

The Dance of Relationship: Using Moreno in Workplace Injury Rehabilitation

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ABSTRACT

Katherine Howard explores the use of Moreno's methods in what has become, in Morenian terms, a robotic workplace injury rehabilitation system. Presenting two case studies as illustration, she employs the metaphor of the dance of relationship to capture the way in which psychodramatic techniques transform difference and conflict into mutuality and cooperation, habitual coping roles into fluid and progressive functioning. This article is adapted from the author's 2010 Australian and New Zealand Psychodrama Association (ANZPA) accreditation thesis, *Spontaneity and Creativity at Work: The Application of Morenian Methods in Workplace Injury Management*.

KEY WORDS

coaching, creativity, cultural conserve, doubling, injury, mirroring, modelling, Moreno, psychodrama, rehabilitation, spontaneity, role, role relationship, role reversal, role training, warm up, workplace

*Apart they long for each other,
together they cannot stay.
How to dance
the impossible
dance?
Only in the
dancing does
the answer lie,
only in the
dancing does
the question die.*

*Dance not for
the question,
dance not for
the lie,
dance for the dancing.*

Rama Malone (1995)

The Dance of Workplace Relationships

I want to awaken you to the enlivening dance of relationships, awaken you to the possibility that, using psychodramatic techniques, spontaneity and creativity can transform difference and conflict into mutuality and cooperation. In particular, I want to focus on the relationships between people involved in the workplace injury rehabilitation system. In Australia, a government funded, highly regulated insurance system supports recovery from injury and return to work with an emphasis on minimal financial loss to the commonwealth, the employer and hopefully, the injured person. This tends to see stakeholders working collaboratively to achieve an outcome that has a financial rather than a human focus. As a result the system becomes robotic, the dance of relationships lifeless. I work as a workplace rehabilitation provider in this system. My role is to “forge a link” (Workcover NSW, 2009) between various stakeholders including the injured person, the doctors and the employers in order to achieve a desired outcome.

Ten years after I had begun to forge the links, I engaged in psychodrama training. I became excited about my developing understanding of the workplace injury rehabilitation system in Morenian terms, and my developing capacity to use psychodrama methods in the work. I realised that I required a robust framework for supporting the healing of the whole person as well as for understanding the motivations and roles of all the stakeholders. I needed a way to appreciate the dance of workplace relationships, and I found it in psychodrama.

Moreno: Illuminating the Dance of Relationships

Dr. J.L. Moreno (1889-1974) believed that there is a spark of creativity alive at the centre of every being. He worked all his life to reclaim spontaneity in the face of the tendency for human systems to become lifeless.

The Cultural Conserve, Creativity and Spontaneity

Moreno’s cultural conserve “. . . explains how a creative, spontaneous act can become a culture which can then be frozen in time and lose much of its original significance” (Bannister, 1998:118).

The greatest, longest, most difficult, most unique of all wars man has ever waged during his

career, sounds its call to you. It has no precedent, no parallel in the history of the universe. It is not a war against nature, it is not a war against other animals, it is not a war of one human race, nation, or state against any other. It is a war of man against ghosts, ghosts that have been called, and not without reason, the greatest makers of comfort and civilization. They are the machine, the cultural conserve, the robot.

J.L. Moreno (1972:44)

This concept helped me to appreciate the way in which workplace rehabilitation, originally designed with good intent to support an injured person to recover and return to work becomes conserved, adhering to rules that are prioritised ahead of the creative human being as a whole. The central drive is to ‘manage’ injured people in order to ‘manage’ economic considerations. The spirit of the dance of human relationship is denied. The introduction of creativity and spontaneity into a system that has become robotic has the capacity to change the cultural conserve. As Moreno (1972) outlined, although creativity produces the ideas and the structure, there can be no enactment of creativity without the spark of spontaneity to enliven it. I have learnt that I can intervene in the cultural conserves of the workplace injury rehabilitation system when I bring spontaneity into my functioning.

The Power of Mutuality in Relationships

Mutuality is a Morenian term related to making “mutual choices or reciprocity in choices” (Hale, 1986). Where there is mutuality in human systems, there is a strong likelihood that outcomes will be achieved. As a workplace rehabilitation provider, my effectiveness lies in my capacity to forge relationships that build movement towards mutual goals. The outcomes are powerful when those mutual purposes focus on a warm up to vitality, health and quality of life in a holistic way.

