I have worked in my private practice. They have each survived abusive beginnings and been sustained by

'revolting' elemental roles, the significance of which had previously gone unrecognised. I discovered that doubling these powerful roles, recognising their survival contexts, acknowledging the value systems that underlay them and beginning the work of harnessing their potency, constituted the way forward. This approach enabled these extraordinary children to recognise and accept their essential goodness and take the first steps beyond survival and coping.

Mad Max

Meet a little seven year old Maori boy who is unclaimed by his whanau (family), a very unusual phenomenon in Maoridom in Aotearoa New Zealand. He has lived in numerous foster homes and no family members ever attend family group conferences. I suspect there is a complex history that I never discover. He is suspended from school for attacking his teacher with a pair of scissors in a fit of rage. He explains that he was trying to put her eye out. In my room he is a little lamb. But there is no life in this little lamb. He is good because my room, with its colourful toys and numerous activities, is a safe place to be. Especially he likes my dog. However, I know that unless I gain a sense of the motivation behind his rage I am not going to be able to make a difference.

He adores my 'Where the Wild Things Are'[1] puppets. He relates strongly to Max, the book's central character, and is outraged by the way Max is unfairly treated when he is sent to bed without eating his dinner. It is through his play with the puppets that I discover that he has watched all the 'Mad Max'[2] movies and that Mad Max is his hero. Two Max heroes! He responds powerfully to Mad Max's fixation with making things fair. This is the value system he is relating to. Through his play, I discover that he experienced the teacher as unfair and punitive towards a little girl in his class who was "just like my little sister I don't see now". He wants things to be fair. When things are not fair, he is a *ferocious avenger*.

Now that I understand the value system a little more, I can be of more help. I begin to double his motivation to make things fair. However, I am doing my job in a very unfair system. I do not make any headway with the school, the foster mother cannot cope with his angry outbursts at home, and the social worker has to arrange for a volunteer to bring him to therapy with me. Then his funding finishes and I stop seeing him. I do not even get the opportunity to say goodbye and I feel like a hopeless traitor.

I think about this little boy a lot. I am very unhappy about the sudden loss of contact. Then a wonderful coincidence comes about. I am supervising the staff of a residential care facility for children and his name comes up. I find myself supervising his new psychologist who absolutely understands him. Rather than focusing on the fragmenting roles of a *raging destroyer*, he focuses on the motivation for things to be fair. Together we work out effective strategies for the staff to use with this little boy. One of the outcomes is the formation at the facility of the 'Fair Gang' with him as the leader. One example of him beginning to embody this role is his eagle eyed insistence on same sized portions of food served in the dining room. He warms up to being a *picky complainer*

rather than a *ferocious avenger*. Things are starting to improve.

When we resist our tendency to reject fragmenting roles in our clients, we are free to get to know the underlying value system and recognise the progressive forces embodied in it. This boy had been unfairly treated. His drive to destroy was motivated by his desire to make things fair, to be a *Mad Max*. Once he had the opportunities to enact this desire in a life-giving and relational way, he was able to take on the progressive elements of the role. The interventions of the residential workers saved this boy's life. He could easily have been drawn along the pathway to self-destruction.

The Virgin Mary

Imagine a large 11 year old girl. She is the kind of child to whom people do not warm. She tends to behave in socially inappropriate and embarrassing ways, such as smothering strangers with hugs when she meets them. She is the second youngest of four children, all removed from their mother's care as babies. She has lived in numerous foster homes and was reasonably well settled in the latest one until her foster sister had a baby and came home to live. She is very jealous of her foster sister, and the foster mother is worried that she might hurt the baby. She is now having a small amount of contact with her own mother. The mother is not psychologically minded and wants her daughter to behave in socially prescribed ways. Meanwhile this young girl is bailing up boys in the school toilets and trying to get them to have sex with her.

When I meet this girl it transpires that she really wants to have a baby too. She imagines that the baby will meet her need to be loved best of all. She is sure that people will pay attention to her when she is a mother. Everyone will love the baby, her birth mother will care for it and both families will be happy. This baby will save the world. So, we play babies. The more she engages with the imaginary baby in my room, the less interested she is in boys. She likes to take on the mother role, but is very reluctant to be the baby.

The girl's foster mother is very suspicious of the baby play and wants to make sure that I am doing sex education. The school recommends that she attend an all-girls boarding school. However, her birth mother understands. Having resumed church attendance she introduces her 11 year old to The Virgin Mary. The mother and her daughter resonate with The Virgin Mary and the notion that women can be truly good and loveable. The daughter likes to hear her mother tell The Virgin Mary stories and is touched by something larger than herself and her known world. She is obviously inspired and begins to develop the idea that she may be loveable after all. Her longing to express her love towards others becomes more appropriate and she no longer smothers strangers with unwanted embraces. Gradually mother and daughter spend more time together and their relationship builds. However, the girl's peer relationships remain weak and this is an area of future work.

Here is an example of the underlying value system that is not immediately apparent but which is related to childhood experience. This girl is unsure of her own lovability. On the surface she is a *jealous troublemaker* and a *sexual bully*. But underlying these coping roles is the value system of a *Virgin Mary* who is truly good and who aspires to a deep

and enduring love for herself and others. She longs to express this love through the mothering of a baby, a baby who she will love and delight in and who will return that love and delight. I double her and therefore accept her, and this allows her to find new ways for the expression of what is her essential being. I follow up this initial doubling with consistent and accurate mirroring so that she will develop the ability to understand her impact on others and exercise restraint when appropriate.

The White Witch

Meet another 11 year old girl. Again there is a very complex history of hideous abuse and numerous foster home placements. This child was shut outside at night and food was withheld. She witnessed severe violence towards her siblings and she was sexually abused. When I meet her she has just come to live with her grandparents and the social services have undertaken to fund counselling for both her and her grandparents. The school reports that while this girl is catching up with learning she has a tendency to be spiteful.

Nana, who has three other children still living at home, finds her granddaughter cold and hostile and is troubled by this. She is used to doing a lot for the children and nurturing them with love and care, but this child wants to make her own lunch, choose her own clothes, lock the bathroom door and keep her bedroom door shut. Nana engages well with my therapist colleague in the rooms we share. There is thus the opportunity for us to work in close consultation with one another, which makes my work with this family so much easier. Once Nana fully understands how much this child needs to be in charge to feel safe, we start to make some progress. She is able to maintain warmth and firmness with her granddaughter in the face of some challenging behaviours, such as biting, scratching and swearing.

This particular child is highly vigilant about others hurting her. She needs to be in charge so as to feel safe. She likes my dog Tansy and is very gentle with her. Intuitively Tansy knows not to lick her, because this is a child who is repulsed by touch. Her absolute hero is The White Witch[3] from the Narnia stories. She adores Tilda Swinton, the very gorgeous and sinister White Witch in her favourite movie version. In actuality, she embodies *The White Witch* as an elemental role. I make sure to watch the same movie version so that I can be a cooperative auxiliary and take on the other roles. However, the story enacted in my room develops somewhat differently from the movie. As she enters, explores and enjoys the role of *The White Witch*, this 11 year old begins to create a very beautiful and carefully constructed imaginary world where everything has its place and adversities are manageable. In one scene from the movie The White Witch tempts one of the children with sweets. In our story there are enough sweets for everyone including the animals, and sweets are not used as bribes. We make magic to melt the snow and we are careful not to leave any signs of our movements.

Given the extent of the hurt that this child has suffered it is remarkable to observe the progress she makes. Nana's insight was the key. She realised that her granddaughter's controlling behaviours were not motivated by animosity but by a creative instinct to survive in the face of terrible past abuse. Once this young girl began to feel safer she was

able to enact more progressive aspects of *The White Witch*. However, when she feels trapped the old fragmenting role system leaps into action and she will bite and scratch, and swear ferociously with icy venom. *The Old White Witch* is slowly diminishing and *The New White Witch*, the healer and safe-keeper, is emerging.

Reflections

When working with these three children I was struck by the evocativeness and potency of the elemental roles that each enacted, *Mad Max*, *The Virgin Mary* and *The White Witch*. Roles such as these can be seen as the vital essence of a person's being. They spring up in a wide range of contexts, often as fragmenting or coping responses to original childhood experiences. The work of the clinician is to ensure that these roles, no matter how unattractive and antisocial, are doubled, mirrored and aligned to the progressive system. When we unravel their context and underlying value system, we can understand the motivation that elicits problem functioning and our task becomes clearer.

The essence of a human being, the creative genius, has unlimited capacity for spontaneity and encounter. When we gain a sense of the whole person, their stories, their mysteries, their motivations, we can work with their core roles. We can spot the shifts which occur within the contexts of different situations and double the values that are expressed through the roles that emerge. In working with these children and their families, I have continued to marvel at the love and determination that caregivers have exercised in order to encounter their children. I applaud these extraordinary children for continuing to be themselves in spite of disapproval, and for facing the challenges of life with vitality and creativity.

Postscript

I showed the beginnings of this paper to my youngest son over a gorgeous dinner. Originally a chef, he has recently retrained as an electronic technician. He laughed and said that these days he gets paid good money to take things apart and figure out how they work.

Diagrams

The following diagrams are intended to give a flavour of the role systems and to demonstrate how I conceptualise fragmenting, coping and progressive functioning in relation to elemental roles. I have found this format useful in charting the ebb and flow between the gestalts. In my consulting room, I tend to use magnets on a white board or small objects on a circular table to co-create systems with families.

DIAGRAM 1: *THE SCIENTIST*

Determined
Researcher

Dropping
the clock

Progressive

Puzzled
Doubter

Playful
Experimenter

In response to
"Why did you do it?"

The Scientist

Coping
(Moving Away)

Fragmenting

DIAGRAM 2: *MAD MAX*

Leader of
the Gang

Progressive

Picky
Complainer

Mad Max

Ferocious
Avenger

Coping
(Moving Away)

Fragmenting
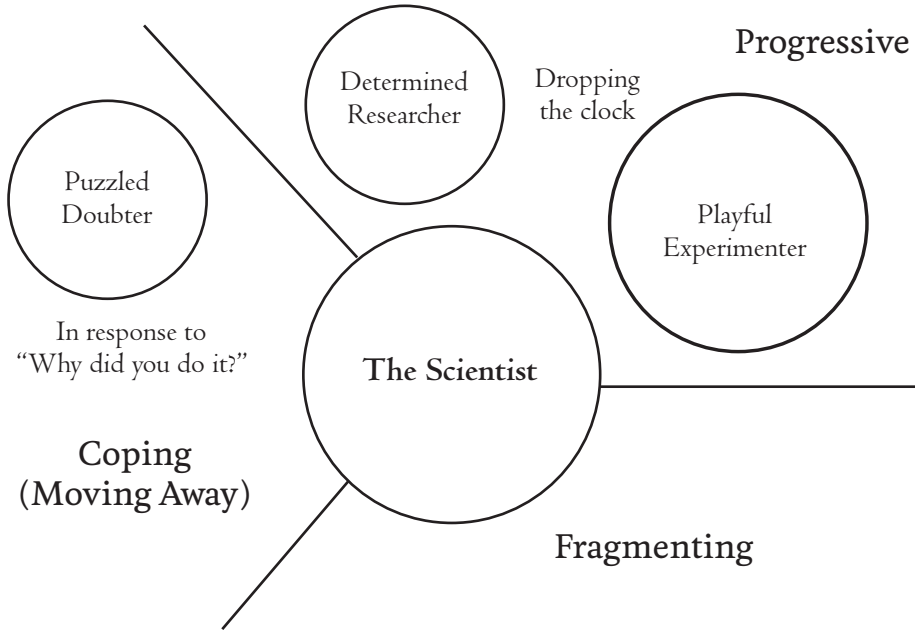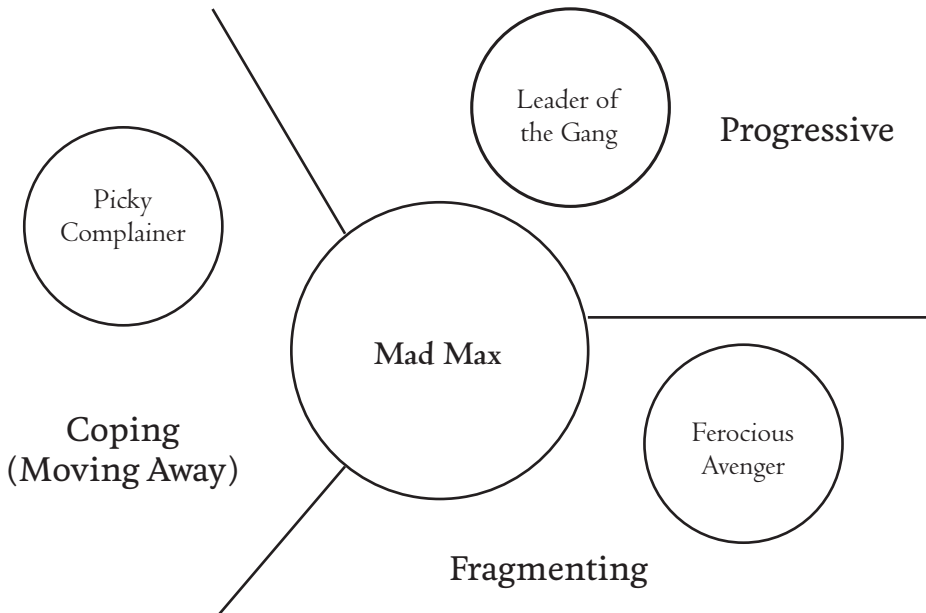
*E*NDNOTES

1. 'Where the Wild Things Are' is a 1963 children's picture book by American writer and illustrator Maurice Sendak.
2. 'Mad Max' is a 1979 Australian dystopian action film directed by George Miller and starring the then relatively unknown Mel Gibson.
3. Jadis, commonly known as The White Witch, is the main villain in 'The Lion, the Witch and the Wardrobe', the first book in C.S. Lewis' 'Chronicles of Narnia'.

*R*EFERENCES

Moreno, J.L. (1994). *Psychodrama First Volume* (Fourth Edition). Beacon House, Beacon, NY. (Original publication 1946)

Reekie, D. (2009). Please Forget That You Know What 'Role' Means . . . The Pragmatics of Human Functioning. *ANZPA Journal* 18:33-42.

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Walking with Moreno

A HISTORICAL JOURNEY OF PSYCHODRAMA AND NURSING

WENDY MCINTOSH

ABSTRACT

Little has been written about the links between J.L. Moreno and the nursing profession. Wendy McIntosh explores nursing and academic literature and identifies strong links, many not previously reported within the context of major influences on nursing. This paper presents parallel journeys, the author's personal journey with the work of Moreno and the significant influence of Moreno's concepts and techniques on the profession of nursing since the 1930s.

Introduction

It is 1990 and I am co-facilitating a 12 week relaxation course for clients in a mental health unit in Perth, Western Australia. Suzanne, my co-facilitator, engages with the clients. As I listen, I feel contained by her words and her inclusiveness of everyone in the room. I want to be part of this group. I have been nursing for 10 years but this is the first time that I have witnessed a colleague working with clients in this way. After the group we talk about the processes that she used. I find out more about her training. I am introduced to psychodrama and to a man called Moreno and I want to know more.

Several months later, my personal life is fragmenting and I ask Suzanne to recommend someone with whom I can talk. She suggests some colleagues with whom she works at

the psychodrama institute in Perth. I make an appointment. I am waiting in the reception area, worrying. Have I made the right decision? Should I run? After all, as with other difficult times in my life, this too will pass. I have not previously shared much of myself with other people, my thoughts, my feelings, my wishes and dreams. Will I be able to share with this person whom I have not yet met?

A woman comes towards me. She introduces herself, greets me warmly and invites me to come with her. I walk into her room. It is warm and filled with what I assume to be personal items. I sit down in a comfortable chair. She sits opposite me but at an angle. There is no desk between us. She looks at me. I read open concern on her face. I cannot remember her words. I do remember dissolving into tears and crying heartily. I am not aware of how long I cried. It seemed a long time. She makes one comment, "This is very painful" and I cry more. I am seen and I feel validated. I do not have to justify my experience. I am held emotionally. My body settles as the woman engages with me. I start to tell my story.

Warming Up to My Relationship with Moreno

These are the two key events that warmed me up to the work of Moreno. They created in me a sense of new possibilities, of working with clients with a sense of myself intact and with interventions that were new, unfamiliar and exciting. I wanted to learn more about Moreno and about psychodrama. I could see how this approach would assist me in my life and also in the work that I did as a mental health nurse. I enrolled in a group leadership course at The Wasley Centre in Perth. I was hooked.

During the training I was introduced to many concepts and action interventions, some of which I had initially met during my nursing training in Scotland. I could not, however, recall having heard the name Moreno before. At the end of the group leadership course my life changed in a number of ways. I moved interstate to Queensland. I started a new relationship, a new job and enrolled in psychodrama training in Brisbane. Several years rolled by. I used my experience of psychodrama and knowledge of Moreno's concepts in my work with individual mental health clients, and in group facilitation and staff training. At all times I held onto the work of Moreno and was guided by my ongoing training in psychodrama.

I wanted to pursue further academic study and enrolled in a nursing masters degree at university. But I was not sure quite which courses would suit my twin interests of psychodrama and nursing. I talked this over with my principal supervisor and together we realised that little had been written on this topic. With her strong warm up to history, she encouraged me to research Moreno's influence on nursing from the 1930s to the 1990s (see McIntosh, 1999). I was excited. My journey with Moreno intensified. I was aware of a large life force working within me.

I asked my psychodrama trainers in Brisbane if they could assist. I was introduced to Bridget Hirschfeld who held much of the archival material for the Australian and New Zealand Psychodrama Association (ANZPA). Bridget showed me the archival library. My heart leapt, my warm up to my purpose intensified and I felt privileged that I had

access to this world of information about Moreno.

The more I read about Moreno, his life, his work, his purpose, his creativity, his vision for the human race, his excitement and joys, the more I felt a stronger link with this man. Although I had similar visions, I had not before thought of myself as a creative genius or a person who could influence the world. As I read 'Psychodrama' Volumes One, Two and Three (1972, 1975a, 1975b) and 'Who Shall Survive' (1993), it became clear to me that all human beings can create change for themselves and others. I became increasingly hopeful for the human race and for the profession of nursing.

