

PHD2 project

Diversity is a story to be told

**Manual of psychodrama
and videotherapy**

First published November 2010

PHD2 project - Personal and Human Development, Psychodrama to help Disadvantaged (Project n. 142167-LLP-1-2008-1-IT-GRUNDTVIG-GMP; Agreement n. 2008-3457/001-001) carried out within the framework of the LLL Programme – Grundtvig.

Edited by: Fabrizio Boldrini & Maria Rita Bracchini.

Partnership

Centro Studi e Formazione Villa Montesca (Leader)

Provincia di Perugia

Ricerca e Cooperazione

Health Psychology Management Organisation Services

Fundación Comunidad Valenciana – Región Europea

Mancomunitat de la Ribera Alta

Inštitút zamestnanosti

Viešoji įstaiga Romų visuomenės centra

Institute of Education, training and social support for people with disabilities

Project staff: Maria Rita Bracchini (coordinator), Fabrizio Boldrini, Virginia Marconi, Stefano Giorni, Adriano Bei, Carlo Elia Schoen, Tamara Crusi, Cristina Sensi, Dalila D’Oppido, Emanuela Soldano, Mercy Maclean, Gema March, Vicent Castells, Fortunato Tapia, Gemma Silvestre, Michal Páleník, Monika Martišková, Svetlana Novopolskaja, Andrejus Timko, Jurgita Kuprytei, Vasilos Giannakopoulos, Zoi Chantzi.

Laboratories

Young adults with physical disabilities (Greece); Unemployed with psychic or social hardship (Italy); Roma people (Lithuania); Deaf-blind people (Slovakia); Misfit unemployed people with social difficulties (Spain); People with mental disabilities (United Kingdom)

Psychodramatists

Antonis Papadopoulos (Greece)

Lisa Pazzaglia (Italy)

Vida Markeviciene (Lithuania)

Lubica Koverova (Slovakia) and pedagogist Janka Sariska

Manuel Ramos (Spain)

Marcia Karp (United Kingdom)

Videomakers

Antonis Papadopoulos (Greece)

Raffaele Rago (Italy)

Andrejus Timko (Lithuania)

Ivo Brachtl (Slovakia)

Vicent Castells Ferrer (Spain)

Ken Makili (United Kingdom)

English Text revision: Flavia Tulli.

Drawings and pictures: Andrea Bacalini

The Action has been funded by the European Commission within the framework of the LLL Programme - Grundtvig.

This publication reflects only the authors and partners' views and the European Commission cannot be held responsible for any use which may be made of the information contained therein.



Index

Acknowledgements	pag. 6
Introduction	pag. 9
1. The combined method of psychodrama and video-therapy: the approach	pag. 30
2. Roles, phases and techniques in the combined method between psychodrama and video-therapy	pag. 54
3. The combined method of psychodrama and videotherapy to foster the integration of socially disadvantaged groups in the labour market	pag. 85
4. Psychodrama and videotherapy European workshops	pag. 101
5. Diversity is a story to be told: short stories about the impact of the workshops in the daily life of the clients	pag. 149
Bibliography	pag. 159

Acknowledgements

The main objective of the project PHD² (Personal and Human Development - Psychodrama to Help Disadvantaged) is to contribute to the effort of the European Union to re-integrate socially disadvantaged groups in the labour market. This is also the prospect the Council recommended in the occasion of the 2010 European Year dedicated to the fight against poverty and social exclusion. The PHD² project intends to achieve the objective by helping concretely people affected by social exclusion through an innovative approach that takes into account the development of society and the growing role of media communication technologies, nowadays easily and cheaply accessible to everyone. The evolution of society implies also a new role of social skills that are fundamental to face the economical crisis and the risk of social and professional exclusion. Those at risk are in particular individuals with low social skills and people affected by a sense of resignation because of their difficulties with job interviews.

The Project proposed to combine two methods: Psychodrama, for enhancing social skills, and Video therapy, for enhancing the value of communication in the age of media and communication tools.

The results achieved have been very significant. PHD² offered a number workshops involving people with physical or mental disabilities and people at risk of social exclusion in order to foster their concrete integration or reintegration into the labour market.



All the clients involved in the project experienced a new approach to their status and the result was addressed to re-establish a proper attitude towards the effort to find a new job and to feel again to be an active part of social life.

This book, edited by the Partnership, tells the stories of a group of people facing real situations of exclusion and their experience with the combined method of psychodrama and videotherapy. The stories are snippets of daily life.

I was particularly impressed when a girl told me that after the psychodrama and videotherapy laboratories she felt confident again to take the bus alone and I was also impressed by watching a video in which someone told the story of sexual abuses suffered in the family. The labs helped all of them to regain some hope, making them face every day with a new attitude.

I believe that once all the partners have heard these stories they will feel they have done something important and helpful for these people's lives.

I would like to thank all the project partners, the people who cooperated in the workshops, the researchers in the field of psychology and those who work with people with disabilities or who are socially disadvantaged. The partners I would like to informally thank are the Health Psychology Management Organisation Services (UK), the Inštitút Zamestnanosti (Slovakia), Public Institution of

Roma Community Centre (Lithuania), Education Center and Social Support for People with Disabilities (Greece), la Mancomunitat de la Ribera Alta (Spain), Fundación Comunidad Valenciana-Región Europea (Spain), Provincia di Perugia (Italy) and Ricerca e Cooperazione (Italy).

A special thanks to the Project Coordinator Mrs Maria Rita Bracchini for the very professional efforts she gave to the project .

Giuliano Granocchia
CEO of the Centro Studi Villa Montesca
Board of Directors

Introduction



Psychodrama: Seeing a new world in the one already existing

Lisa Pazzaglia
Psychodramatist

Each time I start working with the psychodrama technique with people from different backgrounds (people with mental disorders, convicts, teachers, health care operators) I find that we always establish a unique cognitive and emotional relationship that leads to a common sense of belonging.

The psychodrama technique is therefore a reference point both in a personal and professional point of view (doing psychodrama and being a psychodramatist).

The starting point of my work is the Morenian classic psychodrama method.

Psychodrama is a method of psychotherapy in which individuals or groups of individuals are encouraged to continue and complete their actions through dramatization, role playing and dramatic self-

presentation, to express their emotions and look at them from different points of view.

J.L.Moreno was a Jewish Romanian-born American psychiatrist and psycho-sociologist, thinker and educator, pioneer of group therapy who in the 1920s discovered the importance of acting on stage what a person is living, has lived, would like to live and would have liked to live.

His professional interests spanned from theatre to psychopathology and he strongly believed in social change and in defending the weak. Central to his thinking are the philosophic/ideal, theatrical, clinic and social perspectives that are the foundations of his method in which spontaneity/creativity, the theory of role, the value of meeting and the relational sociometric connotations of the groups are fundamental.

Psychodrama means interaction among participants, staging their inner world, fostering the enrichment of relational skills and developing self-awareness and acknowledgement of the others.

The focal point of this method is the group seen as a collective entity able to produce culture and trigger changes.

This approach aims at improving interpersonal relationships through methodology of action (i.e. the double, the mirror, role inversion), at unblocking crystallised and repetitive inner conflicts, fostering problem solving and discovering options.



The objective of the PHD² project is to combine the use of communication media (videotherapy) with psychodrama.

When we first started discussing about the possible effects of the Morenian approach on re-motivation the first question that arose was what would it be like and what would the impact be at European level on individuals with relational problems with the labour market caused by their social issues.

I worked on the project with the filmmaker Raffele Rago and with Maria Rita Bracchini, the coordinator of the project and this experience confirmed many of my expectations.

We worked with individuals who needed to find a new way of looking at their problems and find a new “meaning” to their social identity.

Before I continue though, I must explain what I mean with the word therapy. This word is central to the PHD² project since its meaning is ‘taking care of and helping someone’, from the Greek *Therapeai*, hence ‘curing’. The word ‘cure’ has undergone some changes in meaning. From the original concept of *therapeia* it became *therapy*; *therapeia* means taking care-of while *therapy* means curing by means of a medicine. The first is a conduct while the second is a tool.

Therefore, I used the concept of Therapy as Forming a Person.

The traditional approach is often inadequate, especially in the case of disadvantaged and marginalised subjects, due to the lack of awareness of the strategic centrality of learning tools and the anxiety and fear they often have when dealing with organisational and work issues.

One of the merits of the PHD² project is to promote this research and develop new operational tools in training.

Psychodrama is a method of action: action occurs when the subject does not take a step back from him/her self but, while talking, becomes “the real self”. Therefore, a rigid and crystallised role loosens and the individual finds new ways of interacting with others. Psychodrama and videotherapy combined, modify the subject’s linguistic and technical approach to life.

As psychodrama entails working on a stage, I must mention the origin of the word Theatre. It derives from the Greek word *theatron* meaning “who takes part in”, that is the ‘physical presence of a person’, an actor or the audience, the stage and the stalls that watch and listen. But at the same time, *theatron* is an organic and concrete form of vision, it is an action ‘presenting’ more than ‘representing’ itself.

