SEQUENCES OF SCENES IN PSYCHODRAMA

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In this preliminary paper I shall consider the director's strategy within the scope of a single psychodrama session. Possible progressions from one psychodrama to another with the same protagonist will form the subject matter of a follow-up paper. My approach shall be theoretical and illustrative rather than formally empirical. Of course I shall be tempted to say here what I think I do or what I suppose I ought to have done in this or that instance. What in actual practice I do shall have to wait for my analysis of the more than four hundred psychodramas I've done here in the last year and a half, subject matter for another follow-up paper. Like most psychodramatists I do not relish the tedium involved in careful scientific research, and would prefer that the other fellow do it instead, so if some reader would undertake and complete the project first, I would be pleased to read the results.

CONTEXT OF THE SESSION

One should focus on the setting of the psychodrama session first. I have reference not only to the warm-ups of protagonist, group and director, but also to the realistic parameters the specific therapeutic situation imposes on a particular group at this time in its history. A few questions may highlight my concerns:

1) Is the group open or closed? When it is closed, the whole history of the group becomes relevant. If it is open, with persons coming and going with greater or less regularity, one must adapt to constantly changing group size and composition. Sometimes a group may be made up mostly of males, at other times, females, to cite the most obvious example.

2) Are trained auxiliaries available, whether they be staff, students or patients? If not, the director must train such as are there as he goes along. This calls for the director momentarily taking the double's role, or suggesting lines for the auxiliary, while the session itself is underway.

3) How secure is the theater from outside interference? Are patients removed or returned to the session after it has begun? May a patient leave on his own initiative, as for a "bathroom break?" Purists lock the doors, and that has its consequences. The director may decide to compromise ideals in allowing some interference from the patients' own doctors, in the interest of getting the patient more psychodrama hours and the group more participants than a rigid policy would allow. Of course, contact with the doctors may help minimize the effect of too much "flexibility."

4) Is there sufficient time to do what needs to be done? And is there enough latitude to run overtime when the situation merits it? My own bias is that we cut sharing at our peril. Closure itself should never be sacrificed for the sake of doing one more scene.

5) Can the director give attention to post-session needs, such as following up with the protagonist immediately, if it is required (or seeing that someone else who was present in the session represent you with the protagonist)? Is it your practice habitually to report to nursing staff the substance of what transpired in the session, place it in the written record, and report orally during rounds? If this seems too much trouble, beware of becoming a scapegoat for what goes wrong on the unit, whether this takes the form of a critique of you personally or of the psychodrama process.

6) Does your setting allow you to rotate old and new staff through psychodrama, so that all the people you work with may have a better idea of what goes on, rather than rely on suppositions based on fragmentary information and stereotypes? If staff is presumed to have no such leisure, passing students through on some regular basis may approach the same desirable result indirectly, for they are sure to express attitudes to staff who weren't present. In addition, taking the responsibility of debriefing students keeps directors from getting careless and taking up questionable practices.

7) How much control have you over who comes to your group? If assignment includes most patients coming into your unit, does this mean your group contains substantial numbers of confused psychotic patients on the one hand and higher functioning persons on the other? Yes, we know that psychodrama is versatile enough to handle that wide a spectrum, but there are certain inevitable costs that must be taken into account. Neither extreme may be expected to derive as much benefit together as the same people would in separate groups. More than that, what may be optimal for the higher functioning patient could cost the lower functioning person the precarious integration he has a day or so after a very intense session. The reader would do well to look up the literature on "expressed emotion" in recent psychoeducational research, which establishes such as instrumental in recividism. This is especially the case when directors maximize emotion as they seek to "get the anger out."

A CLASSICAL SEQUENCE

Even though I think this is too early in the paper to do so, I shall present the typical sequence of scenes which I believe I learned from the Morenos between 1962 and 1969, and which Elaine Goldman has captured in her book, The Psychodrama Experience. In this way I hope to keep the reader reading, by giving a taste of what he was looking for when he picked up this paper. See page 34 of the Goldman text. The psychodrama director

1) "begins with the present problem,
2) finds similarities with the recent past,
3) discovers linkages to the deep past,
4) helps the client understand his process in life,
5) achieves catharsis, if necessary,
6) concretizes the issues, choices and actions that keep the client in the present dysfunctional state,

7) helps the client see the options in life,
8) aids in the integration of the cognitive and the affective, and
9) achieves closure and healing so that the client can do in life what has been learned in psychotherapy."