Moreno and Nursing

Moreno believed that individuals are influenced by the society in which they live and work, and in turn they influence that society. His work embodies a holistic approach, emphasising particularly the relationships that individuals develop intrapersonally, interpersonally and systemically. The interaction between nurses and clients and their families and friends, is a major focus of the nursing profession because nurses relate to individuals who are experiencing a range of emotional, psychological and behavioural states. It is important then that nurses develop the capacity to interact with those individuals in creative and spontaneous ways, ways that enable safe and effective nursing care. Moreno's methods of psychodrama, sociodrama, group psychotherapy and role training assist. The use of interventions such as role reversal, doubling, mirroring and sculpting afford nurses the opportunity to explore and understand their own responses to the clients and colleagues with whom they work. They can gain a deeper awareness of the client's perspective and experience. These deeper insights assist nurses to identify a broader range of intervention options, and prevent them becoming frustrated and stuck and 'giving up' on their client.

A review of the nursing literature highlights the fact that many of Moreno's techniques, including mirroring, doubling, role play, role reversal, role training, soliloquy and empty chair, have been used in nursing since the 1930s (Bektas, 2006; Burwell, 1977; Carlson-Sabelli, 1998; Drew, 1993; Hagen & Wright, 1945; Hailes, 1998; McLaughlin, Freed & Tadych, 2006; Samiye, 2007; Siegal & Scipio-Skinner, 1983; Starr, 1977). Of all the techniques developed by Moreno, role play is the one most commonly referred to in nursing texts especially in the field of nurse education. Only a few of those texts, however, mention the origins of the technique and the essence of role play as envisaged by Moreno. Similarly many other Moreno concepts such as interpersonal therapy, interpersonal relations, group therapy, action techniques, action research, action methods and acting out have been used in nursing whilst acknowledgment of their creator has been absent. Furthermore, according to Blatner (1997), Carslon-Sabelli (1998) and Williams (1989), many of those concepts have been misunderstood and misused in nursing and other disciplines, especially the concept of acting out.

Zerka Moreno (1974:10) criticises practitioners who utilise Moreno's concepts and techniques without acknowledging the origins of their practice. According to her, when origins are disregarded there is a risk that "practitioners undermine a system of thought,

a view, a philosophy of the world, a synthesis of methods which hang together and whose break up produces confusion rather than enlightenment …. invite confusion instead of producing cohesion". Her warning is reinforced by other authors (Blatner, 1997; Davis, 1987; Greenberg, 1974), who emphasise the importance of practitioners having knowledge of the philosophical underpinnings of Moreno's work and his rationale for the use of techniques in psychodrama and group psychotherapy.

Historically Moreno's influence on nursing can be divided into two main areas, mental health and nursing education. Nurses from these two areas have been more influenced by and more accepting of group psychotherapy and psychodrama than the general nursing field (Burwell, 1977; Consedine, 1984; Drew, 1990). Since sociometry and techniques such as role play have also been used as teaching strategies in general nursing (Goble, 1990; Loweinstein, 2004), the potential impact of Moreno's work on the profession has been wide-reaching and beneficial. The benefits range from facilitating effective learning and increasing staff cohesiveness and self-awareness (Boylin, 1961; Consedine, 1984; Drew, 1990; Will & Forsythe, 1993) to deepening empathy for clients, broadening nurses' understanding of human relations and increasing under-standing of health care systems and systemic influences. Moreno's work also influenced the development of nursing theories which appeared in the literature from the 1950s onwards, although few acknowledged their debt to Moreno. An examination of selected texts identified links between the work of nursing theorists such as Peplau (1952), Orlando (1961) and Rogers (1989) and psychodramatic concepts and techniques. For example, these authors empathised the need for nurses to recognise the way in which their interactions impact on their clients and therefore to develop greater awareness of their own responses.

Uncovering the Links

From the very beginning, nurses have been afforded the opportunity to experience Moreno's work either in the mental health setting or through general nursing education. Moreno first introduced psychodrama into mental health treatment in America in the 1930s and nurses were involved as auxillary egos. During the 1940s, as psychodrama concepts and techniques were adopted by an ever increasing number of hospitals, Moreno's work was widely disseminated among nurses. Student nurses were educated in sociometry and psychodrama at the Institute of Sociometry and in schools of nursing in New York as early as the 1940s. As with all staff employed at Beacon Hill, Moreno's psychiatric sanatorium near New York, nurses were integral players in the development and maintenance of the therapeutic community there.

Regarding the relationship between nurse and client, there are many parallels between Moreno's thinking and nursing philosophy. Firstly, in both psychodrama and nursing it is vital that the relationship is therapeutic. Secondly, in nursing and psychodrama it is important that the psychodramatist or nurse works with, rather than for, to or at the client. Thirdly, it is imperative that the psychodramatist and the nurse be aware of their own reactions and responses to the client. Finally, it is equally important in both

disciplines that the client's feelings, perceptions and thoughts are regarded as their reality. By following these principles nurses provide themselves with a rich source of information regarding the meaning that patients make of their experience. They are then able to expand on this in-the-moment information.

Moreno emphasised the significance of a full reciprocal relationship between therapist and client. He advocated eye-to-eye communication. He promoted bodily contact as a useful way of providing the client with a sense of immediate connection to the world and to another human being, for example a reassuring hand on a client's shoulder or the firm grasp of the client's hand. However, he clarified that touch was contra-indicated when used to benefit the therapist rather than the client. Moreno's actions of taking the hand of or hugging a client during therapy contradicted what had been the traditional form of psychotherapeutic intervention since the 1930s. However, Moreno (1975b) discussed the use of touch in nursing and attested to the benefits experienced by clients when a nurse made physical contact. According to Moreno (1972) the physical connection made by a nurse with a client assists that person to settle and thus alleviates the suffering experienced by them. In touch, a client can realise that they are not alone and that another person is there with them. Moreno (1975b:17) stated, "…nurses have always known that. Nurses have always known that you have to go to the patient, go to his bedside, take his hand". Nursing theorists Peplau, Orlando and Rogers (previously cited) encouraged nurses to be conscious of the use of self in their work. They also advocated the value of touch to enhance the nurse-client relationship.

Peplau (1952), Orlando (1961) and Rogers (1989) have been recognised for significantly changing nurse education and practice from the 1950s (Tomey & Allgood, 2002; Willis & McEwan, 2002). An investigation highlights many links between their work and that of Moreno. For example, Peplau invited Moreno to present lectures about interpersonal relations to student nurses and she used psychodrama to assist the students to role reverse with doctors, colleagues and clients. Her classes were popular and other teachers would send their students or attend themselves (Callaway, 2002). Roger's theory, the Science of Unitary Human Beings (1989), signalled a new paradigm for nursing. She proposed nursing as a science that recognised humans as integral to the universe. She advocated therefore that nurses be mindful of the influence of a multidimensional universe of open systems that affected and influenced the health of individuals. Moreno was credited by Davis (1987) as having developed systems theory in the early 1940s. Rogers' terminology differs from that used by Moreno, but her ideas about the significance of the universe and the importance of each individual in it bear close resemblance to his ideas, especially the function of the cosmos (time, space and reality) that must be fully integrated into therapy.

Currently in Nursing

Solution Focused Therapy (SFT) (McAllister, 2010; Wand, 2010) has been gaining increasing prevalence in nursing and mental health fields. It uses the miracle question to

assist clients to project themselves into the future (de Shazer, 1985). At the 2005 Australian and New Zealand Psychodrama Association (ANZPA) conference in Brisbane, workshop facilitators Milne-Home and Hill discussed similarities between the miracle question used in SFT and surplus reality. Moreno developed the concept of surplus reality to enable individuals to 'live' their unspoken fears, perceptions and expectations, to visit and experience the future and that which can be created by and for them there. Surplus reality is used in psychodrama to assist the protagonist to expand perceptions of needs and fantasies. Nurses find themselves with clients during highly significant moments of life such as birth, death, amputation, chemotherapy, depression and suicidal thinking. In any of these moments they can use surplus reality to assist the client to experience dreams, hopes and fears for the future. In facilitating verbal and physical expressions of the previously unspoken, nurses uniquely provide clients with a place for the untold story to be expressed, heard and validated. This is to truly contribute toward healing.

That presentation by Milne-Home and Hill sparked some internal questions for me about contemporary forms of therapy and their possible connections to Moreno. As I become increasingly familiar with the SFT approach I am struck by the similarity of its concepts and interventions to those that I learnt in psychodrama, albeit under different names. For example, the use of scaling in SFT reminds me of the sociograph in psychodrama. I have not yet been able to locate any acknowledgement of or link to Moreno in the SFT literature.

Conclusion

I have been consciously walking with Moreno since 1990, both personally and professionally. Over this time I have grown to appreciate that the nursing profession has been travelling with Moreno for a much longer period. But what strikes and inspires me is that, although Moreno was a major influence on nursing from the 1930s, few acknowledgements of or references to his work can be found in the nursing literature. I hope that this article opens a door of interest for nursing scholars, clinicians and researchers to further explore the importance of his work for nurses and nursing.

I have learnt much about myself, past, present and future through engaging in Moreno's unique techniques. In understanding Moreno's concepts, I have deepened my appreciation of myself and the journeys I have taken in life. At times when I feel most challenged in my professional role, I imagine him standing with me and encouraging me to be present. So I breathe and wonder out loud, and the restrictions on my spontaneity dissipate. I introduce Moreno and his work in every presentation I am invited to do, in every workshop that I facilitate, in the one-to-one work I do with clients and in professional supervision sessions I conduct with health professionals. I walk with Moreno in life. I walk with him in my nursing role. I will continue to encourage nursing colleagues to walk with him in the future.

For interested readers, a full historical picture of Moreno's influence on the nursing profession can be found in Wendy McIntosh's unpublished 1999 masters thesis 'A Critical History of the Influence of Jacob. L. Moreno's Concepts and Techniques on Nursing 1930s-1990s'. A copy can be obtained from Wendy by email request (see below).

REFERENCES

Bektas, B. (2006). Psychodrama: Helping Families to Adapt to Childhood Diabetes. *European Diabetes Nursing* 3(1):149-153.

Blatner, A. (1997). Psychodrama: The State of the Art. *The Arts in Psychotherapy* 24(1)23-30.

Boylin, E.R. (1961). Psychodrama as Experiential Inservice Training. *Group Psychotherapy* 16(3):103-106.

Burwell, D. (1977). Psychodrama and the Depressed Elderly. *The Canadian Nurse* 4:54-55.

Callaway, B. (2002). *Hildegard Peplau: Psychiatric Nurse of the Century*. Springer Publishing Company, New York, NY.

Carlson-Sabelli, L. (1998). *Psychodrama and Nursing*. Accessed 2010 at http://www.rush.edu/RushU/features/carlson.html

Conseldine, M. (1984). Role Training Helps Nurse Cope with Difficult Situations. *The New Zealand Nursing Journal* 2:3-6.

Davis, M. H. (1987). Drama Therapy and Psychodrama. In Jennings, S. (ed.) *Dramatherapy: Theory and Practice for Teachers and Clinicians*. Croom Helm Ltd, Kent.

de Shazer, S. (1985). *Keys to Solution in Brief Therapy*. W.W. Norton, London.

Drew, N. (1990). Psychodrama in Nursing Education. *Journal of Group Psychotherapy, Psychodrama and Sociometry* 43(2):54-61.

Drew, N. (1993). Reenactment Interviewing: A Methodology for Phenomenological Research. *International Journal of Nursing Education Scholarship* 23(4):345-351.

Goble, J. (1990). Psychodrama Takes Centre Stage. *Nursing Times* 86(28):34-35.

Greenberg, I. (1974). *Psychodrama, Theory and Therapy*. Behavioural Publications, New York.

Hagen, M., & Wright, E. (1945). Psychodrama Techniques as a Teaching Device in an Accelerated Course for Workers with Neuropsychiatric Patients. *Sociometry* 8(3/4):146-150.

Hailes, J. (1998). Human Drama to Help Nurses. *Nursing Review* August 27, 1998.

Loweinstein, A. (2004). Role Play. In Lowenstein, A.J. & Bradshaw, M.J., *Fuszards's Innovative Teaching Strategies in Nursing* (Third Edition) (pp.123-128). Jones & Bartlett Publishers Inc., Sudbury, MA.

McAllister. M. (2010). Solution Focused Nursing: A Fitting Model for Mental Health Nurses Working in a Public Health Paradigm. *Contemporary Nurse* 34(2):149-157.

McIntosh, W.H. (1999). A Critical History of the Influence of Jacob. L. Moreno's Concepts and Techniques on Nursing 1930s-1990s. Unpublished Masters Thesis, Queensland University of Technology, Brisbane, Australia.

McLaughlin, D.E., Freed, P.E. & Tadych, R.A. (2006). Action Methods in the Classroom: Creative Strategies for Nursing Education. *International Journal of Nursing Education Scholarship* 3(1):1-18.

Moreno, J.L. (1972). *Psychodrama First Volume* (Fourth Edition). Beacon House, Beacon, NY. (Original publication 1946)

Moreno, J.L. (1993). *Who Shall Survive? Foundations of Sociometry, Group Psychotherapy and Sociodrama* (Student Edition). Royal Publishing Company, New York.

Moreno, J.L. & Moreno, Z.T. (1975a). *Psychodrama Second Volume: Foundations of Psychotherapy*. Beacon House, Beacon, NY. (Second printing. Original publication 1959)

Moreno, J.L. & Moreno, Z.T. (1975b). *Psychodrama Third Volume: Action Therapy and Principles of Practice*. Beacon House, Beacon, NY. (Second printing. Original publication 1969)

Moreno, Z.T. (1974). A Survey of Psychodramatic Techniques. In Greenberg, I. (ed.) *Psychodrama, Theory and Therapy*. Behavioural Publications, New York, NY.

Orlando, J. (1961). *The Dynamic Nurse — Patient Relationship.* G.P. Putnam, New York, NY.

Peplau, H. (1952). *Interpersonal Relations in Nursing: A Conceptual Frame of Reference for Psychodynamic Nursing*. Springer Publishing Company, New York, NY.

Rogers, M.E. (1989). *An Introduction to the Theoretical Basis of Nursing*. F.A. Davis, Philadelphia.

Samiye, M. (2007). The Empathetic Tendencies and Skills of Nursing Students. *Social Behavior and Personality* 35(9):1181-1188.

Siegal, J. & Scipio-Skinner, K.V. (1983). Psychodrama: An Experiential Model for Nursing Students. *Journal of Group Psychotherapy, Psychodrama and Sociodrama* 36(3):97-101.

Starr, A. (1977). *Psychodrama Rehearsal for Living*. Nelson-Hall, Chicago.

Tomey, A.M. & Allgood. M.R. (2002). *Nursing Theorists and Their Work* (Fifth Edition). Mosby, Philadelphia.

Wand. T. (2010). Mental Health Nursing from a Solution Focused Perspective. *International Journal of Mental Health Nursing* 19:210-219.

Will, R. & Forsythe, J. (1993). Family Theatre: An Interdisciplinary Strategy for Teaching Family Assessment. *Nurse Education Today* 13:232-236.

Williams, A. (1989). *The Passionate Technique: Strategic Psychodrama with Individuals, Families and Groups*. Tavistock/Routledge, London.

Willis, M. & McEwan, M. (2002). *Theoretical Basis for Nursing*. Lippincott, Philadelphia.

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Towards Healing

Confronting the Holocaust through Psychodrama, Sociodrama and Rituals

Yaacov Naor and Hilde Goett

Abstract

In 'Towards Healing: Confronting the Holocaust through Psychodrama, Sociodrama and Rituals', Yaacov Naor and Hilde Goett describe an on-going workshop project undertaken with second and third generation descendants of Holocaust survivors and perpetrators. They discuss the trans-generational transmission of trauma, and identify differences and commonalities between victim and perpetrator descendants as well as those from mixed backgrounds. They describe how they use psychodrama, sociodrama and ritual to bring about encounter, dialogue and the beginnings of healing.

Introduction

Since 1995 Yaacov Naor and Hilde Goett, the authors of this article, have been jointly engaged in a special psychodramatic workshop project, 'Confronting the Holocaust through Psychodrama, Sociodrama and Rituals' designed for second and third generation descendants of Holocaust victims and perpetrators. Our purpose is to assist participants to recognise and understand the moral, social and personal implications of the Holocaust.

The fact that as psychodrama directors we come from opposite sides of the Holocaust is unique and special. We bring with us the story and the legacy of our families. Yaacov Naor is the son of two Holocaust survivors. He was born in 1948 in a displaced persons camp in South Germany and moved with his parents to Israel as a one year old. Hilde Goett was born in Romania in 1953, her family part of the German minority in that country. She grew up in turmoil. On the one hand both her grandparents served in the Nazi army and she was discriminated against as the child of fascists. On the other hand, her grandmother was deported to Siberia by the communist regime. When she was in her twenties she moved with her family to Germany.

We began to co-lead psychodrama groups and realised that we shared the same goals and drives. We both wanted to teach people to listen to the Holocaust story, to make room for difference, to respect the other. While working together we became close. Our families met and slowly we became good friends. This was possible because we agreed that our purpose was not to reach reconciliation, but rather to teach the Germans and the Jews and others who attended the workshops to be witnesses to the unique personal expressions of participants and to create a dialogue with one another.

The Trans-Generational Transmission of Trauma

Professional interest in the concept of trans-generational trauma, the passing on of traumatic consequences from generation to generation, has been increasing over the last 20 years and is now well established. This is because case studies, psychotherapy reports and researchers have found that second generation Holocaust survivors report the same kind of emotional problems and a similar depth of suffering as the Holocaust survivors themselves. As early as 1994 Jürgen Müller-Hohagen, who has carried out psychotherapeutic work for many years, published his understandings about the way trauma is passed on. The diagnostic criteria of Post Traumatic Stress Disorder (PTSD) resulting from war trauma are frequently fulfilled, although the person has no personal experience of war. But the deep feelings of shame and guilt hinder a constructive discussion on the trans-generational transmission of perpetrator trauma. As far as we know there has never been an investigation in Germany. Identification with power, obscuration and the re-defining of perpetrators as victims are some of the characteristics that are passed on in the perpetrator families. If we want to stop the inheritance of trauma from generation to generation we must find an accessible and adequate way of dealing with and processing Holocaust trauma.

Gabriele Rosenthal (1998) has investigated the trans-generational transmission of trauma of both survivors and perpetrators from the Nazi period. Her findings have had a strong influence on our work. She asks questions about the formation of dialogue in families from both sides, about the influence of the past on the present. Rosenthal demonstrates how the general lifestyle of the family, the everyday expectations of family members, the feelings of safety, acceptance and belonging, stem from the family's experiences of the Holocaust. She compares the problems of descendants of victims and perpetrators, and identifies commonalities and differences.