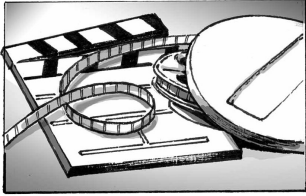
In psychodrama the director is the stage master. His work is not to show a story, but to how to show it. He does not determine the



meaning of what is staged, but the possibility of it happening. He is author-actor-audience.

If in traditional theatre the director reproduces the 'story', in psychodrama he produces the 'action'. It is he who chooses an empty space and declares it a stage. In a way, he 'guarantees' the proof that the individual is real.

In psychodrama there is a 'living' script that relates with a videomaker who becomes director. This circularity represents a sort of mirror in which the subject sees him/herself in the *here and now*, in the *there and then* and in the *elsewhere*. It is a way of seeing a new world in the one already existing.



The filmmaker in psychodrama to “see” places where anything is possible

Raffaele Rago
Film maker

Videotherapy and filmed therapy are two different concepts. When I first started working on the PHD2 project as a filmmaker I knew that I was constantly balancing myself between these two activities, risking to mix them up or lose myself in a badly orchestrated synthesis which did not relate to either of them. In order to avoid confusion, I separated the words ‘video’ and ‘therapy’ and tackled them individually bearing in mind that I am a filmmaker and not a therapist.

I approached these two moments with caution considering the impact it might have on the clients. During the workshop the participants faced their own Self which stared back and spoke directly to them allowing an emotional and cognitive confrontation¹.

I always tried to remember that my specific role in the project was that of a ‘creator of images’. But can a filmmaker and a therapist coexist in the same person? Can they be sufficiently coherent and

¹ see O. Rossi, *Lo sguardo e l'azione - Il Video e la Fotografia in Psicoterapia e nel Counseling*, EUR, Roma.



complete? If such thing is not possible – as I believe – which of the two should prevail?

Looking at the films made by the other professionals from the countries participating to the project, we can see how different the ‘dosage’ of these roles can be. In some cases the filmmaker is ‘absent’ and withdraws from the action in the psychodrama. As a ‘creator of images’ he records in the camera what is happening in front of him without intervening in order not to disturb the movement and the interaction.

In other cases the filmmaker was definitively more present by directing the rhythm and turning the workshop into a proper theatre. In this case it is the filmmaker who manages relationships and group dynamics.

However, there were also cases in which the actions of the filmmaker were part of the psychodrama but the rhythm was dictated by the therapist.

In some cases the rules to be followed were not defined a priori, a part from a few elements of the set, leaving to the professionals freedom of creation and method, and then evaluating the results.

One of the objectives of the project was to single out how two autonomous disciplines – psychodrama and videotherapy – can coexist and add value to each other.

The little space offered by the workshop, although giving an opportunity to experiment a multifaceted cultural and social impact, did not allow to take a definite position on the parallelism of the two

methods. Nor, on the other hand, one could expect definite conclusions and indisputable scientific certainties. However, I am convinced that the participants, each one with his/her own life and experiences, found stimulus and useful suggestions for therapeutic and film activities as well as for continuing along the road to innovation and to sure results through the use of a method recognisable and recognised in the Morenian psychodrama circles.

After several years working with psychodrama with mentally disabled people this was the occasion to analyse my work and look at that of others. In some cases I found some common ground while in others I met with an approach clearly originating from a different world and a different way of evaluating the social and cultural impact of video-therapy. I must admit that the most animated debate was about whether videotherapy should prevail on filmmaking or vice versa. My off-the-cuff answer is that neither should. Both should coexist and find in the 'here and now' of psychodrama or filming the correct balance between the group's needs and the psychodramatist. I believe that in looking for this kind of balance our efforts should be guided by rules the filmmaker then adapts to the situation in which he is operating.

The PHD2 project allowed to combine and share at European level the three 'arts' employed in this method:

Psychodrama - psychotherapeutic method through which an individual can express his/her own life through the medium of



theatre and at the same time build a more harmonious relationship with reality and enhance spontaneity and creativity.

Video-therapy - therapy model used for self-exploration in order to improve self-awareness.

Filmmaking - capturing life and describing it as it really is.

As the work in the project has clearly shown, combining psychodrama with audio-visual tools has a threefold effect. I therefore believe that this concept can be valid for any other group work.

The equilibrium among psychodrama, videotherapy and filmmaking must be continuously searched for, verified and corrected when necessary.

The filmmaker is both a support and a stimulus for the psychodramatist. In fact, the images are the testimony of the psychodramatic act and therefore the tool for self-awareness through which the individual sees the narration of Self in the audio-visual image.

Psychodramatists and filmmakers should produce a joint collective vision of the images recorded in order to analyse both from a psychotherapeutic and filming point of view the discrepancies between the mental image the individual has of him/herself and the images filmed.

Let's take a step back. What images should we produce and how should they be filmed?

While filming a psychodrama the filmmaker should ignore all preconceptions and objectives which are not strictly related to the “service” of the group. Through the correct use of the audio-visual tool the participants will be able to enhance their level of self-awareness.

In this line of work all filmmakers have probably come across the problem of ‘how other people see me’ vs ‘self-perception’. I believe that in order to help the psychodramatist reach the spontaneous, sincere and genuine side of the individual the filmmaker should use the camera just as honestly.

A sincere conduct is the set course to a truthful film and it should always be the basis of a filmmaker’s behaviour even outside therapy. Often, unfortunately, this is not so. TV and the media in general treat diversity as a social illness perceiving it as a common mental disorder or something outside the accepted ‘normal’ schemes.

Diversity is represented by exasperating its unequal traits or is reduced to a mere reflection of the so called ‘normality’ by showing only the illness or the mental problems the client suffers from. This does not happen in the case of other diseases, such as diabetes or heart conditions: the patient’s personality does not transpire only through physical illness. Society sees these patients also as parents, workers or sport lovers. Individuals suffering from mental diseases or social exclusion do not wish to be seen only as sick persons. There is so much more behind mental illnesses and the filmmaker who shows only this aspect represents a distorted truth.



The filmmaker knows only too well that the word image means the representation of an object or person and that our image is our ‘visiting card’.

Therefore, the way I film and represent someone obviously influences the perception the individual has of him/herself.

What follows is the account of an episode during the workshop when I showed the psychodrama video at the end of the session. The participants saw it two months later (some of the dialogues have been used for the documentary that comes with this book).

FRANCESCA: I liked the video. It looked like one of those films you see on TV. I liked myself in it. Maybe I should have talked more slowly. This is what I noticed. But I just can’t ... I’ll try to. Maybe if I persevere I’ll manage.

(...)

PSYCHODRAMATIST: invites another participant to speak

MARIA: Also I thought it was as if I was watching one of those soap operas on TV. It was awesome ... But I liked the group dynamics very much, especially because I had missed many things during the session. I was very moved by listening to Francesca complimenting me. I was moved also during the shooting. I got very emotional when I listened to it again.

PSYCHODRAMATIST: Do you think this video actually ‘shows’ our group, did you see it, did you recognise it?

MARIA: Yes, you can see that something is happening. Even who hasn’t lived this experience can see the path (...)

PSYCHODRAMATIST: invites Alberto to speak

ANTONIO: I'm still quite stunned! But I liked it. Myself. I can see how difficult it is for me to talk. At times I couldn't even understand what I was saying because I talk in such a low voice and I can't hear the words.

PSYCHODRAMATIST: We all have understood them

ANTONIO: Really? But I've noticed that the volume of my voice kept dropping.

FILMAKER: Ok, what you say is true. When it was you talking I had to turn up the volume twice as much compared with the others.

ANTONIO: Then I saw my thinning hair. I thought you noticed it less. Anyway, I accept it...

I liked how natural Marino was. He is very spontaneous. I liked the conversation between Francesca and Tamara too.

However, I see myself a bit set back from the rest of the group. Maybe because I didn't attend that often. There is a team spirit that I have difficulty in getting into.

PSYCHODRAMATIST: Each one of us has his/her own way of relating with one another. This sometimes changes the way we meet someone. It can depend on who the other person is. However, as far as I'm concerned, I really do feel you are part of the group. You are there in your own way and I think that you observe a lot of what goes on. Indeed, in some instances we really do "look for you". As today. While we were eating. Although I acknowledge the fact that you arrived in the group when we had already started working.



ANTONIO: The high quality of this video has made me realise that in some ways I do exist. It is not easy seeing oneself ... this relationship with my own image is not immediate. I mean, it's not that easy.

(...)

MARIO: This video makes you think. It really moves you. When Desirè talks I feel I was to cry. What she says is so deep. She might have problems with her legs but she has brains!

PSYCHODRAMATIST: It's a pity she is not here today and we cannot know what she thinks of the video. And how did you see Marino in it?

