Strategic psychodrama

A change in epistemology means transforming one's way of experiencing the world.
Bradford Keeney

Psychodrama as revelation/psychodrama as therapy

Even though Moreno was conducting a type of systems therapy from the 1930s, it is fair to say that only in the last thirty years have therapists *en masse* taken the once-revolutionary step of asking whole families to attend sessions (Madanes, 1981). These days, it is common to conceptualize 'individual' therapy as one way to intervene in a family — the therapist simply sees one person in the family and not the others when an individual client presents for treatment. The individual is the arrowhead, the outermost representative of the social atom. While such is not yet the majority view in psychological and psychiatric circles, it is certainly one that now has considerable prominence, to the degree that elaborate arguments are made (Braverman *et al.* 1984; Fisch *et al.* 1984; Weakland, 1983) actually justifying the times when an individual might be seen on his or her own — a far cry from the days of individual-only treatment.

Psychodrama is a group process in which persons act out certain situations, usually stressful, as pointed out in Chapter 1. It is more of an interactional and systemic therapy than most traditional therapies, as has also been seen, although its systemic potential has not yet been fully developed or exploited. Most dramas are interactional or systemic at least to the extent that other people take part in them and that the protagonist's difficulty is thought to be interpersonal. This conception is nevertheless short of a thoroughgoing systemic view, though it does leave room for it: simply to populate a therapy with characters does not necessarily imply a theory of a system. In the dramas so far depicted, many of the scenes concern family-of-origin, with the 'family' being present via auxiliaries. In enacting their dramas, protagonists frequently find the new solutions that they seek by entering a state of spontaneity and of new relationship with the depicted others When their lives are shown (defined) according to all their relevant connections, they can move on. They retain the learning from the psychodrama, and somehow keep that state alive in the theatre of the outside world. So far so good.

Some questions arise, however. Is the 'psychodramatic shock' given during the drama strong enough to propel, as it were, protagonists through the rest of their lives with the spontaneity garnered during that session? Clearly not - that is an impossible demand to put on any therapy, and Moreno himself engineered 'spontaneity training' and 'role training' precisely to maintain a new state that was functional and that would carry his patients through the humdrum and disappointments of daily life. For a therapy to be called therapy the new code book introduced by the therapist must somehow outlast the dysfunctional codebook that the client already uses.

Therapy can have many meanings: people can say that doing needle- work is therapeutic, or talking to friends, or meditating, or swimming, or understanding more about their inner processes, or becoming more 'aware', or 'individuating', or developing their spiritual self. These activities are indisputably beneficial and restorative: they contribute to richness, rest, and beauty in human living. To suggest that they are not therapy is in n0 way to indict or devalue them-it is simply to restrict that term to certain other processes. It is to attempt to tighten its range of convenience so that the term 'therapy' is not simply conterminous with 'everything that is good'.

A therapy is not a hit-and-miss affair, but a deliberate intervention in the client's life. It is a meeting between two systems the family system and the therapeutic system, with the latter trying to influence the former around a problem: it triggers change but does not necessarily give solutions. What will be proposed here, under the name of 'strategic psychodrama' are certain ways of conducting psychodrama and group work that are based on providing a new definition, a new code book for clients, a systems-sound structure within which spontaneity can flourish.

Former protagonists, trainees, and members of the audience of psychodramas do not necessarily cherish the memories of their dramas specifically as therapy, although they may well believe that the drama had been good for them. Psychodrama is most loved for its epic qualities, its richness, for showing people the value and intentionality of their lives, for validating a viewpoint, or making sense of a crazy experience, for expression of pent-up emotion, for providing a spark, a moment of epiphany, intensity, or poetry. 'I try to give them courage to dream again. I teach people to play God', Moreno wrote (1972, p. 6). Psychodrama was Moreno's way to reunite mortals momentarily with an eternal world of all-spontaneity (Kraus, 1984).

Indeed, psychodrama may not even be at its best when it is applied as a therapy, when it is asked to do something for someone apart from providing a setting for them to experience the spark of the divine. Just as paintings and plays and novels are not at their best when they become didactic or political, trying too hard to achieve some improvement in their audience, could it be that psychodrama should leave therapy alone, content with providing great moments, with celebration and revelation rather than change and reform? Is psychodrama to be of and for itself, then, just as art can be, endlessly self-delighting, sufficient in its own generativity?

Many of the intensive and 'deep therapies also tap into the world of aesthetics and the world of the personal epic, which may account for their patients' devotion to the method and the therapist. Much of therapy is used for personal revelation and epiphany rather than cure'y one suspects, although the treatment must parade as cure to legitimate the process (and attract the finance and health-insurance benefits) Therapy is not necessarily a higher-order procedure than personal revelation or theology-on the contrary. But although psychodrama s evocation of passion and revelation of meaning is not really in question, its status as a therapy is not so clear. Are all the methods and principles of 'a therapy for fallen gods' suit- able for fallen humans in a busy clinic, or for a group that meets to over- come eating disorders, or for a child who wets the bed, or for people who have been in a psychodrama training group for many years and yet seem to be going backwards in their life rather than forwards? People who are lucky to make it to work, far less to heaven, may certainly be regarded as fallen gods, but the question becomes how to get them back to work.

If action methods or psychodrama are to be used as therapy rather than as revelation, theology, or epic representation (perfectly good uses for psychodrama, mind you, but not necessarily therapy), they may need to. take into fuller account the systemic nature of the problem's maintenance and the ways in which new solutions, including the intervention of therapy itself (Farson, 1978) can lead the client into more trouble than the original problem ever did. Strategic psychodrama's contribution to psychodramatic theory and practice is specifically as therapy, rather than as epiphany, as history, as literature, as theatre, as community with suffering humanity, or as a way of contacting the beauty of one's life. All of these things psychodrama does well -better than any other method, perhaps, given that most people do not (without help) have the capacity to enact plays about themselves in ways that move others to the heights of fellow-feeling, as psychodramas can.

To suggest some applications of psychodrama as a strategic therapy is not so much to advocate improvements to psychodrama's basic philosophy or practice as simply to add some kitchenware for everyday use: a few sturdy plates, a strainer, a sharp knife or two, a set of whisks, and a nice large mixing bowl. These serviceable implements may allow the fine dinner setting to be kept for best, since the best applications of psychodrama may well be as revelation of the inner spirit, In psychodrama as therapy, the aim is to keep the aesthetics of change a type of respect, wonder, and appreciation married to the pragmatics of change: the specific techniques to bring it about. Pragmatics without aesthetics can be ugly and instrumental; Strategic psychodrama aesthetics without pragmatics, as Keeney (1983) remarks, may lead to free-associative nonsense.