Elaine's originality is manifest in her diagram of the "full circle" directors aspire to approximate in every psychodrama. The interested student should consult her text. I shall content myself with simply amplifying her use of the term "concretization," which doesn't enjoy as widespread usage as it deserves. A concretization is a schema developed from the protagonist's own symbols and metaphors. The protagonist is confronted with a choice, and lives out on the psychodrama stage the consequences of the choice. An example given on page 31 of the Goldman text is building a wall of chairs in response to the patient's saying he feels trapped, and then asking the patient to identify parts of the self making up the trap. If it doesn't seem too threatening for a particular protagonist, I'd prefer using people from the audience rather than chairs to accomplish the same effect. We challenge the protagonist to cope with what it is that keeps him in that trap, taking care to end on a high note with some positive possibility. Years ago I remember a student directed psychodrama of a student at Beacon which failed at this point, the director leaving the protagonist stuck and without assistance. The protagonist had been lost to psychodrama for many years thereafter. Goldman cautions the director to keep concretizations in the present even when they contain past elements. The experienced director has little need of the caution, if he keeps everything throughout the psychodrama in the present tense anyway, whether it be past, present, future or imaginary. Finally, in making the full circle, the director returns to the initial scene where the basic problem originated.

DIRECTORIAL POLARITIES

Here is a list of options confronting the director,guiding the choices to be made in nearly any psychodrama. Numbering is for ease of discussion and has no other significance:
1) Maximizing VS minimizing feeling: Most students would opt for maximization, but let me suggest that you re-read Zerka Moreno's classical article on Rules and Adjunctive Techniques from Psychodrama, Volume III, where she makes a case for doing both at different times, depending on the state of the protagonist. One allows a protagonist to be as unspontaneous as the protagonist needs to be, in order to open the door (through acceptance) to his being more spontaneous later in the psychodrama or on another occasion. Her paper does not cover this, but some of us need to be reminded that opening wide the floodgates to feeling can be frightening and overwhelming to the patient as well as a satisfying release to those functioning at a higher level. Some have felt inadequately cared for by directors who welcomed maximum possible emotional expression. Know you protagonists' capacities, as well as the group's level of tolerance.

2) Following the protagonist VS leading the protagonist: In a recent conference Lee Fine showed how he follows the protagonist, whereas the classical sequence (above) more or less approximates the same general pattern, and is what I mean by "leading the protagonist." At least in the example Lee gave us, the accent was more on intrapsychic and physiological states, much as Gestalt therapists do. In my opinion he could've quite as easily translated all the clues into interpersonal language, and progressed through a series of reality based (rather than surplus reality based) scenes, achieving comparable results with the protagonist. It may be apparent that the latter represents my own bias.

3) Psychodrama strictly speaking VS role training: In the former the problem belongs to the protagonist, whereas in the latter it is the difficult other who is the problem, and the director coaches the protagonist in the various way he may deal with that difficult person. Of course one may do both within a single psychodrama, but the more usual experience is to do one rather than the other. It might improve our "image" with nonpsychodramatic professionals to show our respect for role training. Moreover, we would do well to be aware of actually doing some role training without intending to on occasion. In getting out the feeling, we also risk training the protagonist into believing that this is what he should do in any and every situation. Within recent memory a mild mannered man with considerable bataca experience had in a dissociated state beaten a woman to death with a cane before anyone could stop him.

4) Director takes sides VS director stays neutral: Family therapists are seldom reluctant to take sides when conditions call for it. Psychodramatists normally take the protagonist's side as they choose to see things from the protagonist's point-of-view. When, if ever, does the director bring in his own point-of-view? Psychoanalysts consider such entirely appropriate for psychotherapists who do supportive psychotherapy, even from a psychoanalytically oriented perspective. See the Paul Dewald text, published by Basic Books. Yet there are non-directive purists among us, who are careful not to take sides, who disdain influencing the protagonist's decisions, and refrain from offering advice or interpretations.

