

THE STORY SPECTRUM, No 22.

Chapter Fifteen

Positive-Happy Stories

Story 22. Connect. Belongingness, Face-to-Face Groups

This is my group. Not that I'm in charge, but if I'm not there they ask if I'm OK, and I feel something is missing when one person or another hasn't come. These are good people. I trust them. We've nothing to hide from each other. They say what they think, and so do I, but our differences of opinion drive no wedge between us. They reflect how much we care for each other. We tell the truth with love and respect, and we listen. We take no advantage, but hold confidential all we hear, so that no one else takes advantage either. I'm my best self here, wiser and more honest. I feel loved.

This has to do with life among peers, whether at work, at school, in the neighborhood, hospital or military. This is the situation which deals with friendships and working cooperative relationships. This is the province of group therapies and encounter groups. We watch for and make appropriate use of developing group cohesion, on the basis of which growth may take place. In every group **inclusion** is a vital consideration. Some groups deliberately make it difficult to meet expectations, especially in those groups created to be exclusive. More often, what is required is a willingness to be open and vulnerable. According to Maslow, a sense of belongingness is a fundamental human need. Most people derive a basis of identity from their various associations (see Kuhn's 20 Statements Test). These social psychologists call 'reference groups,' in which we once were actively involved but now continue as memories. Those who hold membership identity have been **included**, and those who take initiative in making them feel at home are **includers**.

The movie 'Stand by Me' shows how it was when we were kids. Do you miss the loyalties, the deep friendships, you once had? Time and space, life and death, are cruel separators, but is that the whole story? To invest in more than a few relationships is hard work, and requires more in the way of personal availability than we adults can readily manage.

Nevertheless, my prepubescent friendships are alive and well within me, for I was an only child. They constitute my reference group for what life among peers should be. They give me the run-ning start I need with peers at work, school and church--wherever I find the same persons again and again. If I make the first move, something in depth may offer itself.

Doctor Moreno recognized the principle involved. He referred to the family figures there at infancy and early childhood as the social atom. To these we add a few more as the years go by. As one or another of the original social atom die or move away, others take their places. So we are never without a social atom. Positions remain constant, though the persons filling them shift over the years. Directors should keep in mind the possibility that an adult appearing in a protagonist's psychodrama may not only stand for himself, but also represent someone else. When the protagonist makes the connection, her attitude and behavior may make a lot more sense, and relieve her of a burden. When we know something we can make a choice. When we don't our unexplained feelings confuse us.

Though directors don't have many psychodramas for which this is the main story, nearly every reader knows of the relationship between Jonathan and David from the Hebrew Bible, or heroic Daeon and Pythias from Greek lore. Our examples are not quite so dramatic but they are valid expressions of the same phenomena. The three have been selected to provide variety. The first two come out of residential treatment, and the third grew out of a psychologist's agreement with his hospitalized patient to resolve tension involving persons currently living at the patient's estate. The last took place long ago, and was done on an informal basis pro bono. It features cross cultural complications, which may take a different form today. This has to do with relationships among teen peers that interfered with our normal psychodrama work. It is here and now, not closely related at all to the problems which got them into the hospital.

Pat, Ruth and Peter Encounter. Teens go from outer to inner.

Pat described herself as sexually frustrated and anxious. She said she'd work on family problems because she is going home, and also on the drug and to alcohol issues on the outside waiting for her there. Most of all, she wanted to deal with abusive male relationships she's had. Pat and her roommate, Ruth, sitting next to her became embroiled in a heated conversation. They asked for time out to resolve it between themselves, but with the group already involved, so we denied their request. We thought it had begun here, so we designated the stage as the proper place to resolve issues.

Pat became especially vociferous, and Ruth tried to run away, but I followed Ruth and brought her back. We began with them on stage, but inasmuch as they were trying to shout each other down it became impossible for us to track what was happening and make any sense out of it. I called the clamor to a halt, then placed

Pat at one end of the stage and Ruth at the opposite end, with two back-to-back staff persons on a line in between them.

First we allowed Pat to speak her mind without interruption, and then we granted the same privilege to Ruth. A third person, roommate to both of them presented her picture of what was going on, which they more or less agreed with, as far as it went.

