Bannister, A. (1998) The Group in *The Handbook Of Psychodrama* Marcia Karp, Paul Holmes, Kate Bradshaw Tauvon (Eds) pp 110 – 127, Routledge, London.

Chapter 7

The group

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Picture the scene: a therapist gathers together a small number of people who are all in psychoanalysis. He sits each one on a 'regulation' analytic couch but *all in the same room*. He asks each person to 'free associate' in the same manner as they had been used to doing in their analytic sessions. Not surprisingly the result is chaos.

The therapist in this surreal drama was, of course, Dr Moreno (1977: xix) and the year was 1921. He concluded that a group assembled in this way had no common unconscious and that group tele had no opportunity to work because applying the strict rules for 'free association' prevented any group interaction.

Moreno was already working on his theories of sociometric choices. He understood that the interaction between two or more people, which he called tele, was very important in understanding the motivation of an individual. Some years earlier Freud had already explained his theories of transference and counter-transference in the relationship between therapist and patient. Transference is usually experienced as strong feelings towards a person which are inappropriate and are a displacement of feelings from someone in the patient or client's childhood. Countertransference is sometimes experienced by the therapist towards the client, for similar reasons.

Moreno realised though that tele was interaction which was not confined to the therapist and patient but it existed in schools, workplaces and within the home and it played an important part in determining how we make friends, how we learn better from some teachers rather than others, and how we choose life partners. He understood that by working with the forces of tele people could learn new ways and change their behaviour.

Much of Moreno's theory is based on his observations of children playing together in the parks of Vienna. Once a child feels comfortable in her own individual and separate existence, and once she feels secure in her relationship with her primary carer, she recognises the power of a group. Tele operates as children form liaisons with other children and they realise that a group of children can be as powerful as 'mother' or 'father' in protecting and promoting the needs of each individual child. In play children practise forming and reforming groups. Sometimes the groups are essentially task groups formed

to build a 'den' or to attack another group. At other times the group exists for its own sake; roles are taken up and then dropped as a child energetically rehearses a new behaviour. If the rewards are not good for that child the new behaviour will be dropped for a while and a different interaction will occur.

This demonstrates how the group acts as an agent for change in individuals. The child learns to operate in a primary group, usually the family, then extends her field of operation to a peer group and so acquires a repertoire of roles. Adult role models are very important to adolescents (e.g. pop stars, sports personalities) but their influence is unlikely to be lasting unless the behaviour they suggest is acceptable within the young person's group situation.

A person is not simply a collection of roles, however. Indeed Moreno states (1993: 47): 'Roles do not emerge from the self, but the self may emerge from roles.' Roles belong largely in the realm of conscious behaviour whereas we all have an individual or personal unconscious which adds depth and spontaneity to our personalities.

UNCONSCIOUS INFLUENCES IN A THERAPEUTIC GROUP

The recognition of unconscious behaviour by group members, including the director, plays an important part in understanding fully the actions within the group. There are at least three levels of unconscious behaviour. Most psycho-therapists recognise that repressed material from the *personal unconscious* affects the behaviour of an individual. Most group therapists are also supremely aware that there is a *collective unconscious* in which archetypal images influence the whole group. Psychodramatists, who often use historical material when directing a protagonist, should also recognise the influence of the *co-unconscious* where our families, our ancestral roots and relationships within the group itself play their part in shaping our behaviour.

The personal unconscious

Freud hypothesised that the unconscious act was triggered by personal material which had been repressed. Jung agreed with this hypothesis and with the idea that true spontaneity was the unconscious mind acting autonomously, without conscious motivation. Psychodrama has been called, by Moreno, the Theatre for Spontaneity. It encourages the expression of the spontaneous act which is, in itself, the beginning of creativity. Creativity, of course, implies the growth of something new or different, at least to the creator, and that too is an agent for change.

Drama can be described as a spontaneous, creative act, a collaboration between the actors, without author or director. The actors may sometimes draw upon their personal experience to portray certain roles or actions, especially if their training

was in 'method' acting (Stanislavski 1936), but often these actions produce spontaneous reactions in the other actors, and the audience, and these lead to a catharsis or a state where change and creativity is likely. Greek drama is a typical example of a creative act, sometimes initiated by the actors, in a theatre with no clear division between actors and audience, where the audience reacts spontaneously. This agent for change was used extensively within Greek culture.

