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Psychodrama, Role Theory and the Concept of the Social Atom*

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Zerka's comments

At the very first Evolution of Psychotherapy conference sponsored by The Milton H. Erickson Foundation in Phoenix, AZ (December 11–15, 1985), it was my aim to put psychodrama in its proper context in the professional world.

Although many of the group and family therapy "luminaries" who presented at this conference had their roots in our teachings, most never bothered to give a backward glance. Fritz Perls came often to our sessions in New York City. Imagine my surprise years later when he stated the need for "psychodrama" (sic) in his In and Out of the Garbage Pail but never mentioned Moreno.

As for who thought up the empty chair technique, it was certainly not Perls. In 1958 an article appeared in the journal Group Psychotherapy in which Rosemary Lippitt described her work with kindergarten children, using an empty chair as suggested by Moreno, to portray the "naughty child" in helping children identify and perhaps change their own place on the "class terror" spectrum. Moreno called the chair "the four-legged auxiliary ego."

Historical background

Moreno first began by observing and joining in children's play in the gardens of Vienna, Austria, in the first decade of this century, while a student of philosophy, before entering medical school. He was impressed by the great amount of spontaneity in children and became aware that human beings become less spontaneous as they age. Why does this occur? he asked himself. What happens to us? The same process struck him when he started to direct the children in staged plays, rehearsed as they were in the legitimate theater. At the first portrayal whatever spontaneity was available

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to the children was mobilized. But the more often they repeated their performance, the less inventive, creative and spontaneous they became. They began to conserve their energy, to repeat their best lines, movements and facial expressions as these produced the greatest effect upon their audience. This produced a mechanical performance, lacking in reality. Clearly, this was the same phenomenon evident in age and in certain types of emotional disturbance, repetition without relation to the current situation, a freezing of affect and of memory.

How could this process be reversed or slowed? Looking at the world at large – and it is notable that most of Moreno's theories and concepts were based on observations from life and not limited to the clinical setting – he conceptualized that what is of essence in human existence is the twin principle of spontaneity and creativity. The end products of these he called "cultural conserves," attempts to freeze creativity and spontaneity of a past moment into a concrete product. He noted that conserved products are all around us: musical, literary, artistic, religious, cultural, technical and even biological. The principle of energy conservation, the freezing of a past moment of creativity, resulted in ubiquitous conserves.

To break these frozen patterns and to try to redirect energy back to the source of creativity, Moreno asked himself: What is spontaneity? How does creativity emerge? He decided they were inherent in the human organism, endogenous, but that the conservation of energy can block them and turn them pathological under certain conditions. What are these conditions and how can spontaneity and creativity be revitalized when lost? How does this loss affect our relations with one another? How does learning via play differ from learning via the intellect? The last question has since been elucidated more by the studies of the left brain and the right brain, but this information was then not yet at hand.

In his magnum opus *Who Shall Survive?* Moreno dealt with creativity and spontaneity as *the* problem of the universe.

The universe is infinite creativity. But what is spontaneity? Is it a kind of energy? If it is energy it is *unconservable*, if the meaning of spontaneity should be kept consistent. We must, therefore, differentiate between two varieties of energy, conservable and unconservable energy. There is an energy which is conservable in the form of "cultural" conserves, which can be saved up, which can be spent at will in selected parts and used at different points in time; it is like a robot at the disposal of its owner. There is another form of energy which emerges and which is spent in a moment, which must emerge to be spent and which must be spent to make place for emergence, like the life of some animals that are born and die in the love-act.

It is a truism to say that the universe cannot exist without physical and mental energy which can be preserved. But it is more important to

realize that without the other kind of energy, the unconservable one – or spontaneity – the creativity of the universe could not start and could not run. It would come to a standstill.

There is apparently little spontaneity in the universe, or at least, if there is any abundance of it only a small particle is available to man, hardly enough to keep him surviving. In the past he has done everything to discourage its development. He could not rely upon the instability and insecurity of the moment, with an organism which was not ready to deal with it adequately, he encouraged the development of devices as intelligence, memory, social and cultural conserves, which would give him the needed support with the result that he gradually became the slave of his own crutches. If there is a neurological localization of the spontaneity–creativity process it is the least developed function of man’s nervous system. The difficulty is that one cannot store spontaneity, one either is spontaneous at a given moment or one is not. If spontaneity is such an important factor for man’s world why is it so little developed? The answer is: man *fears* spontaneity, just like his ancestor in the jungle feared fire; he feared fire until he learned how to make it. Man will fear spontaneity until he will learn how to train it.

(Moreno, J.L. 1953: 19)

Though approaching creativity from another aspect, Otto Rank, in *Art and Artist*, had this to say about its end products:

[the artist] desires to transform death into life, as it were, though actually he transforms life into death. For not only does the created work not go on living; it is, in a sense, dead; both as regards the material, which renders it almost inorganic, and also spiritually and psychologically, in that it no longer has any significance for its creator, once he has produced it. He therefore again takes refuge in life, and again forms experiences, which for their part represent only mortality – and it is precisely because they are mortal that he wishes to immortalize them in his work.

(Rank 1968)

Clearly, one reason spontaneity is feared is because it is confused with irrationality, unpredictability. But anxiety and spontaneity are functions of one another; the more anxious we are, the less spontaneous we become, and vice versa.

There seems to be a paradox in the notion of training spontaneity. If it is trained, can it still be called spontaneity? Perhaps a better designation would be the re-evocation and retraining of spontaneity.