Warm Up to Progressive Role Development

Mike Consedine captures the link between spontaneity and the warm up to progressive, creative functioning. “For me spontaneity is the urge to live — the spark inside which prompts us to move forward . . . The unconscious spark which propels us out of the conserve toward a freedom seldom experienced” (2004:39). “. . . where greater spontaneity is accessed . . . the role development that occurs is more lively and certain. The key finally may be, and most certainly is, in the spontaneity of the leader . . .” (2006: 66).

I have understood that to be effective in a robotic rehabilitation system I am required to warm up to leading the development of mutuality in the dance of relationships. The critical factor is my capacity to sustain my own spontaneity and role development in order to support progressive role development in others in the system. I am then able to introduce a timely Morenian intervention so that meetings occur and relationships develop which “propel us out of the conserve” and also achieve expected system outcomes.

The Concepts of Role and Role Relationship

The concepts of role and role relationship powerfully assist in the implementation of appropriate Morenian interventions in my work. Max Clayton (1993:11) writes "The purpose of the concept of role is to make meaning of our observation and experience of one another". Don Reekie (2007) expands the concept to pose it as a dynamic system of role enactment with "... multi layered behavioural and cultural factors influencing the drama which plays out ... " (p.47).

Reekie proposes that when we become aware of a person's functioning in a specific context, we are enabled to identify their central organising factor, the "... heart of their way of being and becoming ... we will have its guidance to make sense of all else in them" (p.47). Reekie goes on to describe roles as grouped into organisational gestalts. "The whole way of being that a person displays in a particular social context has organizing processes that may be thought of as gestalts. These processes are dynamic, with permeable, rather than influence-tight boundaries" (p.47). The three organisational gestalts correspond with Clayton's (1993) three role categories of fragmenting, coping and progressive. We see the essence of progressive roles hidden within the coping roles and the drive of the central organising factor in the fragmenting roles. Using this framework, we are able to understand the way in which various roles relate to other roles in the internal and external worlds.

This thinking is particularly helpful in identifying the central concerns of all the stakeholders when assisting an injured person to restore health and work. I am able to analyse roles and role relationships by asking:

- What roles does a person play in this system?
- What roles does he or she value beyond all others?
- What are the relationships between roles in a person's internal world and in the system?

With this analysis I am able to plan interventions that support the development of progressive functioning in the system. It is important to temper one's analysis with the understanding that the analyser acts from her or his own central organising factor, which adds another dynamic to role relationships and the choice of intervention. This factor highlights the need for me to have a good level of self-awareness of the roles that I am enacting in the system.

Morenian Interventions

As I have already described, the rehabilitation system in which I work operates in a competitive commercial environment. The cultural conserve tends toward rigid adherence to procedures and rules. The roles and role relationships are anything but a dance. Although the purpose is to support an injured person's recovery and return to work, the lack of spontaneity and role flexibility inhibits thoughtful and creative responses to each unique situation. Moreno created

effective interventions such as doubling, mirroring and role reversal, role training, modelling and coaching to address robotic functioning. I apply them to produce a warm up to spontaneity and creativity, and thus support the development of progressive roles.

Doubling

“The stage of the double is the holding experience, feeling understood from the inside out. A person in this stage feels as if someone is accurately ‘picking up on’ their essence” (Dayton, 2005:435). Doubling enables the isolated individuals in the rehabilitation system, often but not always the injured person, to experience self-acceptance. Through my doubling of them, mutuality develops as clients come to know that they are not alone, that I understand and validate their experience. They relax in a relationship based on trust. Anxiety decreases as they access their spontaneity and enact healthy progressive roles such as the *active participant*, *assertive choice maker* and *empowered communicator*.

Mirroring

“The stage of the mirror is the beginning of seeing the self as a person unattached to another, someone in his own right, who occupies his own physical space” (Dayton, 2005:437). There are many moments of ‘stuckness’ for injured workers in the rehabilitation system. Mirroring assists them to see themselves more objectively, especially when feelings are intense and there is inability to move forward. It provides a sense of supported independence and the power that comes with that. As clients develop the capacity to ‘see’ themselves in relationship and in the system, they experience empowerment and progressive movement.

Role Reversal

“In role reversal the sense of self is intact enough so that we can temporarily leave it, stand in the shoes of another, and return safely home. It is a state of intersubjectivity, the state or process of being in relationship; a simultaneous recognition of one’s own self and the self of the other in dynamic relationship” (Dayton, 2005:439). My capacity to reverse roles has been critical when isolation and adversarial perspectives are part of the cultural conserve. I am able to appreciate the other’s concerns and utilise that understanding to build the mutuality that is necessary for progressive development.