One of the commonalities these conflict groups share is silence, but the motivations are different. In the perpetrator families it is mainly the fear of pursuit, condemnation, persecution and prosecution that leads to silence about the Holocaust. In the survivor families it is sadness felt for murdered family members, the shame of such extreme humiliation and the desire to protect descendants from the shadow of these terrible events. Another commonality shared by the respective sides is the terrible effect of family secrets, which in the institutionalised family systems works against a thematic consideration of the past. This is mirrored in the fantasies of descendants, who express it in many different forms. Descendants of the victims pose questions about the guilt of survival such as "What did the survivors do in order to survive?" Meanwhile descendants of the perpetrators ask questions that imply guilt such as "What would I have done in the same situation?"

The Workshop Settings

We offer the workshop 'Confronting the Holocaust through Psychodrama, Sociodrama and Rituals' in two different settings. The first one encompasses a series of weekend seminars in a cycle of two to three years. These include visits to the memorials at Auschwitz and Birkenau and psychodrama in the Educational-Encounter Centre in Oswiecim. In Birkenau we conduct rituals created by the group participants. These settings offer time and space for discussion and analysis, and are suitable for small groups of 15 to 25 participants. We also offer three hour workshops at conferences and conventions to provide an example of our work, where 30 to 80 participants are able to confront and discuss the consequences of the Holocaust in the present time. At these we usually work with psychodramatists and professionals who are familiar with role theory and psychodramatic techniques. Participants have ranged in age from 22 to 78 years.

The Participants: Survivors and Perpetrators

Jewish participants who come to our workshops have some idea about the fate of their family members during the Second World War. They have concrete knowledge of what happened or retain fragments which trouble them. They mourn murdered family members and the loss of an intact family and social network, and feel outrage towards the perpetrators who have burdened them with this endless sorrow. They want to come to some comprehension of the sorrow, despair and mourning which seems to have no end. Participants from families of perpetrators express different feelings. They often wish to deny their family history and fight the feelings of guilt and shame, and have difficulty distinguishing between personal and collective guilt. They seek a better understanding of themselves and their families and want to break loose from their identification as perpetrators. Many grew up with the constant fear of retribution and want to address this. They also seek help to come to terms with the affection they feel for their perpetrator father or mother. Some also hope for atonement or even for

pardon. Other participants come from mixed families because they share the experiences of both victims and persecutors, for example baptised Christians from a partly Jewish background and people from families who have experienced persecution for political, religious or sexual orientation reasons. These participants are often anguished about their identity and affiliation.

As well as differences, workshop participants share common ground and these commonalities are investigated in our seminars without being generalised as equal or identical experiences. The Holocaust silence weighs heavily. All feel the need to decipher it, and all feel deeply involved as individuals, as family members and with respect to the other side. As well, all the participants are seen as traitors by their families because they betray the taboo of silence and seek open discussion and analysis. They confront the family with its troubled past and are therefore viewed as dangerous by other family members. They become the family scapegoats, regarded as the causes of disaster and accidents. Dina Wardi (1992), a psychoanalyst from Jerusalem, describes Jewish family scapegoats as 'commemoration candles' who create subjectivism about the Holocaust and sustain the mourning for those who perished. In the perpetrator and mixed families, those who confront their families with their Nazi past are also punished and excluded for breaking the silence code. They carry the fear, shame, guilt and blame for the sins of the family, the community and the world. Our groups are made up of scapegoats from all sides of the conflict, from victim, perpetrator and mixed families.

The Work: From Encounter to Dialogue to Healing

Our work is based on Moreno's concept of the encounter that can lead to dialogue. Activities include psychodrama, sociodrama, ritual, art-making and activities that build awareness, trust, empathy and acceptance. Our concern is to initiate deeply meaningful personal discussions on the psychodrama stage, to find a language for this and to be aware of the different truths in order to overcome the consequences of collective trauma during the Nazi period. We start out with the premise that the experience of force or violence is innately experienced. The trauma sits tightly in the body where it has found its place and is physically felt. As psychodramatists and advocates of an action-oriented method, we know that a lasting effect occurs when the active discussion of a subject is deeply felt and penetrates the thought process, opening up new horizons and illuminating the problems. This means that during the work one's body must be attentively involved and self-determined.

Warm Up

The body and encounter exercises that are part of our warm up begin to make this possible and also help establish real contact between the participants in the group. We utilise a wide range of small group exercises, with and without music, that are focused on the body and the senses. Some exercises are designed for participants to have fun together, to mirror one another and to build solidarity, while others see them combining forces to exclude others and break groups apart. The emotions and instincts of

participants from the context of their real lives are activated through this work, and participants from victim, persecutor and mixed families are able to encounter and experience one another. This helps create an atmosphere of attentiveness and openness for dealing with the sensitivity of the subject matter.

Psychodrama and Sociodrama

As a rule, the trauma of the Nazi period has not been personally or directly experienced by participants in our workshops. They are not survivors of the Shoa or the Holocaust and are not Nazi perpetrators, but are their children, grandchildren and family members. We are dealing with trans-generational trauma. We allow the subjective truth of the respective sides to be represented on the psychodrama stage with all the sorrow, mourning, shame, despair, horror, rage and guilt that this entails. Thus a bridge is built connecting the participants with the family histories of the opposing sides.

Using sociodrama we explore the history of the Second World War, investigating the elements that caused such horrific violence, sorrow and destruction in Europe and that led to radical changes throughout the world. We consider the consequences for different sections of the populations who were partners in conflict. As we do this we aim to facilitate encounters between descendants of victims and perpetrators, and thus establish a dialogue for dealing with the burden of trauma stemming from the previous generations.

Rituals

The Second World War and the Holocaust are a story of cruelty, pain and suffering which left scars on both the victim and the persecutor sides. The traces remain with us in the present and the process is long lasting. No matter how productive the workshops are in creating encounter, dialogue and healing, we know that words cannot fully and accurately express participants' reactions to the Holocaust. Phenomenological experience and expression are needed. Thus, while in Auschwitz we work psychodramatically on the stage, we also include a process of individual ritual creation at the Birkenau Death Camp.

One of the most difficult experiences of Holocaust survivors and their descendants has been the absence of a real concrete grave to mourn the dead. The rituals are an integral part of a psychodramatic or sociodramatic event because they provide symbolic concretisations. They create a new opportunity for burying the dead. They offer meaning and a sort of closure for the events of the past. They may take the form of religious services, memorial ceremonies, burial, poetry-reading and singing next to an imaginary grave. Some become theatre performances that include movement and singing. All are supported by the whole group, the community that is needed for holding and containing in such moments.

The ritual as a form of individual psychodramatic and sociodramatic sharing is a therapeutic act. It allows participants to confront the Holocaust in their own unique ways, without judgment or blame. It requires the use of imagination and creativity and gives voice, a stage, a form to emotions which have not been clearly expressed before.

Ritual creates a perspective, a liminal space, a surplus reality that exists simultaneously in the past and the present, bridging the space between a participant's inner and outer worlds. It leads to catharsis, change and a sense of integration. Some rituals have become for their creators the best and most profound way of confronting the Holocaust. Here are a few examples: walking barefoot on the rail tracks leading to the main crematorium, throwing glass bottles at the wall in the women's barracks while screaming and crying, listening to quiet harmonica music inside one of the barracks, reading Paul Celan's poem 'Death Fugue', sharing dry bread in a circle and eating it very slowly, participating in a dream-like ceremony of burial for a young woman.

These ritual ceremonies also allow sharing of the personal and the interpersonal simultaneously, and are thus therapeutic for the whole group. They focus on expressions of strong emotion such as anger, rage, guilt, fear, anxiety, shame, helplessness, hopelessness and humiliation, and are thus forms of acknowledgement of the suffering of the other side. A balancing between the individual and the group is created, a kind of psychosocial healing. The links between the individuals, the group and the community are strengthened.

Towards Healing and Reconciliation

In these workshops participants investigate different ways that the roles of persecutor and victim are internalised within individuals and society. They explore spontaneous, expressive and creative ways of dealing with the relationship of aggressor and victim, and are encouraged to encounter 'the other side'. Active work through the body allows an immediate safe opening of the inner emotional world and an encounter with the truth which lies within. The participants share their memories, experiences, fantasies and feelings and give voice to their suffering. Opportunity is thus provided to win in the struggle against anonymity by breaking family and social habits of silence. Participants tell and act their stories and as a result learn to face their own Holocaust history in a genuine manner.

The psychodramatic, sociodramatic and ritual work assists the participants to move from projections, generalisations, prejudices, preconceptions and illusions to the process of learning. The participants learn to be centred, to take responsibility, to meet eye-to-eye, face-to-face with acknowledgement, empathy, respect and acceptance. These encounters between Holocaust second and third generation survivors and aggressors are often moving, frequently painful, sometimes impossible. These courageous people are taking the risk to meet and confront the other side in a safe way, working deeply on this theme in front of others in the group. Because the work facilitates intense experience for participants, we are aware of the danger of creating false closeness which can lead to premature forgiveness. We do not aim to reach reconciliation, but at times it happens spontaneously and naturally, in a step-by-step, long and slow process. Participants are brought together and united through this work and these rituals. They experience hope, a sense of belonging and relief from being alone, anonymous and overwhelmed by the enormity of the Holocaust.

Reflections

Although the descendants of the Holocaust victims and perpetrators have an equal right to represent their sufferings on the psychodrama stage and to reflect on them in the context of real history, this does not mean that the sufferings of the two sides are looked at analogously. For us, it is much more important to find a way of expression that can be manifested in a common language that works diametrically against the traditionalised realities of that time.

As psychodrama directors from opposite sides of the Holocaust, we have looked back into our history and have succeeded in creating a safe place for painful expression, for trust-building, for a sense of belonging to develop. We want participants to accept the group from the opposite side, to exchange fear, hatred and prejudice for real encounter and genuine dialogue where the wounds can be felt, mourned and then healed. For us the extent of the destruction caused by Nazi power has become more complete and the loss of the Jewish people and their culture more perceptible. In the 15 years we have worked together we have developed a system of encounter and dialogue filled with mutual acceptance, respect, recognition and love. In the summers of 2008 and 2010 we carried out a new one week international psychodrama seminar in Krakow and Auschwitz for participants from many countries called 'Traces of the Holocaust in the Present'. Because of the success and meaningfulness of this experience, we plan to offer this format again in the future.

'Confronting the Holocaust through Psychodrama, Sociodrama and Rituals' is a painful and purifying experience for both sides of the Holocaust and frequently results in the decision to live an honourable and dignified future. We are all now responsible for ensuring that history does not repeat itself. An understanding of the pain that has become an essential part of a person's life can lead to a clear decision never to cause such hurt oneself and to realise a respectful and passionate relationship with other people.

Yaacov Naor was the keynote speaker at the Australian and New Zealand Psychodrama Association (ANZPA) conference in Sydney in January 2010.

Further information regarding the work and workshops discussed in this article can be found on the Psychodrama Institute for Europe (PIfE) website at http://www.pife-europe.eu

REFERENCES AND BIBLIOGRAPHY

Bar-On, D. (1989). *Legacy of Silence: Encounters with Children of the Third Reich.* Harvard University Press, Cambridge, MA.

Bar-On, D (1995). *Fear and Hope: Three Generations of the Holocaust.* Harvard University Press, Cambridge, MA.

Bergmann, M.S. & Jacovy, M.E. (eds.) (1990). *Generations of the Holocaust.* Columbia University Press, New York.

Celan, P. (1995). Death Fugue. In Hilda, S. (ed.) *Holocaust Poetry* (p.39). St. Martins Griffin, New York.

Kellermann, P.F. (2007). *Sociodrama and Collective Trauma*. Jessica Kingsley, London.

Kellermann, P.F. (2009). *Holocaust Trauma: Psychological Effects and Treatment*. iUniverse.

Krondorfer, B. (1995). *Remembrance and Reconciliation: Encounters Between Young Jews and Germans*. Yale University Press, New Haven & London.

Muller-Hohagen, J. (1994). Geschichte in uns. Psychogramme aus dem Altag. Kneselbeck Verlags KG, Munchen.

Rosenthal, G. (ed.) (1998). *The Holocaust in Three Generations: Families of Victims and Perpetrators of the Nazi Regime*. Cassell, London.

Wajnryb, R. (2001). *The Silence: How Tragedy Shapes Talk.* Allen & Unwin, Crow's Nest, NSW , Australia.

Wardi, D. (1992). *Memorial Candles: Children of the Holocaust.* Tavistock, London.

Wiener, R. (2001). A Sociodramatist Goes To Work. In Chesner, A. & Hahn, H. (eds.) *Creative Advances in Groupwork*. Jessica Kingsley, London.

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The Alco-Holocaust

ALCOHOL, PROBLEM DRINKERS AND PSYCHODRAMA

PAUL BAAKMAN

ABSTRACT

Although often denied or the subject of double standards, alcohol is the main drug of choice and a serious health problem in Australia and Aotearoa New Zealand. Paul Baakman shares insights flowing from his decades of work with the problem drinkers and co-dependents that result. He advocates a non-judgemental, involved and patient approach that focuses on people, relationships and connection. Effective treatment options and approaches are described and discussed, in particular the use of the psychodramatic method. The ideas are applicable to related areas such as legal, illegal or prescribed drug addiction and process addictions enacted by gamblers, workaholics and overeaters.

THE ALCO-HOLOCAUST

Grandpa would arrive on his motorbike, his hipflask a constant companion. He would reek of booze whilst trying to have fun with us kids. I remember feeling uneasy about his antics. I never really got to know him. He died early as a result of alcoholism. Later my cousin died in a drunk driver car crash. A dear friend died of cirrhosis of the liver. I invite you to take a look at your life and you may see that you too have lost friends or relatives to alcohol. It is so numbingly normal.

Denial and Double Standards: Powerful Cultural Conserves

A substantial slice of our economy depends on wineries, breweries and pubs. Where would these be without the addicts? The alcohol industry, a wolf in sheep's clothing, hooks young people by mixing alcohol with lemonade. Advertisers tap in to youth culture and create zany images that associate alcohol with confidence, mateship, sex and success. The media glamorises alcohol through association with music and sports events, and musicians and sports clubs allow themselves to be bought for 30 pieces of silver. Staggering sums are spent on lobbying and influencing government policy. 'Responsible use' campaigns are a ploy to fool us into believing that alcohol corporations really are good guys who have the public interest at heart. This fig leaf covers the fact that most of their profit comes from those heavily addicted. Without the addicts the alcohol industry would collapse. Dr. Alex Wodak (2009) from St. Vincent's Hospital, Sydney argues that, "Half the alcohol consumed in a community is accounted for by only 10% of drinkers. Without that 10% of drinkers the alcohol beverage industry would go bust. So proclamations by the drinks industry about their strong sense of responsibility should be consumed with at least several kilograms of sodium chloride".

Alcohol is determined by the World Health Organisation (WHO) to be a Group One Carcinogen, which means 'definitely carcinogenic' (WHO, 2010a). The range of cancers and other diseases caused by alcohol is as long as a wine list (WHO, 2010b). At Bristol University in 2007 Professor David Nutt and medical, scientific and legal specialists presented an evidence-based framework for classifying drugs according to their actual harm. They considered three factors, harm to the user, potential for addiction and impact on society. Compared to cannabis at 11, LSD 14 and XTC 18, alcohol scored 4, close to the top after heroin and cocaine.

Double standards and vested business interests hinder an open and rational debate about alcohol consumption in our society. This has formed a frustrating background to my decades of work with problem drinkers. I have built up a considerable head of steam about this issue because I have seen first hand the harm that alcohol can do to people, their social atoms, their relationships and their lives. Until effective public health measures are established, an increasing flow of problem drinkers will require help.

Effective Treatment for Problem Drinking

First stop is effective assessment. With tongue-in-cheek it has been said that "An alcoholic is someone who drinks more than their doctor", which points to the risk of workers in this field using their own drinking as a reliable guide to appraisal. A key factor in assessment is for the professional and client to work together to understand the full effect that a person's drinking has on his or her life.

I approach drug treatment for problem drinkers with a great deal of caution. Since alcohol itself is a depressant, prescribing anti-depressants to a drinker is akin to applying the brakes and accelerator at the same time and therefore counterproductive. Experience has taught me that addiction knows no difference between legal, illegal or prescribed drugs. In most instances drugs are offered as pills and potions to fix emotions. I tend

to recommend the many drug-free, side effect-free and positive options to improve blood chemistry such as getting fit, nature walks, meditation, yoga, tai-chi, new friendships, making changes or finding new meaning in work or personal relationships. Tolle (2008:247) prescribes a spiritual awakening through realising a life purpose. In response to temptation he suggests "Consciously feel that need to physically or mentally ingest a certain substance or the desire to act out some form of compulsive behaviour. Then take a few more conscious breaths". Pert (1997:300), a researcher in biochemistry, recommends something similar. "What if we stopped and checked in with our feelings to ask ourselves what emotions are present before using an artificial substance to alter our mood? If we can bring that level of awareness to our habitual use of substances, then we have a chance, a possibility, of making another choice".

Sometimes I help clients to moderate their use. In the harm reduction model, adjustments are made which reduce the damage caused by drinking. This can involve attempts at 'controlled drinking', which means keeping an honest tally of drinks, agreeing never to drink and drive, having alcohol-free days and ending binge drinking. In addition a person may leave a destructive relationship, switch to a different career, come to terms with the past or make other life adjustments. For others who present in my consulting room, controlled drinking is no longer a viable option. Complete abstinence is the only realistic course of action. I have observed clients struggling with this notion, many harbouring the hope that they may one day become a social drinker again. I have assisted them to see that denial and bargaining are stages of the grief process that takes place when the active relationship with alcohol is ending.

At the core of all addiction is a need to face up to something in the self and this can be a daunting task. This is where counselling and psychotherapy have proved to be effective treatment options in my work with problem drinkers. These approaches have assisted clients in their struggles to initiate a discussion or volunteer information about matters that may involve deep shame and possible condemnation. However, in using a therapeutic approach, I do not advocate going along with clients' eagerness to work on underlying issues whilst they continue to use alcohol. To avoid the subject of addiction in the belief that addressing causes will 'fix' the drinking problem is to collude with a client's avoidance system. As active addiction fuels distorted perceptions, psychotherapy can then become a wild goose chase. I might ask a direct question. "What role does alcohol, drugs or gambling play in your life?" I have noticed on many occasions that when drinking is addressed as a primary concern, the underlying problems or psychiatric symptoms which were thought to have led to problem drinking become much more manageable.

I have noticed too that many problem drinkers respond well to Moreno's action methods. In my consulting room I have several shelves of figurines and objects that are used for scene setting and concretisation. I am cautious about using the psychodramatic technique of doubling when dealing with coping roles such as *poor me* because drinkers often warm up to self-pity to justify their alcohol consumption. I am more inclined to double the progressive elements, the desire for a better life free from addictive compulsions.

