

Directors Inform Individual Therapy

Just as couple and family therapists see individuals from time to time, so do group counselors and psychodrama directors. Often by default, sometimes out of necessity, but often enough, because this is what the immediate situation calls for. How can this be?

1. Immediate need in terms of an individual's willingness, insurance and/or legal requirements,
2. Specific risk, such as deep depression, risk of violence and/or impulsive acting out.
3. What we should know right away for the sake of planning, but having others there hinders.
4. Where one of a couple wants to keep an outside relationship secret (at least for now).
5. When the burden of shame seems to be more than one can bear to have others know.
6. When possible legal complications may arise from another interested party's knowing.

There are other possibilities, such as conflict of interest, gender identity struggles, confidentiality, and long buried family history---but you get the picture. Individual therapy is easy to justify even among those of us not fully convinced this is the best way to proceed. As for a temporary matter, there is no question, but the therapist must be on his guard against collusion. One may have difficulty with the involved other's ability to trust their mutual therapist. End of disclaimer.

My first counseling class taught us Roger's approach, but for years afterwards I was drawn into psychoanalytically oriented psychotherapy. In 1962 I met Doctor and Zerka Moreno, and simultaneously Lee Fine introduced me to group process. For a while I tried to ride all horses at the same time, but gradually I let go of psychoanalysis, for the alternatives offered all the strategy and technique I required to move ahead.

What follows comes out of this background, informed by the years of clinical experiences in a variety of settings, such as psychiatric hospitals, both private and state; correctional institutions and as a consultant to lawyers, including forensic testimony; pastoral counseling services in couples, family and group situations; university and seminary level educational programs; and outpatient private practice. I've been involved with mystery writers, and have six novels to my credit, I've been a regular in theater and in opera, including occasional performances. For 50 years psychodrama has been my preferred method, especially with teens, and for the last 25 I've emphasized some form of marriage and family therapy contact.

So this is what I'm eager to share with individual therapists. Never bypass context. Consider a favorite movie ploy, starting with a close up whetting audience appetite, then pulling back showing at the periphery factors reversing first impressions. Consider culture conflict, where the very same observation calls for opposed interpretations. Tribes and nations have long histories, each with its own idiosyncratic meaning---even where there is little disputing facts. Even in relative isolation memories change without our knowledge. Everyone has a story, but it is never the same story as anyone else's. Every tale I tell comes from my first person point of view, for I am the protagonist of my life. Others know when I am authentic.. It's small proof I'm right, but it helps. The more informed I am of all this, and the more I remind myself of it, the better therapist I'll become.

Be aware of the roles people serve and play. Career and vocational roles, to be sure. Family roles which change with the passing years. I've been the only child of parents lost early, a foster child, with foster siblings, a father, a husband, with assorted in-laws, a grandfather, and a great grandfather. There are the accidents of social interaction: Class identity, old school ties, teachers and students: survivors, victims, perpetrators, the addicted in recovery or not, deserters, persons on the run; lovers coming and going; affiliates whether in unions or country club, lasting friendships; sports fans; concert and theater go-ers; gang members, bar room habitués. The list goes on and on, but it's the kind of thing you must know about the people who come to you. Any role area you happen to share with an individual offers insight into the person before you. You'll catch meanings others miss. Be wary of disclosing how involved you are in the same interest as he has. It makes for great conversation, but he's not paying you for that. It's not therapeutic.

A surprising amount of the above information may come forth from the initial phone call. Be wary of the impression you present, for this person has to have overcome much to ask for your help. No time for wit or thinking out loud. Resist brevity as much as you resist volubility. Be professional, and avoid quasi-familiarity. Be sure you find out why among all the therapists out there this person has come to you, and what he's been led to expect from you. If a colleague you know has referred him, let him know the referred has made contact. You'll pick up an enormous amount of information without half trying. When another person has accompanied the individual to the first session, inquire about the discussion between them on the way. If you happen to discover that you both know the same person more than casually, this should be faced openly immediately.

I have the habit of setting up an informal contract each session. "What concerns have you brought with you." Stop his detailing for a moment. "Anything else?" "What do you hope I'll do for you?" "Now time is precious, but we can't resolve serious issues quickly, so how much of your concern can we deal with today? Here's what I hope we can do together this session. Remember, I'm not the problem fixer here. You must be prepared to do most of the work. Tell me your story. I'll listen carefully and respond." I do not mention boundaries unless one asks. I refer to them as we go along. When we have already formed a bond, it is easier for the individual to accept limits.

I do not exclude anyone on the basis of race or religion---or lack of it. As I am with this person, how aware am I of gender, age, ethnic identity, and prejudices? Does this influence me? Do I mention it? Not if I think I can handle it? Otherwise it would be well to discuss and consider making a referral. I let the individual know I'm eager to hear his story. If he were a writer I'd immediately note his point of view: first, second, third person--or omniscient. Indeed, he is a writer, and how he puts his story together is data. From analysis I learned to be aware of parapraxes, that is, slips of the tongue. I don't call attention to them, but I remember. I pay a great deal of attention to voice quality and flow. Often it's the first clue to depression. I hear it over the phone.