5) Externalize inner states VS translating everything into relationship terms: The former kind of director is likely to have the protagonist dealing with subselves, and much of the psychodrama may be fantasy centered. The later construes all in terms of consequence for relationship or derivation from relationship, and is likely to be reality centered.

6) Relating past with present VS relating present with future: Of course in a well-rounded psychodrama one aspires to do both, but I've noticed that we tend toward the former early in a patient's hospitalization and incline toward the latter as the patient moves toward discharge. There are occasions when a patient may refuse to "wallow in the past anymore," and the easiest way around his resistance is to relate present and future. It is an option likely to appeal to the young, whereas those with an abundance of memories like the backward look -- in which case we need to emphasize the connection with their present. Person who are depressed may find their future "all stopped up," foreclosing that option for a while

7) Protagonist's relation to society VS protagonist's relation to self: Maybe this is the interpersonal VS the intrapsychic in a new guise, but it seems to me that attention must be given to both, and that the failure to do so results in superficiality and alienation on the one hand, and chronic patient stasis on the other hand. The latter may be OK for those who can afford it, but we may be sure insurance companies will be less willing to pay for it.

8) Clarifying perceptions VS selecting among options: Is the accent to be on how one construes his reality, or on choosing among options already quite clear enough? For some at least, once clarity has been attained the choice is obvious, whereas for others the options were never in doubt, only how one stood in relationship with them. The latter lends itself well to the Miller and Dollard behavioristic elucidation of conflicts.

9) Role a la Moreno VS role a la Goffman: Role provides a good starting place for a psychodrama, as Moreno's presentation of the cultural atom shows. See the second monograph in the Beacon series on the Cultural Order, and also the relevant sections in Who Shall Survive? But remember how differently Moreno construes role in contrast with Goffman and other sociologists. For Moreno role articulates who I am, whereas for Goffman role disguises who I am. Moreno would be justified in saying that he takes responsibility whereas Goffman takes one off the hook by implying that my role is not who I really am. And to the extent to which this is done, the effect is dis-integrative. But in all fairness we must admit that some have hidden behind roles as a way of life, presenting to the world a "false self" by which they hope to win acceptance at the cost of a "true self" which they jealously guard from exposure to the world. The origin of this pathology in early family experiences of unrealistic parental expectations should be clear to all.

10) Spontaneity VS responsibility: Some need liberation, others require accountability. In actual fact, the more responsible a person is, the more his ability to respond, whatever the requirements of the situation. When situations contain important elements of novelty, the spontaneous person may well manifest himself as the more responsible than the one who has always enjoyed the reputation, because of his slavish devotion to duty. When we take care to distinguish spontaneity from impulsivity, and to give responsibility an interpersonal rather than a rule-centered dimension, we may have the best of both worlds. Generally speaking, however, the neurotic needs spontaneity and the character disorder responsibility. Borderlines flit between what looks like one or the other but which is really neither.

11) Protagonist-centered VS group-centered: The former is the classical approach of psychodrama, the latter of sociodrama. When the whole group is really warmed-up to its protagonist, the course of the psychodrama tends to become group-centered also, as should be manifest in the wealth of sharing at the end. When a genuine polarity exists within the group, representatives of each may be found. When feminism was in the ascendancy, I recall several protagonist centered psychodramas which quickly became sociodramas because of the

developmentally determined biases of several group members. One may use a sociodramatic scene to advantage within a psychodrama, but the protagonist must not be forgotten in the midst of all the enthusiasm, and the protagonist must be returned to his leading position. There have been some presentations of psychodrama on TV which have failed miserably in this regard, leading professional psychotherapists to bypass us without a second thought.

12) Theater-centered VS therapy-centered: No one questions the educational value of the former, but every experienced psychodramatist has often set aside his quest for a performance for the sake of accepting the protagonist where he is and being with him there, regardless of the group. On the other hand, it is striking how often good theater also turns out to be good therapy. Good theater is conflict centered and presses toward a solution which is neither easy nor cheap, but if at all possible surprising and paradoxical. And the therapy of the audience is also a legitimate goal of the psychodramatist, isn't it? Moreover, the psychodramatist familiar with mime understands the enormous possibilities of the nonverbal and exploits them to the full, cutting through the wearisome talkiness of much therapy.