Murray Cox has described a similar interaction in his description of Shakespearian performances in a secure psychiatric hospital (Cox 1992). Staged 'in the round', the depiction of rape and murder created awareness in the minds of the murderers and rapists in the audience. Spontaneously they reversed roles with that of their victim and became aware, perhaps for the first time, of the connection between the pain and fear of their victim, and their own pain and fear as they were victimised in childhood.

John Casson (1997) reminds us that Shakespeare understood this interaction perfectly. His frequent use of the 'play within a play' illustrates for a theatre audience the process whereby people can, through seeing their unconscious feelings projected into other actors, deal with personal material which is otherwise inaccessible.

To bring us up to date, Casson also reminds us that in 'Playback Theatre' (founded by Jonathan Fox and developed from Moreno's ideas) an audience member relates a personal experience and this is acted out spontaneously through a group of actors and a 'teller'. The catharsis and therapeutic experience of Playback Theatre can be similar to group experiences in psychodrama and dramatherapy.

Recently, on the 50th anniversary of the end of the Second World War, I had an experience of acting in a play about the war. The play had been written by an author who had listened to the personal stories of local people who had lived through that time. One story concerned a child who had been evacuated from the city to the country in 1939, when she was 4, to escape bombing, and who had then chosen to stay on with her foster mother after the war. Even as a young girl she could see that her future held more opportunities than in her deprived and overcrowded home. Whilst watching the scene, on stage, where the mother accepted the logic of the child's situation, the former child, now a woman of 60, experienced a cathartic reaction. Afterwards she told me that this was the first time that she had understood her mother's feelings and this had helped her to reconcile some unresolved guilt and pain concerning her own decision as a child.

It is important to remember that in the theatre the structure of the play provides the container for the catharsis. In a therapeutic group the protagonist (or central actor) will be nurtured and cared for by the group so that she may practise changes and make mistakes, without being punished. There is plenty of research evidence to show (see Kellermann 1992) that catharsis alone is not enough to bring about a psychotherapeutic cure. It can, however, remind a person of unconscious processes which may be the source of a difficulty. Many other factors, particularly in the group situation, contribute to the process of healing.

The collective unconscious

The collective unconscious is also a vital part of our personality and it is only in the interactions of the group that this can be developed. Carl Gustav Jung pioneered the idea of a part of the mind which was not conscious, yet was not repressed because it had not existed in the personal consciousness. It is the part of the mind which derives from archetypes, from heredity (Jung 1964). Sometimes this is described as instinct. Jung was not referring to cultural norms or taboos but to universal patterns and images which have existed cross-culturally for generations. Eternal symbols such as the cross, the serpent or dragon, the mandala, water as a life source, etc. appear in myth, legend, religion, fairy tales and paintings. In accepting the importance of this material Jung threw a light on dreams, delusions and hallucinations which gave form to our understanding of the processes of the mind.

This cross-cultural understanding is well illustrated in the stories told by dramatherapist, Alida Gersie (1992). She uses tales from Africa, North and South America, Australia, Asia and Europe to show the universal themes and ideas with which all peoples are familiar. Of particular interest are the ancient stories from traditions such as the Australian Aboriginal people, which cannot have been influenced by other cultures. She uses all the stories to stress the importance of our world eco-system and links together personal and group stories to show that they are all part of our universal story.

The co-unconscious

Moreno also discussed a form of the unconscious which was a shared link between people. He called it the co-unconscious (Moreno 1977: vii). It includes tele, but also has elements of the collective unconscious. Monica Zuretti (1994: 215) describes the 'cosmic matrix' which is a 'reservoir of those experiences which belong to the planetary existence of the human race'. She points out that this might be called spirit in some cultures. She states that the co-unconscious is the energy which sustains the group process.

Zuretti recognises the cosmic matrix, or co-unconscious, in memories of events which occurred prior to birth or conception. In a psychodrama group we frequently ask the protagonist to reverse roles with a parent or grandparent. Whilst in that role the protagonist may have memories or inexplicable feelings, belonging to the role, which provide some sort of explanation for her own current behaviour. These memories, of a distant past which could not have been directly experienced by the protagonist, are different from our personal repressed memories (the unconscious), and different also from the archetypal memories which can be studied in anthropology (the collective unconscious). The co-unconscious then is an extension of tele, it is the history of an individual, of a family, and of a group. This is the material with which we are working when we undertake the direction of a psychodrama group.

