

RISKING RESPONSIBLY

with psychodramas involving
homicide, suicide and sex

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In supervising a group of psychodrama trainees, I set up a spectogram. We designated one wall as 'risk,' with the wall opposite as 'behaving responsibly.' We asked that each person "stand at the place you occupy as director. Then move to the place where a good psychodrama director should be." The challenge proved to be too much. I interrupted chaos to call for group discussion. What went wrong? .

The task seemed simple, but trainee familiarity with psychodrama interfered with the choices they were trying to make. The group decided they were not opposites after all, but capable of varying independently of each other. We modified the experiment by designating the front and back walls of our rectangular room as high risk taking and low risk taking, while the two sides stood for taking high and low responsibility, respectively.

Following the same instructions under the new arrangement presented no difficulty at all. As for where we are today, most persons tended toward the center, but with regard to where we ought to be, they nearly all ended up in the same corner, representing high risking and high responsibility, which effectively concretized our point-of-view.

I asked, "Why are you so surprised? Isn't this where our commitment to spontaneity leads us?" Most people imagine that a spontaneous person is impulsive, but an impulsive person is driven, 'unfree' by definition. Moreno defined spontaneity in terms of novelty and adequacy. When a challenge arises we assess the options before us for the solution which works, one which enhances our freedom. Observers are impressed with our energy, but the task seems effortless. We feel free. Creativity is like that.

Can you imagine circumstances where it is safer to risk than not to take a chance? We carry slogans with us we should question from time to time, like 'Safety first.' That was thrust upon me as a schoolboy, and I'm grateful the lesson lasted. But ours is a profession with a reputation for risk-taking, which we wear with pride.

We do not deny our vulnerability. Likewise we know full well that our risking places others at risk too, specifically, clients, colleagues, and the reputation of our therapy program. Hollywood stunt persons have made a business of risk-taking, but this has not prevented their having given considerable thought in advance to what they are about to do, so as to minimize the danger to themselves and others.

We can do no less. In a world where the vast majority have remained innocent of direct first hand experience with psychodrama, we find ourselves lumped together with the 'Me first' and 'Let it all hang out' cultural trends. Even health professionals fail to distinguish between psychodrama and EST, Gestalt Therapy or Primal Scream. In the hands of advertizers, journalists and novelists the word 'psychodrama' suggests the mystery thriller, which bears no recognizable similarity to psychodrama as we practice it.

The skilled director seems so casual, so smooth, the naive observer fails to realize directors operate in familiar territory, armed with a vast role repertoire, and an awareness which has highlighted the pitfalls to avoid along the way. Here we expose the landscape, so that you can see it too.

Salient Affects

In this context the basic affect is fear. Were there nothing to fear, no one would have the slightest interest in safety. As a whole, psychodramatists are probably less conscious of safety than the average person on the street, if for no better reason than practice in psychodrama increases one's role repertoire, making more options available to those facing novel situations, rendering creative and adaptive solutions the more readily attainable. But for all our self-confidence, we do not live in a vacuum. Bureaucrats are notoriously uneasy about psychodrama, and in a few glaring instances, one must admit, not without reason -- given how carelessly the word 'psychodrama' has been used, and how relatively unprotected is our good name.

The public has a right to demand that we behave responsibly in matters of life and death. Here we shall direct our attention to mitigating the suffering of the abused and exploited, especially when this leads to the threat of suicide and/or homicide. A few psychodramatists have worked with the perpetrators of such misery in correctional institutions. Sooner or later almost all return to the society from whence they came. The psychodrama director's having done a good job represents definite social worth, but in this paper I focus on those in the victim mode, all the while acknowledging the possibility of flip-overs to the perpetrator mode, a commonplace among child molesters, for example.

Dynamics of the flip-over are well understood, in psychodrama terms as reverse roles, and in psychoanalytic terms as exemplifying 'identification with the aggressor.' One revenges oneself on others, doing unto the other what has been done to oneself. But sadly not on guilty but on innocent others!

A second relevant affect is 'anger,' rendering our fears dangerous to ourselves and others, especially when taking on a pathological paranoid form. Fear and anger, natural though they be, can flood us, driving victims to take desperate, destructive measures for immediate relief. Others have developed tight controls, exemplifying denial, the habit of pretending to oneself there is nothing to be afraid of and/or, locking from awareness the normal emotional responsiveness to perceiving one has been violated, betrayed, abandoned, or otherwise misused.