MARIO: I've always liked being an actor. When I was younger I used to do theatre at the parish church. I've always liked acting. However, I was not acting here – maybe during the first part of the workshop I was there more “as an actor” -. Now, though, I'm sad it is all over because I felt comfortable. But there will always be nice memories of it, the video, the photos.

I'm adding three extracts from another group. These dialogues are by older people.

FRANCO: The fact is that I am old. I'm 60 and I thought I was 40. I was left behind. I was hospitalised when I was 40 and I thought I was a kid. Instead I was 40 and today I'm 62. Time goes by quickly. Too quickly in my case. The video shows exactly how old I am.

(...)

PIETRO: I'm not that satisfied with myself. I have piercing eyes but I don't try to judge myself. Anyway, it is not our fault ...this is how we were born. It wasn't us who were wrong. If I take a close look at myself alone in a mirror I'm better. Not in a video.

PSYCHODRAMATIST: Tell me about your piercing eyes.

PIETRO: When I look at someone I think he or she are worried about what I might think of them. But I'm not judgemental. I am mature enough to understand other people's problems and I say that it is nobody's fault to be born like this.

(...)

PAOLO: I keep seeing little of myself. Maybe it depends on the beard I've shaven off. I struggle to recognise how I talk too. I have a very marked Bolognese accent. Compared with what I feel inside I recognise very little of my character.

PSYCHODRAMATIST: Tell us something about what you feel.

PAOLO: Rather clean and light. I have the feeling I stopped at the age of 18. Maybe because I have very few photographs of myself after that age and I don't look at myself in a mirror that much. I am definitely old, that's the problem. Maybe, I'm not used to seeing myself like that. I must face reality.

“I must face reality” and “The high quality of this video has made me realise that in some ways I do exist. It is not easy seeing oneself”: Alberto's words give us ground for a deeper insight into how we expect people to fill the gap between what we think about ourselves



and our expectations which we might define as “what we would like to be”. However, there is no doubt that an audio-visual tool such as a documentary is based on specific techniques and language. Although the film is essentially a documentary, it creates what the Italian videotherapist Oliviero Rossi calls an aesthetic distance: “the image becomes autonomous and no longer connected to the feeling of identity when the individual begins to notice the discrepancies².

The discrepancies are therefore between the mental image one has of him/herself and the one in the video. However, they are also time discrepancies since one sees his/her own image after a certain lapse of time.

The image in the mirror doesn't give Valerio any problems. The one in the video does. According to Rossi this is because “there is a feeling of distance/unidentification from the image in the video. This allows the individual to compare the image with him/her real self.”

How do filming techniques and image processing influence the individuals involved?

How does the psychodramatist's work change in the presence of a camera?

I believe a lot.

Filming guarantees the authenticity of the relationship between image and reality. First of all, we have to decide which part of the psychodrama should be filmed. Even before deciding how. For example, filming the entire session of the psychodrama, which

² See previous note

sometimes, as in the case of the project PHD2, can last hours, is a huge operation of archivist and documentaristic value, but not always necessary. Before deciding what should be filmed, what is important is the processing and analysis and reasoned use of the material collected. This is a very difficult job considering its volume (hours and tapes). In the case of a shooting session with the direct participation of the client in order to catch significant moments of the action and dialogues it is not always possible to know in advance what is going to happen within the group. In this case there is the risk that filming might be interrupted a moment before an often spontaneous or revealing movement or word. We must never forget that psychodrama is a natural enactment of real life situations.

I believe that the impossibility of foreseeing what is going to happen may be reasonably compensated by filming skills with the help of both the psychodramatist and the group. It is in fact necessary to always establish a relationship among peers, between who is filming and those who are filmed. In this way the filmmaker is at the same time 'present' as a person and 'forgotten' as the camera operator – this should be the quality of any good documentarist: be ignored and merge with the actors in order to step into reality without modifying it.

The great Iranian film director Abbas Kiarostami talking about his film 'Close up' declared: "The film is about the distance between the



ideal Self and the real one. The wider the distance between them the more precarious is an individual's mental balance."³

The film tells the story of Sabzian, an unemployed Iranian who pretends to be the film director Mohsen Makhmalbaf making his next movie. Sabzian enters the home of a well-to-do family in Teheran, promising it a prominent part in his next movie. A few weeks after Kiarostami reconstructed the story using the actual people. In the last scene in which the real Makhmalbaf meets his alias and embraces him Sabzian breaks out into tears having met his myth. For the first time he looks really sincere. Sabzian and Makhmalbaf then go to visit the family that had been swindled bringing them flowers and asking for forgiveness while Kiarostami's crew is filming unseen. This particular moment in the film might appear to be the most realistic. However, the break up of the mic Makhmalbaf is wearing is only a simulation as it provides fragmentary sound throughout. The last scene is a close up of Sabzian in reverse shot while the closing credits roll. This shot, however, is impossible to take unless the actor is posing.

I thought about his film many times while filming psychodrama actions. Even more when I was editing the images I was going to show the participants and when I was making the documentary about the workshops. I knew that the audience would be varied, made of

³ Interview to A. Kiarostami – Youtube
<http://www.youtube.com/watch?v=uSDWtdJKrG0>

people who had not taken part in the meetings or were not operating in psychodrama nor had they any specific information about it.

Kiarostami's 'Close up' is an example of how the language of images may be used more than any other instrument to 'manipulate' the truth both in everyday life and in History.

The truth of the image is not given by the lack of film language. On the contrary, it is only through great language skills that the deep and true meaning of a situation or of a personality can be shown, as Kiarostami and the Italian Neorealist cinema have taught us. The language of the edited images should be constructed on the film language.

Continuous wide shots should never be shown without camera movement and editing, not even one single psychodrama action or dialogue.

The feedback by the group and the audience after viewing the film is almost always focused on the sense of reality and truth. This might sound like a contradiction but the more the images are edited by the filmmaker the more the individual involved recognises him/herself and is encouraged to compare the real self with self-perception. This does not happen with the image in the mirror which can be considered as an audio visual image with no dialogue.

Nowadays reality is almost entirely seen through television programmes which, although poor in content, are well made.

Today's viewers are used to a very good level film language since they are constantly bombarded by a huge quantity of images in a



massive and sophisticated way. We are very different from those naïve viewers in 19th century Russia who would run away terrorised at the sight of close ups in animated photographs - as they could not see the whole figure of a person they thought it had been decapitated. Therefore, the higher the level of the film in terms of quality (i.e. up to the standards we are used to) the more realistic and effective is the result.

The use of the camera cannot be imposed. The participants should not be passive subjects but be aware of its presence as much as possible.

There should be in any case a minimum of technical information (how to shoot, check and edit) for both the psychodramatist and the participants.

Furthermore, special care should be taken in filming and editing both for viewing by the group and for the editing of the story. In this way we can obtain the best possible results and at the same time fully exploit communication power.

The final result is, therefore, the exact opposite of the event filmed by a fixed camera as it often happens with video-therapy.

Switching from shots to long takes editing, dialogues and music make the film a fully fledged professional product also for its therapeutic objective.

The correct use of the shots in filming and editing is key to return the image as we perceived it during our meetings to the owner and to the group.

Our experience shows that the basis of my filming technique in reconstructing group reality through images is the faces of the participants and the way they look at each other.

The Lithuanian-born French philosopher Emmanuel Lévinas said: “our face is the means through which the Invisible in Man becomes visible and creates a face-to-face encounter⁴.”

I believe that this invisible dimension could emerge also according to the filming rhythm used in the editing process.

Psychodrama is mainly words. Or better still, words in action being listened to. Since we are unable to show all that has been filmed during the meetings, when editing we must recreate the ‘inner time’ a filmmaker registered through his experience rather than the actual chronological time.

This operation is not based on talent but on the filmmaker’s sincerity and sensitiveness deriving from his being in tune with the group’s spirit.

I would like to end my contribution to the PHD2 project by quoting an extract from Italo Calvino’s “Six Memos for the Millennium”⁵ to remind ourselves of the difference between the culture of imagination and the culture of the image: I believe that once again in psychodrama the first has prevailed on the latter.

⁴ E. Lévinas, *Totality and Infinity*, Pennsylvania State University, 1971

⁵ I. Calvino, *Lezioni americane*, Mondadori, 2002



What will be the future of the individual imagination in what is usually called the “civilisation of image”? Will the power of evoking images of things that are not ‘there’ continue to develop in a human race increasingly inundated by a flood of prefabricated images? At one time the visual image of an individual was limited to the heritage of his direct experiences and to a restricted repertory of images reflected in culture. The possibility of giving form to personal myths arose from the way in which the fragments of this memory came together in unexpected and evocative combinations. We are bombarded today by such a quantity of images that we can no longer distinguish direct experience from what we have seen for a few seconds on television. The memory is littered with bits and pieces of images, like a rubbish dump, and it is more and more unlikely that any one form among so many will succeed in standing out.