The following vignette illustrates my use of psychodramatic techniques such as concretisation and role reversal, in therapeutic work with problem drinkers.

Vignette One: Dave the Keen Biker

Dave, a keen biker in early recovery, has been talking about the multitude of problems he is facing. He says he has social phobia, erectile dysfunction and feels overwhelmed by the complexity of it all.

Dave   I can hear the old voice of beer saying, it was all so much easier when you had me. You didn't have problems then, ha-ha.

'Ha-ha' is an expression that sometimes follows a self-defeating statement. With life and death matters such as these, it is vital to never join in with this gallows humour.

Director   Get a chair and be that old voice.
Voice of Beer *smiling seductively* . . . You know you want me.

Dave hunches his shoulders and looks burdened.

Director   Who in your life will support you when the going gets tough?
Dave   My AA sponsor William is always there.
Director   Be William now.
William   *in a warm tone* . . . Dave me old mate, you make things so complex. Remember social phobia, and erectile problems too, are made worse by alcohol. It's called brewer's droop for a reason.
Dave   *turning to Voice of Beer* . . . Sure, I didn't feel so bad then because of your rosy glow, but the problems were still there. In fact with you in my head all the time and every day, I couldn't think clearly. So piss off you bastard. I don't need you. Piss off!
Director   Hurray!

There is a more hopeful tone to the rest of the session. We discuss the dynamics of Building Up to Drinking, known as Budding in Alcoholics Anonymous (AA) circles, and the value of having good people in your life.

A Non-Judgemental and Involved Approach

To work effectively with problem drinkers is to warm yourself up to getting involved with them, to gain a sense of the whole person in their past and present social and cultural context. Moreno (1973:26) advocates getting up close and personal. "The psychodramatist has to have, besides telic sensitivities, knowledge of the code of alcoholics and drug addicts, as well as of the prisoners in prison, in order to approach them effectively. Any kind of role-playing on a fictitious level, unrelated to their actual

dynamic problems, will not reach them. They need direct and realistic psychodrama". Crawford (1997:48) emphasises the spiritual aspects of working with alcoholics and also stresses the need to connect strongly. He writes ". . . if we are to get involved with our alcoholic patient using psychodrama, or any other way, we are part of his life for that moment or period of time".

It is all too easy to judge problem drinkers and condemn them as weak. However, addiction knows no class or boundary and no one is immune. I attended some AA meetings when I first became involved in this field as a professional, and learnt the language of recovery. It was instructive to recognise the embryonic addict in myself and accept how we all, at times, avoid facing up to things or seek forgetfulness. I actively work to create acceptance rather than judgment by separating the problem drinker from the problem, as the vignette below illustrates.

Vignette Two: Separating Jack from his Drinking Problem

Counsellor   What have you learnt from keeping a tally of your drinks?
Jack   *shifting uncomfortably in his seat, looking sideways . . .* Oh no, that's been fine really . . . *then quickly changes topic.*
Counsellor   Hang on Jack, that's not the full story, is it?
Jack   But don't you trust me?
Counsellor   Yes, I trust YOU, but I don't trust your addiction.

Focusing on People, Relationships and Connection

Adams (2008) makes a strong case for a paradigm shift in thinking about addiction. He suggests that we replace a particle perspective with a social perspective, exchanging the term recovery for re-integration. He describes how the strengthening of a relationship with an Addictive Substance or Process (ASP) corresponds with a deterioration in relationships with significant others. Conversely, a deterioration in relationships with significant others can contribute to the strengthening of the relationship with the ASP. Adams' view goes hand-in-hand with the systemic perspective espoused by psychodrama, the notion that roles do not simply belong with an individual but arise in a context of relationships. As a psychodramatist, I work to value and strengthen relationships within the present social atom. In psychodramatic enactments I quickly populate a scene and have relationships enacted, particularly the introduction onto the psychodrama stage of people who support positive change. In daily life my clients will often be faced with a choice of relying on either alcohol or people. I find that including the partner or sober friend right from the beginning makes more of a lasting impact.

Vignette Three: Toward the End of the First Session with Dave

Counsellor   For your next session, would you bring along your partner or a friend who will support you in making changes?
Dave   But, hey, this is my personal issue, right? Surely it's up to me and my willpower?

Counsellor   Certainly this is your responsibility. However, when the going gets tough, you will need all the support you can get. When a crisis occurs you have two choices, use a drink or use people. In other words, drink it out or talk it out. You get an insurance policy before there is a fire. The best time to organise support is well before you might need it.

This conversation alerts Dave to the real challenges ahead as well as his need for human connection. If he has no partner or friends to call on, then an even stronger case can be made for him to attend AA meetings.

Hanging in There

When a problem drinker returns to the same old place with the same old people, there is likely to be the same old result, which means a relapse. AA advocates "If you don't want to slip, don't walk in slippery places". Socialising with other problem drinkers is one of those slippery places. It is important therefore to have realistic expectations when working with problem drinkers, which means not being surprised by a relapse or three! A feeling of having been used and spat-out is very common. As a counsellor, if you are not prepared for this it is better to refer the client on. Supervision, clear boundaries as well as the patience of a saint can all help in maintaining the professional's morale. Alcohol provides powerful experiences and emotions and can make people feel very alive, confident and vibrant. Therefore it is vital that in working with problem drinkers, counsellors relate strongly and have a good time. This includes recognising and celebrating small progressive changes.

Yalom (2008:131) writes ". . . self-disclosure plays a crucial part in the establishment of intimacy" and beautifully describes the value of connection through sharing. Addiction distorts thinking processes, and many problem drinkers at first balk at the idea of taking part in AA. The Twelve Steps of AA programme, developed with the help of Carl Jung, provides a structured pathway to social atom repair. The companionship offered by AA can be of immense value, as it provides an accepting and supportive worldwide network of people who 'have been there'. With an emphasis on self-honesty and acceptance, sharing and mutual support, participation in AA can help in re-building a life. In many cities all over the world there are support groups that exist to provide a supportive network for those struggling with addiction: Alcoholics Anonymous (AA) for problem drinkers, Narcotics Anonymous (NA) for drug-addicts, and Al-Anon for partners.


The Blame Game: Working with Partners

Partners or spouses often unwittingly play a part in the continuation of the addiction by self-blaming or taking undue responsibility. They tip out the bottle, clean up the mess, phone in sick for the partner with a hang-over, put them to bed, make excuses, provide money, buy alcohol or join in the drinking. The term co-alcoholic is used to describe those caught up in this process of enabling the alcoholic. Whereas the alcoholic's life

revolves around drinking, the co-alcoholic's life revolves around the alcoholic and their drinking. Partners have their own issues to deal with, such as chronic stress caused by poor communication, resentment, tension, arguments, violence and general uncertainty. There may be financial, sexual, legal and health problems as well as the children and their reactions to deal with. Problem drinkers may lie in order to cover their tracks and it is not uncommon for a partner to feel hurt and shamed, betrayed and angry.

Not uncommonly, the habit of being centered on the other is part of a role repertoire developed in childhood. Some stay stuck in their distress by hanging on to the role of *blaming victim*. It can be quite a challenge for a counsellor to shift the focus of the conversation from "What's happening with the problem drinker?" to "What's actually happening with you and how can you work towards a fulfilling life for yourself?" Even if the problem drinker drops out of treatment, the work can still continue with the partner who is motivated for change. If the problem drinker does stop abusing alcohol, another set of challenges emerges. Matters of trust, responsibility, power and control, sex and money can finally be addressed without alcohol clouding the issues. This re-jigging of roles makes for a very different relationship. Paradoxically, it is at this point that a spouse or partner may leave the relationship saying "I liked him better when he was drinking".

Vignette Four: Jack and Jill

Jack and Jill are a couple in their thirties. Jack drinks, which symbolises to him independence. Ironically, he does this by creating a dependency. The more his partner Jill pressures him to stop drinking, the more he resists. They are stuck in a repetitive battle, attacking each other.
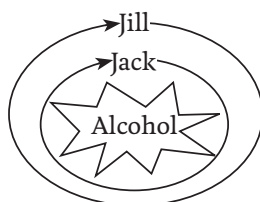
As depicted in the diagram above, Jack's life revolves around drinking. Jill's life revolves around Jack and his drinking, the co-dependent's story. Both are in the grip of a compulsion. Either one has the power to review what is central in their life. I work with whoever is motivated for change.

Jill   Why don't you just stop drinking? You would if you loved me and the children!
Jack   Why don't you just stop nagging me? You're driving me to drink!
Counsellor to Jill   There must be a powerful reason why Jack's drinking is such a concern to you.
Jill   *tearful . . .* Yes, I just don't want to end up a poor widow with young children, like my mother. The way he is drinking might well kill him, and then what?

Counsellor	It's clear that you feel powerless over Jack's drinking and I think that's true. The only person who has that power is Jack himself. *Jack nods . . .* What if you were to fully accept this? I mean REALLY accept it, and then see what is within your own power?
Jill	I suppose I could start by no longer cleaning up his mess and refusing to ring in sick when he has a hangover. Also, I can make sure I keep good contact with my own friends rather than joining him and his drinking buddies.
Jack	Hey, aren't you going a bit far?
Jill	Well Jack, I can't stop your drinking. And you can't stop me being concerned about the future when you risk your health the way you do. I will do what I need to do.

The repetitive blame game is coming to an end. In this session both Jack and Jill are respected as individuals who can make their own decisions. Jill stops pressuring Jack to change, and it becomes difficult for Jack to then project the responsibility for his drinking onto Jill. As he is left to experience the consequences of his drinking, there is a chance that Jack will take an initiative to change. Independent of whether he drinks or not, Jill is no longer stuck and is starting to practice what is called loving detachment. This is a key development.

Adult Children of Alcoholics

Adult children of alcoholics (ACOA) have been robbed of an ordinary childhood. When the care-taking relationship between parent and child is reversed and the child has had to care for their alcoholic parent/s, the result is a parentified child. The ACOA will often present as caring, competent and helpful. As adults they are often attracted to a series of partnerships with problem drinkers and addicts because in these relationships they feel at home. They know, from early experience, what to expect and what to do. In therapy, they need to grieve their lost childhood, learn to maintain appropriate boundaries and develop self-care and assertiveness.

Working in Groups

I have found the experiential psychodrama group to be a successful vehicle for social atom repair with problem drinkers who have progressed beyond early recovery. Over-stimulation or re-traumatisation is avoided because this pulls the protagonist back to the ingrained, fragmenting response to strong feelings that constitutes the addictive behaviour. For safety reasons, I do not recommend experiential groups to those who are in active addiction or the early stages of recovery. Alcohol can function as an apparently reliable substitute for relationships with people who are not always reliable. In a psychodrama, I often direct the protagonist to give the addiction a name as if it represents a real person. This assists the problem drinker to externalise the difficulty and gain a perspective. Once

concretised and personified, the addiction can be thanked for always being there, for consolation and for fun times, cursed for the damage, disruptions and betrayal, and farewelled or whatever other action occurs to the protagonist.

Vignette Five: Hilary

Hilary is a problem drinker from Greece. She has been sober for 18 months. She is self-employed and reports money problems. She works like a Trojan but undercharges. She feels worthless and is becoming dangerously exhausted. Here is an exchange between herself as *Trojan Worker* and *The Siren Chardonnay*.

Trojan Worker   When I'm tired I think of how long it has been since I had a break, and how nice it would be to get some relief and relax.

Siren Chardonnay *offering a promise of relief* . . . Well, I'm here anytime you want me. You can handle me. You have grown so much lately. You are so much stronger now. Surely you have changed enough . . .

Trojan Worker   *agreeing* . . . What the hell! I don't care. What's the point? Life's short, might as well enjoy myself. I deserve a break . . . *laughs* . . . hmmm, a nice glass of creepy, oops I mean creamy, smooth wine is just what I need.

Hilary made a Freudian slip when she said creepy instead of creamy. This suggests that unconsciously she picks up on the slippery seductiveness of addiction. I stand with her and together we witness the unfolding scene. I remind her of the purpose of her drama.

Hilary   *as herself, addressing Trojan Worker in a matter of fact tone* . . . I know that . . . *pauses* . . . that your life is so much better now than it was with booze. But life WILL be shorter if you drink again. And anyway you don't enjoy yourself, well, at least not for long, when you drink.

Director   That is all true. Yet, is this rational reality check enough for Trojan Worker to feel that you are connecting with her?

Hilary   Oh, you're not going to get me to hug her and get all soppy are you, ha-ha.

Director   Is it really that soppy to embrace that scrawny slave, and let her know that she does matter to you?

Hilary follows through and has a moving encounter with *Trojan Worker*. She finishes 'walking on a cloud' and is receptive to the subsequent sharing from the group.

Psychodrama helps in completing unfinished business, which often includes working with grief and guilt, anger and forgiveness. Faisandier (1997) puts forward The Sobriety Shop, a variation on psychodrama's magic shop, in which participants can trade personal qualities and become conscious of what they really want, as well as pay the price involved. A sociodrama of a typical alcoholic family can be a valuable educational event.

Role training can be used to assist addicted clients to learn to resist impulsivity and gain freedom.

Conclusion

My work with problem drinkers feels like an uphill battle sometimes. It is not for the faint-hearted. Society is in a state of denial, and vested interests protect the status quo. Below the bubbles on the surface, problem drinkers and the people in their lives are often isolated. Psychodrama is ideally placed to assist because of its focus on relationships and social atom repair. Success does take place and this is immensely rewarding.

REFERENCES

Adams, P. (2008). *Fragmented Intimacy: Addiction from a Social Perspective.* Springer, New York.

Crawford, R. (1997). The Place of Psychodrama in the Treatment of Alcoholism. *ANZPA Journal* 6:45-55.

Faisandier, J. (1997). Sobriety Shop: Structured Role Plays in a Residential Treatment Centre for Alcohol and Drug Dependency. *ANZPA Journal* 6:57-63.

Moreno, J.L. (1973). Notes on Indications and Contra-Indications for Acting Out in Psychodrama. *Group Psychotherapy, Psychodrama & Sociometry* 26:23-25.

Nutt, D. et al. (2007). Development of a Rational Scale to Assess the Harm of Drugs of Potential Misuse. *The Lancet* 24 March 2007, 369(9566):1047-1053.

Pert, C.B. (1997). *Molecules of Emotion: The Science behind Mind-Body Medicine.* Touchstone, New York.

Tolle, E. (2008). *A New Earth.* Penguin Group, Australia.

Wodak, A. (2009). Letters to the Editor. *New Zealand Sunday Star Times* 7 June 2009.

World Health Organisation (WHO) (2010a). Overall Evaluations of Carcinogenicity to Humans. Accessed at http://monographs.iarc.fr/ENG/Classification/crthgr01.php.

World Health Organisation (WHO) (2010b). Harmful Use of Alcohol. Accessed at www.who.int/entity/nmh/publications/fact_sheet_alcohol_en.pdf.

Yalom, I. (2008). *Staring at the Sun: Overcoming the Dread of Death.* Scribe Publications, VIC, Australia.

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More than Picking at Scabs

Working with Trainee Counsellors

Cecelia Winkelman

Abstract

Cecelia Winkelman weaves three strands together as she reflects on her use of a role training approach in the teaching of counselling. The first strand focuses on the author's methods for assisting counselling trainees to develop empathy, a naïve attitude and the ability to enter into the experience of their clients. In the second strand the use of Moreno's role training method is described, including adaptations developed by the author to maintain links with the trainee-interviewer and the trainee-interviewee as two protagonists, and the training group as the third protagonist. The third strand addresses defensiveness that emerges in the training group, including the development of safety and connection and the use of the focal conflict model.

> *The class sits in a semi-circle facing two chairs positioned for a one-to-one interview. Two trainee counsellors have volunteered to come forward and sit in those chairs, taking up the roles of interviewer and interviewee, terms used in this training group in place of counsellor and client. So far, the interviewee has spoken about her parents. She is concerned about a conflict between them, the way that one parent appears to discount the wishes of the other.*
>
> *At this point in the training session, my attention as group leader is focussed on the interviewer. Intent on coaching her to expand her thinking about the interviewee and*

to allow her imagination to flow, I freeze the action and comment on the interviewee's role in her family system. The interviewee immediately reacts by distancing herself. Perhaps she feels ignored or criticised. The effect is palpable. I stop and notice that there is a change in the atmosphere. It feels strained and dry. The group members respond by acting out. One group member calls out that the interviewee looks angry.

Bringing this part of the training session to a close, I invite the other group members to share with the interviewer and interviewee their learning about developing themselves as counsellors. Then, a group member who has not yet shared exclaims, "What are we doing here, picking at scabs?"

This scene captures a moment in group leadership, its impact on the trainees, the way that they involved themselves in learning and the degree of defensiveness aroused in the group. Using it as illustration, I will draw on several strands to weave together reflections about my use of a role training approach in the teaching of counselling.

As a teacher of counselling, my aim is to assist trainees to develop their capacity to be *naïve inquirers*, that is, to stay open to understanding the experience of clients rather than adopting a problem-solving approach. One strand, therefore, is driven by the conviction that trainee counsellors need to develop their capacity to listen empathically to their clients. A second strand describes my use of Moreno's (1980) role training method in this learning. My analysis of the scenario above led me to recognise that both interviewer and interviewee are protagonists for the group, and that I need to maintain a link with both as well as with the group. One aspect of this article, thus, is focused on how I have adapted the role training approach to work with two protagonists and how I have come to view the group itself as a third protagonist.

In assisting trainee counsellors to develop themselves as empathic listeners who can reverse roles with their clients, I have observed how they also warm up to self-judgement. The third strand is, therefore, focused on how I use an understanding of safety, connection (Moreno, 1978) and the focal conflict model (Whitaker & Lieberman, 2008) to work with defensiveness that tends to arise in the training group.

Empathy: Entering into the Experience of the Client

Empathy can be defined as an attempt to identify with another person's experience. It is typically understood as having both a cognitive and an affective component (Carkhuff, 1969; Corey, 2009). That is, when empathy is aroused one tends to have an intellectual understanding, as well as an emotional resonance for the other. A third component is the naming of the other's experience. A fourth component in the context of a counselling relationship involves the counsellor responding to the client in a way that expresses empathic understanding. Empathy influences a client in a number of ways. In response to a counsellor's empathy, a client may feel validated and perceive the attempt to understand as an invitation to explore the issue. As a result, the focus of the session may move from the client's external world to the inner experience (Rogers, 1980).