Looking at some definitions of spontaneity and creativity, we note the following: Spontaneity derives from Latin *sua sponte*, “from within the

self." *The Random House Dictionary* defines spontaneity as, among others, "coming or resulting from a natural impulse or tendency, without effort or premeditation, natural or unconstrained, unplanned, arising from internal forces or causes, self acting." The philosopher Charles Sanders Peirce spoke of spontaneity as having "the character of not resulting by law from something antecedent . . . I don't know what you can make out of the meaning of spontaneity, but newness, freshness, and diversity."

Creativity in the above-named dictionary is described as "To cause to come into being, as something unique that would not naturally evolve or that is not made by ordinary process, to evolve from one's own thought or imagination, to make by investing with new functions, rank, character, etc."

For Moreno spontaneity was a "new response to an old situation or an adequate response to a new situation," with creativity adding the element of inventiveness. Both Peirce and Moreno stressed newness.

The question remains: By what route can we train spontaneity? When Moreno noted the children's repetition in a role, he instructed them to throw away the written script, to improvise within the rationale of the role and the interaction, not to remember the lines but the feelings, to practice newness. By cutting off the old route he forced the actors to find within and between themselves new ways of sustaining their roles.

During the early twenties Moreno began to apply his method to adult actors and out of that experiment the Theatre of Spontaneity as an art form was born. Moreno put his actors into a variety of situations, taking them by surprise and having them respond to one another. It was a freeing of their ability to act and interact on the spur of the moment; being accused of infidelity by a spouse, being fired from a job, being insulted or misjudged by a friend, etc.

He attempted to tap into the unconservable energy, spontaneity, from within the wellspring of the actor and to use it in the developing interaction, to see if some resolution could be found, either between the actors or within the actors themselves. The bonding that took place between them and which helped them to be more creative due to their co-creation he called "tele." Tele goes beyond empathy and transference and may be thought of as two-way empathy. It is feeling into and appreciating the reality of the other, mutually experienced and reciprocally involving. Tele is responsible for mutuality between persons, over and beyond their projections, and responsible for interpersonal and group cohesion. In a New York State training school for delinquent girls, a study was undertaken in which the residents were asked to indicate whom they wanted as dining room partners around tables seating four persons. The organization of the seating order was carried out according to these choices. Mutual choices far outpaced what had been projected on the basis of chance. The factor responsible for these mutualities was revealed to be tele. Moreno decided that tele is the cement that binds people together in a relationship that is reciprocally satisfying.

Tele is found in several categories: mutual positive, mutual negative, positive versus negative, and neutral. The sense for tele develops with age; in general, it is fairly weakly developed in children. It grows with social awareness.

Emergence of the therapeutic drama, or psychodrama

In the course of exploring the implications of his findings with his actors in the Spontaneity Theater, Moreno began to apply his ideas to interpersonal disturbances. He required his patients to show him, in action, how they had reached their current impasse, turning them into actors of themselves instead of reporters. He conceived of three intrapersonal phenomena: the director who tells the actor what to do, the actor who carries out the directions in action, and the observer who records, makes mental notes and either encourages or discourages the action and interprets what has occurred *ex post facto*. These could all be at odds with one another and thus disturb the smoothness of performance. In addition, each of these could be in discord with the others facing him, further diminishing spontaneity and increasing anxiety.

Moreno wanted to have the problem shown him in action for a number of reasons. There was often a discrepancy between the verbal representations and the actional one; he wanted to reduce this. To a greater or lesser degree patients display, as all humans do, incomplete perceptions of self and others, as well as perceptions which are lacking, weak, distorted or pathological, but especially one-sided and subjective. Where perceptions are clear and mutually confirmed, positive tele is at work. The enactment was for Moreno not merely a better diagnostic tool, but a more lifelike model, yet larger than life. Later he often called it "a laboratory for learning how to live." It incorporated not only action and interaction, therefore including the body, which was left out of the verbal approach, but also speech, mime, music, dance, and the dimensions of past, present and future, and space.

He did not trust the verbal method to be the royal road to the psyche. There is no universal language; each is culture-bound. He observed that there are, in fact, language-resistant portions of the human psyche, which can preclude or impede speech as when emotions are very deep or in turmoil. And, he asked, if speech were the central and all-absorbing sponge of the psyche, why do we have the various forms of art? These communicate to us in ways that cannot be replicated in speech. Indeed, the verbal method requires a secondary process of interpretation, in itself a product of the therapist's own philosophical orientation. In the dramatic form the patient was learning to interpret himself as well as the others with whom he was engaged.

Another reason was that many persons have difficulties in transforming insight into action. And perhaps even more basic a reason is that both

ontogenetically and phylogenetically language is a fairly late development in man. But we are in interaction from the moment of birth, and much learning goes on in the first few years without language, in action. Moreno saw man as an improvising actor on the stage of life. He concluded that he needed to tap a more primary level than speech, that of action. Children and psychotics frequently devise their own language, incomprehensible to auditors unless carefully studied; even then it may elude interpretation.

Dramatic depiction allows for the uncovering of concurrent fantasies; a number of techniques were developed to enable the actors to concretize them.

What other basis could there be for the need of psychodrama? It was noted that developmentally every human infant goes through a stage, the first few months after birth, in which it is not yet aware that there are other beings around outside of itself. It experiences itself as the totality of the universe, everyone and everything is an extension of its own being. Hangovers from this period may manifest themselves in children's play. It is called "normal megalomania." The child uses it whenever it feels the need and may well provide its own therapeusis. This phenomenon is also related to Moreno's view of man as more than a biological being, reflecting his cosmic aspect. Here he approaches Otto Rank who spoke of a lost union with the cosmos in which present, past and future are dissolved, and hypothesized the trauma of birth as a final rupture of this union.