Peter, a male peer present was focal and as usual outspoken, till we required his silence. At last the two on stage said they could manage to talk with one another without losing it, so we gave them the opportunity. Some of it had to do with Peter, some had to do with the fact the roommates were closeted 24 hours together in the same room on 'med zero' (=excused from program because of illness). The roommate threw open the blinds, apparently awakening one who was sick and asleep (with an unlit cigarette in her lips?), all for the sake of a clearer view of Peter prancing by. Pat said she objected to the chauvinistic way he treats Ruth. It reminded her of the abuse her boyfriends have heaped upon her.

First Closure: The two roommates reached an agreement on what they wanted from each other, gave and received apologies, and made promises with regard to future behavior. They embraced and we let Ruth leave the stage, but we kept Pat on stage to deal with Peter. She had her say and he had his. He agreed to respect her feelings in the matter, said he wasn't perfect, been known to be wrong, claimed he really had no wish to hurt her roommate.

First Comment: It was clear that Pat was judging him as being like the boyfriends who'd abused her. He's chauvinist all right, but apparently not in the abuser league. Peter is bright, street-wise, and motivated to make the most of his treatment. He claimed a right to his own opinion, but he agreed to keep it to himself, out of respect for Pat's protectiveness of Ruth. With order in the group restored we had produced a climate which allowed us to move ahead with the psychodrama, but only 15 minutes remained.

Aftermath Vignette: Pat chose a female peer to represent the abusive boyfriend. We created an imaginary scene in which Pat could safely tell the boyfriend how he'd hurt her. Pat presented a list of appalling facts, including beatings, like pushing her head through a wall, setting her up to have sex with his friends, and waiting on him hand and foot, especially when he was drunk. We let her talk, while I pondered what to do.

Second Closure: At that moment Pat was simply reporting the facts rather than expressing how she felt, so we brought in a double for her. She was able to pick up on what the double produced, and speak to the boyfriend with more feeling. At some point she mentioned in passing that she had deserved what she got. This led to an intrapsychic scene featuring a dialogue between herself and her double. One polarity was that 'Pat got only what she deserved' and the other polarity was 'Pat deserved much better than what she got.'

Comment: Pat's low self-esteem was clearly evident, in that she believed the abusive boyfriend when he told her she was ugly, in hair, face, and body. He added 'stupid' and a 'whore.' With some help from the group, Pat began to realize that others have not perceived her as she has perceived herself. She has been believing hostile, self-centered persons who have not appreciated her as well as the peers present. At last she yielded to the more positive view of herself as an option to pursue. "I will try to take a more positive view of myself," she concluded. Not everyone shared, for several peers were new to the group, but the sharing which was done was excellent and to the point.

Jayne Psychodrama, 35. The suicidal friend. She described herself as anxious and untrusting, untrusting of the therapists and the people in the group. If she were protagonist, she'd work on a friend's attempted suicide, which made things worse for Jayne. After having been chosen as today's protagonist, she had a private word with me, discussing the problem of confidentiality. I left the decision with her whether to use her friend's actual name or not, and she did. (As it happened only one other patient present knew Jayne's friend. When this other patient stepped out of the room temporarily, Jayne whispered the fact it bothered her, but fortunately the other patient returned almost immediately. It was evident that her exit had nothing to do with what was happening in the drama). In the reverse role interview we learned that the friend is single, diminutive, age 31, and a nurse. Their relationship was a long time developing, because of difficulties in trusting. She said they spent a lot of time cooking, talking, spending weekends together.

1) About 6 weeks ago Jayne received a phone call from her friend, who told her that she'd taken a whole bottle of pills. "I think I killed her," she said, in referring, I assume, to the ego-alien part of herself. Jayne got her promise to keep the phone line open, and she'd be back with her in 5 minutes. Jayne called her therapist to tell him of the situation, and to say she was going right over. He agreed that's what she should do. So Jayne called back, and then went over to her friend's place, and took her to the hospital in her own

car. Though the friend was conscious, no conversation was possible on the way there. Jayne had a long wait as the tension increased. She hollered at some of the people in the waiting room who'd been unnecessarily hilarious. At last she was allowed to see her friend, and she realized that her friend would survive. The friend was uncomfortable with the tube in her, wanted Jayne to get it out, and thanked Jayne.