If I have included Visibility in my list of values to be saved, it is to give warning of the danger we run in losing a basic human faculty; the power of bringing visions into focus with our eyes shut, of bringing forth forms and colours from the lines of black letters on a white page, and in fact of ‘thinking’ in terms of images. I have in mind some possible pedagogy on the imagination that would accustom us to control our own inner vision without suffocating it or letting it fall, on the other hand, into confused, ephemeral daydreams, but would enable the images to crystallise into a well-defined, memorable, and self-sufficient form, the ‘icastic’ form.



CHAPTER 1

The combined method of psychodrama and video-therapy: the approach

1.1 What Psychodrama is

"Drama is a transliteration of the Greek...which means action, or a thing done. Psychodrama is a transliteration of a thing done to and with the psyche in action. Psychodrama can be defined, therefore, as the science which explores the 'truth' by dramatic methods." (J. L. Moreno)

"Psychodrama is a method of psychotherapy in which patients enact the relevant events in their lives instead of simply talking about them."⁶

Developed by Psychiatrist Dr. J. L. Moreno (1889 - 1974) from the 1920s onwards, psychodrama was the first recognised method of group psychotherapy and is practised in more than 100 countries. Psychodrama is fully accredited as a psychotherapy by the United

⁶ Blatner, A. (2000). *Foundations of psychodrama: History, theory, and practice* (4th ed.). New York: Springer.



Kingdom Council for Psychotherapy (UKCP). It has an extensive literature of more than 6,000 publications, plus many national and regional journals and associations around the world and has contributed ideas and techniques used in many other forms of psychotherapy.

Psychodrama is a method of psychotherapy in which clients are encouraged to continue and complete their actions through dramatization, role playing and dramatic self-presentation.

Psychodrama means “Psyche in action”. It ‘s a methodology that explores soul experiences adopting drama techniques. It consists in re-creating conflictual, unresolved circumstances in a more free, protected and flexible “group dimension” to resolve existing conflicts with life-theatre performing. Psychodrama allows the individual to express, acting on the stage, his life emotions, building more harmonious relationship between intra-psychic needs and requests from reality.

A pioneer in group therapy, J. L. Moreno (1946) suggested that when an individual acts out particular roles or incidents within a group, he or she will explore unconscious patterns, uncomfortable emotions, deep conflicts, and meaningful life themes in the safety of the therapeutic group. Internal patterns and conflicts are made external. People actually experience struggles as opposed to simply talking about them in a detached manner. As a result, one will be able to

gain new awareness and insight. This awareness allows for increased clarity in seeing the alternatives for changing life patterns.

So psychodrama is unique in its attempts to go beyond the linear methods of talk therapy to promote deep self-awareness and integration.

Moreno's methodology is a growth model emphasizing individual responsibility and the creating of one's destiny.

Trough the Psychodramatic method people are helped to enact and explore situations from their own life - past, present and future. The scenes enacted may be based on specific events in a person's life, their current or past relationships, unresolved situations, desired roles or inner thoughts and conflicts.

The method is typically used in group settings, with group members taking on the various roles in the drama as needed. Witnessing and participating in each others' personal stories can generate feelings of deep understanding, trust amongst group members, deep feelings, sharing and the integration of these emotions with the greater spiritual self.

In its so - called 'classical' form, a psychodrama will often begin with a current problem or difficulty and trace it back to earlier life situations. Here, the participant may have the chance to experience what was missing but needed at that time. The enactment then



returns to the present, where new learning can be integrated and put into practice.

Each psychodrama addresses the concerns of the person who is in focus. The range of issues may be wide. The person who shares their work is chosen sociometrically by the group, highlighting the group concern. Hence all members of the group also share in the work in a personal way.

Within this general framework, psychodrama can, for example, help people to better understand themselves and their life, resolve loss and trauma, overcome fears, improve their intimate and social relationships, express and integrate blocked thoughts and emotions, practise new skills or prepare for the future.

Psychodrama allows for the safe expression of strong feelings and, for those who need it, the practice of containing emotions. As participants move from ‘talking about’ into action, opportunities arise to heal the past, clarify the present and imagine the future.

That’s why psychodrama can offer a wider perspective on individual and social problems and an opportunity to try out new behaviours.

As mentioned above, psychodrama is a technique for expressing difficult emotions and facing deep conflicts by having group participants enact significant life events. It is a method to express

externally the internal psyche and work with a person's representation of the past, present, and future in the current moment.

For this reason Moreno defined psychodrama as "the science which explores 'the truth' by dramatic methods". He emphasized that the main goal of psychodrama is to help people discover their inner truth, express repressed emotions, and create authentic relationships with others.

The basic mechanics of psychodrama involve group participants assuming specific roles (see Chapter 2 for details). The protagonist in the group is the person who represents the themes of the group drama. His or her experience is the primary one represented. Auxiliary egos are represented by group members who assume the roles of significant others in the protagonist's drama. Moreno labelled as audience those group members who witness the drama and represent the world at large. The stage is considered the physical space in which the drama is conducted, while the director is the trained psychodramatist who guides participants through each phase of the session.

So the client (or protagonist) focuses on a specific situation to be enacted. Other members of the group act as auxiliaries, supporting the protagonist in his or her work, by taking the parts or roles of significant others in the scene. This encourages the group as a whole to partake in the therapeutic power of the drama. The trained director

helps to recreate scenes which might otherwise not be possible. The psychodrama then becomes an opportunity to practice new and more appropriate behaviours, and evaluate its effectiveness within the supportive atmosphere of the group. Because the dimension of action is present, psychodrama is often empowering in a way that exceeds the more traditional verbal therapies.

After all phases of the enactment are complete group members share their individual experiences. Generally this involves participants revealing the subjective experience of playing their role - relating feelings, experiences, awareness in the moment, and thoughts regarding their own life.

Psychodrama is a group process. Some issues, particularly shame, are most readily treated in a group rather than individually. The ultimate release of shame requires that one acknowledges shameful behaviour to a group of peers, release the judgment of shame, and receive loving acceptance. The loving support of a group with healthy norms is invaluable to healing many issues in addition to shame, and provides the ongoing reinforcement necessary to make behaviour change permanent.

Advantages of group work also include the efficiency of benefit to multiple group members of one member's session. Often, the participants who play roles in a session, or those in the non-participating audience find their issues getting triggered during someone else's session. Also, participants benefit from the modelled

social learning provided by observing other members' coping strategies, resilience, and triumphs .

Beyond the mechanics of the technique, perhaps the most essential aspect of psychodrama is the psychological underpinnings of the events clients explore. Imperative to the experience is a recognition of an individual's once unspoken thoughts and feelings. These include the consideration of relationship dynamics of individuals not present, the acting-out of fantasies of what other people might think or feel, and the consideration of different ways to view an issue.

By closely approximating life situations in a structured environment, the participant is able to recreate and enact scenes in a way which allows both insight and an opportunity to practice new life skills.

By revisiting old behaviour and reaction patterns, group participants will often choose to try out more effective ones. The result is not only a change in interpersonal skills but also integration on cognitive, affective, behavioural, and spiritual levels.

So much training and self-development is shallow and simplistic: 'Learn this and you will be able to do that'. But human beings don't work this way, because real life is complex and unpredictable. Knowing *what to do* is very different from being *able to do* it.



Psychodrama is a profound way to look at life in all its complexity and chaos. And to do this in a teachable, straightforward manner. This way it's possible to face life with confidence and spontaneity.

'Psyche' relates to the spirit or mind, while 'drama' relates to the stories acted out in life every day. By combining action and mind, psychodrama gets to the reality beneath the surface. It teaches to 'feel colours' or 'see smells', as it were. It may sound a bit 'airy fairy' but it's not. By getting below the surface it's possible to learn things about oneself and the roles played that will help make a real difference to the lives of people.

There are over 200 different techniques which may be used in psychodrama, and it has often been remarked that anyone who wants to make a name by inventing new group techniques runs up against the Moreno problem - that Moreno probably had invented it first.

Psychodrama is one of the best-developed group methods in humanistic psychology, and it has training courses, certification and all the other features of mature organization. It is virtually impossible to go to a psychodrama group and not learn something useful.

In a psychodrama group, the individual piece of work carries on until some resolution, often of a cathartic kind, is carried out. Psychodrama is a very free-flowing discipline.

Whether we are seen as stereotypes or as individuals depends upon our language and perspective. The art of psychodrama includes the recognition of a person's private and metaphorical language and the use of multiple perspectives to elicit the subjective experiences of the protagonist, the director and the group members.

Furthermore, in psychodrama we can represent externally our internal psyche. We are able to experience physically what has been only experienced psychologically. This allows objective observation and completion of unresolved conflicts through re-experiencing them with a corrective reframe.