The child emerges but gradually out of this state of all-identity into a state of differentiated identity, wherein other individuals and objects separate and become distinct from the self. This later stage leads to a complete breach, making the child aware that there are several kinds of experience, subjective and objective. This final breach, which is a universal phenomenon, the realization of the world within and the world without, is usually brought about by some traumatic experience, some deprivation. From this time onward every human being lives in these two spheres, subjective reality and objective reality, the world of fantasy and the so-called real world. If the essential nurture needs of the child are met, the child will learn about the two realms and, aided by spontaneity, will integrate them and balance them.

To the extent that there is profound, continued deprivation or inadequate spontaneity, these two realms cannot mesh adequately. Then the child will withdraw into the subjective sphere where it is once again the entire universe, all-powerful. The pathological seedlings planted there may eventually manifest themselves in various forms of intrapersonal, interpersonal and socio-emotional disturbances. We all fall somewhere along this continuum; as long as we are able to manage to maintain homeostasis or sociostasis, we can remain functioning.

Moreno's attention was engaged particularly by the psychotic experience as one of the most advanced forms of this split and it challenged him to

treat psychotic individuals through psychodrama. He conceived this method to be the bridge between these two spheres. Treatment should result in greater flexibility and creative adaptability.

Otto Rank wrote about play: "In every case play, by diminishing fear, liberates an energy which can ultimately express itself creatively." Through the dramatic format of a play we are able to enter into the subjective, albeit psychotic, reality of the patient–protagonist by using supportive actors known as auxiliary egos, who concretize with and for the patient all those personae, real and fantasized, who are needed to complete and enlarge the internal drama. The protagonist is seen as a creator whose self-creation has gone awry, his creativity has erred and he is stuck in his creation. It may be pathological creativity but it is creativity nevertheless. It is the therapist's task to turn it eventually into healthy creativity. To this end, helpers are needed, midwives, to bring the incomplete creation to birth. Then the patient can complete the work, develop distance from it and eventually release it. The midwives are the director, auxiliary egos and supportive staff. These are also the guides who bring the protagonist back into the objective reality.

In *Art and Artist*, Rank wrote, "A man with creative power who can give up artistic expression in favor of the formation of personality – will remold the self-creative type and will be able to put his creative impulse *directly* in the service of his own personality . . . The creative type becomes the creator of a self."

In the thirties, psychotic patients were considered largely untreatable, as they were unable to establish transference. In constructing a therapeutic approach Moreno thought it more productive for the psychiatrist to warm-up first to the patient, to establish the relationship by internally role reversing with the patient and with empathy and creativity feel himself into the reality of the patient's subjective world and assess his needs. As there were multiple personae, real as well as hallucinatory or delusional, in the patient's world, the therapist needed helpers. Thus a team of co-workers emerged for the first time in psychotherapy; up until that time it was deemed best for only one therapist to be actively involved in psychotherapy. It may be argued that active group psychotherapy was born here.

The auxiliary egos had to learn to put their own organism at the service of the patient, his drama and his world. For the patient this also represented the first step to re-socialization. One remarkable aspect is the ease with which the patient is often able to accept the therapeutic helpers as representatives of the personae in his subjective system and to engage with them in interaction. The auxiliary egos had to develop spontaneity, which helped them to move fast along the axis leading from objectivity to subjectivity and back again. In terms of the development of treatment teams, it was much like what had occurred in surgery. But it was a revolution in psychotherapy, as before this only the therapist was supposed to

have meaningful access to the mind of the patient. Moreno knew he could not influence a delusion or hallucination directly but hypothesized that such influence could be introduced through the relationship established on the psychotic level first; his auxiliary egos became the go-betweens; these he could direct. As the protagonist began to leave his subjective world more, the auxiliary helpers were there to support and guide him into the larger world, on the basis of the trust established earlier. This pioneering effort took place in a small mental hospital, in Beacon, NY, in the latter half of the nineteen thirties.

In addition to the use of psychodrama as a comprehensive tool for treating the psychotic and neurotic patients, the families were brought into therapy with them before discharge, to assist them all with achieving and maintaining more balanced interrelationships.

In the year 1937 Moreno started other innovations, using himself as a go-between in marital conflicts, as well as having both husband and wife in treatment together at the same time. Reports were published in 1937 in the journal *Sociometry* and later in the three volumes of *Psychodrama*. In the September 1981 issue of *Family Process*, a Belgian psychiatrist, Theo Compennolle, published a paper entitled "J.L. Moreno: An Unrecognized Pioneer of Family Therapy," from which I quote:

. . . From his earliest writings in 1923 J.L. Moreno developed an interactional view of psychotherapy that in 1937 already resulted in formulations of a true systems orientation and very concrete ideas about marital therapy, family therapy and network therapy. He probably is the first therapist who actually involved a husband's lover in conjoint marital therapy. His general theoretical formulations about the pathology of interpersonal relations as well as his practical suggestions for their therapy seem to be insufficiently known to workers and researchers in the field of family therapy.

(Compennolle 1981)

The article referred to by Compennolle contains the following:

Then the momentary structure of the patient's life situation, in the physical and mental make up of his personality, and, most of all, how this operated and interacted with members of his family, and with various members of his network, was the information needed for diagnosis . . . Considering the more complex forms of social neurosis, when two, three or more persons were to be treated simultaneously, the scenes enacted between them became a formidable pattern for treatment. Finally, all the scenes in their remote past, and all the remote networks, became important from the point of view of general catharsis of all the people involved. The solution was the resurrection of the

whole psychological drama, re-enacted by the same persons in the re-creation of situations in which their association had begun.