Some still have the impression anger may be stored, but what has been stored are memories of unjust, unfair and abusive treatment. On the bases of these we are set to find the same wherever we look, and once having seen the tell-tale signs, the alarm bells in the head ring, and the familiar fury becomes available once again, creating a false impression it has been there all along.

In the long run, then, one comes to be victimized by one's own affects, as we teach the world to discipline us or distance from us. We feel the impact of that, as it reinforces our worldview, without our ever realizing we are the victims of our own uncorrected impressions and perceptions, which fail to mesh with consensual reality.

Getting Rid of Affects?

Commonly interaction between fear and anger take this form: one comes to be afraid of one's own anger, sensing it as an alien force inside to be exorcised, expelled or cut out. How often we hear in clinical settings 'Get the anger out!' as if it were excrement. Those superficially psychoanalytically inclined, all too prone to take their metaphors literally, speak of 'anal sadism' in such terms. On the contrary, I do not concern myself with where in space anger may be, so long as we own it. If we fully recognize the anger as

ours, then we may do something about it, something effective and constructive rather than dissipate its energy wastefully

When the psychodrama director does not fear protagonist anger, protagonists likewise have less reason to fear, thereby gaining in self-control. Unlike most others the protagonist has known, the director does not strive to put on the lid, but to find avenues of expression more likely to get the protagonist what, in the long run, the protagonist needs. Many act rather than feel. Most murderers are aware, not of anger, but of release.

As we spectators look on the homicidal deed, we presume the killer must have been furious, but fury is more likely to belong to the one who hasn't followed through with the homicide. The common reference to cold killers reflects a latent recognition that what I've been saying is so. Therefore, let us look upon awareness of one's own anger as a positive sign, a step in the right direction toward ownership and control.

Individual psychotherapists persistently enjoin patients to put feelings into words. Not a bad idea, as far as it goes. But to put such words into context in a psychodrama scene is far better, for it is not the psychotherapist who most needs to hear quite as much as it is the targets of destructive action, and auxiliaries representing the targets on stage. Better to hear words than bear the brunt of violent deeds! If in addition the psychodrama director's sequencing of scenes succeeds in showing the present target to be displacement from the original target, we are well on the way to working through.

The director comes to develop a sense of timing, usually when the protagonist is at high emotional pitch in overreacting to the immediate stimulus situation. Directors ask 'When did you have that same feeling before? Where? Or simply, 'How old are you?' If the protagonist gives his present age, the director says, 'How old were you when you first experienced this?' If a director's timing is good, a scene leaps to the protagonist's mind, often of traumatic interactions with members of the social atom of vulnerable youth or childhood. The moment the protagonist tells me, I jettison the scene underway with a 'Cut! Let's go to that.'

A Recurring Complication

To be angry with someone we'd like to be able to depend upon and maintain a relationship with poses a problem. If our relationship with that someone cannot stand the test of anger without destroying the relationship, then we characteristically abandon direct confrontation in favor of displacements, including displacement onto oneself. This is the so-called 'anger turned inward.'

Or having disowned anger as ours, we find evidence of it in the attitudes of others toward us. Having put our guard up in the face of perceived rejection, our defensive posture surely typically calls forth real rejection, justifying all our anger. No wonder interpersonal relationships deteriorate!

Moreover, for the sake of crumbs receivable from abusive persons, we continue to endure abuse, for we suppose that's all we deserve anyway! Had we deserved better, then people who should've would've loved us. Right? Little children imagine they deserve whatever their immediate environment provides them. Thus self-devaluation becomes a fixed habit.

Low self-esteem does not readily yield to reason or reality. An unsophisticated group

may be unanimous in assuring the pencil-thin anorexic she is not fat, but she continues seeing herself as fat nevertheless. Penetrating that armor challenges the patience, ability and resourcefulness of those who are making the determined effort to be helpful. Today we find that low self-esteem usually characterizes those who've suffered sex abuse. Before citing illustrative excerpts, generalizations may be in order.