In this overview, psychodrama is highly effective because the experiential process concretizes the abstract. It taps deeply into unconscious material, activating body memories. It provides a “corrective emotion experience,” discovery and release of repressed emotion, and re-working of missed developmental stages. And it is a group process, providing the loving support of a group with healthy norms.

Psychodrama is experiential. It allows an internal experience to be externalized and experienced from a new perspective. Moreno called this phenomenon "action insight" and observed that it is often more powerful and enduring than verbal insights.



Another aspect of the experiential nature of psychodrama is *concretizing* the abstract.

We know from Piaget's work that children under the age of twelve think concretely rather than conceptually. Children *and* adults experience overwhelm (or anxiety, or fear, or many other emotions) in their bodies with nervous tension, dread, a “fight/flight/freeze” response. Adults attempt, usually unsuccessfully, to access the state and to affect it or change it by thinking about it. Is it easier to understand and work on a complex relationship cognitively, or by creating a three-dimensional representation of it, complete with players, movement and sound? Engaging all the senses increases the concreteness of the experience. Some experiences, for example early pre-verbal memories, are perhaps *only* accessible through such means.

In psychodrama, it's possible to concretize experience visually, kinaesthetically, and viscerally.

“One picture is worth a thousand words.” Sixty percent of all people process information kinaesthetically. Experiencing the opposite pulls of one's spouse and job physically, kinaesthetically, is often more helpful than any amount of talk regarding the conflicting responsibilities. And the actual internal, visceral feeling that is aroused when the senses are engaged adds a great deal to the treatment process.

Engaging the body kinaesthetically activates *body memories*, which, like sonar lead to early traumatic experiences or other deeply held unconscious material. The body created a neurotic response to a traumatic stimulus under state-dependent learning conditions, and has stored the association physically.

The body, not only the brain, contains the unconscious mind. The body physically encodes its learned symptoms, neurotic coping mechanisms, and decisions in the limbic-hypothalamic systems. Healing occurs by accessing the encoded learned responses, following the affect or somatic bridge back to the state in which they were learned, and reframing them. Repressed emotions and the behaviour patterns which they create are stored in the body, and can best be released by returning to the state in which they were created⁷.

In psychodrama it's possible to re-write histories, to react differently than we did originally, setting much-needed boundaries. These corrections often take the form of re-working missed developmental stages. The corrective experience encourages the client toward "re-experiencing the old unsettled conflict, but with a new ending".⁸

⁷ Zimberoff D. & Hartman D. (1999), *Heart-Centered Energetic Psychodrama*, Journal of Heart-Centered Therapies 2(1), Spring, p. 3

⁸ Williams, A. (1989). *The passionate technique: Strategic psychodrama with individuals, families, and groups*. New York: Tavistock/Routledge.

Releasing repressed emotions is also corrective. Clients often find that their feelings and emotions are more accessible to them in the altered-state created with experiential techniques. They are often also more willing to express those feelings with less inhibition.

The psychotherapeutic process in general implies situations and interactions in which the transference and counter transference dynamics, have a very deep impact in the "helper", the therapist and in the "helped", the patient.

1.2 Some historical notes about Psychodrama

Psychodrama is based on the philosophy and methods conceived by psychiatrist Dr Jacob Moreno (1889-1974). Psychodrama developed from Moreno's interest in philosophy, mysticism and theatre, and his observations of group interactions and relationships. Moreno was among the first to recognise the healing power of a group, including the importance of self - help groups, where each person becomes the healing agent of the other without any special training or knowledge other than his or her own experience.

From his existential philosophy, work with children and refugees and his interest in theatre Dr Moreno developed a way of using dramatic re-enactment and other action methods to help people activate their innate abilities to solve their own problems. *He initially called this spontaneity or creativity training.*

In 1912, while walking the streets of Vienna, Moreno noticed the arrests of prostitutes in the city's red light district. As a young medical student, he organised an informal group where the women could talk about their personal issues. They gradually moved from talking about their problems with the police to their own personal sphere, providing emotional support to each other. This experience contributed to Moreno's interest in working with groups rather than individuals, as was the style set by Sigmund Freud, an older contemporary. Though somewhat younger, Moreno was a contemporary of Sigmund Freud, and like Freud he developed techniques to get below the surface of ordinary life to help people heal. Yet where Freud used the couch, Moreno used the stage, and instead of sitting passively he was an active participant on this stage. Moreno later coined the phrase "group psychotherapy" to recognise this particular form of treatment.

In 1925, Moreno left Europe and emigrated to the United States. He brought to the USA his interest in working with children, spontaneous theatre and psychotherapy treatment with the use of theatre principles. He also was very interested in the study of relationships in groups, dating back to his work at a First World War refugee camp in Mitterndorf. He continued to refine his sociometric studies at the Hudson State Training School for Girls, Hudson, N.Y. He devised methods of matching delinquent girls according to living



and work task preferences, which increased cooperation among the girls and decreased the number of runaways.

Moreno established Beacon Hospital, an alternative hospital with a therapeutic theatre, in the late 1930s, and shortly after met Zerka Toeman. She first became his assistant, then student, then trained auxiliary and finally his wife and collaborator, writing with him “Psychodrama Volume II” and “Psychodrama Volume III” as well as numerous articles. She travelled with him throughout the world to demonstrate and teach psychodrama and sociometry and helped write “The First Psychodramatic Family”, a detailed use of psychodrama in the family setting. In 1942, he founded the American Society of Group Psychotherapy and Psychodrama, the first group therapy organisation, which continues today.

J.L. Moreno died in 1974, and group psychotherapy, psychodrama and sociometry have continued to grow and expand as he predicted. Those interested in J.L. Moreno’s life may seek out his psychodrama volumes and other works⁹.

Moreno developed several techniques related to psychodrama, including sociodrama, sociometry, role theory and group psychotherapy, all of which are studied within the QTIP program. Important in Moreno’s theories were the concepts of role taking,

⁹ Two excellent biographies include “Jacob Levy Moreno, 1889 - 1974” by Rene Marineau and “J.L. Moreno” by Paul Hare and June Hare.

spontaneity, creativity, tele-empathy, and catharsis. In the process of acting out conflicts and problems in interpersonal relations, the actors gained insight and were helped by the group process to remedy problem behaviour patterns and improve coping skills.

Psychodrama is being actively used and taught throughout the world, in places such as North and South America, Canada, the European Union, Russia, Turkey, South Korea, Vietnam, Taiwan, China, Japan, especially with the contribution of Zerka who, after the death of his husband continued to travel throughout the world to teach and demonstrate psychodrama. Zerka, today in her 90s, continues to write and conduct training sessions from her home in Virginia

1.3 What Video-therapy is

Video therapy is a tool which harnesses the best of technology to enhance the process and progress of psychotherapy. Video therapy techniques were born overseas more than 30 years ago, but only in the last few years they have been adopted in Europe, sometimes unwittingly, more often incorrectly.

Video therapy consists of taping and viewing psychotherapy sessions to provide vivid, real-life, present-moment feedback to clients to help them understand feelings and dimensions of themselves otherwise hard to access.



It must be kept in mind that video therapy represents a new tool of intervention in psychology used within a larger psychotherapeutic process and in diverse contexts.

It *includes both "Video-IN-therapy" and "Video-AS-therapy"*. The strength of video therapy is that it rests on working with literal, immediate images. Images are much more powerful than words, they hold much more information and convey that information at a more rapid pace.

Videotherapy involves more than just watching a video and discussing it; it involves three stages:

1. identification
2. catharsis
3. insight

In this way, videotherapy sparks the interaction of the *I* with the *Me*: the image becomes the interlocutor of the subject in a process of facilitation of the meeting with oneself.

It is important to distinguish it from filmed therapy, from a filmed experience or from group discussions following the viewing of a film (film-therapy). The interaction with the video tool is different, and the images reveal the way one relates to oneself and the world.

It also differs from looking at oneself in the mirror, especially with regards to self-perception: by looking in the mirror self-perception is directly connected to the image we see (when I move my hand I

perceive the physical sensation of the hand moving and, at the same time, I see its image), while in videotherapy there is a discrepancy between physical sensations and the image I observe. Videotherapy in fact develops once the image has become autonomous and it facilitates a confrontational operation with oneself. This is possible thanks to a process of distance/unidentification with the image itself. The image becomes “autonomous”, somehow detached from the characteristics confirming one’s sense of identity, the moment when the client starts noticing *discrepancies*:

1. time difference between the moment of shooting and the moment of viewing the recorded material;
2. between the mental self image and the visible self image and one’s conduct in the recording (what I can recognize and what amazes me of the self I see acting on the screen; what am I doing there on the screen, that I can see and hear and recognize as my own).

It must be underlined that the discussion that accompanies the viewing of the video must be critical. This is when clients become emotionally involved and relate the situation to his/her own life

Paraphrasing Gorgia, the famous Greek rhetorician:

who was transported by the drama, who accepted the fiction (the therapeutic “to be like...”) is at least more wise than who wasn’t really involved in this deceit. The more the patient’s

identification with his emotions is wide, the more the insight derived is big.