THE DIRECTOR

Before the group existed there was a void. Antony Williams (1991) says that psychodrama directors make a leap into the void and in so doing help to create a container where group members can let go of their past certainties. In my own work, with abused adults and children, the creation of a safe container is crucial. In order to do this it is essential to pay attention to structure and boundaries and also to be aware of the individual and group themes which develop as the group progresses.

Moreno provided a way in which both these matters can be attended to at the start of a group session. It is usually called warm-up. 'Warm-up', with its connotations of physical activity, is often misunderstood by beginners to psychodrama. It is clearly explained in Susie Taylor's chapter in this book. Here, however, I will focus on its purpose for the group, rather than for the individual.

To 'leap into the void' the director may tell a story, suggest a simple activity for the whole group, or request specific information from group members. In doing so she is preparing a framework for the group to decide on its culture, its norms, its identity. The focus is removed from the individual. Instead of 'Who am I?' the group member asks 'Who or what is this group?' Williams (1991: 89) points out that the demeanour of the director is cardinal. Although spontaneity may mean that 'anything can happen', it is important that the group trusts the competence of the director to handle it. The director, in turn, has to trust the group, and the method, as well as the individual, in order to encourage change.

A director who does not trust the group may be controlling and autocratic. The group will then react with subversion or repression, which will feed into the director's fear of trusting the group. It takes a powerful group to overcome this and some group members will withdraw from the struggle as it is too reminiscent of their own life struggle for survival.

Directors who do not trust the method, or their own competence in it, will not inspire confidence. Neither will they enjoy directing the group. They may project negativity or 'stuckness' in a way which is frightening for depressed or stuck group members. The group may feel confirmed in their own view that their position is hopeless. Sometimes, paradoxically, group members may find their own reservoir of hope and confidence, as a result, but this may be taking a clinically unacceptable risk with a group of depressive clients, for instance.

In order to trust the group, the director must believe that it contains within it all the ingredients, the seeds, for change. This means a belief that each individual has the power to heal him or herself. To access that power, however, the person must be in touch with his/her own unconscious needs, with the collective unconscious of humanity, and with the co-unconscious of the group. If the director is alert to these possibilities then the group itself becomes an instrument for healing as well as change.

During the warm-up then, the director and the group create the boundaries, which help to shape the container for the action. The shape of the container is

further determined by the group themes which occur and recur during warm-up and also during the life of the group. A director may hold a simple 'check-in' warm-up where each person states how they are feeling at that moment. Often a feeling or state is fairly common in the group, or is triggered by a powerful event.

For instance, in a training group which lasts for four days, one member arrives a day late because she has to attend a family funeral. Because this is a new group it is important that I remind people that she is a potential group member and give the reason for her absence. We place a chair for her, in the group circle, and occasionally I ask a group member to reverse with the absent member so that her presence can be remembered. She says later that she feels it was easy to enter the group although she had been apprehensive about the missing day. I wonder if the theme of death might preoccupy the group (because of the family funeral) and for the first two days this is the case. On the third day however the theme changes slightly to one of grief for that which is lost and I realise that we often need to mourn past behaviours before we can bid them farewell. By the fourth day the mourning has been overtaken by a theme of renewal and an eagerness to practise new learning and new ways of living. The group have made the connection between their *personal* unconscious theme (family funerals), the *collective* unconscious theme of letting go of past behaviours (in order to learn the new ones proposed by the training) and the *co-unconscious* theme of group creativity.

ADVANTAGES AND DISADVANTAGES OF GROUP PSYCHOTHERAPY

The therapeutic group then, contains all the ingredients for therapeusis within its members and the director. Various schools of psychotherapy have disputed the relative importance of those ingredients. Group treatment evolved from individual psychotherapy and analysts, for instance, would stress the importance of the individual psychodynamics in a therapy group. As we saw in the introductory paragraph to this chapter, Moreno would probably not agree. Others, for instance Bion (1961), would emphasise the importance of the processes in the group itself. The middle way, accepting the individual and group processes, but concentrating on the value of the interpersonal relationships within the group, is more acceptable nowadays.