Sex Abuse

Do protagonists need to convince directors that the sex abuse really occurred? Beware of becoming one more person to burden victims with the barrier of disbelief. Whether or not sex abuse has occurred, protagonists fully believe it has, and therefore are as deserving of a respectful hearing as we accord anything else they tell us. The kind of interrogation police thrust upon rape victims has no place here, for the possible guilt of the perpetrator is not our first consideration. Our first consideration is to give the protagonist our total acceptance. We must not punish the victim for the disclosure.

For good reasons and bad, some of those present disbelieve. Be alert for the destructive impact audience whispers and grimaces have on protagonists, who have been trained to expect them. Again and again I've seen protagonists shut down, retaliate, or run from the stage and out of the theater. This doesn't occur in a cohesive group, but with hospitals operating like mills today patients are rarely in the group long enough to develop the cohesiveness so critical to therapy.

Under present practices recidivism increases with the unanticipated benefit to psychodramatists that patients with previous psychodrama experience are frequently available to help the director keep the impulsive in check. As director I've headed off contratherapeutic audience reactions, saying some, or all of this:

'It wasn't easy for you to share that with us, was it? Who have you told already? Did they believe you? When they indicate they were believed, I approve, but when they were not believed, I say how sad it is not to be believed, and reassure the protagonist one may expect more sympathy here.

But when an individual present manages to slip in a negative reaction, I speak to the other group members, saying "So let's be objective and hear our protagonist out." Of course the hurting patient hopes for something better than objectivity, and may seek further reassurance from the director: 'Do you believe me?'

I say, 'I don't think you're lying to me.' Often members of the audience call out, 'I believe you! If the protagonist wants to challenge individuals in the audience, I say, 'You have a right to do that, but let's get the whole story first, so that when you pose the question everyone will be clear on what's to be believed or not.

The prestige of the director with the protagonist is usually sufficient to get us beyond this pitfall. If the director is privy to the patient's background, and the group is in other therapies together (where confidentiality is shared), he may be at liberty to say to the open skeptic, 'You're just like her mother; she didn't believe her either. Let's see if we can undo some of the damage mother did. Let's see what happened -- end of discussion!' Even when the director doesn't know, or fails to remember, he may still use this ploy, leading in with a question to the protagonist 'Does that sound like your mother?' Or, more conservatively, 'Who in your family sounds just like that?'

Later in the psychodrama, perhaps just before sharing, or as soon as the protagonist shows she needs it, I say, 'You're wondering what all these new people think of you, now

that they've heard your terrible secrets. How many persons here like her just as much, despite all we've seen and heard on stage?-- at which point audience members seize the opportunity to be even more magnanimous! Typical comments: 'I like you even more, now that I know you better. I'm angry with those who've hurt you. You didn't deserve that.'

Psychodrama directors are advocates, like lawyers for the defense. We have no vested interest in protecting possible in-family perpetrators or society at large from disclosures made in confidence on the psychodrama stage. Our acceptance moves patients from self-rejection to self-acceptance. With self-acceptance protagonists spontaneously come to recognize to what extent, if any, they themselves contribute to perpetuating their problems. Dealing with that comes later.

In setting up scenes we find answers to questions like 'How old were you when this happened? Over how long a period did it go on? What brought it to an end? What effect has this had on your life?' Beware of being political. Respect each protagonist's individuality. Their situations are as different as they are alike.

Challenge generalizations to all members of the opposite sex, particularly when you are of the same gender as the protagonist. If the protagonist links the history of having been sexually abused with a subsequent move toward homosexuality I have no interest in debating the issue. Not all homosexuals have been sexually abused.

Many count on such a plausible rationale for continuing in the way they've already been going. Let it be! The psychodrama theater is not an appropriate forum for resolving moot scientific issues, though it is an excellent source of data for doing so elsewhere. Usually sex abuse hasn't resulted in complete avoidance of the opposite sex, but it remains an obstacle to optimal functioning. A woman asks: 'Should I tell my fiance (or husband)? Can he grow?'

One may be emancipated from parents, take perpetrators to court, divorce a spouse, or at least ruin a reputation, but what if the victim wants to salvage the relationship? Letting-go members of the social atom may not be a live option for a particular protagonist. What remains, then, is on-state-confrontation, in the hope of redefining relationships. To get an adequate hearing beyond the psychodrama theater, a third person acceptable to both must be present, and perpetrators must be told what is wanted from them now. More often than you'd think, they may be willing to oblige.