I'm eager to know the significant persons in one's life, but I don't inquire systematically, for when the individual brings one up is itself a time worth noting. Context again. When a scene comes up I establish the place, describing the outside and inside, important furniture, photos and things. Who else is there? Elsewhere in the house? Expecting anyone to enter? I've already noted his answers to the orientation questions: Who? Where? When? What?.

The most important questions of all are How? and Why? I rarely ask how he feels. I prefer to make a statement. "You seem restless, or uncomfortable?" "Are you angry with me?" "That makes you sad." "It worries you." This is much like a double in a psychodrama, where one may take the matter further, deny and correct it, or ignore my intervention entirely as if it didn't matter. It may not. Rogerians say "You feel." From recordings I noted how effective that was when Rogers said it. I don't risk it, for I believe the individual is the final authority on how he feels. Rather I'll go out on a limb to say the impression I get. "Am I right or wrong?" I may inquire.

Back to the vitally important "How?" and "Why?" I never ask adults "Why?" because they'll tell me anyway. Better that the initiative be theirs. Besides, responding throws them into the head, encouraging intellectualization. It's the chief weakness of the cognitive approach. Most people are guided by reason only in retrospect, that is, 'rationalizations.' I don't ask for justification.

Where others ask 'why' I ask "How?" This is the watershed between story and plot. I used to use them interchangeably. No longer. My own system began with 28 plots, but I've compressed today into 24 stories. As a director I think in terms of the story I'm hearing without the complication of plot. I don't make the distinction with the individual. I don't want to confuse or inhibit him. The individual's story requires answers to the question 'why,' especially when I don't ask it. When I work with children I may ask "why," because children ask it all the time of me. Not so, adults. They know why. And they naively imagine everyone else would have the same "because" under the same circumstances. Some do, and some don't. It's a difference that makes all the difference.

I may shock you when I say that one cannot find 'cause' out there in nature. It is not a thing which exists out there. All we have are sequences, and some of these are useful for prediction, but the surgeon's scalpel will never uncover the cause in any human being, anymore than he can disclose the soul. It is always an inference based on apparent regularity. But that impression depends on particular experiences, and totally convinces the individual, for he is the one who filters all those experiences. If I resist causation, how do I cope with reality?

I recognize it's source. It's what the individual imposes upon nature to make sense of it. The only 'reality' I know is consensual reality. Indeed, this is what the whole body of science is. And it changes. Follow the history of science. Theories do change. Once the earth was the center of the universe. Later we find the earth is among planets which revolve around the sun. Now we know there are galaxies, of which our own is only one. I don't make the point with brain damaged persons, nor the super-religious. They require a stable universe. I don't speak of truth. I prefer to focus on authenticity. But when I encounter faith, I don't challenge it, I affirm it, and build on the faith the individual brings along to the session with him.

In psychodrama we refer to 'enactment.' This displays the 'how' of everything that concerns the protagonist. It's his scenery, both background and foreground. I am alert to background, but I don't dwell on it---except where it has been frozen and thrusts itself onto the present. It's the present which matters. I keep asking how you are, not how they were. He'll tell me anyway, and I'll insist on hearing how it matters now. I often ask directly, "What are your intentions?" though not in the tone protective fathers ask of daughter's boyfriends. My tone implies no criticism. But whether it's past or future, individuals gratuitously supply the answer to 'Why?' I am alert to this as it happens, for here is answer to the question of how the individual comes to be in the mess he's in. He applies the 'why' freely both to himself and others. And this is where he goes astray. This is how I use the word "plot." The individual must change his story, and he can do this only if he alters his plot. Chances are, he's already tried to do so. We call this his counterscript. Often the 'cure' is worse than the disease. Remember the fate of political coverups. Many could've easily survived frank disclosure only to be impaled on the clumsy, elaborate, ad hoc coverup. Too late.

The repair work we do in therapy I call 're-enactment.' What can we do to give the reported scene a different outcome, if we had the chance to do it over again? Who do you admire? Who is your model? Imagine that you are that person. Speak as he does, You can't say that? How come? I have this, that and the other reason, you say. Indeed! Let's try it in the scene you described. Maybe I'll be him. Say it to me. He does. I say, "Let's trade chairs." (psychodrama's role reversal)

Then I repeat the individual's very words. As his model he replies. Often this is a moment of discovery, for the model doesn't say exactly what the protagonist thought he would. Role reverse again. I say the model's words back to the protagonist. Next step. "From whom **do** you hear these very same words?" It turns out to be some significant person from his earliest experience. "Let's finish that unfinished business here and now." We do. The individual feels cleansed, and he's crossed a threshold. Sometimes I'll disclose I similar experience I've had. (I've not done this before, but this is where it goes beyond conversation to sharing). It's healing. If time allows we make take an imaginative leap into the future when the protagonist has put into practice what he learned in individual therapy. He leaves the session with renewed hope for the future. Note that I've had no occasion to refer to his diagnosis, or to propose a remedy. We explored and revised his story, gave it a new plot. That's all. This is psychodrama as done in individual therapy.

By the way, is the individual before you your "patient?" "client?" "subject?" "student?" "peer?" How do you think of him? How does he think of you? You may ask. You clear the debris out of the way so that he can grow and flourish. You trust him to do what is best for him. As therapy ends you are inside him, and he can leave you without regret. **(c) Don Miller, Phd, TEP, LMFT**