Role Training

“Role training aims to bring about the development of specific, limited aspects of human functioning so that a person’s professional or personal goals are achieved more adequately . . . ” (Clayton, 1994:142). Armed with a role relationship perspective, I notice when the development of a specific role may be useful in the rehabilitation process and undertake role training in individual sessions prior to a crucial meeting. For example, I may notice that a client is unassertive in a

meeting and set out to role train the *assertive self-representer*. The rehearsal of progressive roles assists clients to maintain personal integrity and progress to mutual agreements during these challenging meetings.

Modelling and Coaching

The Morenian techniques of modelling and coaching may be used when the client cannot sustain a progressive role during a testing time in the rehabilitation process. These interventions require that I remain in touch with and nurture my own creativity and spontaneity. My modelling of progressive roles often inspires an isolated client to develop a new response to an old situation.

Dancing in Workplace Relationships: Illustrations from Case Work

I present two critical moments from rehabilitation case work to illustrate the use of these Morenian concepts and techniques.

Warming Up to Mutual Purpose: Dr. Tran

THE SCENE

The meeting takes place in a very small room at a suburban medical centre. There are five attendees crammed in. Thuong is the injured worker. He is a thin, gaunt-looking Vietnamese man in his 40s with minimal English. He has not worked or maintained normal life activities for two years since suffering back and neck injuries at work. The employer's human resources (HR) representative is a woman in her 50s, new to the job and eager to make a difference. The Vietnamese interpreter, a woman in her 40s, is very professional and determined to interpret without prejudice. She has told me privately of a previous negative experience with Thuong's doctor. The doctor himself, Dr. Tran, is a slight Vietnamese man in his 60s dressed in a neat, black business suit. I understand that he is a revered elder in the Vietnamese community, as well as having a reputation as a respected healer. I attend in my capacity as the workplace rehabilitation provider. The meeting has been convened to develop a stakeholder team approach to Thuong's health improvement and return to work in some capacity. The team will include all five parties present as well as any future treatment providers and the insurance company, who approves and resources treatment and interventions. Up until now, Dr. Tran has managed Thuong's injury. Thuong has therefore been somewhat isolated from other stakeholders in the system.

THE ENACTMENT

Thuong sits in his chair, bent forward. He grimaces sadly and makes little eye contact with others at the meeting. His is a fragmenting role system, the *hopeless victim* and the *helpless complainer*. The employer HR representative has warmed up to

the role of *enthused persuader*. She is keen to convince all parties that Thuong can and should return to work under a regime of light duties and has prepared a list of these to present to the meeting. She is under pressure because the insurance claim is costing Thuong's employers dearly and they are insisting that he return. The interpreter remains throughout the meeting in her role of *impartial professional*. I begin in my role as *social connector* and introduce the parties to one another. Dr. Tran, seated behind his desk, immediately takes control of the meeting and announces that it is obvious that the worker cannot return to work. I note that he is enacting a role from his coping gestalt, the *arrogant controller*. His functioning undermines the intent of the meeting and seems especially aimed at intimidating and silencing the HR representative and myself. The mutuality that had initially sparked between me, the HR employer representative and the translator is quashed. The group norm that is developing posits the doctor as the sole authority in the room. We have all joined Thuong in his role of *hopeless victim*.

I warm up to my role of *competent professional*, and maintain eye contact with the doctor. I raise the possibility of alternative specialist opinions and complementary treatments. Dr. Tran sits erect in his chair and expands his chest. He maintains a defensive arrogance, looks me in the eye, and expresses himself. "I have been doing this work for 25 years and I am telling you that nothing will make a difference." I smile, maintain eye contact and double him. "Twenty-five years is a long time to be doing this work. It gives you a lot of experience and insight." The doctor smiles and nods in response. I continue. "I have been doing this work for nearly as long as you. I'm old you know! And even though I'm not a doctor, I understand that it can be very wearing and frustrating at times." Dr. Tran smiles more broadly, chuckles and then says, "It's good you are confident, but not as experienced as me!" We both laugh. I say, "It can be very hard work sometimes, but it is worthwhile to try and make a difference to people like Thuong". The doctor nods agreement. "Okay, let us continue the meeting and you raise the issues you think you can help with." I am aware that the doctor is enacting a progressive role of *willing participant*. He has warmed up to a progressive gestalt centred on his desire to provide excellent care for his patients and support them to live full, injury-free and pain-free lives.