Proposing a strategic form of psychodrama and group work, therefore, is not to advocate a process of blunt pragmatics. Bateson (1972) viewed communication as an aesthetic process, attempting to map patterns as revealed through metaphor. Allman (1982) alerts therapists to the dangers of an over-pragmatic stance, a stance with technique that does not allow for passion. Systems concepts can be used as a way of keeping clients and families in place and avoiding the disruption, randomness, and spontaneity involved in the continual search for aesthetic unity. Both therapist and client/protagonist need to be open to the spontaneity of life itself.

Strategic psychodrama can be low-key and quiet, or high-powered, noisy, and enjoyable, The psychodramatic section of strategic psychodrama may often look very similar to conventional psychodrama: much of the strategic work takes place in the group prior to the enactment, especially in the refinement of what is a problem, what the minimal goals for change are, and how the protagonist or anyone else in their social atom would notice if they had changed. The strategic questioning may also take place weeks after the psychodrama, when the changes since the drama are highlighted.

Strategic group therapy differs from traditional group work and sociometry in that it has adopted techniques to examine the status of the problem, the co-evolution of the problem and its resolution, and the alliances and coalitions in the group around the problem. The method then takes various measures, both sociometric and psychodramatic, to resolve the problem. Strategic group therapy has as its premiss that current inter action between the group member and involved others, either inside or outside the group, is the most central factor in the shaping and maintenance of the problem behaviour, and that therefore its alteration gives the most leverage in resolution of the problem. Present situations, however difficult and distressing they may be, are constantly being remade in the course of present behaviour among the individual members of any system (Weakland, 1983). The persistence of the problem in a group or social atom, in terms of the alliances and coalitions that form around it, therefore become more a focus of interest than the origins of the problem. This formulation implies that strategic group workers carefully spend time on action methods such as group sociometry, and take very seriously an examination of the status of current problems and their attempted solutions, including the solution of therapy itself.

In the actual psychodrama, strategic psychodramatists propose that it interaction between members of a social system is the primary shaper of behaviour, it follows that alteration of the behaviour of one member of a system can lead to a related alteration of other members of the system. It is feasible, therefore, to influence the behaviour of other members of a system indirectly, by influencing the behaviour of the person with whom one has therapeutic contact. If this were not so, then individual therapy never would have had any success, which clearly is not so. Ideally, a therapist meets with all the relevant members of a system, and such is the usual practice of family

therapy. Where such meetings are not possible, however, all is not lost provided a cybernetic rather than a linear perspective on the problem is kept, and the interactional nature of roles are paramount in the therapist's mind. Alternatively, therapists can *create* a system of significance, such as a therapy group and then seek to influence people's behaviour within that system.

Strategic therapists believe that therapy should at least attempt to solve a problem that the client offers, and to which, perhaps after considerable negotiation, the therapist and client agree is the problem to be solved. There is no obvious incompatibility between this and psychodramatic practice at the central-concern, contracting, and interview stages. They may ask the protagonist what the 'minimal goal for therapy is: 'What would allow you to look back on a day when you had this sort of problem and say I have had this and lots of other problems, but today was a good day'. The interview-in-role may take in particulars of everyday life in the social atom, highlighting the specific exchanges that are seen as problematic, the problem-maintaining solutions. In all of this, the director is structuring the protagonist's framing of the problem, preparing him or her for new definitions, and defining the nature of the therapist's own relationship to the protagonist (Coyne, 1986b). f protagonists are satisfactorily heading towards a definition of the problem that does not involve their failed attempted solutions, the warming-upP process can be let go in a traditional way. Therapy is not violated by working on a real problem, but nor are clients well served if they are naively encouraged to dig deeper into their attempted solutions.

That is why directors at the interview stage might ask apparently odd questions such as: 'How is this problem a problem?' or 'If this problem remained the same, who in your family would be most pleased?' To a degree, strategic therapy must be regarded as having failed if the problem is not solved, no matter what other changes have taken place (Hayley, 1976; Rabkin, 1977; Watzlawick *et al.* 1974). The strategic interview not only elicits an account of the protagonist's or group member's beliefs, feelings, and actions, but therapist and client co-create those beliefs, feelings, and actions within a therapeutic frame. The meaning of a situation is framed not as something fixed and determined in the protagonist's head', but rather as in interactions with significant others. The linear question is: 'How long have you been depressed?; while the interactional question is 'Who is making you so sad?' An important component of clients presenting their problems as insoluble is that they persist in describing their problems in abstract terms, such as 'I need to grow' or 'We don't relate'. Remedial action for such vague problems is almost impossible to take, except, perhaps, the remedial action of 'more therapy'.

Not all therapists agree that therapy should be concerned with problems, proposing instead that it is a form of general education and reorientation towards the whole of the life force and the inner spirit. A strategic therapist would not object to this opinion, provided that in the process of this reorientation the problem was resolved. The aesthetics and the pragmatics, the passion and the technique, must both be present. Strategic therapy, because focused on a problem, is not a narrowly behaviourist procedure it recognizes that in the course of solving a problem many other changes might be necessitated, including people's maps of themselves and others, which consistently point to failure. But it does not take on more of a person's life than it has to in order to solve the problem. At least, that is the 1deal-there is wastage in any method and therapy can Suffer from false economy as much as from lack of economy. Strategic psychodrama is not free of rhetoric and blind spots, just as traditional psychodrama or any other therapy is also only partially sighted.

Given that strategic psychodrama is problem-oriented, it Will tend to change its methods according to the problem presented, while still retaining the psychodramatic focus. This focus is essentially

one of spontaneity A systemic theory of spontaneity might read thus: there are major and minor, gradual or sudden shifts through which all social atoms, such as a family, must pass (see Carter and McGoldrick, 1980). Some of these shifts are in response to internally generated life transitions, such as courtship, marriage, the birth of a child, schooling, adolescence. Others are in response to incidental variations loss of job, loss of relationship, accident, rape, failure in examination, etc. At these points of pattern change, existing social atom or personal constructs are put under duress.

Fraser (1986, pp. 73-4) suggests that members now need 'to construe these new pattern variations in ways which both adapt to their new directions while assimilating them under some broad enough umbrella construction so as to maintain the system's general definition of itself as an ongoing unit'. But if people are 'restrained' from these adaptations because their social-atom constructs are few, narrow, and rigid, the way they do adapt to the changed pattern can create even more serious problems. In this case, members try to force invariant 'templates of constancy' on a changed and changing system, and a vicious cycle may ensue in which their solutions become the problem. A change in constructs or patterns spontaneity is needed. The task of therapy is to inhibit the repetitive and ineffective use of a current solution in order that new constructs may develop.