13) Ventilation VS integration: It is to Moreno's credit that he always insisted that catharsis was two-fold, including both. In so doing he avoided the opposite errors of making abreaction an end-in-itself and insight the mere intellectual acceptance of interpretation. Pure ventilation is at best incomplete and at worst, worse than meaningless. For ventilation without cognitive and behavioral connections invites addiction to ventilation. There is power in making connections and achieving integration in action, which words alone take so very much longer to reach. The nonpsychodramatic professional public will gain more respect for us when we disdain ventilation without integration. Remember that catharsis has long since fallen out of favor in the therapy world, when that word came to be used synonymously with abreaction. Psychodramatists need to acquaint themselves with the historical reasons for this, and to examine ventilationist practices more critically than they have in the past.

14) Transference explicit VS transference supported: Of course Moreno emphasized tele as an alternative to transference. But transference is a reality, which on occasion needs to be brought to consciousness. Recently a member of one of my groups resisted being drawn into the mainstream of the group process. When I finally managed to force her into (I can hardly believe I said that!) the protagonist role, capitalizing on group pressure, she brought out how she had identified me with an eccentric old man she'd known in childhood for whom I had (conveniently) borne some physical resemblance. Once the connection had been acted in a scene, her resistance collapsed, and we were able to get on with the psychodrama. Supporting transference has a good press in supportive psychotherapy, and why not! Moreno recognized long ago how we (hopefully) replace losses in our social atoms with similar persons. If the transference helps cement the needed bond, and no one is the loser, why not? What do we gain by pulling off the cover?

STRAIGHTFORWARD SEQUENCES

Every experienced director has found classes of situations which occur repeatedly, for which he has developed patterns so familiar that he can readily foresee the whole process from beginning to end. The list, of course, would not be the same for everyone, so I hope others will undertake what I am doing here. Nor shall I attempt to set forth all I have become comfortable with; only those which come readily to mind. Recognition is always easier than recall, and here I am limiting myself to what I can immediately recall.

1) Holding-on VS Letting-go of Relationships: At the outset I ask the protagonist whether this is a relationship he wants to keep or to be done with. I have in mind a love relationship, maybe a marriage, which is in trouble. If the protagonist says, "I want to keep the relationship," I ask, "When did he (she) become special for you? Where was that? Let's set up the scene." The strategy is to kindle hope anew through reminding the protagonist of those features which drew him to the other in the first place, and moreover to experience himself in that context once again. The respite from the depression which has been weighing him done may allow possibilities come to his mind he has been overlooking. Then we move to "When did things begin going wrong for you?" Now he faces the negative situation from the standpoint of strength rather than weakness. From the second scene we learn something of their maladaptive way of coping with conflict. Does the protagonist stoically stuff his feelings or lash out like a spoiled child? In the reverse role position he (she) may learn for the first time what it means to be on the receiving end of his behavior. Although we do not provide doubles for the protagonist in the reverse role position, the director may raise the kind of investigative question doubles sometimes do, such as "What am I feeling?" "Where does this leave me?" "Who does he think I am?" Typically the protagonist responds indirectly to the ploy in what he says to the auxiliary representing himself. (If he enters into a dialogue with the director, the director focuses him back into the scene itself with a "Tell him (her), not me.") The goal is to educate in the other's point-of-view and to get a better grasp of his stimulus value for the other. The latter he has control over, and can modify in accord with what he believes he wants to do. A common third scene has to do with what is believed to be the main bone of contention, first as it has been handled, maybe on more than one occasion (for which one invites the protagonist to condense into one, as might be accomplished with a simple confrontation), then with re-enactment explore new ways of getting across his expectations, while at the same time offering new ways of responding to the other's (now recognized as) legitimate concerns. There may be deeper reasons clouding the perception by the protagonist of what to the director has become obvious, and clues to the source likely have come forth in the second and third scenes. A fourth scene would follow up on that suspicion. A husband may (unrealistically) want his wife to mother him, but be unaware he is asking anything out of the ordinary. Or a wife may expect her husband to behave like father would in the same circumstances. Of course he doesnt

The goal is the protagonist's discovery that these two significant persons in his life are not the same, and that a growing relationship with the second person requires that he not be confused with the first. Moreover, it may be that one's own role repetoire requires expansion to include how to deal with a different person. The different person may in fact, for that reason, become more interesting, and likewise he may come to like what he finds himself becoming in the process. A final scene may anticipate the protagonist's next encounter with the loved one, and project/a better outcome than the current impass allows.