1.4 The combined method of psychodrama and video-therapy

The idea to combine psychodrama and videotherapy in the PHD² project is related to the fact that Video Therapy, as self-awareness narrative technique, can succesfully strengthen the Psychodrama potential. In fact, Video Therapy (through the self-review) facilitates a strong identity acquisition by the client, and this is a very important step to develop the self-renewal path, pursued by Psichodrama.

In the psychodrama session all the dynamics of human behaviour are indeed manifest in dramatic expression.

It is true that the history of each individual unfolds through a developmental sequence in which gestural and imitative expressions constitute the matrix wherein verbalization is formed.

Human groups have always found this mode of expression, the dramatic action that accompanies speech, to be an indispensable means of communication. Although it is not within everyone's power to say what he wishes in a way that his meaning is always understood, it is clear that movements and gestures, supplemented at times by a few basic words, are for one and all a reliable and effective means of expressing emotions.

Sometimes spontaneous gestures cannot be invented or reproduced – most times what is prompted comes out unnatural –, therefore, the camera should always try to capture the fleeting moment.

In a psychodrama, the eye of the theatre and that of the camera rather than doubling the picture erase it and reality is therefore discovered while shooting.

Psychodrama enables clients not at all predisposed to use dramatic language to express themselves with realistic intensity, much to their own surprise. Having the usual alternatives of speech, gesture, or mime available, clients alike promptly find a supplementary means of communication in the added motor activity which comes so easily to them in a psychodramatic session.

Psychodrama enables patients to assume a better distance, not only in the classical sense of object distance as used in clinical psychoanalysis, but also in the everyday meaning of the term: the patients move about, approaching or withdrawing from therapists and other group members, and these movements have a significance that is perceived by everyone, also better if the movements are reviewed by the group.

Further more, the use of these media allows individuals to “see” places where anything is possible, where past and future become a new present, where their lives are reassessed and displayed and possible alternatives are experienced.

A psychodrama is mainly words – or words in action – therefore the film language must fit the verbal structure.



TV and media generally work in two ways both implying “mutilation”: either they see it as a laughing matter or they reduce it to a mere reflection of the so called normality.

Clients are able to see themselves and their emotional reactions in ways that they have never experienced before, which helps them to identify and delve into personal problems much more deeply.

Such confrontation gives rise to a dialogue between the person and the self/image (represented in the video), which facilitates the development of one’s own personal resources.

Re-seeing, in the sense of seeing oneself again, and a re-seeing in the sense of re-examining and correcting oneself.

The group becomes the spectator; beside observing, as it happens at the cinema or at the theatre for instance, it interacts with what is happening on the screen or on the stage. The client in his turn, finds himself inserted in a paradoxical role play: he is author of the story he is telling the group and, at the same time, he is subject of the therapeutical work about him, he is actor and director of the film and finally an audience to himself.

This last aspect is particularly important. Lingering over the fact of being an audience to himself means lingering over observing and reflecting on what we put into play every time we introduce ourselves to others: whether we are more or less fluid, constructed or natural; what we choose to show of ourselves; which expressions we

select, which tone or inflection in the voice we use, depending on the public we are facing. More or less consciously, we operate an activity of *monitoring ourselves* in relation to others and this makes us contemporarily actors and audience of the social performance we give life to.

In the work with videotherapy, the projected image becomes the evident and readable recording of the relation with the world, with others, with objects, with oneself.

The client, as he sees himself, can assume the responsibility to be the person he sees on the screen or in any case accept to have been that person. This also means: it is possible for me to take on the responsibility that the *image me* couldn't/wouldn't take on.

Videotherapy can be considered in this case as an evolution of psychodrama. In psychodrama the dramatization offers occasions for insight which are exhausted the moment they are produced; in videotherapy, the recorded moment becomes some sort of drama-film in which the clients can see and re-see and review their selves, by inserting changes and new possibilities. They can change the sign to a behaviour, a gesture or a tale which has already been seen and heard, and create something new never seen or heard before: a new story which is born from a creative re-elaboration performed by the person involved. The work does not simply entail giving importance to those elements which have been denied, removed, placed in the background by the person, as incoherent with the official story he tells about his existence. The re-opening of the awareness of this



incoherent, forgotten, unseen elements, somehow allows to rewrite one's life script; to come into contact with other possibilities.

The deposited image of me somehow decants and allows the re-seeing as a process of growth which leads to acceptance and forgiveness, of oneself and of others.

The segments, the takes, the scenes, the sequences can be edited, cut and re-edited, giving access to a continuous observation, analysis and experimentation of new modes of conduct, both individual and relational.

Important in the work with videotherapy is also the direct and explicit interaction created with the eye of the video-camera. The latter is an integral part of the therapeutical situation as it represents an extension of the eye of the person shooting;⁶ it represents a partner who has the possibility to make his voice heard. "you who are filming, what are you looking at of the person, what strikes you of her?" With this interlocutor the client can weave a dialogue, by confronting another point of view.

If in a psychotherapy session, the therapist verbally puts some details in the foreplay (for example by drawing the attention to a word, a gesture or a sensation), during the videotherapeutical work this result is reached through the images: the therapist selects the images and creates a relation mediated by film takes.

Two are the discrepancies that the method takes¹⁰:

a) *Time discrepancy*

In the recorded video of the psychodrama sessions there is a *time discrepancy* which lays the foundations for the birth of a dialogue in which the client and the image-self, mobilize personal resources and self-support abilities, exchange observations and advice. This polarization is carried out by the re-seeing of what happened during the psychodrama work.

This time discrepancy guarantees the feedback to clients in order to help them in their understanding feelings and dimensions of themselves and in order to facilitate the meeting with oneself.

b) *Discrepancy of images*

The duty of the psychodramatist is that of facilitating the emergence of such discrepancies in order to allow the clients to notice unconscious expressions which are hidden within one's habitual expressive patterns and which are difficult to notice as they are incoherent with the mental image one has of himself. In this way the behavioural details functioning as *narrative subtext*, with the aim of promoting the emotional and cognitive reorganization of the client's life script.

¹⁰ See for more details Rossi Oliviero, *A meeting with oneself: videotherapy in counselling*.



The self image takes on its own narrative life and thus evokes differences and promotes the possibility for the person who produced it to confront it. For this to happen, it is in any case necessary to create a situation in which the image is lived by the client as a part of himself and, at the same time, bearing diversity. That means the creation of a distance between the *I-spectator* and the *me-image*. It is the difference between the myself of when I was filmed and the myself of now.

All discrepancies between the “mental” image we have of ourselves and the “real” image we see in the video are important. By accepting the contact with what I *was/believed I was, am/could be*, by playing with the different possibilities for existence, new emotional/cognitive opportunities for leading one’s life rise up.



CHAPTER 2

Roles, phases and techniques in the combined method between psychodrama and video-therapy

2.1 The concept of role taking

The word "role" is usually associated with theatre: an actor plays a role, which he has memorized from a script. This usage is derived from the French term *roles*, designating the rolls on which dramatic parts, and acts of law as well, were formerly written. These different connotations of the word role brings us back to the contrast that may exist between a client's conception of himself (the role according to the script) and his live performance in a psychodramatic situation (the role he plays spontaneously).

Moreno demonstrated the great importance of the concept of role taking that should be defined as referring to the position taken by an individual within a given group.

This position is determined partly by the personality structure of the individual, partly by the group's reaction to this structure, and lastly by the individual's reaction to that of the group.

Obviously, a given individual will have different roles in different groups and the aspects of personality vary as a function of diverse situations.

Thus, it becomes clear that every individual can be studied and understood on four different levels:

- the level of his personality structure as determined by recurring phenomena linked to his own life history and past experiences;
- the roles he is capable of assuming because he happens to be in a group situation;
- the organizational effects on his behaviour that are determined by the pressures of the various groups he lives in, that is, the effects on individual structure that arise from group structure, which can in turn be seen to vary according to the leader's attitude and the character of the group as a whole (authoritarian, democratic, or anarchic);
- the level of reciprocal interaction between these different individual and group structures, such as the reactions and counter-reactions.

In verbal therapy, one cannot forget that by definition patient and doctor are each confined to a very precise role: the patient comes seeking help; the doctor takes the attitude he feels is best suited to help his patient as much as possible.

In psychodramatic therapy the method is different, since the beginning the psychodramatist encourages clients to depart from their role through the fiction of drama.

2.2 The Psychodrama roles¹¹

Psychodrama is usually done with a group of participants. The group can vary in size from as few as five to a hundred or more, but most practitioners prefer a group of ten or fifteen.

In the psychodrama session there are:

- the director
- the group
- the protagonist
- the auxiliary egos
- the stage
- the audience

The director

In most therapies this is the therapist, facilitator or group leader. The director is a trained person who helps guide the action. The director is a co-producer of the drama taking clues from the perceptions of the person seeking help. The following are some of the director's tasks:

- To build sufficient cohesion and a constructive working group climate.