The sorts of interventions, if any, at the surplus-reality level, the length and nature of the interview, the tightness of the contracting, and the amount of follow-up in subsequent sessions will all vary. But a core theme is that problems persist because the efforts of the client and others involved - their attempted solutions - unwittingly serve to maintain or even exacerbate the problem behaviour. If marriage is assumed to be 'blissful', and turns out to be not quite so, clients may attempt to fix the situation, perhaps by getting drunk, or by having affairs, or by trying another marriage. When these solutions do not work, the client may then feel that their behaviour or that of the other person is mad or bad. The attempted solutions provide the clues to the 'network of presuppositions' that prevent spontaneity developing. People act in certain ways because they are restrained from seeing other ways in which to act - a focus that we will develop in Chapter 7. The goal of strategic psychodrama and group work is to prevent the repetition of dysfunctional sequences and to introduce into the client's system more complexity and alternatives that is to say, spontaneity.

A strategic psychodramatist almost always thinks in terms of systems, even on occasion treating one person as a system and setting up a dialectical structure between this person and an object outside him or her so that difference may be created in a process called 'double description' (White, 1986a). A problem is a type of behaviour that is normally part of a sequence of acts between several people (Hayley, 1976). It usually concerns people's maps or code books of reality, rather than reality itself. It is these maps, or objects, or roles, or internal representations that are inter- personal in their origin, and it is towards other persons that they are relevant and directed. So while it is very useful and even preferable to have the relevant others present, therapy can proceed without them. Indeed, no therapy is better at calling up the dead or absent than psychodrama its methods were invented for just that purpose The issue, then, is not so much how many people are actually involved in the problem, or how many are present in the psychodrama, but how many people are involved in the director's way of thinking about the problem.

Strategic psychodrama and group work focuses especially on the social context of human dilemmas. It attempts to shift the social-atom organization so that the dysfunctional pattern is no longer necessary. Strategic psychodramatists use the interview and the enactment to get and give information about behavioural sequences so that the ones that are maintaining the problem can be interrupted. In group work, they regard the complaints that group members make as representing a

desire for spontaneity, but also involving themselves in a restricted set of behaviours, perceptions, and feelings. Any exceptions to the complaints (Lipchik and de Shazer, 1986) involve perceptions, beliefs, and feelings that lie outside the complainant's restraints, and can therefore be used as building blocks for double description (see Chapter 7).

A protagonist of the future: the little old man

To illustrate some of the points that have been made so far, let us take the rather unusual step of presenting a case that a family-therapy group saw in their clinical practice. The issues at the time are elaborated, some ways of hypothesis formation typical of strategic therapy are outlined, and the type of action methods that might be used at the time of family presentation are suggested. Then comes the leap- if this is the way that therapists would act at the time, should they act very differently if the identified patient, Ralph, presented himself in a psychodrama group twenty years on? That is, apart from some differences in techniques (because the whole family is no longer present), should one use non-systemic principles when an adult client presents with family-of-origin issues, but systemic principles when the whole family presents with a current problem? Let us see in the case of Ralph.

The Biggles family consists of Jane Biggles, a thin, depressed, intelligent, and shabby woman of 40 who is employed as a social researcher. She is the widow of Simon Biggles, a specialist in tropical diseases, who had died two years before in Bali, where the two children Ralph, 13, and Theresa, 9, were born and grew up. After Simon's death, the family were left with only a small lump-sum insurance payout, and decided to return to their country of origin, Australia, so that the children could get a good education.

Ralph is highly intelligent, handsome, and sharp. He has an 'old-manish' air about him, and discusses the family problems and the results of his own behaviour with perfect ease. He distances himself from himself and from events within the family by using terms such as 'one and 'any boy my age. He has other roles, however, that appear to be the direct opposite of the rather superior person he portrays in the therapy room. He had been a manageable but rather unruly boy when his father was alive; but since his return to his parents home country he had broken out in his behaviour, and in eighteen months had managed to get himself expelled from one school, and put on the warning list for expulsion at another. The local GP offered the mother an opportunity to have him certified and forcibly put into psychiatric care a somewhat extreme measure, one would think.

At home, relationships also degenerated. Mrs Biggles had gone with the children to live with her brother in his large house. But there was no peace there, either. Ralph fought violently with his uncle, on one occasion, nearly biting his ear off in an argument when the uncle was admonishing Theresa. The uncle demanded that Ralph go elsewhere, and as a result he was sent to live with his grandparents. His behaviour there, too, became intolerable'. On one occasion he managed to start up a forklift truck in his grand- parents timber yard, and drove it through a fence. The grandparents are now anxious to be quit of him.

Mrs Biggles goes to the grandparents' house each evening to do Ralph's washing, to see to his homework, to put him to bed at night, and to sit with him until he goes to sleep. Theresa, of course, is somewhat neglected in these transactions, but she seems to be uncomplaining. Meantime, Mrs Biggles is searching for a house for them to live in. But she runs into dilemmas with this search. To move to the outer suburbs, where she could afford to buy or rent a house will mean that she must withdraw the children from their schools, and that she must spend most of her day on public

transport going to and from her work. But the family cannot afford to rent or buy where they are currently living, which is close to her workplace and convenient to the family's childminding supports, and they cannot emotionally afford to go on living with the extended family. It is at this stage that the family seeks therapy.

Numerous problematic issues confront this family: grieving for the husband; grieving for the father; grieving for the country the three of them knew as home'; loss of family structure; loss of status and income; dis- location in a new country; depression and low self-esteem of the mother; Over involvement of the mother and son; competition between siblings for mother's attention; rivalry of Ralph with any replacement father figures Ralph's behaviour at school; mother's inability to be a spontaneous loving parent; and many more.

Whichever of these are settled on as the 'main' issues, the family's problems are clearly interconnected. Because of the stability of the difficulties, and their interconnection, the treatment of any member in isolation does not seem to be indicated. For example, although the mother may well benefit from the support offered by long-term therapy, such a therapy is almost a luxury in her present situation. She is at her wit's end; she needs to act quickly. Similarly, perhaps, some would say that Ralph could profit from 'working through' some of his issues, but this would be a slow process, and one that could be foiled by mother's or Theresa's actions if larger systemic matters are at stake. The family's interdependence of problems and attempted solutions (for example, to place Ralph in a succession of homes and a succession of schools) appear to rule out 'personal work on the part of any one of them, even on the part of mother, who is unlikely to be referred as a client anyway not, that is, until or unless she finally does collapse. The most logical type of treatment is a treatment of the whole system: their problems are too bound up with each other for individual work, and their needs are too basic and too urgent for long-term therapy based on insight.