Trainee counsellors tend to lack empathic skills. This is demonstrated in the training sessions where they act as interviewers and interviewees for one another. Prompted by the desire to help the interviewee, an interviewer will frequently adopt a problem-solving approach before the interviewee has had an opportunity to present and explore a concern. Interviewers believe they should be in control and have the answers, rather than sitting with the uncertainty that both interviewee and interviewer may experience. Some interviewers paraphrase, reflect feelings and summarise, believing that this is sufficient to demonstrate empathy but in many an instance, it is not. Many trainee interviewers believe that they have responded empathically, and do not understand that they have not addressed the needs of the interviewee for genuine empathy.

Since the training session described above, I have shifted my teaching focus from the actual words spoken by interviewers to an approach that emphasises their attitude. I based this change in focus on the wisdom of a colleague. "If the trainee counsellor adopts an attitude of trying to understand the experience of the client, the words will follow" (M. Scarfe, personal communication, 07 May 2007). To learn this attitude, trainee counsellors are required to live with uncertainty without becoming self-persecutory. A challenge, when low tolerance for uncertainty tends to elicit student defensiveness and a need to control. This is where role training has made its contribution to the work.

Role Training: Learning to Enter the Client's World

Moreno's role training approach (Baim, Burmeister & Maciel, 2007; Blatner, 1988; Clayton, 1992; Holmes, Karp & Watson, 1994) lends itself to assisting trainees to develop their capacity to sit with the client, to listen empathically, to create a space for something to emerge and to tolerate uncertainty. In what follows, I describe and illustrate the elements of role training that I typically use in my work.

The Spectrogram

The spectrogram is a continuum-in-action on a criterion relevant to the group's developmental stage. It gets group members up and moving and gives them the opportunity to connect with others. I ask the trainees to place themselves on an imaginary line from zero to one hundred that stretches from one wall to the other. The criterion I select is relevant to the group of trainee counsellors, for example, their comfort level regarding the use of silence in counselling. I have noticed that many appear to believe that constant talk in a counselling session is a necessity, not recognising that the client is making use of silence to reflect and think. As group members stand and place themselves on the spectrogram, their positions become visible for all to see. I then direct them to form pairs or triad groups with those standing adjacent to, or at opposite ends from, themselves. I invite them to share the reasons that led them to choose their positions on the continuum. The resonance of the ensuing discussion provides an audible measure of the intensity of involvement of the group members with both the activity and with one another (Bramley, 1979).

The Protagonists

In a typical role training session one individual is the protagonist for the group and comes forward onto the stage. This is the one who, as in ancient Greek drama, agonises on behalf of the group. Other group members are chosen to take up auxiliary roles. A brief enactment takes place in which the protagonist's functioning is displayed. The group leader provides a role analysis for the protagonist, identifying those aspects of roles that are adequate, overdeveloped, embryonic, conflicted or absent (Clayton, 1993).

I used to think in terms of one protagonist, the trainee interviewer. But since the scenario described above, I have found it useful to think in terms of two protagonists. This is a training group where both the interviewer and the interviewee are on stage. The interviewer is the learner to whom the interviewee brings a live, personal issue. Both are protagonists for the group in the learning that the group has come together to do because by definition, the protagonist is the one poised between the desire to learn and the fear of exposure (Baim et al., 2007). In the following sections I illustrate the way that I work with these two protagonists.

Producing the Enactment

In a role training session, the structure is provided by the arrangement of chairs. The audience sits in a semi-circle facing the open action space or stage area where the enactment takes place. Two chairs are placed in this space to represent the two participants in a counselling session. Trainees are invited to take up the roles of interviewer and interviewee, thus becoming the two protagonists for the group.

I coach the trainee interviewer to adopt the role of the *naïve inquirer*. The *naïve inquirer* works to understand the interviewee's worldview and the way that the interviewee experiences her or his own narrative. Rather than focusing on the actual words that are spoken, my coaching emphasises the importance of taking up an attitude of inquiry and involvement. I use techniques from the psychodramatic method (Baim et al., 2007; Blatner, 1988; Clayton, 1991; Leveton, 2001), such as sculpture, concretisation, doubling, mirroring, modelling, role reversal, coaching and vignette to facilitate the development of roles that can express this attitude.

Role Reversal

At the beginning of the interview the interviewee, as a protagonist for the group, expresses a concern. To facilitate role reversal, I may request that the interviewee stand aside for a moment and invite the interviewer to sit in the interviewee's chair. The focus is now on the interviewer as the protagonist for the group. I coach the interviewer to enter the inner world of the interviewee, to warm up to being in the interviewee's shoes, to imagine what it is like to be that person, to see the world as that person sees it. The interviewer can be powerfully affected by simply sitting in the interviewee's chair and imagining being the interviewee. It provides the freedom and mental space to come to know something about the interviewee's experience, both imaginatively and empathically. Once role reversed to the original positions again, the interviewer finds it possible to say something to the interviewee that captures more of a lived understanding of the interviewee's struggle.

The Sculpture

A sculpture is a tableaux that assists both interviewer and interviewee. It concretises in a visual scene the actors and elements that populate the interviewee's narrative. As with role reversal, creating and viewing a sculpture frees the interviewer from the tendency towards problem-solving and resorting to strategies, and promotes the development of empathy. Perhaps the interviewer has become conscious of a conflict in the relationship system that the interviewee is describing in words. The interviewer assists the interviewee to choose auxiliaries from the group to take up the roles of those involved in the conflict and place them in relation to one another. While assisting the interviewee to create the sculpture, the interviewer is coached to again adopt a naïve attitude. Together, the interviewer and interviewee view the tableaux. Both can be affected by it.

During earlier listening, the interviewer may have missed significant elements but while viewing the sculpture those elements may be revealed. The interviewer is then able to put into words a more accurate understanding of the interviewee's experience. Meanwhile, the interviewee is affected by the interviewer's consistent attempts to understand, and while viewing the sculpture with the interviewer becomes conscious of elements and conflicts that may have been outside awareness. Thus the possibility of further internal integration is created. In observing and participating in the creation of the sculpture, the other group members make progress in their own learning.

The Vignette

In psychodrama, a vignette is a brief psychodramatic enactment that displays the phenomenological world of the protagonist. I use the vignette to assist the interviewer-in-role-as-interviewee to imagine being the interviewee, to take on the role and to express what she or he believes the interviewee might express in this scene. At times a protagonist-interviewer may object, saying that she or he does not know. In response, I continue to use the different psychodramatic techniques to assist the interviewer to enter the system, to imagine her or himself in the role and to allow a response to emerge. This type of intervention tends to elicit the interviewer's spontaneity.

When the vignette is brought to a close and the protagonist returns to his or her role as counselling interviewer, a number of things have changed. The interviewer, in attempting to immerse him or herself in the interviewee's world, has come closer to adopting that naïve attitude of seeking to understand the interviewee's experience. Even if the interviewer has portrayed aspects of the system inaccurately, the interviewee is still positively affected. She or he has been present throughout, has reflected on the vignette and may have shifted in thinking and feeling. For the group members, the learning has come alive. They have all been intensely involved and are relating aspects of the work to their own development.

Working with Defensiveness in the Training Group

Students enter the counselling training course wanting to learn. Yet at another level of which they may be only vaguely, if at all, aware they are hoping that they already know

(Bramley, 1979; Salzberger-Wittenberg, Henry & Osborne, 1983). The wish to know already without the effort of learning, the wish to avoid appearing lacking or incompetent, the wish to avoid the pain of uncertainty and exposure, all contribute to student defensiveness.

Addressing the Need for Safety

Group members are more likely to go along with the group leader's requests, when the group leader can show how these are related to the purpose of the group (G.M. Clayton, personal communication, circa 1993). In the scene that opened this article, the training group's purpose is the learning of counselling and psychotherapy. As the group leader I relate all events in the group to this purpose. At the same time members of a learning group, like most groups in the early stages, have a need for security and safety (Bion, 1961). In my training groups I develop safety early on by working with the sociometry, that is, with how group members are connected to one another. I use a number of activities to build and strengthen the links between group members. Some are carried out in pairs or groups of four such as this task, "Share with your partner a time when you experienced being really listened to by someone".

Maintaining Connection

Defensiveness can arise from many sources. In the scene described at the beginning of this paper the interviewer, the interviewee and many group members warmed up to defended roles. In my view they experienced a threat that was prompted by my losing connection with the protagonist-interviewee. As discussed above, since that group session I have conceptualised the role training session as involving three protagonists. I emphasise the need for the trainer to maintain connection with all three, interviewer, interviewee and audience. In a parallel process, my interventions as group leader come now from the attitude of trying to understand the interviewer's conceptualisation of the interviewee's worldview. This stance has increased the support experienced by both interviewer and interviewee. It is protective of both and promotes learning for all.

The Focal Conflict Model

So far the role training method described here encompasses two protagonists, interviewer and interviewee, and works to resolve defensiveness and other conflicts that arise for them during training sessions. I am grateful to a now deceased colleague and friend for suggesting that the group itself is the third protagonist (Sandra Russell, personal communication, 2008). The focal conflict model offers a way to understand, track and work with the defensiveness that tends to emerge during learning in this third protagonist, the training group (Bramley, 1979; Whitaker, 1985). According to this theory, there will exist in each of the group members an unconscious wish, the disturbing motive. In reaction to this wish, there arises a fear, the reactive motive. Applied to the group process, everything a group member says or does is understood as connected in some way to the unconscious wish or fear.

Freud (1957, 1958) theorised that the conflict between the wish and the unacceptable

nature of the wish gave rise to the symptom. It was the symptom that his patients brought to him for treatment. The conflict between the disturbing motive and the reactive motive leads to a resolution, that is, the group tacitly agree on a group norm. The theory predicts that the group's resolution will be either an enabling or a restrictive group norm. In a restrictive resolution, the wish is sacrificed to the fear. In an enabling resolution, the fear is addressed and the wish is satisfied.

Whitaker and Lieberman (2008) illustrated the focal conflict in the process of a therapy group. In their example, they identified the disturbing motive as the wish for each group member to have a special place with the group leader. The reactive motive that arose in response to this disturbing motive was the fear that any attempt to be special to the group leader would elicit rivalry from the other group members, who would then attack. The group came to a restrictive resolution, agreement that they should all be treated alike. The wish of the disturbing motive was sacrificed for the safety of a restrictive resolution. Freud interpreted unconscious conflicts, bringing them to the patient's awareness. He might have seen Whitaker's and Lieberman's example as an attempt to deal with the feelings of rivalry aroused by the Oedipal conflict. So too can the group leader name a restrictive resolution. This brings it to the attention of the group members and provides them with the possibility of revising the group norm.

Working with the Focal Conflict Model

The focal conflict model thus provides the group leader with a way of making sense of developments and remaining oriented to the group process (Bramley, 1979; Whitaker, 1985). In the sharing phase of the role training session described in the paper's opening, a group member exclaims that we are "picking at scabs". While this comment may be interpreted a number of ways, one possibility is to view it as an expression of defensiveness. In terms of the focal conflict model he is expressing the reactive motive, a fear of exposure, of revealed vulnerability, to use his metaphor of being made to re-injure oneself and bleed in public. He is the spokesperson for others who also experience the reactive motive strongly. In doing so he represents a point on a continuum of defensiveness that exists in every member of the group. Group members could place themselves on this continuum, from a point of high defensiveness to a point where defensiveness is minimal.

In the discussion that follows the sharing, comments from some group members indicate that the reactive fear was strong and the tendency to respond defensively was a group issue. Nevertheless, since the group as a whole avoided enacting a restrictive resolution, the disturbing motive, the wish to reveal self and be vulnerable, was strong. The group leader needs to work with the defences that arise in the training group in response to the threat of exposure. In this illustration, the threat experienced by the group members may have been prompted by my loss of connection with the interviewee. Such threats arouse fears that are both conscious and unconscious.

At the conscious level they may have more to do with fears of exposure, criticism, embarrassment, appearing incompetent and a loss of self-esteem. All are painful feelings that interfere with learning. At an unconscious level, they may have more to do with

eliciting the implicit and non-verbal experiences of shame and those primitive persecutory feelings of fear for one's survival so evocatively described by Klein (1975). These early fears may be for the continued integrity of one's sense of self, fears of such intensity that the fears themselves are attacking the capacity of the ego to tolerate the experience.

Conclusion

This paper opened with an illustrative scene, a moment in my leadership of a training group for counsellor trainees. From this I have drawn three strands to weave together reflections about my use of a role training approach in the teaching of counselling. The first strand focused on the need to develop ways to assist trainees to develop empathy, a naïve attitude and the ability to enter into the experience of their clients. In the second strand I described my use of Moreno's role training method, including my adaptation of the method to maintain a link with both the trainee-interviewer and the trainee-interviewee as two protagonists, and the training group as the third protagonist. I have found that pausing the interview to work with the interviewer assists the learning for all involved. The third strand focused on the way I work with defensiveness that tends to emerge in the training group. I have described how I address the need for safety and connection, and my use of the focal conflict model to make sense of the group process in terms of wish and fear.

Counselling is art and counsellors get better at it by learning from their clients. So it is with teachers. In reflecting on and writing about that group session, I learnt much from my students and I have presented here the kernels of that learning.

References

Baim, C., Burmeister, J. & Maciel, M. (eds.) (2007). *Psychodrama: Advances in Theory and Practice.* Routledge, London.

Bion, W.R. (1961). *Experiences in Groups and Other Papers.* Tavistock Publications, London.

Blatner, A. (1988). *Acting-in: Practical Applications of Psychodramatic Methods* (Second Edition). Springer Publishing Company, New York.

Bramley, W. (1979). *Group Tutoring: Concepts and Case Studies.* Kogan Page, London.

Carkhuff, R.R. (1969). *Helping and Human Relations: A Primer for Lay and Professional Helpers. Volume 1: Selection and Training.* Holt, Rinehart & Winston, New York.

Clayton, G.M. (1991). *Directing Psychodrama: A Training Companion.* ICA Press, Caulfield, VIC, Australia.

Clayton, G.M. (1992). *Enhancing Life and Relationships: A Role Training Manual.* ICA Press, Caulfield, VIC, Australia.

Clayton, G.M. (1993). *Living Pictures of the Self: Applications of Role Theory in Professional Practice and Daily Living.* ICA Press, Caulfield, VIC, Australia.

Corey, G. (2009). *Theory and Practice of Counselling and Psychotherapy.* Thomson, Belmont, California.

Freud, S. (1957). Five Lectures on Psycho-Analysis. In Strachey, J. (ed. & trans.) *The Standard Edition of the*

Complete Psychological Works of Sigmund Freud Volume 11 (pp.9-56). Hogarth Press and The Institute of Psycho-Analysis, London. (Original publication 1910)

Freud, S. (1958). On Psycho-Analysis. In Strachey, J. (ed. & trans.) *The Standard Edition of the Complete Psychological Works of Sigmund Freud Volume 12* (pp.205-211). Hogarth Press and the Institute of Psycho-Analysis, London. (Original publication 1911)

Holmes, P., Karp, M. & Watson, M. (eds.) (1994). *Psychodrama Since Moreno: Innovations in Theory and Practice.* Routledge, London.

Klein, M. (1975). Notes on Some Schizoid Mechanisms. In *Envy and Gratitude and Other Works 1946-1963.* Karnac Books and The Institute of Psycho-Analysis, London. (Original publication 1946)

Leveton, E. (2001). *A Clinician's Guide to Psychodrama* (Third Edition). Springer Publishing Company, New York, NY.

Moreno, J.L. (1978). *Who Shall Survive? Foundations of Sociometry, Group Psychotherapy and Sociodrama.* Beacon House, Beacon, NY. (Original publication 1953)

Moreno, J.L. (1980). *Psychodrama First Volume.* Beacon House, Beacon, NY (Original publication 1946)

Rogers, C. (1980). *A Way of Being.* Houghton Mifflin & Co, Boston, Massachusetts.

Salzberger-Wittenberg, I., Henry, G. & Osborne, E. (1983). *The Emotional Experience of Learning and Teaching.* Routledge, London.

Whitaker, D.S. (1985). *Using Groups to Help People.* Routledge & Kegan Paul, London.

Whitaker, D.S. & Lieberman, M.A. (2008). *Psychotherapeutic Change through the Group Process.* Aldine Transaction, New Brunswick, New Jersey. (Original publication 1964)

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Thriving Under Fire

Bringing Moreno into the Corporate Training World

John Faisandier

Abstract

John Faisandier describes his adaptation and use of psychodramatic principles and practices in the corporate training world. The TUF: Thriving Under Fire® programme uses action sociometry, systems analysis, role training and doubling to assist corporate staff to maintain positive relationships when facing angry and abusive customers in the heat of the moment. The author also reflects on the development of the training programme and business that he has built on Morenian principles.

> *"We aren't going to do role play I hope!" Jeanette bustled into the room and took her place with the other 11 city librarians about to begin the TUF: Thriving Under Fire programme.*
>
> *"Of course not!" I replied. "There will be lots of action though. That's why there aren't any tables in the room".*
>
> *And so begins a typical TUF: Thriving Under Fire workshop.*

Introduction

I have always worked with people, firstly as a volunteer teacher in Tonga in my first year

out of school. Then, following eight years in the seminary I spent 11 years in teaching, parish work and university chaplaincy as a Catholic priest. After leaving the priesthood in 1989 I worked in the Race Relations Office in Christchurch and for four years in drug and alcohol rehabilitation work at Queen Mary Hospital, Hanmer Springs.

Beginning in 1984 I trained in the psychodrama method and was certificated as a psychodramatist ten years later. As I used Moreno's action methods I noticed how enlivening they were for individuals and groups. When I set up my own business in 1998 I naturally brought these methods into my work in the corporate sector. After moving to Wellington in 1999, I continued to develop my ability to work with business groups in team building, strategic planning, trouble shooting and just about anything else corporations wanted me to do.

The TUF: Thriving Under Fire programme was originally developed in 1999 for bank tellers who were hassled and abused by angry customers. It was one of a number of organisational development and training activities I devised. After several years I realised that offering such a variety of programmes was unsustainable. Marketing became complicated and every new job required a completely fresh warm up and the creation of new plans and resources. I was often up until 2am printing off booklets and handouts for a training session the next day.

I had heard a lot about niche marketing and in a defining moment in October 2005 I realised that the smart thing to do was to create my niche with the TUF programme. I decided to make this one programme my brand and become the recognised expert in this area of training. I set out to read and write extensively on the topic, present at trade conferences, develop a website, get media exposure and become known in the corporate world as the authority on dealing with emotions in the workplace. It felt risky at first because I knew it would take time and effort to get established as the market leader in training people to deal with angry and aggressive customers. It meant that I would have to turn down other work that might come my way.