Keep in mind that breaking up a family or sending a parent to jail may mean the total loss of that family to the protagonist. Even if I, the director, happen to think that would be no great loss, protagonists may not be prepared to pay so high a price. We hear that a dysfunctional family is better than no family at all. If communication remains open, hope of reconciliation stays alive. All sex abuse is not equal in the damage done. Perpetrators vary widely in degree of their destructiveness. Keep the total context in view, e.g.

- age of onset and resolution,
- degree of threat or coercion, inducement or seduction,
- degree of denial,
- danger of recurrence, or new dangers for others,
- codependency, failing to abandon abusive contacts,
- impact on relations with peers, professionals, family.

Dangers Directors Face

1. Beware of siding with one part of the protagonist at the cost of all other parts. This

may interfere with integration. When dealing with multiple personalities, however, the task is to merge dissociated personalities with the lead adult personality. Regarding personalities as roles which emerged at specific points in time may be the straightforward avenue to accomplishing this (detailed in another paper).

2. Do not rush into doing something legally. Give yourself time to be convinced. In the meantime look for corroboration. How can you report if you are still in doubt? If you feel required by law, be sure to include someone the protagonist has already told. If that person has reported, this may take you off the hook. If not, then you both may be vulnerable.

Minors may have no choice, and we must choose in their behalf, but persons who are adults today should have the deciding vote on what, if anything, is to be done. What is the effect of the statute of limitations? Is risking self-incrimination in related matters in your patient's interest? What is the law where you live?

3. Occasionally the cure is worse than the disease, that is, the punishment outstrips the crime. Don't overlook the effect of what you do or fail to do on the protagonist in the short run (Suicide? Homicide?) or the long run (damaging relationships beyond repair). You are a healer, not a judge. On the other hand, see my paper 'The Courtroom Metaphor.' The psychodrama ploy of having the protagonist play attorney for the defense and judge passing sentence may render the actual courtroom superfluous.

4. If you do family therapy, as well as psychodrama, remember that you want the others to continue with the treatment process. Patients accustomed to individual and/or group therapy often report disappointment with the therapist when confronted with the actual family. It is well to take the patient into your confidence, that both of you must try to understand their points-of-view to keep others coming. Otherwise others may bolt and you'll have no family therapy at all.

I don't think your going into this with the patient constitutes collusion, for your doing so may be essential to a patient's feeling you haven't deserted to the 'enemy' camp. Explain to the patient that if we do not hasten to refute what others say, they may get around to taking responsibility for what they've done themselves.

Appeal to the patient's psychodrama experience with warmup, for every protagonist knows the difference that makes. Beware of letting the protagonist hope that you may be the one to take the lead in "holding the perpetrator's feet to the fire," for in the final analysis, this is something one must do for oneself. Don't let the patient nourish the fantasy you will ever be available and present to encounter the threat back home for them. Nevertheless, when therapy works, patients have so identified with you, you'll hear them saying something near to what you yourself actually would've said.

5. Keep in mind how sex and anger get linked. Some abuse grows out of dysfunctional closeness. Other abuse is prompted by perpetrator anger toward victims as if they represented the opposite gender, or as if they stood for that person on whom one has been ambivalently over-dependent, or as rivals for another's affection. Fusions pose major difficulties for personal growth.

Willi

In her first psychodrama 25 year old Willi offered herself as protagonist to work on

poor self-esteem and low self-confidence. Her father was a loner, often off fishing, and mother, despite having a profession, devoted herself to cooking and cleaning. Willi wanted to crawl into her mother's arms, but I can't do that anymore, she said. Directors are inclined to give protagonists what they want through surplus reality on stage, but one must not be in a hurry to do so. The likely extent of mutually ambivalent feeling must first be acknowledged and explored.

Mother had been having a heart attack when the 11 year old Willi discovered her, called for father, who got the ambulance there in time. Before seizing upon the 'What if it hadn't?' surplus reality possibilities, we explore what actually transpired. A scene showing the interaction between them following the incident may be informative. If not, one asks, 'Has anyone acknowledged how Willi saved mother's life? What discussion was there of mother's brush with death?'