The therapist needs an orienting concept to link the data: How do the interacting roles.serve the system as.a whole? or to put it another way, if Ralph is to be kept the focus. What do Ralph's roles allow the family to do? For example, Ralph may believe that he needs to help his mother in her widowhood by distracting her with his own problems. Or his problems may stop her from meeting anyone else (the last thing on her mind!). Or they may keep the whole family on the move until they must return to Bali. The family role analysis involves five procedures.

1. *The therapist needs to understand the history of the problem, especially with respect to alliances and coalitions and any changes that may have taken place (context of a role). Perhaps it will be necessary to track the history of the problem in past generations and enquire as to what are the family traditions in relation to the problem. For example, what are the family traditions in terms of sons and mothers, in terms of sons succeeding at school, in terms of being nomadic?*
2. *The therapist spends time tracking sequences around the problem. This Is a relentless process. When does the problem occur? When does it not occur? Are there any occasions when it is worse than at other times? (Behaviour).*
3. *The therapist identifies critical beliefs and behaviours that stabilize the system. For example, Jane's determination not to take pleasure in her life may express itself in her half-hearted limit-setting with Ralph. Her constant dilemmas where she always seems to lose, may actually become a form of stability. Ralph's shifting of schools stabilizes them as a nomadic family, stops them settling down, keeps Jane's attention hard on present problems, perhaps prevents her from getting too depressed. What are they attempting to achieve (Beliefs, consequences).*

4. *The therapist then conjectures what would actually be the consequences of change. Most importantly: what would be the negative consequences of change? As a result, that which was implicit becomes explicit. An exposure of the whole system at once is achieved, rather than exposing one person. The aim is not insight but 'outsight- knowledge of relationships. (Feeling, beliefs).*
5. *Enquiries about the consequences of change lead to investigation of the attempted solutions. What has been tried so far? What are the restraints on change? The family is like it is, and events have taken the course they have taken, not so much because they have been 'made' to by a cause, but because they have been restrained from taking alternative courses. Restraints establish limitations on the amount and type of information that Ralph, Jane, or Theresa can manage. They are unready to respond to certain differences or distinctions, and so they are incapable of spontaneity, or seeing ways out of the dilemmas. They keep repeating their attempted solutions.*

What, then, are the possibilities for action methods as an adjunctive, family-therapy technique with this family at the time of presentation? Actually, the Biggles family offers more scope for psychodramatic work than is often the case. Further details of appropriate psychodramatic possibilities with live families are given more fully later (see Chapter 11). From the core outline, however, it is evident that clearing up 'unfinished business' between the individual family members and the deceased father and husband may be relevant, especially as a way of checking loyalty issues to Jane's husband and Ralph and Theresa's father. Were they enduring miserable lives as a way of showing him that they needed him, that they could not cope without him? What transgenerational injunctions are they enacting? Does Mrs Biggles think that she should have been consumed on the funeral pyre with her husband?

The deceased Simon Biggles could be represented by an empty chair, and family members could be asked to address him. The therapist may focus the dialogue with 'Simon' by suggesting issues such as the family then and the family now or, 'What is it like now that you are not here?' thus drawing distinctions. Bali, which had once meant so much to the family, could also be represented and reacted to psychodramatically. The hypothesis that Ralph's difficulties are a way of keeping the family on the move until-there is no choice but that they all return to Bali, can be acted, here and now in the therapy room, with Bali. on one side and Australia on the other This action can take sociometric form, with the family being asked to 'stand on a line' somewhere between Australia and Bali. Thus one of the restraints, operating outside of consciousness that prevents them doing anything other than what they do and limits their vision of reality and possibility, may be brought into the open. Another hypothesis, that Ralph's behaviour stems from his desire to save' his family and have them all return to where his father is buried (a positive frame for the family's behaviour), can also be suggested, if appropriate, by the psychodramatic representation of that gravedane's depression as a way of showing her late husband that she cares about him, or as a way of showing him that she, too, should be dead, can also be depicted, provided there are signs of warm-up to this idea, and that the timing is right.

It may be counterproductive to 'hot up' the interaction between mother and son by means of doubling, role reversal, or maximization some of psychodrama's most celebrated techniques can be dysfunctional when a whole family is present Better, at least at first, relentlessly to track the Sequences.of Ralph's behaviour via questions and sociometric procedures highlighting difference (see Chapter 11) A structural element enters, too. Mrs Biggles needs to understand some of these sequences and needs actual Success in imposing actual limits on her son, while he needs the safety

of her doing just that (see Chapter 6). Structural enactments intervene in actions that stabilize the symptom: a sequence of role-training exercises as assertive mother can be instituted with her, first with Ralph out of the room, and then with him present. Even exercises in which Mrs Biggles physically holds and contains Ralph may be indicated they can give her a sense of potency and assurance, and him a sense of limits there is, after all, someone who can contain him, although Ralph is a little old for that sort of thing and his behaviour is not usually of the tantrum variety that requires a holding technique (see "The tired mother').

If Mrs Biggles does manage to contain Ralph, either physically or analogically, what will Theresa's reactions be to her mother's new roles with Ralph? Will she be pleased or displeased at this disturbance of the status quo? What new alliances and coalitions are necessitated by such a change in the family dynamic of 'bad' Ralph becoming 'good' and 'weak' mother becoming 'strong'? Will Theresa now need to be 'bad'? The possibilities raised by these dilemmas (future enactment) can be acted out by the children, perhaps by establishing a 'bad' end of the room and a 'good' end, so that differences in time and state can be noticed. Later, these ends may be relabelled as 'frightened' and 'safe'. Again, 'news of difference' not only between frightened and bad, frightened and good, safe and bad, safe and good, etc., can be created.

An escalation of the conflict to break through to the feeling level between Mrs Biggles and her children does not appear to be called for There is usually plenty of affect already in a family; the task of therapy is to provide a structure where it will naturally emerge. rather than elicit it in the specific therapeutic context. Nor would 'more communication seem to be helpful, if that communication already repeats the family's attempted solutions. The matter is not simply one of expression between mother and children about their relationship with each other, though expression in terms of grieving for the father or husband and the re-formation of the family unit is doubtless called for. Simple expression of feelings' between the present members, even if it could be achieved, would probably not answer or alter the complexity of interactions and alliances that have evolved in this family.

The strategic approach

If it is not helpful to 'treat' any individual member of the family now, what should be the status of treatment, let us say, twenty years later, when Ralph as an adult joins a psychodrama therapy group? Should the therapeutic thinking be very different? Needn't one be a systems therapist any more? Just as it would have been ludicrous to understand Ralph's problems then in isolation from the system that he was in, and fatuous to offer him individual child psychotherapy far less to certify him as insane and lock him in an adolescent unit - does individual treatment within psychodrama make any more sense now that he is in his thirties and very unhappy?