In the five years since making that decision TUF has become well known. I have developed its branding and marketing. I have had the programme reviewed several times by entering and winning awards within the training industry. I have delivered lectures at university and had groups of students critique the programme. I have delivered workshops to hundreds of people in many different industries and occupations throughout New Zealand. The experience I have gained has increased my knowledge of the resources people need when facing difficult clients. The programme has been expanded to include a pre-workshop e-learning module, two half day workshops, twelve monthly follow-up reminder lessons and twelve months support through email and blog communication. I have written the book 'Thriving Under Fire: Turn Difficult Customers into Business Success', which outlines the programme in detail.

As well as the original TUF for Frontline Staff, the programme now includes TUF for Managers and TUF for Teams. This means that all members of an organisation are catered for. In 2009 the TUF Licensing Plan was launched. Large organisations can now buy a license and have their own facilitators trained to run the programme for large numbers of people at a cost effective rate. As well, exporting opportunities are being explored.

Psychodramatic Principles and Practices

The TUF programme is based on psychodramatic principles and practices. The framework of warm-up, action and sharing is fundamental to the work. There is emphasis on the integration of thinking, feeling and acting and the development of roles. And group work is at its heart. In what follows six key areas of the TUF programme are described and discussed, with emphasis on the psychodramatic principles and practices that are integrated into each area.

Beginning the Group

Over the years I have noticed the many people who turn up to corporate training events without a warm up to connecting meaningfully with others. Most expect to state their name and where they are from and that will be about it. Sociometry is thus the first principle that I apply in the TUF programme. I know that strong connections between participants are prerequisites for success in the interactive group sessions that follow. The first activity is therefore aimed at engaging group members in an active exploration of the sociometric connections between them. The participants share, in action, the organisational areas in which they work, the duration of their time there, their experiences of confronting angry and upset customers and their perceptions of their abilities to deal effectively with them. Sometimes countries of origin or associations that participants have through birth, migration or marriage are included in the sociometric mapping activities. These can be an excellent way of sharing experiences and valuing cultural diversity, and all add to the building of a productive working group.

Working from Strength

The TUF programme values and builds on learners' previous knowledge and past successes, an important principle of adult education. Using Play of Life[1] figures and objects, participants are invited to recreate past scenes where they have been confronted by difficult customers and have resolved the conflicts through their own efforts. They concretise three qualities that assisted them to reach that resolution and further concretise four people from their lives who have helped them to develop those qualities. On completion, participants share their sculpture and its significance with a neighbour. The effect is to increase the confidence and positivity participants feel towards their own abilities, towards their fellow group members, and towards the training that they are about to undertake. A good warm up is underway which strengthens the likelihood of success in the coming activities.

Diamond of Opposites

When they attend TUF sessions, many people from the corporate sector simply want a 'quick fix' for the angry customer conundrum. The first task, therefore, is to develop an appreciation of the complexity of human interactions. The Diamond of Opposites model, first developed in Chicago by Linnea Carlson-Sabelli and her husband Hector and popularised in this part of the world by Ann Hale, successfully lends itself to this purpose. Participants score themselves on a series of criteria: the tension experienced in

attending the TUF training day which includes the pull to attend and the pull not to attend; the inner conflict involved in dealing with a difficult customer which involves the pull to stay and serve and the pull to walk away. This paper-based activity assists participants to become more conscious of contradictory pressures in many situations. In the sharing phase, group members come to appreciate more deeply the many inner conflicts that they experience throughout a normal working day and the way in which these opposite forces affect their thinking, feeling and behaviour.

Systems Analysis

Continuing the theme of complexity in human interactions, we use a static sociodramatic presentation to explore the system of an angry customer. Group members warm up to a typical difficult person with whom they come into contact in their work, and then contribute to building a kind of sociodramatic profile. The Play of Life figures and other objects are used to represent different aspects of that person's life. We concretise family, social, educational, medical, financial and historical circumstances, and include what participants often call 'the person's baggage' carried from childhood, school and adult life. The systems analysis of the representative difficult client also includes episodes when the person has interacted with the participants' organisations. This exploration is often a significant time in the group, the moment when experiential learning comes into its own. The participants reverse roles with their customers for the first time and realise that customers have problems and worries much greater than they ever realised.

An example of a static sociodramatic presentation exploring the system of a typical difficult customer using Play of Life figures and objects.

One city council group was exploring the system of a 38 year old Samoan woman with whom they had difficulties. They set out the system, her five children, her parents who lived with her, her absent husband, the medical conditions she suffered, the difficulties she experienced at her children's schools and with social welfare, the police and other authorities. They looked into the church to which she belonged including the support she received and the obligations she had to fulfil there, her own schooling, the cross cultural conflicts she encountered every day, her lack of money, the night time cleaning job she undertook in the city and many other elements. A group member, Daphne wiped the tears from her eyes and said "I will never look at this woman the same again. I have been so narrow in my thinking and feel guilty that I have been mean towards her. No wonder she is so pushy when she deals with us". Others were deeply moved and echoed Daphne's sentiments. This part of the programme might be called empathy training.

Doubling

While participants are developing empathy towards the typical customer, they also struggle with what to say. "But how do you respond to them when they are so angry and abusive?"

I introduce them to a simple form of doubling. I explain the Action Perception Emotion (APE) principle. When customers are upset and complain, their presenting behaviour includes an action, a perception and an emotion.

Action	My delivery is late.
Perception	You have caused this lateness.
Emotion	Annoyance, distress, frustration, anger.

Faced with this situation people immediately warm up either to the role of *Ms. or Mr. Fix-It* and attend to the action first, or they want to justify themselves and try to correct the client's perception. However, the most effective thing to do is to acknowledge and respond to the emotion because that is the most prominent aspect of the angry client's experience right now in the moment. Saying sorry can be the first acknowledgement that the other person has been upset by what has happened. Then one might say "This really has been terrible for you" or "You have been inconvenienced by this" or "That's certainly enough to make you angry". These are simple acts of doubling.

There is often resistance to this idea. Some participants will say "This won't work with the people I have to deal with and anyway it sounds patronising". This then is an opportunity for me to model what I am teaching. Rather than trying to convince them, I double them! "You really don't want to sound patronising do you and you want something that will work with the kind of people you have to deal with". "Exactly! It'll never work where I am". Participants may not realise that I have doubled them, but they do change as a result. They are more open to attempting a doubling statement themselves, and I coach them to do so naturally using their own unique expressions.

Role Training

I use role training so that participants can practice making a natural doubling response to customers who are angry and upset. The form I use removes the embarrassment often experienced when role plays are enacted by two people in front of the whole group.

First we make a list of challenging statements that difficult customers actually say such as:

> You don't know anything.
> I'm a tax payer. I pay your wages.
> I can't afford to pay that fine.
> I want to speak to a man/woman/manager.
> Doesn't anyone do any work around this place?
> This place is no use to anyone.

Next we generate the underlying feelings being expressed through these statements:

> Frustrated
> Annoyed
> Worried
> Anxious
> Pissed off
> Desperate

Group members often contribute words that describe personality characteristics. These are recorded in a third list:

> Domineering
> Stupid
> Aggressive
> Arrogant
> Self-righteous

I repeat aloud words from the second and third lists so that participants can experience the different impacts. They get the point that words that reflect feelings are much more likely to build a positive relationship than the judgemental and critical words from the third list. There is further modelling of possible helpful responses.

The participants are then organised into pairs, A and B. A is the customer making typical statements as strongly as possible to B, the staffer. B practises responding to the emotion first with a doubling statement. A comes back at B with an even stronger response and B is encouraged to continue doubling. A and B then reverse roles. This activity is repeated in different pairs two or three times, with pauses for reflection. Much essential learning takes place during this activity. Participants become acutely aware of the difficulty of responding to people when they are highly emotional, even when they have a template of what to say. They realise the importance of taking one's time before responding, responding not reacting, not taking it personally, being genuine,

keeping responses short. They also realise that a few customers will be habitually negative no matter how one responds to them.

To lighten up proceedings, I sometimes initiate a round of 'politically incorrect' responses. Participants can say whatever they like. This activity certainly increases the spontaneity and laughter in the group. It also assists the learning because it confirms the poverty of an ineffective response. These activities are always followed by sharing, processing and activity book work.

Developing a Programme

The TUF: Thriving Under Fire programme is a practical application of the psychodrama method in the corporate training situation and I am proud of it. In a larger sense it demonstrates how psychodramatists can use Moreno's theory and techniques to develop programmes in all kinds of fields and on many different topics. The process does require reflection, steady practice and refinement. It is probably best to begin simply with small refinements to existing programmes, and then gradually build up competence and confidence to develop a stand alone programme. Regular supervision with psychodrama peers and close collaboration with colleagues is essential.

Building a Business

As for building a business, and branding, marketing and selling the training, I suggest getting alongside and gaining help from other professionals in organisations such as the New Zealand Association of Training and Development (NZATD) and the National Speaker's Association of New Zealand or the Australian equivalents. I also recommend a business mentor. People associated with these organisations taught me specific skills to operate well in the business world, and also to trust that what I had to offer was worthwhile.

Conclusion

Moreno's action methods create experiential learning. They provide participants with a unique experience unmatched by any other training that they do. TUF: Thriving Under Fire enlivens people. It challenges them. It reaffirms their goodness and their ability to make positive relationships with all sorts of people, including the difficult customers that they encounter in the corporate world.

It is ironic that as TUF expands, I find I have less time for the kind of involvement I have had in the past with the Australian and New Zealand Psychodrama Association (ANZPA). I am, however, satisfied that I am fulfilling one of ANZPA's aims in taking Morenian principles into the world so that people everywhere may experience increased spontaneity and creativity in their relationships and in their lives.

END NOTES

1. Play of Life ® is a methodology developed by Dr. Carlos Raimundo. It uses small toy figures and objects to set out people and the relationships that connect them. We use play mobile toys and other simple objects such as coloured stones, ice block sticks and pipe cleaners to represent the relational system. Dr. Raimundo sometimes refers to this at 'petit psychodrama'.

REFERENCES

Carlson-Sabelli, L., Sabelli, H. & Hale, A. (1994). Sociometry and Sociodynamics. In Holmes, P., Karp, M. & Watson, M. (eds.) *Psychodrama Since Moreno* (pp.147-185). Routledge, London.

Faisandier, J. (2009). *Thriving Under Fire: Turn Difficult Customers Into Business Success.* Steele Roberts Publishers, Wellington, New Zealand.

Raimundo, C.A. (2002). *Relationship Capital.* Prentice Hall, Sydney, Australia.

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What Price a Smile?

Zerka Moreno

Buck was an 18 year old schizoid boy, a patient at the Moreno Sanitarium. In those days in the USA mentally ill people without financial means were sent to very large state mental hospitals. After five years of hospitalisation in one such institution, Buck had been sent to us by his middle-aged mother. He was her only child, born in her forties. She was now frail with a heart condition. Her husband, Buck's father, had recently died and had left her a small insurance legacy. Instead of ensuring her own future, she chose to invest it in her son.

However, things are never simple. Buck was unable to forget the hospital where he had lived for so long, nor forgive his mother for bringing him to this new place that he did not know. Although he responded positively to one of his nurses, he withdrew from his mother and remained withdrawn.

Every Sunday Buck's mother would visit him at the Moreno institute, and on the following afternoon she would visit Dr. Moreno's New York City office to report. She related how she could see that Buck was well fed and looked better, but she was sad nevertheless. Moreno asked her why she was unhappy and she said in a despondent voice "Buck used to smile at me when we met, but now he never smiles at me".

Poor woman. She was denying herself everything for that boy, and he could not even smile at her. Nevertheless, Moreno told her not to give up smiling when she saw Buck again.

Moreno felt bad for her and devised a plan. It would be a challenge and he always enjoyed those.

Every subsequent afternoon of that week, Buck was the protagonist in the psychodrama theatre at the hospital. His director produced some warm mother and son exchanges with the help of Buck's favourite nurse. To make up for his poor childhood experiences, Moreno warmed him up to being a 4 year old having a birthday party. There was a real cake which our cook baked especially for him. We were his friends at the party. The next day in the psychodrama Buck was an eight year old and his psychodramatic mother took him to the beach. We accompanied them as his friends and all played ball with him. His 'mother' praised him for catching the ball, a real one.

For a total of six sessions, Moreno raised Buck up in developmental stages with age-

appropriate activities. This type of behaviour training, adjusted to each individual protagonist, was one of Moreno's greatest achievements but was seldom recorded.

Buck blossomed under this regimen. He was simultaneously being helped to socialise and he made some connections with staff members and patients even though they were older than him. In the last session he went off to summer camp. His 'mother' hugged him goodbye, telling him that she was looking forward to his return home. By this time Buck was in much better shape than when he had arrived, and was able to let go of her in the drama.

Came Sunday's visit from his real mother. We held our collective breath. How would it go?

We had been asked to leave Buck and his mother alone so no one saw what happened. But the next afternoon his mother triumphantly reported to Dr. Moreno that Buck had smiled in response to her smile. He had not initiated that smile but he had responded in kind.

When his mother's funds ran out a little later, Buck was discharged in sufficient social recovery to be able to go home with his mother.

What price that smile?

Lasting Impressions

ROBERT CRAWFORD, QUEEN MARY HOSPITAL AND 'TOO GOOD TO LAST'

PETER HOWIE

ABSTRACT

Peter Howie favourably reviews the book 'Too Good to Last: The Death of a Caring Culture' whilst also honouring the legacy of it's author, Dr. Robert Crawford and the unique healing institution that he developed and led at Queen Mary Hospital, Hanmer Springs, Aotearoa New Zealand.

This piece began as a review of Robert Crawford's book 'Too Good to Last: The Death of a Caring Culture'. It has evolved into an article that does review the book, but more importantly sets out to fully honour the extraordinary vision and contribution of Robert and Queen Mary Hospital to the tradition of healing psychodrama in Aotearoa New Zealand and Australia.

Here is the book 'Too Good to Last', unique in many ways. There have been many books, chapters and articles written about the history of psychodrama. This, however, is the first book where psychodrama plays such a significant role in the telling of the story, and such a significant part in the history. It is not a book about psychodrama. It is a book about the part played by psychodrama in a healing community, and therein lies its uniqueness.

And here is the man, Robert Crawford, unique in all ways, who has written this remarkable book, a mixture of biography, history, politics, psychodrama and just plain fun. His style engaged me, held me in a kind of thrall. It was as though I was reading a

great adventure story. Like any good adventure story it cut both ways. There were great heights and severe losses and deep feelings. These were not Robert's personal stories that brought tears, but his telling and beautiful descriptions of others' stories told through the lens of psychodrama sessions. I fill with feeling remembering them now.

Beginnings

The book begins with a lively description of Robert's training as a young doctor in Edinburgh. He describes the life he led, the formative influence of his parents and the decisions that they made about their lives. As I wrote this piece, I had the impression of Robert's parents making appearances throughout his writing but on revisiting the book I discovered that they were not mentioned more than a few times. I must have picked up the strong impact they made though, his father's unconditional acceptance and encouragement that gave Robert a strong and steady base to build his remarkable life and his mother's love for him that, despite her struggles, contributed to Robert's compassion for others. He writes this first chapter with great love for and appreciation of his parents, and he views their obvious strengths and human weaknesses with humility. As I read I was keenly aware that I had seen many of those strengths in Robert himself, and that weaknesses are a common dilemma for us all.

Robert relates the story of his and partner Jan's journey to Aotearoa New Zealand. It is a lot of fun. He describes how luck played its part in him ending up at Queen Mary Hospital (QMH), Hanmer Springs in the South Island of Aotearoa New Zealand. They nearly went to the Chatham Islands but for a telegram, an old fashioned type of email written on paper and using the word 'stop' a lot. When he looked at a map of the place he could not quite understand, given the extraordinary beauty he imagined, why the rest of New Zealand's inhabitants would not want to work there as well. So how come this offer of work was coming to him on the other side of the world? It did not quite add up. But add up it eventually did. For the next 30 years Robert and Jan lived and worked at Hanmer Springs, where they and the locals had a mutually beneficial effect on one another.

History, Healing and Learning

History is woven throughout the book. It includes snippets from QMH's glory days, many of the people of significance who served there especially under Robert's stewardship, the history of the surrounding community, the history of treatment and the different programmes run through the hospital for instance the Maori programmes, the health system's political support for the hospital and the tragedy of the policy redirection that led to its closure.

Robert describes his learning process as he worked at QMH, both self-learning and learning about the systems that support healing and a healing community. I began to get a taste for his approach to his work when he pointed out that he had learnt that relationships count for something.

> *To my mind the attitude of staff to patients is crucial — having more impact on 'success' than the amount of extra funding that is available (p.24).*

A Developing Philosophy of Inclusion

There are stories in this book, such as the following, which touched me and provide clues to the reasons why QMH was such a success for its patients, staff and the local community. Robert led a developing philosophy of inclusion at QMH, whereby it was possible for all willing and able hands to contribute to the therapeutic effort in some way. He links these stories to the intuitions that inform psychodrama.

> *In fact, as an aside, often the most trusted person on the staff, by generations of patients, would be someone like the ward housekeeper. Usually a kindly person, non-threatening, and often a local farmer's wife or similar, who wanted to do some good for others by working at QMH. One such person was Jean McLeod, who worked as a ward housekeeper until the charge nurse spotted the ability to develop a beneficial relationship with patients. Jean went from being a housekeeper to running a family group [of participating patients], supervised by other therapeutic staff (p.110).*

> *Roger [head gardener] educated us about the centrality of creativity in everyone's life: this is also a basic tenet of psychodrama theory and fits well with the idea of regarding addiction as a very uncreative response to life's dilemmas: all choices are restricted to drinking/using drugs/overeating or not. Spontaneity and creativity are required to go beyond this mechanical response (p.143).*

Robert's worldview was affected by the people he worked with, treated and spent time with. He describes his changing perspective on time as a result of contact with Maori, the indigenous people of Aotearoa New Zealand.

> *An aspect of Maori culture that came up frequently was the tipuna, or ancestors. In Pakeha (non Maori) culture we are taught to think of our ancestors as 'behind' us with the future 'in front'. We even have the phrase in English "Looking forward to the future". There is this arrow of time, flying forever straight forward. Other cultures do not necessarily see it this way, and as a result of being immersed in Pacific Island cultures, I have come to alter my view of the linearity of time. These days I see time as more circular. Maori culture sees the past as "in front' and the future as 'behind'. Tipuna are of central importance to one's actions now (p.146).*

Learning about Addiction

QMH was an addictions treatment centre. Robert was also learning about the nature of addiction and the various mental gymnastics that a person who is an alcoholic, for example, will employ to stay as they are and get what they want.