(Moreno, J.L. 1924)

The new technique, if properly applied, aided the patient to actualize during the treatment that which he needed to let himself pass through in a procedure that was as close to his life as possible. He had to meet the situations in which he acted in life, to dramatize them, to meet the situations which he had never faced, which he avoided and feared, but which he might have to meet squarely one day in the future. It was often necessary to magnify and elaborate certain situations which he was living through sketchily at the time or of which he had only a dim recollection.

The chief point of the technique was to get the patient started, to get him warmed up so that he might throw his psyche into operation and unfold the psychodrama. A technique of spontaneous warming up of the mental states and the situations desired was developed. The spontaneous states attained through this technique were feeling complexes and, as such, useful guides toward the gradual embodiment of roles. The technique demanded usually more than one therapeutic aide for the patient, to help in starting off the patient himself and as representatives of the principal roles the situation and the patient might require. Instead of one, numerous auxiliary egos were needed. Therefore it led to this: the original auxiliary ego, the psychiatrist, remained at a distance but surrounded himself with a staff of auxiliary egos whom he coordinated and directed and for whom he outlined the course and the aim of psychodramatic treatment.

The 1923 reference made by Dr. Compennolle was in fact to Moreno's first book dealing with problems of spontaneous production and improvisational drama, *Das Stegreiftheater* (1924), translated into English and published in 1947 as *The Theater of Spontaneity*, in which he dealt not only with the research aspect but also the therapeutic and philosophic areas. Again I quote:

But the true symbol of the therapeutic theatre is the private home. Here emerges the theatre in its deepest sense, because the most treasured secrets violently resist being touched and exposed. It is completely private. The first house itself, the place where life begins and ends, the house of birth and the house of death, the house of the most intimate personal relations becomes a stage and backdrop. The proscenium is the front door, the windowsill and the balcony. The auditorium is in the garden and the street.

Spontaneous role playing gives the 'meta-practical proof' of a realm of freedom, illusion is strictly separated from reality. But there is a theatre in which reality or being is proven through illusion, one which restores the original unity between the two meta-zones – through a

process of humorous self reflection; in the therapeutic theater reality and illusion are one.

Some of the most significant techniques refer to the domain of *forms*, of *interpersonal relationships*, of *presentation* and *the treatment of mental disorders*.

(Moreno, J.L. 1924: 89)

In psychodrama repetition of a scene or interaction need not be deadly; because it is impossible to reproduce life exactly, there is already introduced an element of newness; it is living it again, but with a difference. The cultural conserve, on the other hand, such as the legitimate drama, does not allow for genuine deviation. But, states Moreno:

The cultural conserve is not an inescapable trap. Its stultifying effects can be corrected. Instead of making the machine an agent of the cultural conserve – which would be the way of least resistance and one of fatal regression into a general enslavement of man to a degree beyond that of the most primitive prototype – it is possible to make the machine an agent and a supporter of spontaneity . . . Indeed, every type of machine can become a stimulus to spontaneity instead of a substitute for it . . . The reproductive process of learning must move into second place; first emphasis should be given to a productive, spontaneous-creative process of learning. The exercises and training in spontaneity are the chief subject of the school of the future.

(Moreno, J.L. 1946c: 55)

Clearly, Moreno's concern was not only with the treatment of mental disorders but with a new model of education, from kindergarten on up.

Goethe's play *Lila* has the heroine treated for her insanity by having all the persons involved in her private life join her in her delusions by taking the roles as she envisions them. After having lived these out in life itself with her co-actors, she can now rejoin them and thus she is cured and returns to reality. Goethe pointed out in a letter to the director of the royal theater of Saxony on October 1, 1818: "The play *Lila* is actually a psychological cure in which one allows the madness to come to the fore in order to cure it . . . The best way to attain a psychological cure is by allowing the madness to enter into the treatment in order to heal the condition." Similarly, Moreno often spoke of psychodrama as a homeopathic remedy and as a "small injection of insanity under conditions of control." It is the control that is of importance; the madness being contained within it and the learning taking place in a non-threatening and protective setting. It may be noted that family therapies similarly induce crises in order to treat the family in therapy.

Psychodrama uses mainly five instruments: the patient or protagonist, the director or chief therapist, the co-therapists or auxiliary egos, and the group members, as well as a space or theater for action.

Psychodrama sessions proceed in three stages: the warmup and interview, the enactment and the closure. The warmup is intended to prepare the group for the emergence of a protagonist or, if a protagonist has already been designated, to become more relaxed individually and more cohesive as a group. There are a great many warmup techniques; some may be physical, such as doing some exercises, it may be done with music or dancing, by mingling, by introduction by name. Directors often devise new warmup techniques on the spur of the moment. There are group-centered warmups and sessions as well as individual-centered. The warmup is also to assist the protagonist to establish some level of comfort within the group. In the course of years, as patients have become familiar with this type of treatment, they are often ready to start when they come into the session, having been warmed up by the psychodramas of other patients, or by some recent happening in their own lives. As they start trusting the method and the therapists, warmup time is reduced.

A further warmup is the interview when the protagonist has come to the stage space. This interview is to elicit essential facts, and to help the group present to become familiar with the patient's need and mental set, as well as to prepare the protagonist for the forthcoming action. This part is greatly reduced in the treatment of psychotics once the director, auxiliary egos and group members are familiar with the patient's inner world, and action starts almost at once. The interview should set the stage for the protagonist, the place, the time, the persons involved as the action begins. It also enables the auxiliary egos to be prepared to step into the action as needed. If the group is homogeneous in terms of diagnosis, for instance drug users or alcoholics, the group members may bring up a related or unrelated topic and the protagonist may be self-indicated or group-chosen. The enactment follows, incorporating self-presentation, role reversal, doubling, soliloquy, shifting to more relevant scenes, real or fantasized, returning to the past or projecting into the future, as seen essential by the director with the cooperation of the patient, or as indicated by the patient himself.