Obviously, we do not know what Ralph's 'problem' would be in twenty years' time; directors would have to work strategically with that at the group level in terms of attempted solutions, restraints, negative explanation, and circular causality; they may initiate treatment by drawing distinctions, double descriptions, definition and re-definition of the problem (see Chapter 7) while Ralph is still in the group. If Ralph were then to enact a psychodrama about his family-of-origin, directors can legitimately conceptualize his circuit of interaction in the past in a similar way as they would if Ralph and his family presented for help at the time. They would take into account the five components of a role outlined in the previous chapter. Analysis of context, behaviour, affect, belief, and consequences automatically lead to a co-evolutionary view of the roles involved Such an

analysis leads to the five ways in which an orienting concept (already outlined in this chapter in the discussion on Ralph and his family) can be gained: tracking sequences, alliances and coalitions, the critical behaviours that stabilize the system, the consequences of change, and Ralph and his family's attempted solutions.

Like all psychodrama, strategic psychodrama works 'analogically. Ana- logical communication has many referents, not all of which can bee expressed digitaly, by means of words representing exactly what the person wants to say. In digital communication, only one referent is possible. In the case of Ralph, his 'symptoms' would mean only one thing, and one thing exactly. In particular, relationships between people can be expressed only analogically, as there is no exact digital referent for them. The dramatic mode is essentially analogical an action can have many meanings, and can only be understood in context; for example, crying may express joy, pain, relief, or many other emotions. A headache is always a pain in the head, but it may also be an expression of something towards someone else- reluctance, anger, or boredom, say.

A problem, therefore, is regarded analogically as a way in which one person communicates with another: Ralph's biting his uncle's ear may be a way of his communicating with his uncle, his mother, or even his dead father. Just as a symptom metaphorically expresses a problem, it is also a solution, albeit an unsatisfactory one, for the people involved. Action occurs mostly at an analogical level and so does an intervention at the level of enactment. Behaviour and its treatment becomes communication on many levels. A symptom considered at the analogical level becomes a communication about the person's life situation and therefore a referent to many other things outside itself. Analogical presentation and repair of problems is highlighted in the drama of The can-can dancer, to be presented in Chapter 6.

The essence of a strategic approach is that the clinician initiates what happens during treatment and designs a particular approach for each problem (Hayley, 1973). Strategic therapists take responsibility for directly influencing their clients. This does not mean that a rigid format is required but merely that therapy is conceived as an interpersonal influence process in which therapists have the role of presenting the client with a set of circumstances within which spontaneity is likely to take place. Directors may or even must take deliberate action, since they influence the direction of the drama no matter what they do, as we saw in 'Dale's dilemma' (p. 40) and as could be pointed out in any drama in this book, or any piece of therapy in this or any other book. The most 'non-directive' of therapists cannot avoid influencing their clients, and are, in fact, paid to do so; it seems more practical and realistic for therapists to say that this is what they are doing, and to take on the responsibility for doing it well.

Since the most common types of interventions germane to psychodrama are structural, structural interventions at the level of surplus reality form the focus of the next chapter. Even the presentation of a wisdom figure into conventional psychodrama, such as in 'Off the rails' (p. 40) or Dales dilemma, (p. 40) is a structural intervention, though not of a family- systems kind. Structural therapy in family-systems terminology is usually concerned with hierarchies, boundaries, and subsystems. Because these concepts are, in essence, spatial metaphors, they lend themselves very easily to action methods, which are happiest when playing around with space, time, and geography. Structural interventions are not only compatible with the strategic approach (Stanton, 1981) they are often identified with it. In fact Jay Hayley, perhaps the leading light in strategic therapy, left his colleagues at the Mental Research Institute (MRI), where he had been working since 1962, and in

1967 joined Minuchin at the Philadelphia Child Guidance Clinic. He went from there in 1976 with his wife, Cloe Madanes, to establish his own family-therapy institute in Washington, DC.

The overlaps of family-therapy schools are quite complex, and it will not serve the purpose of this book very well to provide yet another 'tour of them. If they are known already, such a tour can be intolerably tedious. If they are not, a tour is insufficient it takes many months of reading and working for the differences to sink in as 'real. Rohrbaugh and Eron (1982) have suggested that the "brief problem-focused therapy (Bodin, 1981; Fisch et al. 1982), 'structural family therapy (Minuchin and Fishman, 1981), 'strategic family therapy' (Hayley, 1976; Madanes, 1981), and systemic family therapy (Selvini Palazzoli et al. 1980) are all 'strategic', systemic, and 'brief, and that at least two are "structural. Together they might be called the "strategic systems therapies As this is rather a long title, and as Michael White (1983, 1984, 1986), the other author of note to influence the direction of strategic psychodrama, has also been identified as a 'strategic therapist' (Munro, 1987), 'strategic therapy' will be the title most frequently used to identify the type of work being advocated.

There seems to be sufficient broad-based similarity at the goal level (spontaneity) legitimately to adapt some of the methods from strategic therapy to psychodrama and the group work from which a protagonist is eventually chosen. Some of the methods will remain incompatible, while for some others there seems to be no real reason why, during the establish- ing of the therapeutic contract-the interview for a role-the surplus-reality phase of a psychodrama, and the group interview in group work, action methods, sociometry, psychodrama itself may not gain clinical leverage by adopting procedures from other systemic schools.

Applying a systemic hypothesis in psychodrama

Within a family system such as Ralph's, individuals are tied to one another by strong emotional attachments and loyalties. Psychodramatically, or in the course of family therapy itself, they can be revealed in even the most puritanical or culturally barren of families. These loyalties provide emotional richness and help the whole unit through maturational changes and unexpected crises. Even when the children have grown up and the parents are dead, these ties continue to influence family members over several generations. A dead father may be more demanding than a live one.

Strategic psychodrama focuses on these ties or the invisible loyalties generated by a family or other system; it attempts a more comprehensive definition of the system than had previously been possible, so that the system, once it has defined itself more fully, has room to move. The restraints on change that prevent new maps and spontaneous movement are at base interpersonal: the desire to help someone or the unwillingness to hurt someone or the compulsion to obey someone, even though the 'someone' be long dead. The new definition that allows spontaneity is attained chiefly by the director helping protagonists to draw distinctions that may unravel the net of invisible loyalties. When these are presented in their fullness, protagonists can take new paths.