Ahead of his time, as always, Moreno was advocating this approach in his first volume on psychodrama, first published in 1946 (Moreno 1977). He explained that a psychodrama group contains all the elements of psychotherapy. The

monologue or soliloquy (having elements of the Buddhist meditation) was present, as was the dialogue between two people, the basic component of all individual therapy. In addition, he felt that the group was much more accessible to people of all classes. The meditative approach was successful for only the chosen few, Moreno felt, and the dyadic approach was likely to be too expensive and unavailable for most people. The group method could be utilised by everyone.

This eclectic approach, far from being seen as 'less pure', is now accepted amongst group therapists from different schools, hence the successful alliances between group analysts and psychodramatists, person-centred therapists and psychodramatists, and dramatherapists and psychodramatists. Most of these, and other group workers would agree with Yalom's description of the advantages of group psychotherapy.

Yalom (1970) described the 'curative factors' of group psychotherapy as follows:

1 Imparting information
2 Instillation of hope
3 Universality
4 Altruism
5 The corrective recapitulation of the primary family group
6 Development of socialising techniques
7 Imitative behaviour
8 Interpersonal learning
9 Group cohesiveness
10 Catharsis

The first two factors and the last one, occur, of course, in individual therapy as well. In psychodrama groups, as we have already discussed, factor 3, universality, is particularly emphasised and factor 5, the re-creation of the family group is almost inevitable in a psychodramatic re-enactment. Factors 6 and 7 are deliberately encouraged by psychodramatic techniques such as 'mirroring' where group members re-enact a scene for a protagonist so that she may observe the action. Sometimes suggestions for different solutions are solicited from the group, especially if the protagonist seems 'stuck'. At this point interpersonal learning (factor 8) takes place. This can lead to altruism (factor 4) and group cohesiveness (factor 9).

However, it is my experience, and that of others, that group psychotherapy can sometimes be too threatening. In situations where there are many family secrets the issue of confidentiality can become overwhelmingly important. In childhood sexual abuse situations for instance, or where other issues of sexuality are involved, many people need the individual experience of 'an audience of one' who can witness their story and validate it, before they are ready to tell the story again to a wider group.

Although, nowadays, the issue of childhood sexual abuse is spoken of much more openly, the re-experiencing of a group situation for those who have been ritually sexually abused may be too distressing. This kind of abuse nearly always takes place in a group setting, often an extended family group, and it is therefore too distressing for many to enter group therapy. Similarly, institutional abuse, in school or children's home can create intense suspicion of any situation which appears to re-create these circumstances.

Recently I was working with a woman who was slowly coming to terms with the fact that her husband was a paedophile. Even though he had been to prison on more than one occasion for Schedule I offences (abuse of children) he had contrived to keep the secret from many members of his extended family. After some individual sessions with my client I suggest that she might like to join a group for women in similar circumstances. Her immediate reaction is horror, that she might meet someone she knows, but on further discussion she recognises that her over-reaction is a reflection of her former need to keep the 'family secret'. Gradually she realises that this is connected to her protection of her husband. Her motivation in coming to therapy is connected with her desire to protect her grandchildren and when she is reminded of this, she realises that the days of protecting her husband are over. She says that she has never spoken to another woman who may have suffered similarly to herself and she sees the advantages of the group.

Disadvantages in group therapy may also be apparent for those whose difficulties seem to be located immediately within the family, or in a 'couple' relationship. Tackling the issue head-on in family therapy sessions might be more appropriate although it is my experience that one member of a family, or one partner of a couple, is often much more motivated than the others or other. In group therapy, especially in psychodrama, it is usual to re-create the partnership or family within the group. Although group members know that they can only change their own behaviour, not that of others, they can see how their behaviour affects those closest to them. They are then in a better position to try out changed behaviour for themselves and to make decisions about their future.

GROUP NORMS AND GROUP CULTURE

Moreno used the term 'cultural conserve' to explain how a creative, spontaneous act can become a culture which can then be frozen in time and lose much of its

original significance. Fox (1987) in his excellent distillation of Moreno's writing, gives us the theory and explains the importance of this idea. Ken Sprague (1994: 20) typically gives us a vibrant illustration of it. He describes himself reading Fox's book, *The Essential Moreno*, in a dentist's waiting room. He was exploring the 'cultural conserve' of the book. Moreno's original creative thought had become frozen, within the pages. A very young child, also in the waiting room, presented Ken Sprague with three toys for his consideration. Here was an act of spontaneity which could have become more creative if there had been opportunity for further interaction between the adult and the child. This in itself illustrates how spontaneity from one individual (the child in this case) made an opportunity for another individual (Sprague) to join in a creative action. In the event the action was stopped by the mother, who may have been anxious about the child's rather familiar behaviour, and by the dentist, who called Mr Sprague into his room.