2) Afterwards they hardly talked about what had happened. During the time Jayne came into the hospital here, where her friend was also, they didn't get to discussing the matter -- even though the friend brought it up a couple of times. Jayne didn't feel free to go into them. Finally, there was a session with her friend that included Jayne's therapist and social worker, which we staged. After some hesitation, Jayne managed to tell her friend that she was angry with her for leaving her. The friend didn't seem to appreciate the value of herself for Jayne, but focused instead on her own personal sense of worthlessness. "I have nothing left," she maintained, which Jayne considered "bullshit!" The actual scene didn't go beyond this,

3) so we converted what had happened into an imaginary scene in the present between the two friends, whose relationship has continued under a strain. "You know, my friend, what a bad time this was for me, and yet that was not enough to keep you from giving in like you did. I thought our relationship meant more to you than that." Jayne had expected to work out the limits of her insurance, but this was the very same day the friend called announcing her suicide attempt. Jayne was clear on the fact she wanted to be called. She was simply pointing out how difficult it was for her at that particular time. It irritated Jayne that her friend got into the hospital by 'whimping out,' as if she were being rewarded for her helplessness--when she doesn't need to be so helpless! Jayne pointed out to the friend all the supports she had, that she is not all that alone, but for herself, in contrast, she had to get through the whole month relatively alone -- and without her friend's help. Now Jayne is wrestling with whether she dares ever to trust her friend again. She is stuck with feeling bad about having negative feelings toward her friend, which inhibits her openness with her. The director tried to bring them closer together in asking Jayne "What might your friend say to you to give you hope?" and then reversing her to the friend's position for the answer. The friend acknowledged that Jayne was having a hard time too, and that what she'd done in the suicide attempt had augmented the strain on Jayne. The friend went on to admit how frightened she was, but that she always looked upon Jayne as being so strong and powerful. [as a matter of fact, Jayne looks strong and powerful and comes across as a no-nonsense kind of person]. Jayne insisted that the friend knew better than that. At that time Jayne was struggling with what she might expect her friend to say. She even professed not to be able to guess, which is indicative of how much her trust has suffered through this. It is as if the friend were lost to her, not just the friendship, but it seemed as if the memory of what might be expected of her was almost gone too. This, of course, goes beyond the relationship between the friends to deficiencies in the development of security at the earliest stages in life, but we had no opportunity to go into that. In an aside Jayne told the director that she comes across (as the friend said) big, powerful and strong just to keep the 'tire treads' off her face. She was tired of always having to be the strong one, but could she count on her friend to fill in the gap when necessary? That remains to be discussed, and we encouraged her doing this, sooner or later. I put Jayne in the reverse role position as her friend and again asked her to put into words what her friend really feels toward her, even though she hasn't or wouldn't say so, which she did. Jayne is still uncertain where their friendship stands, but the evidence is that her friend is a bit better than she has been, and therefore this should open the door to the reestablishment of the trust between them. I again focused on what each of them intend, not what they have been able to say so far. I did stress the importance of saying what each felt rather than acting as if one were totally alone in the world and had no friendship one could count on. I asked Jayne whether she'd like to end the session by hugging her friend, and she did so at once.

Comment: This is a good example of a friendship between persons who have required residential treatment, not for their friendship, but for their own issues. The dramatic trauma involved in the friend's suicide attempt put a strain on the friendship, because of Jayne's trust issue, but in the long run our working it out brought them closer together. As I review the above I see comments I'd have normally made here.

Sue, Arnold, and Gus psychodrama. Space for Friendship.

Jon Allen, psychology professor and state hospital consultant directs. Gus, over 30 is the live-in caretaker of the patient's estate, and Sue Ishida, 19, lives there with him. Belle and Arnold, mother and son, age 16, have returned from France where mother's lover dumped her, but the patient, being hospitalized, was not there to receive his estranged wife Belle and their son Arnold. The patient has a live-in fiance Mary, 33, unaccountably absent, who is represented by an auxiliary Lana, the professor's graduate assistant. Bill

Kenny. Jon's best friend, is there as another auxiliary. This session may serve as a Love Story example too, but friendship is essential here. Who would be protagonist was not a given. The absent host had mandated Jon to restore the peace. I shall not reproduce the entire script but simply hit the high points summarizing.