Willi produced a surplus reality scene as if she were age 11. She said 'I'm scared of being without you, you look like shit. I can't live without you.' When I brought her forward to her present age, she said she's been searching for mother's approval ever since. But mother's chief concern was the pile of responsibilities which had been dumped on her. The final one mother listed was 'I'll never forget what you looked like when I found you, when you tried to kill yourself.' Mother got up to leave. I directed Willi to stop her, to tell mother how that made her feel. Willi said: 'When I was 11 your stuff was dumped on me. I never asked you to do those things, all those things you imposed on yourself. I don't hate you, but I have to get on with my life, and that means leaving part of you behind. I reversed her into mother's role, asking her to provide the response she wanted to hear from mother. As mother, she said, 'You're 25, old enough to know what is right. I'll be behind you.'

Suicidal

In Willi's first psychodrama we reviewed what had led up to her suicide attempt, which called for her hospitalization. She lay awake throughout the night, staring at the ceiling fan, her thoughts racing, dreading a day's work without having slept. She'd reached out to her mother. They spoke with one another calmly, rationally, concluding with a 'nice-nice hug.' It's superficiality galled Willi. She turned to her sister, but that was just like talking with mother again. Willi thought of cutting herself, but a panic attack stopped her. When she phoned her boyfriend, he was supportive and understanding, and she felt she didn't deserve his love!

We brought her enactment to the brink of the suicidal deed. Some psychodrama directors take the protagonist right on through it, but I'd rather not take the risk, when I'm working with someone for the first time. Our critics say, 'How do you know you're not role training her to take her life? The comment is clearly relevant when the protagonist has been thinking about it, but hasn't yet made the attempt.

On the other hand, with Willi we're dealing with someone who failed to put on the brakes, and was saved by external circumstance rather than having made her own choice for life. I want to know exactly what she did, with a view to how we may interrupt the process in the future.

Who saved her? How? Was the intervention anticipated? How does she feel about it now? Normally I do not go into the rescue, unless it happened to be especially traumatic in and of itself. I do not wish to lull her into a false sense of security that rescuers will always be there. When it is clear that the protagonist is about to kill herself, I cut the

scene and leap-frog to the aftermath of a successful suicide. Here I yanked the protagonist out of her own role, and sent in her double, who instantly assumed the death posture, curled in a fetal position bleeding in the bathtub. I asked the protagonist

Who finds (note present tense) you? She tells me. 'Then show us what happens. Take that role.' From the reverse position the protagonist goes through the likely reaction of as many important persons as proves feasible. Often we see the pain the protagonist, consciously or unconsciously, hoped to inflict, but eventually she comes to those her tunnel vision had excluded till now, carrying pain she'd deeply regret causing them. How do suicidal parents manage to overlook the burden this would impose on children? They have been caught up in their family of origin at the expense of the present nuclear family.

In the next scene I returned the protagonist to her own role to encounter each of those same persons, played by auxiliaries, who now have impressions to go on. Some of these may have already happened, but for hospitalized persons they may still lay in the future. I say that, 'like every deed, a suicide is a statement. Put into words the message of your suicide for each of these persons, and hear what they have to say.' Of course we use role reversal, but sometimes we get more mileage out of spontaneous auxiliary confrontations.

For a few, even without psychodrama, the abortive suicide was itself a catharsis. Thoroughly frightened at what one may have done to oneself and others, and grateful to have had another chance at life, as if they've been born again. They're not our problem. The big problem is with those who go in and out of wishing they'd really done it.

Willi imagined a female peer's saying 'If I could've knocked some sense into your head, I would've. Her fiance asked 'Why did you shut me out?' Willie admitted, 'I was so sick I didn't want you to see me, to which he replied: 'Stop treating me like your mom; I'm not your mom.' Willi had to agree that he wasn't. What she wanted from him was 'not to be lovey-dovey nice all the time. You should kick me when I need it.' Lately he's been aggressively moving in that direction and she approves.

Link with Sex Abuse

This came out a month later, when she came to psychodrama asking to be protagonist again on the suicidal attempt that brought her to the hospital. I looked into her warmup. She invited her fiance to sit in on her therapy session. He was to find out from her doctor what it is he should do.