A special adaptation in psychodrama, called the mirror technique, is the enlistment of the patient as a colleague, watching an auxiliary ego in the patient's role show the patient's behavior in relation to others, and helping the director to guide the direction. Another is role reversal with the director who becomes the patient, placing the protagonist in the role of therapist; this technique has been taken over by individual therapists of various orientations. The patient can also be interviewed as a colleague and asked how this patient might be treated. We have found one of the most useful role reversals to be one in which the patient is taking the role of the person with whom the conflict is to be explored and interviewing him from that perspective. The

amount of data and the sort of data that comes out of this is frequently more valuable than that obtained by interviewing in the role of self.

One of the reasons patients appreciate psychodrama is that their autonomy is mobilized, respected and put to use on their own behalf, in a setting where mistakes, if any are made, are not punished but can be corrected on the spot, where the possible consequences of their interactions can be tested out. Another reason is that it becomes manifest to them that they know more about themselves than they realized and, especially in the beginning, more than the therapists. Even their homes and the way they live with others are unknowns to anyone but them. This changes their status in relation to the therapists and makes them equal partners in an exciting process of exploration and learning. This experience is important for the patients to overcome their fears of acting, giving themselves away and possibly losing control.

The function of director is complicated. Let me sum it up by saying that it takes about two years to train a director, who must be a combination of scientist and artist. The more fully the director lives, the better he can fulfill this function. He has to be aware of cues of all sorts as action by itself may not be enough; often a subtle cue must be followed up, the current scene dropped, for a catharsis of integration to take place. My sense is that family therapists are now so close to this role that they should more easily incorporate psychodrama fully into their armamentarium.

The auxiliary egos have five major functions: (1) to embody the role required by the protagonist of either an absentee, a delusion or hallucination, an animal, an object, an idea or value, a voice, a body part, or, as the double of the protagonist, various aspects of the protagonist himself; (2) to approximate, in taking the role, the perception held by the protagonist, at least to begin with; (3) to investigate the true nature of the interaction between the protagonist and the role being enacted by the auxiliary; (4) to interpret this interaction and relationship, and if possible, to bring that interpretation into the scene; (5) to act as therapeutic guide towards a more satisfactory relationship and interaction. It can be seen that the first three functions are genuine additions to what the psychotherapist has been doing all along in points 4 and 5, but it is exactly the nature of the interactional process which refines the interpreting and guiding.

The function of the auxiliary ego as the agent of action on behalf of the director, and, having been closer to the protagonist in the action, is the next important aspect. The auxiliary ego can assist the director in his own evaluation and guiding. The function of the auxiliary ego as a double to psychotic patients cannot be overestimated; the more bizarre the patient is, the more a double can be effective in this process. Often a protagonist is unable to communicate what is going on inside and around him, but the double can and does. Eventually family members are brought into the therapy whenever possible; they may in turn become auxiliary egos for a

while, or be treated as co-protagonists, learning about the part they have possibly contributed to the patient's difficulties.

Auxiliary egos and directors are required to be protagonists in their dramas during the course of their training, not only to develop as therapists and as people, but to enlarge their role repertoire and increase spontaneity. This becomes especially necessary when there is some aspect of the patient's psychodrama which enmeshes the auxiliary ego in his personal psychodrama. The first rule, therefore, for directors and auxiliary egos is: Be sure you are not doing your psychodrama on your patients. There is always danger of this in any form of therapy; in psychodrama it becomes a little more evident as it takes place in a group. Such developments should bring the director and auxiliary egos to the stage as protagonists in psychodramas of their own. Whether to have patients present or not is a decision to be made. We have found it enormously useful for patients to attend such sessions, as they learn that therapists, too, have their human problems. Prophylactic use of psychodrama sessions as a prevention of burnout is also to be recommended.

The last part of the session is sharing. This consists of bringing the protagonist back into the circle of the group and having group members identify with the protagonist or with another role presented in the psychodrama. Group members should speak about themselves, not the protagonist; here we share our common humanity. It is not merely that we are all more human than otherwise, as Harry Stack Sullivan declared, but we are more alike than we are different. The differences do stick out, so that we often forget our commonality. Dialogue, discussion or interpretation and evaluation must come later, when the protagonist is not as vulnerable. At this stage he is, as in surgery, in recovery and must be handled gently, if firmly. The protagonist has denuded himself or herself before a group; this giving of self must be rewarded in kind, not by cold analysis, critique or attack, no matter how shocking the revelations may have been, but by becoming once again a member of the group.

Sharing has been found to be the most healing after-effect; when that has taken place, analysis and interpretation can take place. However, these are best done by the protagonist; many are eager to get this response so they can extract further learning, but it is not the primary aspect of sharing, or rather, not the first step. Analysis leads to intellectualization. Healing comes from the revelation of others. Insight by itself rarely heals anyone and in any case is also more readily achieved after the emotions have been stirred and acceptance has been made manifest.

The concept of role in psychodrama

In psychodramatic terms the role is a final crystallization of all the situations in a special area of operations through which the individual passes in

interaction with others playing complementary roles. A role does not take place in total isolation from the environment or from significant others. It is thought of as a functional or dysfunctional unit of interactional behavior. The role can be defined as the actual and tangible form that the self takes. Self, ego, personality, character, etc., are cluster effects, not roles themselves. The role is a fusion of private and collective elements.