When letting-go is the goal, I review what has brought the protagonist to this decision. I may or may not return to when things began to go wrong between them. I certainly shall ask what the relationship as it is keeps him from. What are the frustrated expectations? Is there someone else waiting in the wings? If the latter, I carefully look into the newly emerging relationship with a view to discovering whether it is simply a replay of the old. When there has been a series of relationships, each abortive, then the accumulation of evidence is easy and usually enough to convince the protagonist. He must consider what the prospects are of his shaping his new relationship into what he wants, especially inasmuch as he has so far been unable to do this with those who have gone before. Does it make more sense to make a break without a replacement? Or should he try to solve the problem with th one he's with rather than to repeat the identical issue with the one in the wings?

If the protagonist says "I don't know whether I want the relationship or not," I must form an opinion whether this is really an expression of his current angry feeling toward the other, a kind of nascent acting-out, or whether this is the kind of person who doesn't let go easily and has been a very long time in an unsatisfactory situation coming this far. In other words, is "I don't know" a closet yes or no? If I think the protagonist really does want the relationship but is angry at the moment, I'll go directly to when things began to go wrong, support his angry verbalizations at first, then get him into the reverse role position to discover what it's like to be, say, married to him. That could lead to a change of heart. In the second instance, where letting go has been long overdue and only now has the protagonist begun to think of it, I am likely to focus on the ways he has changed since the relationship began. Does the relationship support or oppose those changes?

Sometimes "I don't know" really means "I don't know," because the protagonist is plagued with obsessive doubt about nearly everything in his life. In such instances I am likely to proceed with future accomplished facts representing alternative possibilities, in order to assist in the decision making process. But on the other hand, it may be better to simply tell him he is in no condition to make a change at this time, til he attains a better grasp of who he is and want he wants in life. Then I'd focus on his identity as the real issue.

Footnote on letting-go: a loss is always involved. How does the protagonist cope with loss?

Just how depressed is the protagonist? Depressed enough to feel that he doesn't deserve the relationship, and not want to pull someone else down with him, or simply/not to be responsible for someone else when he can't even take responsibility for himself anymore? The director shouldn't encourage letting-go of significant others under such circumstances. Isolation is not something the protagonist needs. This may call for some creativity on the director's part, if the protagonist is determined to let-go.

2) The Dream: Beginning psychodramatists like to do dreams because the format is so clearly structured for them, first with the dreaming, then with redoing the dream in accord with one's wish. Interpretation is implicit rather than explicit in the way the dream is redone. Moreover, interpretations in accord with a pre-established theory, such as the psychoanalytic, may be conveniently bypassed. Nevertheless, the director relies on associations quite as much as the analyst, and if he knows the conclusions an analyst is likely to consider, it may well inform his subsequent choice of scenes. The dream may well have clear implications for the waking life, and our task is not limited to simply retraining the unconscious. Sometimes the dream as it was pleases the protagonist, so why re-do it? Sometimes the dream has/been interrupted by external forces, such as the alarm clock, and the protagonist really needs an opportunity to finish it on the psychodrama stage. That may not require redoing either. But dreams are sometimes nightmares, and the person has been awakened by internal rather than external forces. Before hastening to the redoing of the dream it may be well to explore the protagonist's associations in order to gain a clue to what particular fear or danger the nightmare has articulated. This may require a series of scenes in checking out the possibilities. Only then would I return to the redreaming, so that the protagonist may make more informed choices of what he wants.