¹¹ What is psychodrama. An introduction to Psychodrama by Marcia Karp
http://www.fepto.eu/web/en/About_FEPTO/What_is_psychodrama/



-
- To stimulate individual group members sufficiently and warm them up to action.
 - To consider group dynamics and measure group, interaction at the beginning of a session.
 - To guide the appropriate selection of a protagonist and take care of others in the group who were considered but not chosen to be a subject of the session.
 - To make a treatment contract for the session which is an action-preparation negotiated with the protagonist.
 - To establish a therapeutic alliance.
 - To prepare the action-space or stage on which the therapeutic drama takes place
 - To intervene to give the protagonist sufficient freedom to select the focus of exploration.
 - To identify non-verbal messages of the protagonist as well as the verbal.
 - To anchor each scene setting in the appropriate time and place.
 - To help put auxiliary egos into role.
 - To identify central issues in the enactment and to help the protagonist show the group what happened rather than talk about it.
 - To use psychodramatic techniques such as role-reversal, to move the action from the periphery of the problem to the core of the issue.
 - The core of the issue may involve a catharsis of emotion, insight catharsis, catharsis of laughter or catharsis of integration which the director maximizes appropriately.

- To create sufficient safety for the protagonist and the group.
- To ensure confidentiality in the group and physical safety.
- To ensure that the psychodrama is a group process and not one-to-one therapy in a group,
- To create sufficient closure where the protagonist and group integrate the material presented in the session.
- To help the protagonist to re-enter the group after the session.
- To facilitate role feedback from group members who played auxiliary roles in the session.
- To allow catharsis and integration of group members who identify with the protagonist and can share from their own experience.
- To protect the protagonist from distorted responses or analysis of the group and to attend to each member sharing similar experiences or moments when they were most involved in the session.
- To share from his/her life history, if appropriate.

The group

The average size of a psychodrama group is between ten and twenty people. The emotional material in large groups seems to transcend the numbers and often people feel the group shrinks in size and are astounded that in a group of twenty-five they are able spontaneously to be themselves.

There are many societal roles represented in any given group. If, for example, the protagonist is an alcoholic, there may be a mother, sibling, partner or therapist in the group who, in the sharing, can



present their own view of what happened to them. This feedback from other roles, in relation to the problem enacted, can be invaluable insight for the protagonist. The socially investigative dimension of the problem is better researched in the session when many roles are represented. One of the aspects of a psychodrama group which sets it apart from other groups is the multiplicity of roles that are represented by each person in the group. We each play a staggering variety of roles in one day: parent, son or daughter, professional, friend, lover, citizen, boss, student, not to mention all the somatic roles such as sleeping, eating, and crying. Separate from the many roles we play in our own lives, we may be asked to play a role for someone else in the group - a dying mother, for example. If the person selected to play the dying mother has previously been seen as the group scapegoat, the role-structure can change drastically in a psychodrama group, allowing a positive alliance to form between protagonist and person playing the dying mother; an alliance which previously didn't exist. This constant change of role structure in a group disallows the role rigidity that may occur in other groups. The role repertoire is expanded by each group member playing a different kind of role from that which s/he may be seen to play in the group. A member of the group with low self esteem may be stretched to play a courageous role, surprising both themselves and the group by the release of creativity hidden, problematic, learned behaviour. This glimpse of courage motivates the player to

produce more and encourages group members to relate to them in a different way.

The protagonist

The protagonist, meaning the first in action, is a representative voice of the group through which other group members can do their own work. The protagonist simply states an aspect of life s/he wants to work on; my fear of death, my relationship with my daughter, my authority problem at work. The director, with the protagonist, sets out to create scenes that give examples of the problem in the present, looking at possible behaviour patterns. Seeing the problem in the present, seeing the problem as it exists in the past and trying to resolve the problem by establishing the core or roots of the issue, is the aim so that future behaviour contains a more adequate approach. The “spontaneity” that is sought is defined as a fresh response to an old situation or an adequate response to a new situation. The idea of throwing away the script was crucial to the conceptualization of psychodrama as an action method. The protagonist has a chance to review the life script that s/he is using, which may have been handed down for good reason but fails to be adequate for present life requirements. A person who was handed a script not to cry may no longer feel that serves them in present-day functioning. One who has never grieved for the loss of a parent because they bought the 'brave' script may feel the relief of letting go of tears with a new definition of brave - one who has the courage to face what really exists within.



That courage to be may not have been within the role repertoire of one's parents, but within this new family group bravery may find a new climate to encourage self-expression, which may have lain dormant for years.

The auxiliary ego

The auxiliary ego is anyone in the group who plays a role representing a significant other in the life of the protagonist. This may be a role external to the protagonist, such as a family member or colleague at work. It may be an internal role such as one's fearful self, child self or one's inner voice, as in the role of what is called the double. The double helps express that which isn't being expressed, with or without words. Because Moreno felt that the royal route to the psyche is not the word but non-verbal expression, the auxiliary ego can express, by-gesture, posture or distance, those unspoken secrets in relation to the protagonist.

Often people are more spontaneous in the role of someone else than in their own role. Role-reversal is the engine that drives the psychodrama. The role of significant other in the group is modelled by the protagonist and a group member then moves in to play that role. Through crucial role reversals the protagonist experiences a shift in role boundary by playing another person. The person being the auxiliary ego holds the role that has been set and creates within it, as they imagine the person in that role would play it. The role is played through the perception of the protagonist.

So these auxiliary egos or therapeutic actors have a double significance. They are extensions of the director, exploratory and therapeutic, but they are also extensions of the patient, portraying the actual or imagined personae of their life drama.

The functions of the auxiliary ego are threefold: the function of the actor, portraying roles required by the patient's world; the function of the therapeutic agent, guiding the subject; and the function of the social investigator.

The Stage

Psychodrama is based on life itself. The space a person lives in is reproduced on the stage. If a conversation takes place in the kitchen, we set out the table and chairs and give imaginative space to a window, sink, door, fridge, etc.

Constructing the reality of an individual's space helps the person to really be there and warms them up to produce the feelings that do or do not exist in that space. When someone remembers a conversation that took place at the table, it is important to have the people in the scene played by members of the group.

So the stage provides the patient with a living space which is multi-dimensional and flexible to the maximum. The living space of reality is often narrow and restraining, he may easily lose his equilibrium. On the stage he may find it again due to its methodology of freedom-freedom from unbearable stress and freedom for experience and

expression. The stage space 'is an extension of life beyond the reality tests of life itself.

The audience

The audience is composed by the members of the group that are not directly involved in the enactment.

The audience itself has a double purpose. It may serve to help the patient or, being itself helped by the subject on the stage the audience becomes the patient. In helping the patient it is a sounding board of public opinion. Its responses and comments are as extemporaneous as those of the patient, they may vary from laughter to violent protest. The more isolated the patient is, for instance because his drama on the stage is shaped by delusions and hallucinations, the more important becomes to him, the presence of an audience which is willing to accept and understand him. When the audience is helped by the subject, thus becoming the patient itself, the situation is reversed. The audience sees itself, that is, one of its collective syndromes portrayed on the stage.

The treatment of audiences has become an important alternative to individual treatment. The relationship of the audience to itself in a psychodramatic session gives a cathartic effect of psychodrama.

According to historians of the Greek drama the audience was there first, the chorus, musing about a common syndrome. There were "keynoters" among them but they remained within the chorus. Aeschylus is credited with having put the first actor upon a social

space outside of the chorus, the stage, not speaking to them, but portraying the woes of their own hero. Euripedes is credited with having put the second actor on the stage, thus making possible the dialogue and interaction of roles.

In the psychodrama session the psyche itself is on the stage. The psyche which originally came from the group-after a process of reconversion on the stage, personified by an actor-returns to the group-in the form of the psychodrama. That which was most startling, new and spectacular to see and to feel on the stage appears to the participants after thorough exposure as a process which is familiar to them and intimately known-as their own selves. The psychodrama confirms their own identity as in a mirror.

2.3 The phases of a psychodrama and video-therapy session¹²

The process of psychodrama and video-therapy has embedded the three typical phases of the Morenian psychodrama method:

1. The warm-up, when the group theme is identified and a protagonist is selected.
2. The action, when the problem is dramatized and the protagonist explores new methods of resolving it.
3. The sharing, when group members are invited to express their connection with the protagonist's work.

¹² hat is psychodrama. An introduction to Psychodrama by Marcia Karp
http://www.fepto.eu/web/en/About_FEPTO/What_is_psychodrama/

Warm-up

The warm-up serves to produce an atmosphere of creative possibility. This first phase weaves a basket of safety in which the individual can begin to trust the director, the group and the method.

Various techniques are used to develop a sense of safety, a working alliance, just to give the possibility to express that which seemed impossible to express.