Within a psychodrama group a spontaneous act, whether it is initiated by the director or another group member, can become an act of creation, which can then become part of the group culture. Each group will have its own culture, built partly from individual norms which people bring from their own family and social cultures, and partly from the cultural expectations which have grown around the practice of psychodrama.

It is important for the director to be aware of this interaction and to know when it is safe to challenge group norms if that would be therapeutic. Tuckman (1965) in a well-known paper, describes the stages of group interaction as 'forming, storming, norming and performing'. Most group facilitators would recognise these stages. Challenge can come after the forming has been at least expressed, if not completed, and it can come from the director or from other group members. Indeed, this explains the concept of 'storming' as group members decide to challenge group norms for themselves. Tuckman states that groups never get to the 'performing' stage but in psychodrama I believe that the open challenge offered in role reversal moves a group on towards more satisfactory 'performance'.

Moreno described role reversal as the engine which drives psychodrama. When someone reverses roles they see themselves through the eyes of the other but also they may experience a new way of looking at the world which is a revelation. Some years ago, when feminism was knocking on the door of male cultural conserves, a story was going the rounds about a surgeon who was asked to perform a dangerous, life-saving operation upon a child who had been brought to the casualty department after a road traffic accident. The surgeon refused saying, 'I cannot because this is my son.' The storyteller then stated that the surgeon was not the child's father and the listener, struggling with the cultural expectation that the surgeon was a male, had to state what was the relationship. A surprising number of people would suggest step-father, adoptive father, etc. before realising that the surgeon was a woman.

Such expectations of gender, race and class roles are increasingly being

challenged in the public arena but a person's own cultural expectations may be harder to change. One exercise which I like to do in a psychodrama group particularly challenges these expectations. It is derived from sociodrama, which Moreno defined as a deep action method dealing with intergroup relations and collective ideologies. The way I present the exercise varies according to the composition of the group. For instance, I am sometimes asked to provide 'team-building' training for teams of teachers, social workers, or mixed teams of professionals from health and social services. The team may have been static for a long time but have suffered a recent loss or change of circumstance. Then the exercise will focus on the current culture of the group.

One group I worked with had been operating for many years with a strict hierarchy which had worked well in that the young people for whom they were responsible had been well controlled. More recently, however, there had been a number of dangerous incidents where the young people had precipitated life-threatening situations; life-threatening both to children and staff. During the course of a morning I am told by some staff members that they 'want to get back on course', others say they are 'afraid of rocking the boat'. Some blame children for 'jumping overboard and causing panic'. I pick up the nautical metaphor which was part of the pervading group culture and ask them to set themselves out as a ship, sailing across the sea.

They take the roles with which they feel most comfortable. There is no argument as the captain stands at the helm, his first lieutenant beside him, and everyone from the cook to the cabin boy (in this case a cabin girl) settle into place. The children, missing, of course, from this training day, are carried as cargo, 'below decks'. There are a number of revelations as people are asked to reverse roles with others. Sometimes they are asked to try out certain roles to gain insight. The small revolution of boat rockers becomes bolder, their oppressors become more confused as they realise how they have been tightening up their oppression in response to challenge. More importantly, perhaps, the team realise how the 'below deck cargo' of young people is reflecting or mirroring, in a subconscious way, the actions of those on deck.

In a newly formed team, or in a group where the metaphor was not apparent, I might pick a theme that I knew would resonate with their particular circumstances. A group of sexual abuse survivors are likely to have many concerns about their bodies. By recreating a 'body' in the group, with people choosing to stand as head, feet, heart, mouth, genitals, etc., members can explore, through

role playing and role reversal, both their relationship with the group (I am the mouthpiece, etc.) and their personal feelings about bodies.

GROUP BOUNDARIES

I have already suggested that the group acts as a therapeutic container, especially for catharsis. The concept of a container implies boundaries and I believe these must be explicit and implicit. Moreno was specific about the use of the stage space and Casson, in Chapter 4 of this volume explains this clearly. The idea of the psychotherapy group as a circle, with the action contained within the space is used by Rogers and others as a safe structure.