There was attached to the term "role playing" an unfortunate connotation during the 1960s in which the enactment of roles was not seen as an inherent function of the human being, but as something dishonest, a mask over the real person. This is a complete misunderstanding of the role concept in therapy.

The dramatic format of the Theater of Spontaneity led to the concept of the role and role formation. They are placed into three main categories: psychosomatic roles, relating body and psyche; psychodramatic roles or fantasy roles, and socio-cultural roles. The role is not considered separate from a person's essence, as the clothes he puts on or takes off, but an existential part of his being, the part that makes up his ego with other roles. The personality may emerge from the roles, as role enactment takes place before there is role perception. The psyche is an open system with the roles in various stages of development. It is not a container into which the roles fit, like pick-up sticks in a tube.

Every human being has a role repertoire far larger than normally used. There is great individual variation in the number of roles each one activates and in the value placed on them. Roles may be absent, latent, emerging or developing, incomplete, distorted, in full activation, descending, dying or burning out and replaced; they may be of central order or peripheral. Their condition and states are not fixed; they may move from one position to another. Inability to move, rigidity of roles have to be attended to by therapy and/or retraining. Rapid and extreme shifting of roles can create group upheaval. An example of this is that of Gauguin, who, in the midst of a successful career in the world of finance, gave it all up for the role of the creative artist, thereby upsetting his family's lives; his wife moved back to Sweden with the children. The role of the artist has no counter role except that of the art appreciator. It is probable that Gauguin was considered psychotic; such a dramatic arising of a hitherto latent role and burning away of all the others in its intensity is frequently experienced by interactors in the previous role, and observers of the process, as insanity because their own role responses and needs no longer fit.

We see similar events in our world of today, though not always in such extreme forms, in the giving up of successful careers for a second or third one by a growing number of persons. If there is no support for these changes within the family or social setting, no effective counter roles, the protagonist has to establish a completely new and different set of associates.

Our role repertoire is activated and enlarged as we develop, moving from the protection of the family into the larger world. Inadequate role development in a much-needed role can lead to unsatisfactory interaction.

Society rigidifies certain roles and we have to struggle to free ourselves of these preconceptions: male versus female roles, the older person in our society as a non-worker and a non-sexual partner, to mention but a few sources of societal disablement.

While certain roles develop and remain fairly stable throughout a lifetime, changing only in frequency, duration or intensity, such as the psychosomatic role of the sleeper, the eater, the walker, a certain other number cease to be as central. The role of the protective parent, for example, changes gradually as required by the growing child, for a relation of greater partnership. Failure for this to happen brings the growing child and the family into conflict. There are parents who so love small children and their own parenting that they cannot permit the small child to grow up. Infantilizing and overprotection result. If the child rebels, the parents feel threatened and react, often negatively. There are others who feel the burden of small children to be beyond their own role ability and these can become child abusers; or they push their children into early adulthood, sometimes requiring them to reverse roles with them, to become their ideal parent. Their own small needy child gets in the way because of its early deprivation. Such role distortions require attention. Role structure is a complex phenomenon.

An example of misperception of a socio-cultural role was reported to me by a teacher. The first day of a first grade in school one of the little girls did not sit down in her assigned seat but stood up, next to it, when the class began. Upon the teacher's request that she be seated she answered: "But I'm not tired." Evidently she had not perceived that in the classroom the teacher is the only one allowed free movement. Students are required to sit and must ask for permission to move about. She stayed aloft all day. But the next day she had grasped the student role and sat down with the rest. This may be an example of spontaneous behavior, but in the eyes of the teacher and the rest of the students, it was inadequate.

It can be seen that changing roles in our society require great strength of purpose and determination and while such changes may be seen afterwards as worthwhile, the actors in the ongoing drama go through much turmoil in the process.

There are three levels in role playing: role enactment, role perception and role expectation. Discrepancies between any of these create interpersonal as well as intrapersonal disturbances. Certain roles, specifically psychosomatic ones, require specific settings in our society; in the average middle class household, eating is done in the kitchen or dining room, sleeping in the bedroom, the bathroom is for dealing with the excreta and cleaning oneself, the den is for the family to gather in and watch TV, to mention but the bare

outlines. Deviations from this pattern can be greatly upsetting to the managers of the household. We even demand proper toilet training from our small children and our pets; if they fail they are not housebroken. The wrong or rigid emphasis on the correct settings can lead to family turbulence.

The roles of the eater and sleeper in children are often distorted because their interactional matrix is inequitable. Mother's need to have her child eat at a specified time and the prescribed amount of food as she determines may impose itself on the child's wants in ways which create a struggle between them. The same may be true for the need of sleep; having the child asleep is often more the adult's need for rest and recuperation than the child's need. Problems at sleeping time may result. The stress lies in the varying enactments of the interlocking roles, needs and perceptions, in terms of quantity, length and time. Intensity, duration and timing all play a significant part in role interaction.

Sometimes a simple reorganization of the seating order around the table can resolve eating problems. The parents may not share each other's view of how the child's eating role should be handled. We have successfully managed such reorganization by having the siblings take over some of these supervisory functions and by increasing the physical distance between the parent and child. This indicates the importance of space in interpersonal role conflict.

Instances of intrapersonal conflict between two or more psychosomatic roles are known to us all. The eater role, for instance, may thrust itself into that of the sleeper, awakening the sleeper and making it imperative that it be satisfied. The sleeper gets up, has a snack to satisfy the eater, and is once again able to return to the act of sleeping.