Fiance: 'What can Willi do to resolve her issues with mother?

Doctor: 'We can go on talking....Maybe I should change her medication.

Willi (disgusted, she sighed): Whatever.

Then the couple went out-doors and kicked around a soccer ball. (Curiously, I had another patient who became suicidal after kicking a ball around. She'd made a fantasy connection between the ball and a baby).

Willi told her fiance she was freaking out, so he brought her to the seclusion room, where she sobbed. He grew impatient, saying, You should do something besides sulk. She told him to 'Get out!' and flashed on a memory, saying aloud, "If my mother would've been there, my brother wouldn't have fucked me. He said we should experiment since our parents weren't at home." I called for an imaginary scene with her brother.

She: Remember what we did when I was 11? You had sex with me.

He: Wait a minute. I touched you, but we didn't go the whole way.

She: Yes we did. I cried in the hall that night. I wasn't sure what I'd do if I'd gotten pregnant. You beat the shit out of me. I broke dishes to get you to stop.

He: Ok, now I remember. I didn't want to screw up your life. I hadn't meant to hurt you. I'm sorry.

She: I'm not going to tell the whole family, but I'd like it if you'd back me up when I tell mother.

He: I don't think I can do that.

She: You were mother's favorite, her darling who could do no wrong.

Family Dynamics

I took her to an intrapsychic scene, to give her the chance to respond to her self-criticism. It was a dialogue between her disapproving self and her child-like or childish self, with focus upon the scene just completed. Willi explained: It's how we were raised, the perfectionism, the all or nothing way. The critic in her accused: Why did you lose control? I had a good job, was making good money, and had met the man of my dreams. She concluded, I fucked everything up with a knife, because of mother.

She regressed to age 9, saying, 'My dad is leaving; him and my mom don't love each other anymore.' I encouraged her to confront her father for not taking her with him. She did it from the standpoint of the present. Father apologized and she accepted.

She said: 'I'm the one who feels the whole pain of this family. I'm just going to write the whole family off. In cutting my wrist with the butcher knife, I ruined my career. I need a slap in the face.'

Concretization

I called upon Willi to be her 'right arm,' interviewed the right arm and then brought in an auxiliary, 'to be Willi's right arm.'

The right arm: What did you do to me? You blew our career; I'm not going to work for you for a while.

Willi: I wanted to die. I didn't have enough pills to do it like that.

Right arm: You're going to hurt more; I'll have a scar. I want you to promise you won't do that to me again.

Willi: I'll take care of you, but I won't promise.

Right arm: We're in this thing together, you know.

Encountering Mother

In arriving earlier than expected, Willi's mother found her in the bathtub, bleeding to death. Mother as a professional in medicine, knew exactly what to do, and did it in time to save her daughter's life. You recall, how, as a child, Willi had saved mother through timely behavior too. I interposed an imaginary scene.

Director: Let's say that mother had arrived too late and you died. Now let's bring you back from the dead so that you can say whatever you have wanted to say to her but could never say before. This was an exercise in speaking angrily with mother rather than acting out.

Manipulating Time

With Willi in the role reversed position as mother, I took her through several anniversaries of Willi's suicide: 1st, 5th, 10th, 20th. On the one hand this showed the lingering pain and regret, but on the other hand, it reflected the progressive diminution of the pain, to the point where mother hardly thought of it anymore. This demonstrated the futility of suicide as a way of hurting others: its effectiveness as punishing is time limited, ever diminishing, whereas cost is permanent.

I did the same with the fiance. From his role she imagined his saying: 'I hate you for what you did. I waited my whole life for you, and now that you have deserted me, I'm very angry with you. This kind of thing shows up the slogans 'It's my life' and 'It's my body' for the lies they are.

Creating Hope

What place had sex abuse in causing Willi's problems? She seemed to have had little conflict about disclosing it here. She'd been present at our hospital psychodramas when so many others had, and it was not focal in her thinking. Rather it afforded an avenue for the basic matter: parental conflict leading to father's leaving.

In Willi's view, mother drove him away, and then failed to protect her from brother, whom mother preferred to her. Her brother's exploitation of her sexually symbolizes his privileged position and her lowly, hopeless situation.