The strategic view is that it is not less 'human' to see people in their connectedness, but more: people's connectedness with others is one of the most human and touching things about them. If anything is 'wrong', it usually means that this connectedness is felt to be wrong. Rather than reducing a person to a solitary being with unsatisfactory hydraulics, or unexpressed passion, or incomplete individuation, systems therapy regards people as social beings, the richness of whose lives must be seen in the round Strategic psychodramatists tend to hold interactional and circular views of causality that free them from having to blame anybody not the protagonist, and not the

protagonist's mother, either. They attempt to identify the strivings and despair of the entire system and acknowledge the suffering and frustration that have been created by its failed attempts at change. In his foreword to Cloe Madanes' book on strategic family therapy, Salvador Minuchin remarks:

> The members of a family may hurt each other in the process of living in a contained interpersonal space, but their basic motivation is to help each other. Indeed, they probably cannot do otherwise, since as members of a larger organism, the family, they respond to signals of pain in any part of this body. (Madanes, 1981, p. xvii)

Psychodramatists are trained to detect the springs of true spirit in people, and to lead them into the warming-up process. In this process various psychodramatic techniques, such as concretization, scene-setting and the interview-in-role are employed to produce and develop inter actions with others, or with 'parts' of the self. From the production, the dramatic interchange, comes the essential role analysis that can lead to a systemic hypothesis; when directors observe what the protagonists say and how they behave towards other people in the scene portrayed, they gain an idea not only of the protagonists' roles, but other people's roles towards them. The systemic hypothesis, based on role analysis, comes as much from the production of the scene as from the interview-in-role; enactment is diagnosis and treatment at the analogical level.

The vibrancy of the psychodramatic process makes it easy to over-concentrate on the protagonist's own interactions with other key figures in the drama, as if the protagonist were the hub of a wheel, and all emotional energy within the system were directed at him or her. After all, protagonists are the tellers of the tale, and one's sympathies tend to lie with their subjective experience, so raw and sometimes so heroic. Acceptance of the protagonist's linear hypothesis about 'what went on', however, can lead to more unhelpful information being produced in the system, which may confirm the restrictive information upon which the protagonist already thinks, feels, and acts. If the protagonist feels 'hard done by, for example, that belief, while perhaps justified, may restrain him or her from taking certain courses of action that might otherwise be open. If they want to grow, even that belief (the complaint) is already part of the restrictive system, and therefore hinders rather than helps spontaneity the very state they are seeking. Nevertheless, it is part of the protagonist's definition of self, and needs first to be confirmed as a belief belonging to the protagonist (rather than as 'true', of course), It provides the starting point of the group interview, protagonist interview, or drama that may.then build to a place where perception of the network of presuppositions (the protagonist's and family's mutual construct system) becomes looser and spontaneity is possible.

A systemic hypothesis takes into account the interacting roles of all relevant members of the system, and attempts to determine what restraints on change are operating, and why it is unlikely that anyone in the system will act in any other way than the way in which they do act.

> 'Who do you think will first notice that you have grown? What will they notice? If you became an independent person and did not use drugs anymore, how would you be able to ensure that people still care about you? How would you know that you still care about your father if you gave up this habit?'

The protagonist's restraints are usually based on a form of love, fidelity, or loyalty to some other member in the family system. By maintaining a systemic, rather than a purely protagonist-centred hypothesis, directors do not attempt to persuade their protagonists of anything in particular, or to give them insight into the system that they are in. They set up a new code, side by side with the

protagonist's code, so that protagonists can draw distinctions between the two, and thereby produce information for them- selves upon which to act.

Protagonists need to be joined by the director in such a way that they can establish a dramatic system (and later, it is to be hoped, a real life system) that is less restrictive than the one under which they currently operate. The restrictions, inadequate maps, take the form of restraints on their undertaking trial-and-error searches for new ideas that could lead to new solutions. The solution, however obvious to someone else who does not have the protagonist's restraints, cannot be seen and the appropriate action cannot be undertaken. To ease restraints implies much more than providing a free atmosphere', since an atmosphere is 'free' to a protagonist only if it can be perceived as that. There is a threshold even for seeing what freedom is. That is, the easing of restraints is a more skilful process than simply providing a liberal atmosphere where anything goes. It requires the creation of a context for adventure and discovery (White, 1986), not simply because such a context is fun, but because it contributes to the protagonist's skill in responding to new information.

Systemic hypotheses are generated from the interview-in-role and from role analysis made during the enactment. A role analysis does not necessarily rely on a formal interview-in-role, as we have repeatedly noted: sometimes the production alone throws open the system to a degree where satisfactory hypotheses may be constructed without the aid of prolonged verbal interviews. Different avenues for action are provided amidst a strategically designed context of adventure and discovery. These different ways of acting in the system will no doubt lead to different ways of thinking about it, but the thinking is done from the inside', as it were. We tend to think about our families or friends differently if one person behaves towards us differently, or we alter our behaviour towards them. At the Simplest level, an action change can precede a 'thinking' change. psychodrama usually proceeds by action change first, and lets the thinking catch up.

Let us attempt to summarize some of these beliefs about people-in-systems in actual working terms. A systemic hypothesis, rather than solely a protagonist-centred hypothesis, has the following advantages:

1. It helps one to 'read' the cycle. Instead of focusing on the agonizing or uncomfortable nature of the problem, the director is able to ask a different sort of question: What does this symptom allow each member of the system to do? How is this symptom a manifestation of love or loyalty within the system? These types of questions suggest a positive connotation that is not a device or a gimmick, but actually stems from the way the therapist understands the situation.

2. It reconstrues the problem from something being 'internal' to some- one, to something happening between people. Whatever the causes of a difficulty, its effects are almost always relational and interactive. The rules of the system, rather than an individual's needs, drives, or personality traits, are what most often determines behaviour between participants. The reconstruing of problems to derive their definitions from patterns of interaction is essentially a Batesonian notion. In live work with families, this reconstruction is done by obtaining the description (for example, the reason why Tony steals cars) fro`,m multiple sources, such as the other family members. A similar process can take place in psychodrama, even though family members are represented by auxiliaries. A new set of descriptions is obtained on the behaviour by the protagonist role-reversing to each member of the social atom.

   D: Father, what's your theory on why Ted gets expelled from schoo1?

R: (In role as father) He just wants to get out of school.

D: How do you explain that he wants to get out of school?

R: (As father) I...dunno. He's frightened, I s'pose.

D: (Reverse roles and be your mother) Do you agree with your husband? (etc).