Another explicit boundary is created by the agreement which many directors make with group members about group rules. These may or may not be written down but should always be explicit. Most groups are likely to want agreements about confidentiality, respecting feelings, respecting gender and culture and freedom to state a view which differs from the pervading opinion.

A third boundary is created by the conventions of psychodrama, which are not necessarily the same in different cultures. At international conferences the differences between the Australian school of psychodrama and the Scandinavian school or South American school for instance become very apparent. Those taking part in workshops led by directors of a different culture from their own should take account of this and build their own boundaries if they feel unsure. Visiting directors may be helped by ethical statements from those who are hosting the conference. Such statements can help a director working in an unfamiliar culture to keep within the norms of the host country.

In addition the director can help to create safety and boundaries by choosing psychodramatic techniques which are appropriate to the group. For instance, in a newly formed group exercises which stress interaction between two or three people will be preferable to anything which requires exposure in front of the whole group. Children and young people are likely to prefer working metaphorically or symbolically. To act out an actual parent/child scene in a group for adolescents would be too threatening. To act out newspaper stories, inventions using 'soap opera' characters, or to work through the use of masks or puppets may be more acceptable. Most children have experienced bullying and they fear this if personal details are aired within the group.

Occasionally a director makes a creative leap and instigates an intervention for which the protagonist has not given permission. For instance a director may perceive that the protagonist, who is in the middle of re-enacting a difficult scene with her colleague, needs to talk to her father. The director may wish to move instantly to that scene and sometimes will do so without negotiation. This may be effective in that it bursts through a defence or block which the protagonist has erected. Occasionally pushing through this resistance can be justified with a particular protagonist, especially if the director knows him or her well and has

worked with them before. However I believe that this technique can shatter the group safety and boundaries and the more anxious group members are likely to retreat even more heavily behind their own resistances. It is tempting for a director, who can thus achieve an almost 'magical' resolution but I believe it goes against group psychotherapy in the Morenian tradition. Although the worker in a psychodrama group is called a 'director' rather than a 'conductor' or a 'facilitator', I believe that the word refers to the theatrical origins of the method rather than to a power position.

Moreno's widow, Zerka, who has done so much to further the growth of psychodrama throughout the world, often uses her power as director in a responsible and caring fashion. A protagonist may be weeping as she remembers a painful scene with her mother. As director Zerka asks her to reverse roles. The protagonist struggles to change into the mother role. 'Are you crying now?' demands Zerka. 'No, of course not. Blow your nose then and be the mother.' Here the director facilitates the protagonist to action whilst still demonstrating, both to the protagonist and the group, that she is protective and caring. Once this has been established the group may cope with a more abrasive or creative intervention but the director should never concentrate on the tele between director and protagonist whilst ignoring the group tele. A director can only do this at her peril. She may find that she and the protagonist have moved forward, without the group, and this could be disastrous.

Jonathan Moreno (in Holmes *et al.* 1994: 106) uses the expression 'psycho-dramatic shock' to explain what occasionally happens when a director and protagonist have made a leap and the protagonist, for a short time, 'loses control'. He or she may speak in a mother tongue, previously 'forgotten', or revert to a babyish voice or actions. He points to the necessity of resolving such a 'shock' and suggests that the group be asked to provide a physically comforting and encircling 'womb' to cradle the protagonist. This illustrates that it is always important to keep the trust of the group, as well as the protagonist, in using psychodramatic techniques.

GROUP THEMES

In client groups where there is a shared similarity of personal history, as in groups for those who were sexually abused in childhood, certain themes arise regularly. Loss, intimacy, anger and guilt are all played out in the group arena. I have described elsewhere (Bannister 1992a) the dangers, for a director, of not recognising a group theme of control and power. This occurred in a therapy group which I ran for professional women who had been sexually abused in childhood. Perhaps it is worth repeating the key factors in this process, if only to illustrate the vital necessity for good supervision of, or consultancy for, the director.