On the psychological or fantasy level role conflicts are usually more difficult to resolve. There may be conflict between two or more roles in different categories. A very familiar one to persons in the helping professions is the conflict between private and personal roles, that of the therapist versus that of the paternal. A little boy of nine, the son of a psychiatrist came to therapy and was a striking example of this. When confronted with a male auxiliary ego in the role of his father, he angrily stamped his foot and said, "I don't want to be your son. I want to be your patient; then you'll pay attention to me." This was a self-fulfilling prophecy that could not, in the end, be fulfilled since the father was not able to treat his son himself. The entire family entered into treatment so that new interaction could create familial balance.

The auxiliary egos in such treatment are extremely valuable; they can double for each of the family members, assisting in the communication between them. Individual members can work with auxiliary egos to express safely their innermost conflict without fear of retaliation and with reduced guilt, in the absence of the offending family members. To begin with, if

indicated, the partners in the conflict are treated with auxiliary egos first; the latter become familiar with the conflict and represent the absentees realistically. Only when the various partners are able to enter into more open, honest contact with one another will they be brought together in treatment.

We note role deficiencies at times. One or another partner in a conflict may not have the particular role required by another in the repertoire, or may not give it the same centrality. This can be the cause for breakdowns of the relationship; the dissatisfied partner may search for substitution with another partner who has the required function and with whom interaction is more complete and satisfying. Role repair and substitution with another partner may lead to dissolution of the earlier relationship and is often found in marital breakdowns. This does not refer only to sexual roles although these may be involved; it is often a hitherto underdeveloped or ignored role that becomes dominant in one of the partners.

The designation of a person having a weak or strong ego beclouds the issue. No one has ever seen an ego. At best we can observe that a person has a weakly or strongly developed role. It allows that individual to realize what this structure does to the counterstructure in the partner or partners. Putting these structures in better balance may result in stronger partnership. Few among us are equally strong in a great many roles; these are rather the exception than the rule. The majority of us are deficient somewhere in one or another role relationship. Identification and training in these areas require spontaneity and creativity.

There are roles whose anticipation makes us anxious and insecure about entering situations in which they will have to be embodied, such as the lover, the spouse, the parent, the teacher, the employee, the traveler, etc. Desensitization is called for, as well as some exploration of earlier history that has contributed to this anxiety, with needed repair in the present.

Role structure and interaction can be plotted on diagrams for diagnostic and guidance purposes and are especially useful in the treatment of families and small groups. Such diagrams may be drawn by each partner and then compared with those of each of the other group members for discrepancies of perception and further dramatic enactment and correction. Role reversal is the essential ingredient here. The more harmonious the interaction, the greater will be the areas of agreement as well as the number of roles perceived as mutually satisfying. These diagrams can vary from total disagreement to considerable overlapping. Longitudinally done they are good indicators of changes achieved and of those still needed.

The concept of the social atom

The position that emotional disturbance is largely a product of human interaction and is not restricted to intrapsychic phenomena led to the

examination of the individual plus his relevant others as well as the relationships they shared. In the treatment of husband and wife, designated as the intimate social atom, the focus of treatment was upon three entities: the two individuals *and* their relationship. As with the psychotic patient, Moreno found it difficult to influence the psyche directly and thought it might be more effective to approach it through relationship.

He applied this frame of reference to the study of a residential school for delinquent girls in upstate New York. His findings were published in 1934 in *Who Shall Survive?*, the first sociometric investigation of an entire community. The sociometrist is not merely an observer-participant and interviewer; instead the active cooperation and collaboration of the group members are elicited; they become, in effect, co-researchers in the project. Out of this research came a large number of sociograms and charts depicting the living, learning and working space of the group members in interaction in these settings. From this study the concepts of the "social atom" and of "social networks" emerged, among others. The structures around and between individuals, which tied them together, Moreno termed the social atom; their role relationship was the "cultural atom" which complements the social atom on the role level. The social atom and the cultural atom are two formations within a more comprehensive one called the social network.

Definitions of the social atom are as follows.

- 1 The nucleus of all individuals towards whom a person is related in a significant manner or who are related to him; the relationship may be emotional, social or cultural.
- 2 The sum of interpersonal structures resulting from choices and rejections centered about a given individual.
- 3 The smallest nucleus of individuals in the social universe who are emotionally interwoven, emotional because even the highest spiritual or intellectual relationships are meaningless without some feeling.
- 4 The center of attraction, rejection or indifference; the interweaving of emotional, social or cultural factors eventually takes the form of attraction, rejection or indifference on the surface of human contact.
- 5 The ultimate universal "common denominator" of all social forms, not normative like the family or an abstraction from the group like the individual.
- 6 An existential category, it consists of individuals. Once brought to cognizance it is in immediate evidence and cannot be further reduced. Contrary to it, the physical atom is not in immediate evidence and can be further reduced. It is not a reality but a construct. The term *atomos*, any small thing, is a misnomer, for the physical atom is not the smallest and simplest elementary particle of matter. Electrons, neutrons, protons, etc. are smaller and in the course of time still smaller particles

may be found. But it cannot be imagined that at any time a smaller social structure than the social atom will be found, as it is nothing else but the most immediate social coexistence of individuals.

- 7 A pattern of attractions, repulsions and indifferences discerned on the threshold between individual and group.

Examples of role relationships that form cultural atoms are: employer–employee, employee–employee, stranger–native, majority–minority group member, government–citizen, father–female child, father–middle child, etc., and the same goes, of course, for the mother–child relationships and the female–female and female–male.