1) Jon selected the pert Sue Ishida as the one ready to go, with all her feelings out there for anyone to see. She was the live-in girl friend of Gus, the caretaker. There was a strong bond between them but there were also difficulties to be worked out. Sue was establishing herself as a very independent person, which was not what the somewhat chauvinistic Gus had bargained on. He comes from a very traditional Mexican background. We reviewed the good times in their history to make everyone feel more at ease.

2) But the fly in the ointment was Arnold, who managed to get involved in the street life of Paris, but he had to return to America with his mother after her live-in boyfriend, an operatic tenor, dumped her for someone, not younger, but with money. Never formally divorced from her husband, my hospitalized patient, she had nowhere else to go but back to the home she abandoned years before. Meanwhile her husband finally became involved with "Mary" who disappeared when the estranged wife returned. It wasn't clear what was the sequence. Was he hospitalized because she left him, or did she leave rather than face the wife's return--- or was it something entirely different? We can't tie up all the loose ends, but it doesn't matter because they're not crucial to our example.

What's important for us is that Sue, age 19 and Arnold age 16, found themselves on the same estate at the same time, both with boundless energy, and enjoying their emergence into adulthood. Meanwhile at age 30 Sue's boyfriend Gus looked like he was ready for retirement. At least that was what she accused him of, not as seriously as he took it. Arnold bought a great motorcycle which he loved taking Sue along with him, tearing through the nearby canyon.

3) It was not a romantic relationship. They were buddies, not sweethearts, which was probably very good for them both. It kept them out of real trouble. Gus was a born caretaker, not only of estates. He took care of his family of origin since the untimely death of his father. When Mary, the owner's finance moved into the main house with him, Gus was ready to wait on her just like he was used to doing with his boss. The fact she was attractive put Sue on alert, whereas Mary was amused at Sue's possessiveness. So both Gus and Sue each suspected the other of being tempted to wander, while at the same time each thought the other ridiculous to even think they were capable of such a thing.

Closure 4) We went through a number of scenes which firmly established these facts. Indeed, the audience was somewhat amused at what may have resembled a farce---to them, not to the participants. Then came the showdown between Sue and Gus with the mutual accusations. And here was Arnold, totally innocent of any wrongdoing here. He hadn't been so innocent in Paris. Thanks to his cooperation I was able to gather sufficient proof that there was nothing amiss, and finally they were convinced, to the relief of all the principals. Gus saw that Arnold wasn't competition but really an ally, as protective of Sue as he was himself, and Sue saw she hadn't anything to be concerned about with Mary, who wasn't around at the moment anyway. So the psychodrama concluded with friendship affirmed and with romance free to go elsewhere.

Comment: It wouldn't have been possible but for frequent role reversals and the talented doubling which happened to be available. We had to plough through clashing cultural expectations, complicated by uneven assimilation into the American mainstream, and the presence of the older generation in the wings. It turned out that Arnold's near delinquency in Paris was largely a matter of opportunity which didn't exist for him here, and he was actually relieved. He recognized in Gus someone who had gone through exactly the same thing years ago before he took on family responsibilities. Gus was also loyal to Sue's father, who treated him like a son. He wasn't about to risk losing any of that, and at the close of the psychodrama he saw clearly that giving Sue full permission to be her exuberant self could only work out in his best interest too. Besides, Arnold saved him from a lot of trouble.

We're so used to working with patients we can hardly believe anything like this could work out so well so quickly. We had the advantage of 'nipping in the bud' complications which surely would have mushroomed later. A couple must make room for friendships outside marriage, which by definition are significant without being intimate. Otherwise fusion takes over, someone feels smothered and seeks breathing space between them, setting off the other's alarm that desertion is imminent, driving him to hang on tighter than ever, which leads to escalation, making a return to the former stability impossible. Growth to maturity grinds to a halt.

Stories: From the Media: Cocoon, The Big Chill, The Dream Team, M.A.S.H.

The Group, Sunshine Boys, Grumpy Old Men, Stalag 17, Cold Turkey, American Grafitti