The women in this group had coped with early abuse, and with later losses in relationships, by protecting their vulnerability at all costs. Naturally this

continued in the group situation. Because I was anxious not to abuse the power of a director I tried to trade some of my vulnerability for a little of theirs. I did this by imparting more information about myself than I usually do in such situations. I soon found myself in a 'victim' role within the group, a role which could have encouraged the protective roles of the group members, but in fact succeeded in engaging some of their persecutory feelings. It must be remembered that, especially when sexual abuse occurs within the family, the potentially 'protective' role of mother is also seen, by the child, as vulnerable. Most of the group members had experienced their mothers as non-protective and weak. It was safer in this group, which must always recreate the family group to some extent, to identify with the abuser.

My supervisor pointed out the ways in which I was abdicating my power and responsibility and I was able to discuss what was happening, quite openly, with the group members. In this fairly short (six months) therapeutic group, a full resolution and a complete balance of power did not occur. The group did, however, help me to understand my own anxieties about abusing my power over those who have already been abused. More importantly perhaps the group members stated that by openly discussing the power dynamics they gained some insight into their own vulnerability and their own protective and abusive traits.

GROUP MYTHS AND STORIES

As we have seen, when we looked at group norms and group culture, patterns of behaviour soon form in groups as they do in families. Williams (1989) draws the parallels as he uses systems theory in psychodrama to understand why some people play defined roles (victim, rescuer, persecutor) in groups and in life. The myth is that the roles are exclusive and do not contain elements of each other. The group which I have just described, where the victims became somewhat persecutory, debunks the myth.

Myths about family patterns occur frequently in psychotherapy. Families often emphasise patterns which culture condones. For instance, in the British soap opera *Coronation Street*, a story with strong northern roots, many of the women are portrayed as strong, brave and very dominating. In contrast, many of the men are seen as weak characters, interested only in gambling and drinking. For some women, raised in this culture, there may be a dilemma between the apparent strengths of the women and the impotence and oppression they often experience as females in a patriarchal world.

Moreno stressed that spontaneity is the key to releasing myths inherent in family patterns. Marcia Karp (1994: 53) discusses spontaneity eloquently. She describes psychodrama as a 'production of small stories, drenched in the magnificent light of spontaneity, moving towards creative resolution'.

Spontaneity is not encouraged in most cultures. For example, the story told by Ken Sprague of the toddler who approached him with three toys included the

mother effectively stopping the action. In the psychodrama group the action is always encouraged, spontaneity is applauded, creativity is esteemed. Marcia Karp's 'small stories' are the basic ingredients for the successful resolution. Story telling, then, should be brought into the group culture at the earliest opportunity.

It can start with the warm-up. The director tells a short story about events which occurred 'on the way to the group'. Perhaps the group members take this up with similar stories, or perhaps the director encourages improvisation of fantastic stories based on her original anecdote. This encourages the spontaneous recollection of family stories which are presented for re-enactment in psychodrama.

I feel it is important, however, for the development of group cohesion and for the encouragement of creativity, to bring in stories about the group itself, once its identity and culture is beginning to form. I do this by utilising techniques which are commonplace in work with children and adolescents, but I use them also with groups of adults. The group is asked to think of favourite fairy stories or other childhood tales and to share something of these with two or three others. Eventually a 'group favourite' emerges. Often this is an amalgamation of more than one story. It is a collaboration of half-remembered tales, of important childhood incidents or dreams, and the whole is acted out by the group. Of course, members choose roles, sometimes more than one person plays a role. Creativity is expanded when one person suggests that they should play the 'mischievous bit' of a character or the 'dark side' of a hero or heroine.

In encouraging such improvisation the group starts to build its own story, in which each person plays a part. Sometimes individual psychodramas emerge from the story, sometimes the group prefer to stay within the mythical structure. The end result is the same, deep feelings and themes are aroused within group members and some psychodramatic work will always ensue at a later date.

To further pursue the 'story' theme, I also like to use the group story as a means of closure when a group is coming to an end. This can be done by the director taking the group into a guided fantasy where the story of the group is told through a heroic journey. The story must contain the basic elements. These are:

- the central characters (in this case all the group members),
- the task (this can vary from 'finding the lost child' to 'meeting the wise person'),
- the journey (which will contain incidents from the group's life),
- the obstacles (again actual events will be brought to mind),
- the resolution (essentially how the group resolved problems),
- and, most important, hope for the future.

Alternatively, instead of guided fantasy, the director can use auxiliaries to encourage the group to re-play certain scenes. A longer exercise, taking perhaps

a whole day or more, could be devised by the director merely giving the basic elements and leaving the group to devise the story in whatever way they wished.