I was becoming more aware of how pervasive addictive thinking is, and equally so of the power of denial as a human defence mechanism. Of necessity we see the world through our own eyes — literally, operationally and metaphorically. Selfishness has the function of keeping our self-concept intact, and as such is healthy. But it is unhealthy if it is so strong that it excludes considering the world of others (p.27).

Most of us can think of scenes from our life when we have insisted that something that happened was X only to have it proved that it was Y. A firmly held view in spite of the contrary is called denial. In the world of addictive processes, denial is a necessary accompaniment. Without it you simply do not get addicted (p.27).

In addiction, guilt inspires relapse not recovery. This is contrary to received wisdom, where we are taught that guilt should inspire us to better behaviour in the future (p.73).

Addiction therapy has to be done by patients to themselves. In our branch of medicine, the staff must inspire the patient to do his or her own work. We can't do it for them. But we can organise a system that is conducive to change (p.104).

Learning about Psychodrama

Robert's learning journey with psychodrama is illuminating. He describes the good luck that led him to find out about group work and psychodrama, and the training that was available at the time.

Dr G. Max Clayton . . . had trained in New York under Jacob Moreno. Max had built on the Morenian method to produce a vital Australasian vehicle with several emphases, which represented a development on the original. One of these was Systems Theory: the idea that none of us is isolated, and that our actions affect others, and we in turn are effected by the actions of others, including the past actions of people now dead. It seemed to me at once that this would be an excellent theory for alcoholics and addicts to learn to appreciate (p.54).

Robert was keenly aware of the significance of bringing psychodrama to QMH. He knew that this kind of experiential learning would not be a quick fix, and that treatment focused on therapeutic groups using psychodrama would be no small affair.

To deal with prolonged intimacy with others, especially to work with the hidden insanity of addictive thinking, requires a high measure of skill. This skill looks deceptively easy until you find yourself in charge of a therapeutic group yourself, whereupon a whole new set of dimensions asserts itself. As time went by and training became available, staff members were able to cope with therapeutic intimacy, and the system was changed to profit from this (p.51).

Robert was keenly aware that psychodrama training would not be the usual academic pastime.

> It took me 14 years from my first workshop in psychodrama, to qualifying as a director. ... This training is not for the faint hearted! But it is an incredibly supportive and intimate journey. Much of it is done in collaboration with a supervisor or another psychodramatist who critiques the work in progress, and ensures efforts are made in the right direction (p.64).

His was an uncomplicated approach to psychodrama.

> Warm up is the creation of a mental state, similar to a sportsman making a mental preparation for a game. If the warm up is right we can access our spontaneity more readily, we are at the top of our game, as it were. This is a concept readily accepted in sport, but often ignored in everyday life. For example we might wonder why we are ill at ease with someone we want to sparkle with, instead finding ourselves tongue-tied and stumbling for no obvious reason. Often introspection will reveal that our mental energy is being siphoned off by a past event where we were dominated by another — like a bullying incident in school — or frightened — like a childhood event that stayed with us and inhibits a free flowing 'warm-up' in certain situations. ... Participating in psychodrama is a good method of learning to understand the generally unconscious process, and substituting new behaviour in its place. When we learn to do this, familiar trip-ups can be avoided. The key word in this context is spontaneity, and in particular the ability to meet an old situation with a new response or a new situation with an adequate response. It is the essence of being human rather than a robot (p.54).

The psychodrama chapters themselves are a wonder to behold. Robert has crafted some of the best descriptions of psychodrama sessions that I have ever read, possibly because he provides complete accounts of complex sessions. They reminded me of Eva Leveton's book 'A Clinicians Guide to Psychodrama' because they are biographical and therefore easily accessible. Although composites to protect individual identities, they are nevertheless living, breathing descriptions which everyone should read. They are great reminders of the benefits that can be produced by a full psychodrama in a decent sized group working at depth. A second case section also includes the cross cultural capabilities of the psychodramatic method. I read with relish and ease. I found myself crying and loving what I was reading.

Robert has also crafted a very fine annotation to accompany these descriptions, which makes the particular psychodramatic techniques and the rationales for using them clear to the reader. It is a sort of step-wise process, possibly in much the same tradition as his own learning. These chapters are thus a great adjunct to any psychodrama training process. I can heartily recommend them to new trainees or those interested in training because they provide a lucid overall picture of the applications of Moreno's methods.

Creativity is All

Robert was clearly dedicated to raising the creativity of others in the world, and it is this above all else that continues to inspire.

> *Psychodrama uses whatever props are available, but mostly we use our imagination. Moreno developed the concept of psychodrama while playing with children in the public parks in Vienna, around the time of the first world war. He marvelled at the vitality and ability to act in the present that children have. He wondered where all that vitality disappeared to as we grow up and become more self conscious, cowed by the world, or beaten down by it. He developed the [psychodrama] method because he believed that we have far more choice over our responses than we tend to think. "It all depends on the warm up" was his vital maxim. Another way of looking at this is to consider that there are "no ordinary moments"; there is only the present moment, and all the opportunity it contains. If we learn to act within this moment with spontaneity instead of searching for a blueprint from former times to apply right now, we will releases our creativity. Imagination has such an important effect on our warm-up at any given moment (p. 70).*

Courage, Vision and Fun

There's plenty of fun to be had in this book, and examples abound of Robert's remarkable courage and vision. In one part he describes how he and a colleague became competent in outward-bound activities and then used their new found knowledge to guide troupes of recovering addict adults on challenging and scary tramps over hill and dale. As the adults came up against their own fears and self-imposed limits, Robert would pull out all the guns and resort to low emotional blows and ruthless emotional manipulation. He would appeal to the best and the worst in his flock, remind them of their stated motivations, point out their self-contradictory behaviour, exhort and encourage them to better things. Above all he would remain companionable in this adventureland, simply keeping on going to maintain a safe group and ensure that the whole exploit became a positive feedback process for its struggling members.

> *We walked up the back of the mountain in seven hours . . . We thought that unfit people could manage this as an overnight tramp . . . One of the beauties of this route was that there was no track. It would be route finding all the way, which meant people would have to stay together . . . It was scary, but if anyone fell, they would not fall far and we considered it very safe (p. 133).*

These are remarkable events, almost impossible to replicate in the risk-averse, litigious culture in which we live today.

Politics and Endings

The political aspects of this saga are short, but also terse and written with irony, humour, wisdom and immense sadness. They are scattered throughout the book as subtle reminders that this is a story about the demise of an extraordinary healing institution. It all ends badly. A rare and potent force for healing and psychic reconstruction, for family restructuring and renewal grew in culture and professionalism for over a century, and was then eradicated through short sighted policy decisions based on budgetary considerations and a downgrading in conception of the possibilities and purposes of the health system.

> *Now it [health] is the responsibility of the hydra headed managerial system, and nobody knows where the buck stops. Managers receive bonuses for staying inside their planned allocation of the budget, creating a system where money is the prime arbiter. The money managers have a different agenda to those providing the care. . . . Under the current system, managers decide where the money goes, but they do not do any treating nor take any responsibility for it (p.185).*

Knowing how the book will inevitably have to end, reading 'Too Good to Last' is a bit like watching a movie that begins with its terrible finale. After all that had gone before it is incredible that QMH was closed, a sad indictment of our times. But the miracle is that it remained functioning, healthy and fulfilling its healing mandate for as long as it did. When relating to the public sector my take is always 'it's a miracle it works as well as it does'. I was profoundly affected by the deep appreciation and intense sense of loss expressed in Robert's words on the final page.

> *I give thanks that I was part of a fine humanitarian tradition and that I had the op-portunity to lead a dedicated team of people who relied heavily on what our predecessors had developed, but were as creative with our talents as we could be. I weep for the loving institution that once existed amongst these gentle alpine acres, and feel the spirit of patients past and wonder where the multifaceted help they once received will now be found (p.187).*

A Few Last Words

Robert has written a book to keep the memory of Queen Mary Hospital alive, to create pictures of the vibrant healing culture that had grown up there through the careful and subtle ministrations of many visionary leaders. This book is an easy read, a good read, because of the way it is written, because of it's author's humour and spirit and because it is true. I recommend it to anyone interested in psychodrama, healing, Robert and his quirky ways, leadership in a healing community or just for fun.

We have recognised and honoured Dr. Robert Crawford as an Honorary Distinguished Member of the Australian and New Zealand Psychodrama Association (ANZPA). His work at Queen Mary Hospital is proof of his contribution to us and the world at large. 'Too Good to Last: The Death of a Caring Culture', Robert himself and his impact on many who live good lives today, provide an enduring legacy and inspiration to those of us who continue to work in Moreno's wake. Thank you Robert, for the book and for your contribution.

Dr. Robert Crawford, dressed in customary kilt, at the Dunedin 2009 ANZPA Conference dinner.
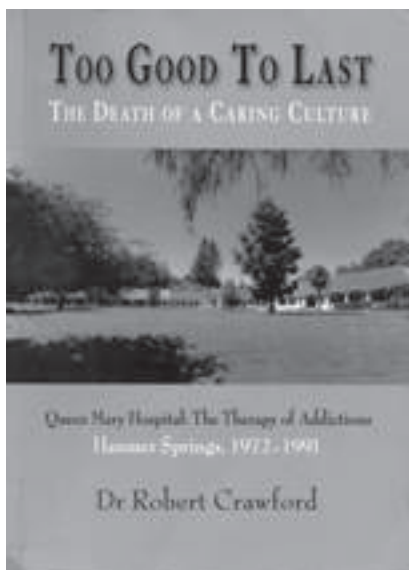
## Too Good to Last: The Death of a Caring Culture
By Dr. Robert Crawford
Nationwide Books, New Zealand
2009

Publisher's Description

Dr. Robert Crawford was born in Edinburgh, Scotland. He qualified in medicine at Edinburgh University in 1965 with the intention of specialising as a psychiatrist. Becoming a psychiatrist in 1972, he then found the specialty as practised by orthodox psychiatrists too restrictive and insufficiently compassionate. Leaving psychiatry, he went into General Practice as the doctor serving Hanmer Springs in the South Island of New Zealand. Here he discovered compassionate therapy at Queen Mary Hospital, originally built for treating returned soldiers from World War I but now running a specialised programme for the treatment of addictions. This book tells the story of the further development of that programme over the 1970s and 80s and describes what therapies were available to patients affected by addictions. Queen Mary Hospital was closed in 2004. The good that came from it is still represented in many people throughout New Zealand and its loss is strongly felt.

'Too Good to Last: The Death of a Caring Culture' is available at:
http://www.thenile.co.nz/books/Robert-Crawford/Too-Good-to-Last/9780473133801/

Book Reviews
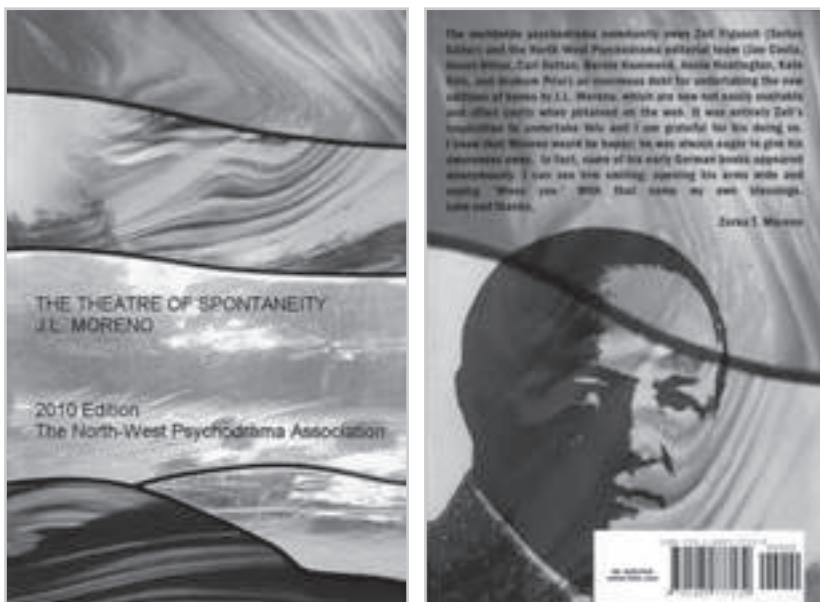
The Theatre of Spontaneity (2010 Edition)
By J.L. Moreno
The North-West Psychodrama Association
2010
Original German 'Das Stegreiftheater' published anonymously 1923
by Gustav Kiepenheuer Verlag, Potsdam, Germany
Original English translation by J.L. Moreno published 1947 in the USA by Beacon
House, New York, followed by two revised and enlarged editions 1973 and 1983

Reviewed by Christian Penny

The American philosopher Hubert Dreyfus argues that Christ was a *reconfigurer*, one of
those rare beings who is not *rearticulating* the thinking of those who have gone before
him, but rather, is presenting to the world a new vision. A vision so new, and hence so
radical, it is almost incomprehensible.

Reading 'The Theatre of Spontaneity', I am struck by a similar dimension in Moreno's offering. It is almost Christ like in its proportions, to say nothing of its subversiveness. "The centre of my thesis" he argues, "is neither the problem or question of the existence of god but the origin, reality and expansion of the self" (p.21).

Shot through with this transformative zeal, it is the work of an astute and gifted seeker. The struggle, which this book seeks to articulate, is Moreno's search for a vehicle that can carry forward his vision. Lying somewhere between science (psychiatry) and art (theatre), he is ardently pursuing a form that will liberate our greatest and most underdeveloped gift, spontaneity.

Moreno's careful analysis of the functioning of the contemporary theatre, much unchanged to this day, reveals his fluency with the practices and innovations of his times. He correctly links Stanislavski with Freud as opponents of true spontaneity. He describes the conventional theatre as "at its best, dedicated to the worship of the dead … a sort of resurrection cult" (p.30).

His theatre, a spontaneity theatre, will overthrow all of the conserves that are introduced by the process of beginning with a playwright, and by the actor interpreting and then rehearsing for performance the work of the playwright. "When I entered the theatre I knew it had strayed from its primordial form" Moreno proclaims (p.17). His theatre "is a theatre of all and for all" (p.43).

The core difference between the legitimate theatre and the theatre of spontaneity is the relationship to the *moment*. Where the legitimate theatre attempts to present its moments to an audience as finished creations, perfecting them and killing them in the process, the theatre of spontaneity presents the moment as a blend of creation, form and content all at once. Fully alive. "I permitted, even encouraged, imperfection in order to attain total spontaneity" (p.12).

Moreno knows that the legitimate theatre cannot tolerate this goal, tied as it is to the need to be perfectly performed. He needs new methods of production. He initially hopes that the living newspaper will provide the platform, an enactment of the day's news transformed by players in order to become meaningful and relevant to a watching audience. The attempt fails. He cannot overcome the prejudices of his audiences or train his performers, I imagine, to the skill level such an ambitious initiative requires.

These struggles lead Moreno to the therapeutic theatre, a more forgiving platform and one that he acknowledges probably saved the development of the spontaneity principle. In this forum the work of performance, with its inherent and encouraged flaws, is more readily accepted. Here Moreno describes elements of what is clearly becoming the psychodramatic stage as we know it today. And it is here that he is particularly eloquent. Describing its effect he instructs "Here emerges the theatre in its deepest sense, because the most treasured secrets violently resist being touched and exposed" (p.99). Clarifying the very nature of re-enactment he notes "… this unfoldment of life in the domain of illusion does not work like a renewal of suffering rather it confirms the rule: every *true* second time is a liberation from the first" (p.101).

How true. How succinct. How precise.

The final chapters deal with the meta-philosophical drives behind the investigation, particularly the relationship of creation and play to the god principle, and some short academic reviews.

Reading Moreno's work, I realise the degree to which my own investigations into aliveness in the theatre have been assisted by my experiences on different psychodramatic stages. I have pursued a drama that carries the gripping quality that I have experienced on these stages, one that enrols or involves its audience through the event, one that warms up its audience to its role and significance, a work that, as it evolves, makes a significant impact on the participating group. But this goal is constantly at odds with the predetermined drives of the conventional theatre.

As Moreno points out, the process of reinterpreting the vision of the playwright will always lead to some degree of conserve. The performance will struggle to be a true discovery of what matters now. It risks becoming another material act and joining the three other great forces of materialism, "The economic materialism of Marx, the psychological realism of Freud, and the technological materialism of the steamboat, plane and atomic bomb" (p.18). "All have a deep fear and disrespect, almost a hatred of the creative self" he concludes (p.18).

And it is here that we see the degree to which Moreno has contemplated the very nature of the dramatic or theatrical act. He is a progenitor, in many ways, to a whole range of theatre investigations that followed later in the century and carry on today. For example, Peter Brook's and Jerry Grotowski's investigations into the nature of embodied performance and the relationship of performance to audience. And later Fox's creation of the New York Playback Theatre Company in upstate New York, an improvised community theatre where the audience tell their stories (news) and these are improvised on the spot.

And most recently here in Wellington, Aotearoa New Zealand, where I live.

I attended a version of this playback theatre form under the direction of a local psychodrama practitioner, Bev Hosking. The same group of audience members and performers gathered for three consecutive Tuesdays to share stories, spurred on by what we were reading in the news. As the community developed, so did the spontaneity of performers and audience members alike. We experienced our lives connected to our worlds, both through the telling of the stories and through the enactments.

The latest edition of Moreno's living newspaper . . .
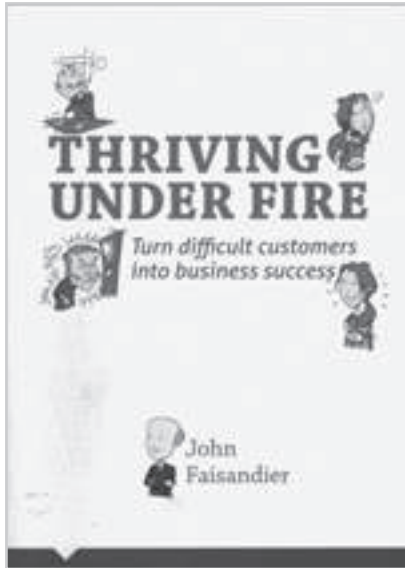
Thriving Under Fire: Turn Difficult Customers into Business Success
By John Faisandier
Steele Roberts Publishers, Wellington, New Zealand
2009

Reviewed by Peggy Cook

'Thriving Under Fire: Turn Difficult Customers into Business Success' describes a training course delivered to a small cafe and restaurant business which has good food but poor customer relations. It uses the human dramas that arise within the cafe walls as the basis for training the staff in turning difficult customers into business successes.