3. A systemic hypothesis gives greater flexibility for further action and intervention, releasing therapists from the cage of working within one person's affective system. Holding the protagonist to be simply the victim of the system becomes no longer a tenable line of thinking, repetitive therapy and coarse psychodramas that reinforce that belief are automatically avoided.

   a. Directors can work elsewhere in the system rather than directly with the protagonist; for example, with Ralph Biggles' mother rather than only with Ralph, even though he is protagonist. The form of work can be applied to several points at once, given that the whole system is the focus, rather than merely one person's participation.

   b. The relevant time to go in the psychodrama is suggested by the hypothesis. It leads to the simple question: 'When did this problem begin and what was it like before? In Ralph's case, the obvious time would be that of his father's death. Protagonists, of course, will often go 'unconsciously' to the time of relevant warm-up to the role; but systemic hypo- theses may help direct the drama to the time in the social atom when the system itself altered. The crucial change in roles may not necessarily have begun in the protagonist, nor even in one other person directly interacting with the protagonist. It may have begun between two or more other people in the system.

   c. Circular, rather than linear causality is suggested. Circular, rather than linear change is required. The burden is taken off the protagonist: change somewhere in the system will necessitate change in the whole system. Ralph can give up his 23-year-old habit of reform. A new 'reality can be established, a proper set of family relationships within which protagonists can experiment with their being.

   d. The shape of the surplus reality might be suggested from the systemic hypothesis, although this shape might not even be considered by the protagonists, so embroiled are they in the system. That is, directors are able to formulate the pattern that is required in the current or original social atom, and can intervene' by producing that point and presenting it to the protagonist. In Ralph's case, this may be a mother that sets limits, or a mother who expresses her grief for her lost husband, or simply a bereaved family who now co-operate.

The importance of the systemic hypothesis is illustrated in the drama of 'The tired mother'. Polly's problem is reconstrued away from something happening within the protagonist to something happening between the protagonist and another person. The director work elsewhere in the system (that is, between Polly and her husband) and the relevant time for the drama is suggested by the strategic interview. The shape of the surplus reality is influenced by a systemic understanding of the problem.

The tired mother

Polly, the protagonist of this drama, is a large, physically strong-looking Woman of about 40. She had presented herself to Dot, the director, for a drama in the course of a one-day workshop on

psychodrama conducted in a large country town. Neither she nor the other members of the group had had any prior experience of the method. Her theme was 'tiredness'- she seemed to be tired nearly all the time. The group, 90 per cent female, had had some experience of being tired themselves, and was most interested in her theme. They fully supported her being a protagonist. How long has being tired been a problem?' asked Dot in the initial interview. 'About nine weeks', replied Polly, in a weary voice, 'And what was going on nine weeks ago: anything unusual happening in your life about then?' Polly told Dot that at that time she had taken on a new job. Dot persisted with her questions, however. Something in Polly's voice, its flat- ness, perhaps, suggested that further strategic questioning might better illuminate the warm-up to the tiredness.

It would have been standard practice, and quite legitimate, to have gone immediately to the scene of Polly beginning work, and to have developed that scene, letting the action itself become the diagnosis. If the new Job were not the most relevant factor, the scene would have soon petered out, with the protagonist warming up to a second and more relevant scene. Do all roads lead to Rome, then? Does one always arrive at the core scene no matter whether the procedure is by strategic interview or by having the protagonist act down through the layers' until the psychologically relevant place is arrived at? It is hard to say, but probably that sort of opinion is overly 'mystical', and does not sufficiently allow for the interactive effect of protagonist and director as together they create history and together create a map of the problem. In any case, Dot takes the strategic tack:

So the tiredness started around then, and before that you weren't so tired.' Polly tells Dot that, actually, she was tired before she started the new job. How long before?" asks Dot. Oh, maybe about six weeks before', says Polly. And what was going on at that time anything different in your life then? Well, at that time I was having a bit of conflict with my daughter, Polly answers. Uh huh. Let's see you in a scene of conflict with your daughter. Where does it take place, and who is there?"

Polly has not been hedging: she herself has probably not associated tired- ness' and conflict with her daughter. Only with Dot's help, perhaps, is she able to make the relevant distinctions. She sets up a kitchen scene in her farmhouse. Her daughter, Sarah, aged 14, is preparing for school. In role reversal, Polly as Sarah is very distressed and angry, banging plates about and thumping things down. She is angry with her mother for having been away for the weekend, her first absence in six years. Polly tries to comfort her and simultaneously maintain her rights to have a weekend away visiting friends in a neighbouring state. Her efforts are fruitless: Sarah has worked herself into a rejecting/rejected rage by this time. She says that Polly is 'just like my other two mothers they let me down too'. Polly's sense of guilt and anguish increases during the interchange. Eventually Sarah leaves for school.

Dot interviews Polly about the circumstances of Sarah's adoption. She learns that Sarah was abandoned by her natural and then two other adoptive mothers. She asks about the relationship bet ween Polly and Sarah over the years that Sarah has lived with Polly and her husband, Bill. She also enquires about Polly and Sarah's relationship since the incident in the kitchen. Polly tells Dot that it had 'settled down', but had broken out again after Polly was required to be away from home for a week, this time for a mature students camp at the local higher education college that she was attending.

The second scene is brief: Polly is met by Bill and Sarah at the railway station upon her return from the camp. Bill carries Polly's bags to the car; Sarah has refused to leave the car, and is sitting on the back seat, scowling. Polly has been dreading this moment, and makes strenuous attempts to

form a harmonious relationship with her. This fails, and the family drive home in strained silence. Relationships since then had been at very best 'cordial'.

The final and major scene of the drama takes place in Sarah's bedroom two days after Polly's return. It is a very long scene that involves coaching by the director, the introduction of a new auxiliary, a conference with the husband about parenting, and the demonstration of a limit-setting technique. Polly has brought in freshly ironed clothes to Sarah's bedroom. She looks around at the room, which is in a mess, and asks Sarah to tidy up. Sarah flies into a rage, and knocks the ironing out of Polly's hands. She screams at her, calling her a f....g bitch, and just like all those c..ts of social workers, and all her other no-good mothers who have let her down. Polly at first tries to remonstrate with her, then to explain herself, but to little avail. She deflates and sags at the middle. Sarah renews her attack she is screaming and out of control. Polly has no power with her, appears weak at the knees, and retreats before Sarah's accusations and physical assault.

Dot chooses an auxiliary from the group to act as an alternative opponent for Polly. She gets the auxiliary to push against Polly. Polly pushes back. Dot asks the auxiliary to escalate the pushing, but no matter how hard she pushes, Polly is much stronger. In ordinary circumstances, Polly certainly seems not to be lacking in fight or strength. When called on to manifest these qualities with Sarah, however, there is no transfer. As soon as Sarah begins her guilt-inducing diatribe, Polly collapses. Dot coaches her in breathing through the belly, and in taking a bent-kneed 'samurai' stance so that she can feel her power. The procedures are to no avail, however Sarah's accusations make Polly go 'tired, and she gives up the fight.