GROUP CHARACTERISTICS

Each group will have its own unique character, just like individuals, but a knowledge of child development can often help a director to understand why a group is behaving in a certain way. I believe that this knowledge is vital for a psychotherapist and I suggest that all training courses should include child observation and discussions on child development. Peter Slade in *Child Play* (1995) explains that he developed dramatherapy from his observations of and interactions with children at play, mostly in educational settings. Moreno, of course, developed psychodrama from his observations of children at play and his own memories of playing as a child. I have developed the importance of play in my own work (Bannister 1992b).

Young children in a therapeutic group will spontaneously develop play, singly, in pairs or in small groups. Two or three therapists are necessary because some children prefer to interact with a known adult at first. In addition it is often important to a child to have a witness for their play. Some adults always want to interfere but a therapeutic adult will know whether she is required to intervene or whether she must merely respond. Slightly older children (6 to 10) will demand to be given tasks (as in school) in which they can co-operate to perform and complete. Again, two or three therapists are needed, mainly as resources for children to use as they require. Adolescents also need more than one therapist, sometimes as a resource, sometimes as a witness, and sometimes, especially, as a boundary maker.

In a chapter in *Dramatherapy with Children and Adolescents*, I give some examples of children's groups characterised by anger, antagonism, empathy or fear (Bannister 1995). In mixed gender groups, both of children and adults, gender conflict can be a major issue. The issues carried by the director have as much, if not more, influence upon the group as those issues which its members bring. It is a mistake, however, for the director to take total responsibility for the way a group is developing. Asking the group (including adolescent groups) to take more responsibility can be a strong, rather than a weak response to a difficult situation. The director shows trust in the group, the group responds, mutual 'blaming' is suspended, conflict is dropped in favour of constructive action.

Groups of young people and those of adults often regress in therapy to an earlier developmental level. If 'messy' materials (clay, finger paints) are available this regression can be encouraged. This early embodiment play has sometimes been curtailed or discouraged in childhood and a few sessions of 'enduring the mess' can be worthwhile. The group begins to 'grow up' as it moves from embodiment play to projective play with puppets, dolls and toy animals. Stories

start here, fantastic interaction takes the play into the development of roles and psychodrama extends this infinitely. This developmental model of Embodiment – Projection – Role, is taken from Sue Jennings's work (Jennings *et al.* 1994).

If an adult group goes through one or more of these stages the director can understand how members have had a great need, an 'act hunger', as Moreno would term it, to fill in the missing parts of childhood development. A director who is aware would ensure that a group was not abandoned at a crucial stage. This might only replicate earlier abandonment by a parent and could cause further damage. Skilful steering of a group towards adulthood is part of the director's job.

Just as important is the director's protective role. With children's groups this may seem obvious. Bullying must be addressed and if it is brought into the open the group will probably find its own solution. The same applies to adult groups also. Recognising the vulnerability of group members to exposure of traumatic material from a protagonist is something I have touched on earlier when discussing 'psychodramatic shock'. It is particularly difficult in groups of survivors of abuse, especially if some of those survivors have taken on characteristics of their abusers, to protect themselves. I have found it useful to remember that suspending the action for a few moments seldom worries a protagonist who is eager to work but it is often worthwhile for a group member who is distressed. Noting the distress, asking what is required (someone to hold a hand or simply to sit beside) is helpful in itself. In the all-important sharing, at the end of the action, this earlier intervention may help a group member to vocalise their feelings. This sharing, from a person who is feeling victimised is often very helpful to a protagonist who is heavily into controlling roles.

SUMMARY

In this chapter we have looked at the components of a group, from each member's personal and collective unconscious to the co-unconscious of the group itself. We have seen how the role of the psychodrama director within the group plays its part in the character of a therapeutic group. In reminding ourselves of the advantages and disadvantages of group psychotherapy we have recognised the limitations of this method. The growth of the group, making its own rules and culture, setting its boundaries, developing its themes and stories has been outlined and this has been compared with the growth of the child and how this is expressed by the child in play. Just as a child develops unique characteristics, so does the group. We have seen how the director, through being aware, can help the group to 'fill in the gaps' from each member's own childhood and to experience, through the wholeness of the group experience, a different way of being.

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