John Faisandier, the trainer, comes into the cafe and makes a timely connection with the owner, Sophie. Sophie confides that she finds many of her customers difficult. John assists her to understand that for the business to thrive she needs to keep her difficult customers coming back. They discuss Sophie's desire to "not take it personally when people are upset", to "know the right things to say" and to "help her staff" when dealing with difficult customers. Sophie is highly motivated. In two weeks time a food critic is expected for an evening meal. This is her chance to make the big time. Together John and Sophie set learning goals and Sophie's original "I don't like courses" attitude changes to one of "When can we start?"

This is the beginning of the TUF: Thriving Under Fire programme at Sophie's cafe. John delivers concepts and techniques that Sophie and her staff find immediately applicable in their communications with difficult customers. They learn to understand their emotional responses, how their brains process emotion and cause them to be upset. They learn that the games they get hooked into cause them to feel bad, to blame their customers, and they learn to communicate well and stay positive.

The book is well organised. Each chapter presents a separate concept that builds on the previous one. Key concepts are drawn from psychodrama, transactional analysis, cognitive behavioural therapy, neuro linguistic programming, systems thinking, yoga and personal growth. The emphasis is on building on strengths and framing experiences in a positive light. The language is clear and has a conversational tone. Difficult concepts are made understandable with clear explanations, illustrative situations and diagrams. Intense, painful emotions are made bearable and comprehensible with a common sense

approach that explains how to think about them and suggests what to do. A review at the end of each chapter succinctly covers the main points of the teaching. The notes and reference sections at the back provide extensive information for further reading.

I enjoyed reading John's concise explanations of familiar concepts from transactional analysis, such as the drama triangle, the parent, adult, child ego states and I'm Ok You're Ok. I enjoyed his description of a practical application of psychodrama with the salt, pepper, serviettes and sugar on the cafe table. I appreciated how he made his explanations easily comprehensible for his audience.

This book is a rich goldmine for psychodramatists who practice in organisations. Like the book itself, the TUF course is well structured to engage an organisation's staff. It provides the training purposes, sets goals and describes ways to involve participants in very useful developments such as getting to know and understand themselves and others, and learning useful communication skills. The course covers a wide range of practical topics including communicating with mentally ill, drunk or drugged customers. These are areas that are not discussed enough in organisations and the business world.

Trainers too will benefit from this book, being provided with the opportunity to revisit familiar concepts viewed in a new light. Because the TUF course addresses many aspects of customer relations they may find something new to think about. Training course participants will benefit from reading about their new learning and relating it to customer relations in small businesses or organisations. Newcomers to communication skills and management practices will find it helpful because there is plenty of scope for recognising oneself and one's responses in universal situations. Finally, skilled communicators and the emotionally aware are likely to find this book refreshing.

Questions about the wider applications of TUF cannot go unasked. I was provided with just such an opportunity while traveling in South America with a tour group for five weeks. I enjoyed thinking about the ways in which the tour leader's poor customer relations impacted on the group and on my partner and me. This group leader clearly did not understand the notion of 'keep them coming back' as the best way to increase business. On being unable to hear the programme outline one day because the leader spoke quickly and softly, we asked for clarification. The group leader's voice became hard. It was obvious that she was annoyed at having to repeat herself. She had little empathy for her clients. I saw her as a *punitive parent* and I found myself feeling rebellious. "I'm ok, you're not ok" resonated for me.

Later, I heard an unhappy couple complaining about their accommodation. Had the tour leader been able to engage with them at an emotional level, they would have experienced her acknowledgement and felt that they had been heard. But again she found it difficult to enter the world of her clients. She told the couple that they should have complained earlier and in so doing embarrassed them in front of the group. They became hostile and alienated. By the end of the tour the climate of hostility and blame was well established, the group had disintegrated and two separate subgroups had emerged.

Rereading 'Thriving Under Fire' on my return, I reflected that this group leader was

probably overwhelmed by her emotional responses. She had no understanding of how to respond in a way that would build the tour group and consequently her responses fragmented it.

Analysing 'the other' is one thing, but thinking about my own contribution to poor group dynamics is much harder work. In hindsight, I realise that warning bells had rung early in the piece. I had noticed that the tour leader did not listen to what I said and instead warmed up to competing with me. This early observation produced uneasiness in me, a twinge of anxiety, and perhaps I thought "She is not ok". I did not know how to respond so I put it aside and things got worse in the tour group. The question is, how do I learn to pay attention to that internal uneasiness and think about communicating well when I am anxious? In the disorder of everyday life it is difficult to hang on to the concepts and techniques that we know will work. When we are overwhelmed by anxiety and isolation how do we make sense of our experience, think about what we really want and respond as adults? We could have done with a TUF course on that South American tour!

This brings me back to John's first conversation with Sophie in the TUF: Thriving Under Fire programme at her cafe. The contract he made with her created the productive framework for the work that followed. There was a clear purpose, to keep focused on the challenges of communicating with difficult customers. Sometimes it takes more than a cup of coffee to assist people to deal with the really hard issues in their businesses. To keep coming back to learn about the tough emotions in themselves and to stop blaming others, to grow up, is a life-long task.

Group Supervision: A Guide to Creative Practice (2nd Edition)

By Brigid Proctor
Counselling Supervision Series
Edited by Michael Carroll and Elizabeth Holloway
Sage Publications, London
2008

Reviewed by Walter Logeman

Supervision, I like to think, is a look from above. It is a view from the balcony on the psychodrama stage. In 'Group Supervision: A Guide to Creative Practice', Brigid Proctor provides just such a bird's eye view. Although the author initially describes her work as a model, the Supervision Alliance Model, this book is not a presentation of one methodology. It is a supervision text book. A useful one, if a solid overview of supervision and group work has a place in your professional practice. Trainers and trainees in psychodrama will find it valuable, as will psychotherapists and social workers.

Proctor positions supervision as a discipline applicable to a wide range of professional services, as she usefully calls them. Psychodramatists will find this helpful as we often need to adapt books written for psychoanalysts or social workers to our broad vision. The author makes clear, however, that specific language and skills are required to suit each setting. As the title implies, supervision in groups is the main focus but the book is also a reference for other types of groups and for one-to-one supervision.

The book itself has a firm structure, four parts, twelve chapters, clear subsections, and a wealth of theory, descriptions, narrative examples, maps, models, diagrams and bullet-pointed lists. It is well indexed and its reference list includes many classical texts on the subject of supervision. The author provides a further reading section for each chapter and a glossary which briefly explains terminology used in this field.

This author covers a wide range of topics, from typologies for supervision groups to training, research and accountability, to hot issues in group life. Take chapter three for example. With reference to Eric Berne, founder of transactional analysis, four types of supervision groups are discussed: authoritative, participative, cooperative and peer. Such information will not be new or unexpected to most of us, but I appreciated the experience of having the familiar named and described as valid options. Here were old supervision favourites such as the drama triangle, and I learned the origin of forming,

storming, norming and performing, to which the author added mourning for the final stage of a group's life. Lists like these, and there are plenty of them, are useful for teaching and learning and easily lead to deeper reflection. I found myself constantly reflecting with pleasure 'I know this!' and realising that mostly I know it through psychodrama practice. For the psychodrama practitioner this is a great warm up to conducting supervision groups.

The narrative case studies, which appear to be observations from real groups, describe the unfolding process in each of the four types of groups. For example, the fourth case study describes a peer group's process over several sessions as it develops into a free-flowing hotchpotch of random responding (p.149). From the case material a series of principles and practice guidelines emerge. These guidelines are sound, with most backed up by references to research or original sources. There are useful guidelines for free-flowing discussions and many other formats a group can use.

I have to say, however, that I found the author's emphasis on structure, procedure, outlines of responsibilities and the supervision contract restrictive at times. The psychodramatist within longed for more trust in the power of relationships and creativity. He missed the love of group dynamics, complex systems and parallel processes. For example, it is hard to fault the Permission to Manage section on page 53. It is well presented and useful, but contracts and management-speak reign supreme. I found myself wanting an equally strong emphasis on psychodynamics, culture and connection building, a valuing of the metaphorical and the power of the psychodramatic in working with the human psyche.

For me, the highlights of this book are the preface and introduction sections. There we meet the author. Brigid Proctor is more than a chronicler of supervision practice. She and her United Kingdom colleague, Francesca Inskipp, worked together by trial and error "in the formative stages of an exciting and creative professional engagement" (p.xv). It was enlivening to be reminded that much of what we take for granted as standard group supervision, at least in psychodrama and psychotherapy circles, is only 25 years old. We are still part of that formative stage!

This is a book with wisdom as well as information to offer. To quote the author, "I am glad I do not feel any special responsibility for finding solutions when even the questions are unclear" (p.xv). "In terms of accountability I believe group work of all kinds has the edge over one to one practice . . ." (p.xvi). Proctor also argues that supervision as a form of "exciting and creative professional engagement . . . has been bullied into the background by academic, medical and educational priorities in training and practice" (p.xvi). Bold statements such as these in the introduction contrast with the more neutral tone in the rest of the book. I found myself wanting to hear more from the author in this assertive tone, and more personal reflections about such matters as when group work might not be indicated.

The book's downfalls are probably also its strengths. In contrast to the introduction and preface, I found the body of the book a bit dry. It was not much fun to read, but then that may be appropriate for a reference book. Irvin Yalom and Carl Jung are juicier when it comes to cases studies and psychological speculations. As well, some of the

conceptual models and diagrams are unnecessarily complex and therefore less useful. For example, the simple clinical rhombus of supervisor, agency, client and therapist that I learnt years ago and have since taught many times, seems to have been replaced by an eight element model that adds little to the more familiar construct.

In summary, Brigid Proctor's 'Group Supervision: A Guide to Creative Practice' will make a valuable addition to any psychodrama training library, and as a reference source it is a must for anyone planning a training course in supervision.

ANZPA

CONFERENCE 2011
TO BE AND TO CREATE, THAT IS THE CHALLENGE
20 - 24 JANUARY 2011
AUCKLAND

ANZPA CONFERENCE 2011 TO BE AND TO CREATE, THAT IS THE CHALLENGE

In the theatre of spontaneity, we are here as real people, free from restraint, faced with an opportunity for unique creative expression.

DATES: Starts: 5pm Thursday January 20th   Finishes: 3pm Monday January 24th

VENUE: The Barrycourt Conference Centre (with Hotel/Motel Accommodation on-site), Parnell
          Address: 10-20 Gladstone Rd, Parnell, Auckland, 1052, New Zealand

CONTACT DETAILS: Conference Registrar: PO Box 57088, Owairaka, Auckland, 1340, New Zealand
                   Ph: +64 21 678 621   Email: confregistrar@anzpa.org

PRE-CONFERENCE WORKSHOPS: Wednesday 19th -Thursday 20th January 2011

TITLE: A Creative Spirit at Work in Psychodrama Sessions
WITH: Max Clayton

Description: I look forward to this absorbing work of enlarging a creative warm-up prior to a session and its continuance in the beginning period, in the interview with a protagonist, in dramatic enactments, and in the integrative phase of group and individual sessions. There will be an emphasis on interviewing for role. Please be ready for an emergence of a fresh sense of life and its expression in your involvement in discussion, group interaction and supervised practice in production.

Bio: Dr Max Clayton – Psychodramatist, Trainer, Educator and Practitioner (TEP)
Max is an experienced clinician, individual and group supervisor and trainer, working intensively in this field for many years. He has accrued significant skill and a depth of insight in teaching and training people in other cultures around the world. He is the author of several books on psychodrama. He is an Honorary Distinguished member of ANZPA Inc.

TITLE: Sua sponte
WITH: Bev Hosking

Description: This spontaneity training workshop will focus on the use of the cultural conserves of books, films, traditional stories and artworks as a springboard for the development of spontaneity and furthering creativity. An increase in spontaneity enables us to warm up to a wide range of roles resulting in an expansion of our role repertoire and enlarging our capacity to act freely. Through this experience of a living creative process with others, you can expect to come to a deeper understanding of the different elements of spontaneity, of the place of imagination in the process of warming up, and of Moreno's concept of the canon of creativity.

Bio: Bev Hosking is a Role Trainer and is experienced in active methods that aim to promote social dialogue and cohesive communities. She is committed to bringing spontaneity and creativity to all aspects of life and work and is currently a trainer and Executive Director of the Wellington Psychodrama Training Institute.

POST-CONFERENCE WORKSHOPS: Tuesday 25th - Wednesday 26th January 2011

TITLE: Mind the Gap! Working in the Space Between Intention and Reality
WITH: Elizabeth Synnot & Rollo Browne

Description: This workshop is to develop our capability to intervene in the systems in which we work and live. Organisations, communities and families are structures that are capable of achieving things that cannot be done by individuals alone. While these structures are made up of people, they also develop a life of their own. One of Bion's insights about groups is that they frequently defeat the purpose they were set up for. It can be a challenge to any group to keep the hopes and dreams of the group in the foreground. Thus, this work requires the ability to sustain a sense of adequacy through experiencing one's own spontaneity and creativity and trusting being with oneself moment-by-moment. In this training workshop we will focus on the specific social concerns that emerge in participants' work in communities, organisations and families.

Bio: Elizabeth (Diz) Synnot is a sociodramatist working with organisational, community and family groups. She is a TEPit, a staff member of the Training Institute in Brisbane, the Moreno Collegium, and is currently diversifying her practice to include family development alongside organisational and community development. Diz is a hound dog who finds the spark of life in every social system she encounters.
Bio: Rollo Browne is a sociodramatist who has been applying Morenian methods in organisations for the past 15 years. He is a TEPit and currently Acting Director of Training at Psychodrama NSW. He specialises in group dynamics, team development and cultural change in Organisations and is now focusing on the use of action methods in coaching. The key to his work is the love of action and the reconnection of clients to their own spontaneity so that they can intervene in their own situations.

TITLE: To Be and To Create with Artistry
WITH: Annette Fisher

Description: After attending a Psychodrama workshop at Armidale University Summer School, Australia I 1974, I was affected deeply by the impact of the psychodramatic method. In particular I was attracted to the use of theatrical devices to provide an educative and healing process. With the integration of the arts and psychological theories my professional life and personal life was transformed.
This workshop is to increase participants appreciation of the dramatic, the aesthetics and the artistry of psychodrama and to connect with the endless possibilities of the creative genius. There will be a focus on increasing our boldness to act and produce dramas from intuition and imagination. Participants will be encouraged to expand the expression of their psychodramatic roles leading to an increase in their abilities as a group leader.
The outcome is for professional people, in a variety of settings, to increase their capacity to be effective in their application of the psychodramatic method. This will be achieved through psychodramatic production, supervision, coaching and group interaction.

Bio: Annette Fisher is the Training Director of the Action Method Centre of the Australian Capital Territory and a Trainer, Educator and Practitioner. She has conducted workshops in Australia and internationally. She has a private practice and works with individuals, families, provides professional supervision and is a consultant to organisations. She is particularly interested in combining the arts with psychotherapy and maintaining JL Moreno's use of a theatrical production when working with groups and individuals. She is also an artist who is actively involved in preparing, teaching and exhibiting her art.

Guidelines for ANZPA Journal Contributors

The Purpose of the Journal

The Australian and New Zealand Psychodrama Association (ANZPA) exists to establish and promote the reputation of the psychodrama method, to set and maintain standards, and to facilitate professional association between its members. The journal aims to assist in the fulfilment of these purposes by the dissemination of high quality written articles focused on Moreno's theory and methods, and their application by practitioners in Australia and Aotearoa New Zealand.

Contributors

Contributions to the journal are welcomed by the editor on the understanding that

- the contributor is either a member or associate member of ANZPA, or a trainee in an ANZPA accredited training institute
- the article is not currently submitted or published elsewhere, nor will be in the future
- the article is not currently being written, supervised or examined as part of ANZPA's accreditation processes
- the copyright for all material published is assigned exclusively to ANZPA, including the right to reproduce the article in all forms and media. ANZPA will not refuse any reasonable request by a contributor to reproduce an article

As a mark of appreciation, each contributor to the journal receives two copies of the issue in which their article is published.

Journal Articles

Articles might focus on one or more of the following areas

- An exploration of underlying philosophies, principles and theoretical considerations
- An application of the method to a particular field of endeavour, social system or population
- An examination of what psychodrama has to offer, and can learn from, other approaches to the fields of human relationships and human potential

The audience for an article is the journal readership, and thus the ability to role reverse with the readers is essential. Papers typically include case examples or research from the writer's professional experience and practice. They may include tables, diagrams and other illustrative

tools to enhance understanding. The length of an article is not pre-defined, and is negotiated between the contributor and the editor. However, articles typically range between 2,000 and 4,000 words. The ANZPA Journal uses the American Psychological Association (APA) reference system, with some slight variations. To assist the layout process, contributors are asked to use simple, uncluttered formatting free of headers, footers, borders, tabs, footnotes and complicated style types. Endnotes may be added if desired.

As is usual in journal publishing, articles are preceded by an abstract and keywords section. This assists in the citing and dissemination of ANZPA journal articles via databases. As well, contributors are asked to provide a short, two-sentence biographical that establishes their professional identity, work and current focus. A photograph is optional. Contributors may include their email address.

The Writing, Editing and Publishing Process

A contributor who agrees to publish a paper enters into a dialogue with the editor, focused on the contributor's plans for the article. These conversations, often conducted by email, will invariably include an undertaking to send a complete first draft to the editor by the end of April. Articles are typically sent by email attachment.

Once the first draft is received the editor assigns a member of the editorial team to work with the contributor. This guide provides support and coaching for the structuring, shaping and editing of the article in preparation for publication. The purpose is to maintain high quality contributions for the benefit of the journal's readership and reputation. Guidelines are provided to both parties to support a productive working relationship. This working relationship is viewed as an important part of the writing process, and often results in increased role development, learning and enjoyment for both contributor and editorial guide. An additional outcome of such editorial relationships is the building up of the sociometry of ANZPA.

In line with the concept of an adequate warm up, the editorial process is expected to take no longer than two months. Contributors are asked to send their finished articles to the editor by the deadline date, 31 July.

Contact Details

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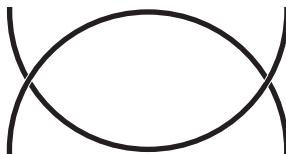   C5C384
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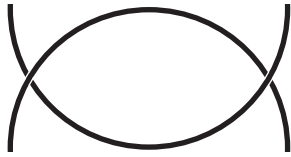   North Ryde
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ANZPA Journal # 20

Deadline for Contributions

July 31 2011

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