3) The Action Sociogram and Sculpturing: Some psychodramatists come from a tradition where this is done a lot, more than I am used to. To call upon members of the audience to represent the significant others of the protagonist on stage in spatial arrangements which symbolize important aspects of their relationships is invariably illuminating and clearly suggestive of subsequent scenes. On the other hand, simply placing a series of chairs on stage in response to a protagonist's list may or may not be helpful, depending on whether the director feels obligated to give time to them all -- or even more than one! Choosing among the chairs for what we will do next rather than taking them in a preestablished sequence seems the better way to go.

4) Separations: I have reference to separating from the hospital and from the relationships that a patient has formed there. Typically the patient has something to say to the group as a whole, then to specific individuals, often to all who are present. Immediately after speaking to each individual, the individual responds, and hugs are the order of the day. Important feedback is given. There may be an occasional scene in the midst of the process reliving some significant memory of incidents some were a part of. If it has not

been covered on a previous occasion (and it surely should've been), then it may be wise to anticipate the difficult situations the patient is likely to encounter when returning to the job, the school, and neighborhood. Especially where substance abuse has been a problem. Probably assistance will be required as he lets-go of old friends outside the hospital in favor of new ones who will not support drug use or alcoholism. Enactment of anticipated efforts to bring him back into the old destructive ways may provide useful role training in resistance to temptation.

5) Grieving: The fact of a person's grieving is not always obvious, but may be inferred from the coincidence between the circumstances leading up to hospitalization and some recent loss -- or the anniversary of some loss. No matter if the loss seems relatively minor to the director. It may symbolize an accumulation of losses rather than stand alone, like the straw that breaks the camel's back. Keep in mind that a few years may be recent for an older adult, especially if you're used to doing most of your work with the young. And the recent discovery that one has been adopted may be a loss for the young, even though nothing else has changed. Retirement may be a very significant loss, especially for the man who has based his identity upon his accomplishments as performer or provider.

When the loss has been of a significant person, I ask the cause of death, and if it is not clear from the reply whether the death was expected or not, I ask that. Sudden death means there was no opportunity for preparation, but even in instances of long illness some persons have been unable to speak frankly with the terminal significant other. The first thing to check out is whether one feels in any way responsible for the death, not only through what one has deliberately done, but also in what one has failed to do. More than that, when there was ambivalence or turmoil in the relationship, one may feel condemned for harsh words or even harsh thoughts. If a scene may be redone from life prior to the death or a scene consisting in what one would've liked to have done can be created this may be helpful. Usually, however, the director invites the protagonist to go to the last time the protagonist saw the person alive, or if that lacks significance for the protagonist, one may go directly to a surplus reality scene, where the one who has died is brought back for that final conversation. The protagonist selects someone to represent him or her. A man, fearful of showing feeling, may exclaim, "I can't do this." I avoid commenting on whether he can or not, saying instead that we understand how hard it is to face the pain, and that if tears should come, that's the best thing which could happen for you right now. Most who hesitate require only a very little encouragement, because they want to get on with it too. After a few reverse roles, I ask the protagonist while in the reverse position to tell his survivor anything he needs to hear, maybe give a few words of advice, sometimes even comment on the fact of the survivor's hospitalization. Then with the auxiliary repeating the words the protagonist has supplied, I move to having them stand. This is to clear the way for non-verbal expression of affection. 'Now you may let him go with a hug, if you wish" concludes the scene.

6) The Suicidal Protagonist: No doubt the reader has heard the story about the suicidal patient who came to Dr. Moreno for help. Moreno asked him how he intended to do it and set out apparently to assist him, taking the role of the double. He even lay down on the railroad track with him. The other called him a "damn fool" and insisted he get up. Moreno was willing to go farther on a reality level than most of his psychiatric peers. This needs to be seen as an exceptional rather than a routine event. In a session directed by Zerka Moreno she took the protagonist up to the suicidal event, through it to the anticipated consequences for the significant others left behind. The protagonist in the reverse roles position played all those roles. He told me afterwards he thought it to be a very effective way to help him, and now, ten years later he is an active, successful businessman in a Western state.