There are numerous paths that Dot could follow at this point. A time- honoured psychotherapeutic reasoning process would be to conjecture that Sarah could not attract Polly's guilt unless there was a predisposition, possibly from her own family-of-origin, to be guilty in the first place. By this logic, a family-of-origin psychodrama should have taken place between Polly and her own mother or father. In fact, Dot did make an enquiry to this effect, asking Polly whether this feeling of guilty helplessness reminded her of any other scene from her life, perhaps when she was a child. Polly said that it did not.

Another obvious path would have been to interview Sarah-in-role with great thoroughness. The 'multiple mothers', after all, was a heart-rending revelation in the drama. Maybe Dot could have developed Sarah's role more fully, deepening Polly's understanding of her rejection and dis-appointments in life by means of extended role reversal. It seemed, however, that Polly was already too well aware of what Sarah had been through, and was already overcompensating for it. Dot was cognizant of the danger of she herself over-joining the absent Sarah, and becoming influenced by the pathos of Sarah's life. She believed that there were possibly more fruitful lines to pursue concerning the here-and-now maintenance of the problem.

She decides to extend her understanding of the difficulty further into the system, and questions Polly on what Bill's attitude to the dispute had been. Polly replies that Bill could 'see both sides' of the conflict. From her systemic questioning, Dot receives no evidence that Sarah's acting-out is in response to marital disharmony, or in order to deflect any tensions from the marriage on to her. Nor did it seem that Polly or Bill were triangulating Sarah, attempting to detour their own unease with conflict away from themselves, as we shall see may be the case in Priscilla and the porridge (Chapter 6). The acting-out child as a means to unite warring parents is a classic first hypothesis amongst family therapists, but it is not one that is always validated. Often it is too simple; often not

simple enough. Never-the-less, in this instance, Sarah had managed to split her parents on a basic parenting issue that of containment in such a way as to render them impotent and herself out of control.

Dot sets up a psychodramatic meeting 'as parents between Bill and Polly, just as she would if she were conducting therapy in a family clinic with all members available. Her language acts as an embedded command for the couple to work together exclusively in their parenting roles for the care and protection of a young human being.

The couple discuss Sarah. Bill is supportive of Polly, but somewhat ambivalent in his attitude to Sarah. With coaching from Dot, Polly is able to shed some of her own ambivalence and guilt about even wanting to contain Polly and about needing Bill's help to do this. Eventually, she clearly states that she needs Bill's help, as a parent, to manage Sarah's behaviour. This is promised, via role reversal. She then goes back to the scene in the bedroom. Sarah is as before, spitting, cursing, fighting, accusing, and frightened. This time Polly wrestles her with full strength. In role reversal as Sarah she puts up a full-blooded resistance, and continues her taunts and accusations of Polly being a non-caring, abandoning mother. Back as herself, Polly overcomes her daughter, and after much struggle, brings her to the ground. She pins her by the shoulders. Sarah kicks mightily with her trunk and legs. Polly calls for Bill to come and sit on her daughter's legs. He does so. They both hold Sarah, who goes through stages of rage, crying, pleas, promises of reform, etc., so long as they will let her up. They do not. Eventually, in role reversal, Sarah relaxes and apparently enters a state of deep peace. She and her parents begin talking. This final scene provides a rather striking comment on the ability of psychodrama to tap into people's 'psychological truth since the effect of the holding technique in the drama was remarkably similar to the effect of a holding technique in family therapy with a live' family.

The drama was also remarkable in that the point of the fight is not the usual psycho dramatic one of expressing rage, or coming to a spontaneity state via evoked emotion, but actually one of control and limit-setting. In this case, the limits are physical. Jay Hayley reports a similar case in Uncommon Therapy (Hayley, 1973) where Milton Erikson instructs the mother of an outrageous child actually to sit on the child for a whole day. Since that book was published, various 'holds' have been devised in family therapy for a father or mother physically to contain a terrified child who fears that there are no limits and therefore there is no safety. The child acts out more and more, and becomes more and more fearful if it is not contained. The scene is also unusual in that a mother, so often the persecutory or blamed figure in psychodramas, is 'in the right for once. Her stand with her child is supported by the weight of the psychodrama (and her own not inconsiderable weight) rather than being subtly eroded with hints of psychopathology about guilt and her Own family-of-origin Dot chose dramatically to expand the definition of the problem from the Polly-Sarah over-involvement by introducing the father's unwitting participation in maintaining the problem. The problem itself is not seen as Polly's, nor as Sarah s, but as a recursive problem in the whole family. The 'solution consists in developing Polly's roles, not so much as an individual, but as a wife and parent. That is, only after she has been able clearly to state her needs to Bill can she begin to deal with Sarah. After that, she herself was able to overcome Sarah and bring her to the ground, whereas before she had been powerless. Bill was involved only when the battle was nearly Over. The point may have been that at least he now was not acting against her as a parent.

His former ambivalence does not necessarily betoken trouble in the marriage an old therapy favourite so much as trouble in family rules and function. The focus is kept on the child, but the

father's participation in the parental subsystem is increased so as to separate the over-involved mother/daughter dyad (Minuchin and Fishman, 1981). By supporting the parental subsystem, the psychological distance between the mother and child is increased, and the distance between the spouses is decreased, by giving them common tasks as parents.

Throughout the drama, Dot has challenged Polly's epistemology in several ways. There is no longer one identified patient in the family herself-but at least two, and possibly three. That is, all the interactions in the family need to change if the problem is to change. Secondly, Polly can now only with difficulty believe that one family member- herself or Sarah is controlling the system, rather than each of them serving as a context for the other. Sarah's role of accusing, rejected waif can only be maintained if Polly adopts the role of guilty, abandoning parent, and vice versa, Polly can only adopt such a role if Sarah 'agrees to be an abandoned waif. Moreover, Bill can help Polly develop her guilty-parent roles by being himself split between the two. If he had adopted another role towards either of the others, their roles, too, would have had to change.

The family's role system is not a classic persecutor/rescuer/victim one, however, but a complicated system where 'pathology' occurs almost by accident and by neglect of each person's sense of responsibility for self. In becoming over-responsible to others, the two adults actually shirk that responsibility. They are by no means sick they simply do not know what to do. It was sufficient for Polly to develop the collaborative, determined parent role for her to drop the guilty role, indicating that it is not always necessary to work directly on a so-called intrapsychic process such as guilt. Guilt is interpersonal, and is called up by specific contexts and by other people inviting it or providing suitable environments for it. The drama took the course it did because of a systemic rather than a 'linear reading of the cycle of interaction. It was a co-creation, a new map, jointly produced by Polly and Dot.