The fiance offers to deliver her from all of this, but will she be any better at holding him than her mother was of her father? She's yet to be convinced she deserves him. Therapy requires a clear distinction between mother and husband, and experience in controlling her own destiny.

This protagonist has no children yet. I have used children to great advantage in motivating suicidal persons to keep on living, but even those without children are susceptible to this ploy, for most of us have fantasies of what they'll be, and this opens the door to directors. Everyone knows parents identify with their children and some go so far as to try to live life over again through them.

Go to a little league ballgame sometime! A great deal of parental effort goes into molding one's offspring, which thankfully lets up over the years as they develop their own identities. As unborn or very young, children represent ideal selves for their parents, especially the parent of the same sex. At last the children come to represent one's frustrating parents, and are treated accordingly, particularly when the grandparental generation are no longer there in their lives.

Therefore the director has the opportunity to treat the protagonist through making the most of these unconscious links. In supervising his marriage therapy trainees Murray Bowen focused on their family of origin generation as the effective way to treat the generation before him. I have often brought psychodramas to a close through presenting the protagonist's sense of loving and being loved by one's children. Those who feel they have been 'ruined' through sex abuse take satisfaction in seeing that nothing like that shall ever happen to one of their children, and those who feel that one parent or another or both don't really love them, believe their children will or do love them though parental-figures didn't, and they're freer to love the children in turn. Making this vivid is a good way to end a psychodrama and to build a hedge against suicide.

Intrapsychic Scenes

This also provides a model for the intrapsychic scene. What is amiss in the protagonist's psyche comes out in the conflict between the critical parental-like self and the rebellious, apparently helpless child self. So where is the adult self? This is developed through the successful management of the competing claims of warring parts, such that both give up something to the other so that each get something wanted from the other. With inner reconciliation one can get on with the task of making a place for oneself in the world and savoring the satisfactions which come with the territory. Just as individual therapists lend ego to patients in enabling their working through conflict, so psychodrama directors move the protagonist along, abandoning obsolete roles, developing new ones, building role repertoires and increasing spontaneity.

Now let's pull some things together. When I do intrapsychic scenes, and I find a person being unreasonably hard on himself, I ask, 'Would you be quite so hard on your children as you are on yourself? Or anyone else's children? Nearly always they say, 'No, never!' I ask 'Why not?' and the protagonist readily comes up with compelling reasons. I argue, 'If you can be so kind and forgiving to your children and to other people's children, why be so hard on the little child you still carry inside you? Is this fair?' Instantly I call for role reversal, putting the protagonist back into the child role. I address the child: "Has he/she been unfair with you, treating every other child as better than you? If the protagonist (as the child part of oneself) can't answer, and often one can't, I reverse the protagonist back to the grown-up role, modified away from the controlling to the nurturing mode. That is, I appeal to the better instincts, saying, 'Now treat your little child with the love he/she needs and has never had enough of from you.'

To seek forgiveness would be a good place to begin. A director may carry this through from apology to acceptance, topped off with protagonists embracing their doubles. Another optional concluding scene makes practical use of the protagonist's newly changed attitude toward himself, and follows up with sharing.

The Wholistic Principle

We violate the wholistic principle when we want to cut out or throw away part of ourselves. We desperately need the very part we'd throw away, because we see that ego-alien part as evil. Whatever evil may characterize the part derives from something it lacks. If it had acceptance rather than rejection from the whole, then no longer could it continue as it has been, but would already be changing. When the larger and smaller parts stand in free communication with each other, rather than at swords' points, then each may modify the other in ways the whole person needs for effective functioning.

The psychodrama does not faithfully duplicate what goes on in the privacy of the person's own head, even when the protagonist thinks that's what's happening, for in the psychodrama the third factor hovers over what is happening and cannot be ignored. The director, the auxiliaries, the group -- even the imperfectly integrated protagonist from a safe distance negotiate the mine field among polarized part-selves.

The wholistic principle applies not only to roles or part-selves, but to persons as well in their interaction with others. I am a member of a community. I belong! Remember the Jimmy Stewart movie *It's a Wonderful Life*. The angel gave Stewart the chance to see what his home town would be like if he'd never been born. The principle is sound, and readily