For myself I follow the same procedure as Zerka, but with this exception: I am careful not to role-play the protagonist in the suicidal deed itself. There are two good reasons for this: i) if the word gets around your superiors may decide you and/or psychodrama are not to be trusted, and that has its consequences, one effect of which is to deny your patients of the benefit of your expertise or of psychodrama, and ii) they may be right. I can't think of any good reason why going through the suicidal deed itself wouldn't have a role training effect, even if the protagonist doesn't act upon it.

It needs to be said, however, that this is not the only way we treat suicidal people. You are not likely to follow the same format if the same person were to bring up suicidal thoughts at another time. The director must ask himself and indirectly the protagonist what dynamics are converging to move him to suicide. It he (she) furious with someone on whom he is overdependent? Has he been displaced, not only now but frequently throughout his life? Is he isolated and lonely? Do the voices tell him to commit suicide, after saying nasty things about him? When a patient mentions voices I ask, "Male voices or female voices? Remind you of anyone you've known? Who does it sound like?" If it's the devil, why give him the time of day? He said you belong to him? Everyone knows the devil is a liar! If the patient is a Christian and says "God said so," I ask how he knows the voice isn't lying. "Besides", I add, "can you imagine Christ talking to you like that? And if not, they why should you think the loving heavenly Father of Jesus Christ would ask this of you? Moreover, God may work through people, right? You know He's worked through you at times, and he could work through the staff who are here to help you. Don't listen to the voice, listen to me! Promise me that you won't do it without calling me first, OK? Now, Don't do it at all." Actually my words are not all that important. What is important is my caring behavior, which says more effectively than my words that I want him to live. Moreover, I don't do all this solo. His environment must be secure, preferrably hospitalized, and if hospitalized with nursing staff clearly informed of the risk. Moreno would have the protagonist reverse roles with the voices. If the patient cooperates that is a way to get information you'd otherwise miss.

A note on technique when doing reverse roles with a hallucination. Be sure your protagonist has a double he is willing to have represent him. When the protagonist goes into the reverse role position as the voice (this would also apply to God or to a dead relative...etc) the double steps in to fill the vacancy the protagonist's leaving his own role has created. When the protagonist reverses back to his own role again, then the double may easily without comment step into the position of the hallucination. The protagonist's familiarity with the conventions of psychodrama make it seem a natural thing to do. Now the director has a way of using any of the techniques of psychodrama in coping with this issue. Now the patient has a much more tangible focus others can share. (Of course be careful to derole the double at the end of the session).

A comment on the elderly patient. He has already lost to death most of his significant others, and if he has not replaced them most of his social atom is already invested in death. The task is to keep him socially active so that he can develop new human connections to replace the old. If his children have been neglecting him this may well be part of the problem. Assist them in keeping the relationship alive. Point out frankly that it may be instrumental in keeping the parent (grandparent) alive. When he has finally made good connection with his peers, then he will require less time, but not before. All of this can be handled psychodramatically as well as in reality. One can even through the psychodrama take advantage of one or another of the good people he's already lost through death. Put the protagonist in the reverse role and have "the other" give him advice about his current life situation. No one who ever cared for him would encourage a suicidal tendency -- even in his own mind.

MY PROCESS

In conclusion, I shall try to summarize my own processes in directing. I move quickly, ask lots of questions, express the warmth and acceptance I feel, listen carefully with a view to putting into psychodramatic action whatever the protagonist says. But I do not seize upon everything. I hardly ever think about technique. It's always there when I need it. All my effort is focused on what is happening to the protagonist, what his words, feelings and behavior mean. Then how can I help him to express this in the psychodrama? Once expressed and accepted by myself (and by implication the group) then we can redo, elaborate, undo, and substitute as the situation requires. I begin with the present which warmed him up to the protagonist role (like "What got you in this mood?"), move to a similar situation from the recent past, all the while monitoring his comments for clues as to the probable origin of such feeling, making him vulnerable to its current impact. At times I ask directly, "Who else ever talked to you like that?" or "Who has treated you that way before?" or "Who else have you had the same feeling about?" or "When has this happened to you before?" And I've gone even further in the search for clues,"What is your first memory of him (her)?" The answers show me what I must modify. I try to end the psychodrama with anticipations of his successfully putting into practice what we have learned. Then we share.