Of particular concern to psychotherapists are six relationships uncovered in this microscopic overview. The dyad or pair is the smallest unit of social interaction. The family consists first of this pair. The dyad and its treatment, as pointed out earlier, encompasses three entities. These structures become far more complex in their interrelationships when entire families are involved: triangles, squares, pentagons, etc., all considered with their substructures and bonds.

Within the dyadic organization the following are discernible.

- 1 Two healthy persons can have a productive relationship in that it is mutually satisfying and growth-supporting; this is a reassuring finding even if somewhat rare.
- 2 Two otherwise healthy persons can have a disturbed relationship; with other partners they would be balanced, but together they contribute to one another's disequilibrium, disturbance or destruction.
- 3 One healthy and one so-called sick person can have a healthy relationship; on this psychotherapy is based. This cannot last. It may eventually lead to an end, with release and independence of the dependent person. But it means a mutually beneficial and satisfying relationship.
- 4 A healthy person and an unhealthy person can have a pathological relationship, one that is mutually destructive.
- 5 Two so-called sick persons can have a healthy relationship when one of the partners is somewhat better integrated than the other; that is, well enough not to be disequilibrated by the weaker partner. Group psychotherapy and Alcoholics Anonymous are based on this, as are all the mutual self-help groups, each partner acting as a therapeutic agent for another.
- 6 Two disturbed individuals can have a disturbed relationship in that they contribute further to the disturbance.

In psychodrama, after dealing with the dyadic organization, the social atom not only is studied from the perspective of the two central

protagonists, as for instance a couple, but includes the children and in-laws from both sides, and siblings.

The effects of birth within the social atom are often profound. In addition to the exploration of these effects on the intimate, work and socio-cultural atom, psychodramatists began to look at death within the social atom. In an aging population and in a network of dying such as with AIDS, the deprivation by social and physical death becomes a major concern. Not only the aged are severely affected by death. Working with adolescents and young adults who have attempted or are depressed enough to contemplate suicide, treatment is directed at having the protagonist role reverse with a person they have recently lost, either through the ending of a relationship or through death. In the latter case we often find that the continued relationship with the deceased is more valued than with anyone alive. Thus another subset of relationships was revealed, those to the Dead vs those Alive.

Treatment here consists in having the patient role reverse with the dead person and facing himself portrayed by an auxiliary ego who firmly declares love for the deceased and the fervent wish to join the dead. In all cases thus treated the deceased has not wished the patient to join him in death. But in any case, completing the healing must be a restoration of balance in the social atom of life, which must defuse the relationship to the dead person. Often patients are not aware that there is potential help around them. The way to reach for help is to ask the protagonist: "Who will be most hurt if you should happen to commit suicide?" The person so selected by the patient becomes the next candidate for role reversal into that person's learning of the suicide. When one patient denied that anyone would care, the start of the psychodrama was with the person who would first discover her. This led to a chain of six persons, each of whose roles she embodied each time someone was informed of her death. She did not have "psychodramatic shock" and full realization of what consequences her contemplated act would evoke until she became her own mother.

The social atom is a rich source of diagnostic and therapeutic information; it can be used to help restore what is called "sociostasis," homeostatic balance in the social atom. Homeostatic balance is primarily linked to stability of relationships and not to stability of the individuals involved, nor to their characteristics.

In psychodrama, process is more important than content; although the content is reconstructed, the "How did this happen to you? Show me" is the focus rather than the "What happened to you? Tell me." Patients frequently repress or forget what happened, but they rarely forget how they experienced it and how this experience affected them. Thus, we tap into the process and, remarkably, the contents begin to emerge again, within the flow of the process. Protagonists may fall temporarily out of a scene by stating, "Oh, I had forgotten, this and that occurred here,"

thereby amplifying and intensifying the re-enactment. Because it is a flowing, life-connected process, learning can be carried from therapy into life itself; it affects the protagonist on the level of action, fantasy and reality. We start with the magic “as if” but after a while the “if” falls away and becomes “as.”

Rank says about play:

For play, after all, differs not only conceptually, but factually, from art. It has in common with art the combination of the real and the apparent; yet it is not merely fancy objectivized, but fancy translated into reality, acted and lived. It shares with art the double consciousness of appearance and reality, yet it has more of reality, while art is content with appearance.

(Rank 1968: 104)

He also says, “The great artist and great work are only born from the reconciliation of . . . the victory of a philosophy of renunciation over an ideology of deprivation” (Rank 1968: 429). It strikes me that this applies to our patients who may have to reconcile themselves to a deprivation of their privacy to gain or regain themselves on another level and with larger dimensions. But to achieve this and not to feel deprived, they must find within themselves and their relationships, as artists find in their work, something of equal or greater value. Possibly some can even become artists at living. Our task is to guide them so that this can take place. Then they can achieve, as Eric Erickson put it in *Young Man Luther*: “This pure self is the self no longer sick with a conflict between right and wrong, not dependent on providers, and not dependent on guides to reason and reality” (Erickson 1958: 265).

Moreno ventured a prediction in *Who Shall Survive?*:

When the nineteenth century came to an end and the final accounting was made, what emerged as its greatest contribution to the mental and social sciences was the idea of the unconscious and its cathexes. When the twentieth century will close its doors that which I believe will come out as the greatest achievement is the idea of spontaneity-creativity and the significant, indelible link between them. It may be said that the efforts of the two centuries complement one another. If the nineteenth century looked for the “lowest” common denominator of mankind, the unconscious, the twentieth century discovered, or rediscovered its “highest” common denominator – spontaneity-creativity.¹