THE DISCUSSION

The important aspect of this intervention was the warm up to mutual purpose. Dr. Tran was defensive and self-righteous regarding his management of Thuong's case and enacted familiar coping roles that undermined the development of mutuality at the meeting. The organising principle of the coping gestalt seemed to be his strong professional identity and status as an esteemed, wise community healer. He intimidated in order to remain in control and expected unquestioned authority. It was evident to me that Dr. Tran was a proud man, but one who in essence cared for his patients. When I role reversed with him I realised that he too felt helplessness regarding Thuong's progress. The anxiety created by the

combination of pride and helplessness led to an absence of spontaneity and the warm up to the coping role of *arrogant controller*. In the face of this challenging situation I maintained my warm up to the purpose of the meeting and to myself as a spontaneous and creative being. I doubled Dr. Tran's coping role which enabled him to let the anxiety and pride fall away, to be replaced by his deeply held core values of caring for his patient. He warmed up to a progressive role of *willing team participant*. This in turn connected him to the mutual purpose of the meeting, which proceeded thereafter to agree on an action plan for Thuong's on going rehabilitation and return to work.

Doubling to Develop Mutuality: Willie

THE SCENE

Willie is a slight Filipino woman who packs boxes on a warehouse assembly line. She is 45 years old, married with two teenage children. She maintains that were it financially feasible she would separate from her handsome husband, reportedly a philanderer. She sustains a longstanding shoulder injury and has recently been diagnosed with depression, although this has been pervasive for many months. We have been working together for a year now, and I have developed a strong positive mutual tele and trusting relationship with Willie and her doctor.

THE WARM UP

Willie has been asked to attend a meeting with her workplace managers to discuss her poor attendance at work and her poor communication with them. I have been asked to attend. Willie is anxious and worries that she will not be able to speak up for herself. She might lose her job and her income. I have trained and coached her in the role of *assertive communicator* and we have rehearsed the role in a meeting with her doctor. Willie maintains the role in this session with me sitting alongside her. The doctor tells her that she is lucky to have me as her rehabilitation provider. This further strengthens our positive relationship and my capacity to encourage her through more daring interventions.

THE ENACTMENT

The meeting is held in a large room at Willie's workplace. For reasons unknown, the employer sends along three managers. It appears that they are intent on reinforcing one another's authority. Willie is immediately intimidated. She is visibly nervous, trembles and sweats. I encourage her to speak out. She makes an attempt to explain her pain and her difficulties. She also alludes to her debilitating depression. The most senior manager, a portly man, interrupts Willie's expression. He does understand but insists that her work performance is not good enough. He relates in detail his own shoulder problem. He is keen for us to know that despite it, he performs as a clown at children's parties in his own time. I reflect on the roles involved in clown performance, thinking about the vulnerability and sadness that are present alongside the happiness and laughter. Willie makes

another attempt to put forward her case. Again she is interrupted, this time by another of the managers.

At this point I warm up to leadership. “Let’s try something,” I say. I move my chair into the doubling position, just behind Willie’s left shoulder. I speak to the three managers in the first person, as if I am Willie. I take up her bodily position. I express my pain, my loss of self-esteem and my feelings of hopelessness. I express my desire to return to my pre-injury life, a time when I valued work and home roles. The managers look bemused and then warm up to interest and empathy. I observe a tear in one man’s eye. It is the clown. I finish doubling Willie and move back to resume my own roles. Willie speaks out and repeats my words. The managers each respond to her with clarity of understanding and support. One suggests, “So what can we all do from here to work together to support you to attend work more consistently. Talk more with us and we can help you to get better”. The mood of the meeting lifts, and it becomes a cooperative, solution focused enterprise.

THE DISCUSSION

It was immediately evident on entering the meeting room that the employer had chosen to intimidate Willie into compliance. Prior experience told me that power-over tactics were the norm for managing wayward employees in this organisation. I viewed the cultural conserve as ‘We can get our employees to do what we want by force’. This warm up was non-reflective, almost robotic. I had observed Willie’s warm up. Her spontaneity diminished in the face of the senior manager’s conserved role, the *powerful robot*. As Willie’s anxiety grew and her spontaneity shrank, the manager’s role became stronger. It was as though the robot was feeding off her. At this point, the managers were on automatic pilot, incapable of reversing roles with Willie. Quick and powerful intervention was required in response. My action of physically moving into the double position, taking up Willie’s body posture and speaking and acting as her, broke the powerful meeting norms and challenged the robotic culture of the organisation.

I expressed Willie’s fragmenting gestalt, the *depressed pain-sufferer* as well as other roles. This action provided the managers with insight into Willie’s world, Willie the person as well as Willie the worker. In response Willie warmed up to a progressive gestalt, the central organising factor of which was the desire for a fully lived life. The managers were then able to role reverse with Willie’s essential being rather than responding to the behaviour that disrupts their business. When I noticed the tear, I knew that this doubling intervention had been successful. The senior manager was touched at his essence, the essence that remembers and understands despair and pain and the desire for a better life. He shifted his warm up. He became understanding and helpful. As the holder of the organisational power in the room, he had a potent effect on the other managers present. Progressive roles were enacted that enabled mutuality and cooperative relationship.

Conclusions as the Dance Continues

I am moved and inspired when I read Zerka Toeman Moreno (2006:43) describe everything in her and Moreno's lives as ". . . grist for the mill . . . because Moreno's vision was so comprehensive. With him one worked all the time because life was constantly presenting itself to us. Everything was about relationships — ours to each other, extending out to our near and far social atoms". Despite working in a rehabilitation system that is anathema to Zerka's words, I too have a passionate belief 'that everything is about relationships'. The quality of those relationships is what matters. Morenian methods introduce the power of spontaneity and creativity into the dance of everyday workplace relationships. This power is generative, nourishing to all involved including the practitioner. It is a power that creates movement and the valuing of the essence of each unique being, much needed in any everyday relationship or workplace system.

*. . . guard me from the thoughts men think in the mind alone;
He who sings a lasting song thinks in a marrow-bone;*

W.B. Yeats (1936)

In the face of robotic cultural conserves, Morenian methods recognise, treasure and nurture the creativity and power that is at the essence of every being. They cultivate and nourish the "song in the marrow-bone", the dance of relationship, a dance that Zerka Moreno notes is a constant work, an important work . . .

REFERENCES

- Bannister, A. (1998). The Group. In Karp, M., Holmes P. & Bradshaw-Tauvon, K. (Eds.) *The Handbook of Psychodrama*. Routledge, London, UK.
- Clayton, G.M. (1993). *Living Pictures of the Self: Applications of Role Theory in Professional Practice and Daily Living*. ICA Press, Caulfield, Victoria, AU.
- Clayton, G.M. (1994). Role Theory and its Application in Clinical Practice. In Holmes, P., Karp, M. & Watson, M. (Eds.) *Psychodrama Since Moreno*. Routledge, London, UK.
- Consedine, M. (2004). Transference, Social Atom and Spontaneity. *ANZPA Journal* 13:36-41.
- Consedine, M. (2006). Accessing Spontaneity in a Role Training Session. *ANZPA Journal* 15:61-67.
- Dayton, T. (2005). *The Living Stage*. Health Communications, Florida, USA.
- Hale, A.E. (1986). *Conducting Clinical Sociometric Explorations: A Manual for Psychodramatists and Sociometrists*. Royal Publishing, Roanoke, Virginia, USA.
- Malone, R. (1995). *Turtle Woman and the Sea King: A Dreaming Tale*. J.D. Lewis & Sons, Wales, UK.
- Moreno, J.L. (1972). *Psychodrama First Volume* (Fourth Edition). Beacon House, New York, USA. (Original Publication 1946)
- Moreno, Z.T. (2006). Zerka's Comments Accompanying Article 6. Psychodrama: It's Relation to Stage, Radio and Motion Pictures. In Horvatin, T. & Schreiber, E. (Eds.) *The Quintessential Zerka*. Routledge, New York, USA.

Reekie, D. (2007). Becoming Jane: Appreciating Her Being and Becoming Through Explorations of Role.

ANZPA Journal 16:46-54.

Workcover New South Wales (NSW) (2009). Accessed at <www.workcover.nsw.gov.au>.

Yeats, W.B. (1936). A Prayer for Old Age. Reproduced in Webb, T. (Ed.) (1991) *W.B. Yeats: Selected Poetry*. The Penguin Poetry Library, Penguin Books, London, UK.



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