The warm-up phase is used to determine what the client is feeling and thinking. It is a focus on issues of emotional significance (Moreno, 1978). Most often this is accomplished simply by asking the client for an assessment of how he or she is feeling. Various motivating experiences may be used as a part of the warm-up phase.

There are many ways to warm up a group. Moreno did it by 'encountering' everyone and getting people to talk easily to each other. A person who had a theme was accepted by the group as their protagonist. Another way is for the director to select a protagonist; one whom s/he thinks is ready to work. Another alternative is through creative group exercise from which the subject of the session emerges. This is called a protagonist-centred warm-up. In a self-nomination warm up, people can put themselves forward to be the subject. These suggestions are ways of protagonist selection which come from the warm-up whilst the warm-up itself makes it possible for people to feel freer to trust the group, feel the cohesion and safety in the group and to present their problems in an atmosphere of love, caring and creativity.

Those experiences that work most effectively will often be a result of the therapist's own creativity in technique building coupled with experimentation and experience.

On Warming-Up, experiential exercises might be used, such as pairing people up and letting them talk for five minutes, then each person introduces his or her partner. Another exercise involves getting to know people's names and at the same time having people become more comfortable with coming out of their chairs and moving. Standing in a circle, each person in turn says his own name, and while saying the name, makes a bold movement and gesture. Everyone else then responds by saying the name and repeating the gesture, so it's a bit of the follow-the-leader game. As each person takes her turn, there's an implicit suggestion that some new gesture or movement will be used, which invites a flow of impulse and imagination, a measure of spontaneity, to be exhibited. The presentations become a bit more dramatic as the group goes round, and there is a sense of delight and laughter. There are hundreds of known warm-up exercises, books full of them, which can be adapted for business team-building, school projects, therapy groups, prisoners in rehabilitation, etc. The purpose is to develop a sense of trust and common concern, so any protagonists need not feel so vulnerable.

Enactment

In this part of the drama, the director and protagonist move the work forward from the periphery of the problem to the core. Psychodrama means literally action of the mind, and it brings out the internal drama, so that the drama within becomes the drama outside oneself. The director uses the group members to play auxiliary egos who are significant people represented in the drama. The original psychodrama stage was three tiered, concentric circles. The first level was for the audience, the second for soliloquy and represented the space outside the heat of the drama, and the top level was for the drama to be enacted. The design was for the work to go from the periphery to the core of a problem. Enactment in most psychodramatic sessions takes place in a designated stage area. During the drama other group members do not sit in that space unless they are playing a role. The stage feels like a ritualized-space once the drama begins. That is to say, the event that is meant to take place in that space takes place only there. Psychodrama which is attempted within the group space with no designated stage area often falls flat because there are no boundaries spatially or methodologically.

During the action phase the client acts out the conflict as if it is occurring in the present. The client enters the situations of past, present, and future but is always encouraged to experience the action as if it is happening in the "here and now." For example, the client speaks to the empty chair as if his or her spouse were in it at that

moment. The client does not report about feelings but expresses them directly as if the person were really present.

The "as if" quality of psychodrama is very significant in the action phase. In psychodrama terminology it is called "surplus reality" to represent the extension of reality into the area of being realistic yet not real at the same time. The "as if" dimension of psychodrama allows the client and psychodramatist to travel anywhere to encounter anyone, living or dead, to attend to the unfinished business or unspoken words that perpetuate the conflict.

The client also is encouraged to experiment with new behaviours. These new behaviours, if they meet the criteria of novelty, adequacy and limits, represent Moreno's perception of spontaneity - the beginning of healing and restoration (Moreno, 1973). Novelty stimulates the client's use of creativity in living, adequacy insures relevance, and limits encourage appropriateness of the behaviours through the protection of others.

Sharing

Sharing is a time for group catharsis and integration. It was meant as a "love-back" rather than a feedback, discouraging analysis of the event and encouraging identifications. Points of most involvement by individual group members are identified, and each member finds out how he or she is like the protagonist. Often, as in Greek drama, the



audience member is purged by watching the enactment of another's life story.

The sharing is meant to capture this learning process and allow the group members to purge themselves of emotions or insights gained. It is also aimed at normalizing the protagonist's experience by hearing how others are similarly involved at different levels of the same process. Sometimes the effectiveness of the overall session can be measured by the depth of the sharing session. A further function of the sharing is a cool-down, a way of re-entering our individual realities after the group enactment.

For directors in training, an added part of the session is called processing. This is where clear rationale, theoretical assumptions and contract are discussed as part of the directing. The technical aspects are reviewed by the director, trainer and group members. How the director got from scene to scene, how aspects could be maximized, what worked and why, and what could have been done differently, are generally discussed. Feedback for the trainee, director and self and peer assessment are invaluable.

2.4 Fundamental psychodrama techniques and the role of the camera

Psychodrama uses action techniques to explore an individual's private and public world in a multi-dimensional way. It is also useful in helping the individual to express unexpressed feelings and to find and practice new ways to change unsatisfying situations in life.

The main core techniques in psychodrama include role reversal, the double, the mirror technique and the empty chair. All of these techniques, in the combined method between psychodrama and video-therapy are strictly linked to the use of the camera and video-confrontation.

a) The Double

Doubling occurs when a member of the group takes on the physical stance of the protagonist and attempts to enter their internal world by speaking their inner thoughts and feelings. Developmentally, the Double is meant to capture the essence of the interactions.

Therefore, the double is often referred to as the “inner self or inner voice” of the protagonist, it is a role which is used to help the protagonist become more aware of buried or partially obscured feelings and thoughts, and to express these while interacting with others. The group member (auxiliary) who takes on the role of double uses his/her skills for empathic projection in order to “feel one’s way into the inner world of the protagonist.”

The main functions of the Double are: to support the protagonist, to deepen the protagonist's feeling, to notice the non verbal clues, to interpret thoughts, feelings and behaviour, to broaden the understanding and awareness of self and others.

b) The Mirror

Adaline Starr¹³ describes the mirror technique thus:

“the moment when [the client] sees his/her image in the mirror and discovers that the image is of him/herself....he/she may touch it, kiss it, or hit it. This action, immortalised in the myth of Narcissus, is translated into an action technique in which the looking glass reflects the self as seen by another.”

The mirror technique can be used in many ways:

1. To distance the protagonist from the emotions: this is particularly important if the scene is traumatic or if the protagonist is often overwhelmed by negative feelings. The clients are helped to feel that they have control over the action in the way they were unable to have before.

2. To connect the protagonist to emotions: it may be that the person has split off their feelings. Connected to this, it can also enable them to recognise the locus of control is with them and not with others.

¹³ Starr, A. (1977). *Rehearsal for living: Psychodrama*. Chicago: Nelson Hall, p. 178

3. *Observation of behaviour/response in a situation*: it may be that the protagonist has little or no awareness or insight into how they may have reacted in a situation.

4. *Role training*: the protagonist can see their reactions in a given situation, and then observe how others may respond. It is always important that the protagonist reflects on the input of others and then re-does the scene themselves.

5. *To observe the dynamics within a system*: this allows the clients to observe not only their own responses, but also the others within the scene. They are then more able to gain some understanding of what the different dynamics are within the system.

It is very important that this technique is used carefully, as in certain circumstances it may be experienced as critical. The psychodramatist must also encourage the psychodramatist to be 'as if' they are an observing ego when commenting on what they see. This helps to prevent the client from becoming very self critical and/or self effacing.

c) Role Reversal

The "heart" of psychodrama is role reversal.

As with most techniques borrowed from the theatre, role reversal has a long history; it has been used in fairy tales, mythology, drama and literature throughout the centuries.

Zerka Moreno describes role reversal as the ‘engine that drives the psychodrama’. In *Psychodrama Volume III*¹⁴, she lists some ‘rules’ linked to the role reversal. *“The protagonist must learn to take the role of all those with whom he is meaningfully related, to experience those persons in his social atom, their relationship to him and to one another.”*

She goes on to say: *“Taking this a step further still, the [person] must learn to ‘become’ in psychodrama that which he sees, feels, hears, smells, dreams, loves, hates, fears, rejects, is rejected by, is attracted to, is wanted by, wants to avoid, wants to become, fears to become, fears not to become, etc.*

The person has ‘taken unto himself’ with greater or lesser success, those persons, situations, experiences and perceptions from which he is now suffering. In order to overcome the distortions and manifestations of imbalance, he has to re-integrate them on a new level. Role reversal is one of the methods par excellence in achieving this, so that he/she can re-integrate, redigest and grow beyond those experiences which are of negative impact, free himself and become more spontaneous along positive lines.”

Such a procedure is important not only for interpersonal socialization with others, but also for personal self-integration. As such, role

¹⁴ Moreno, J. L. & Moreno, Z. T. (1969) *Psychodrama Vol. III: Action therapy and principles of practice*. Beacon, NY: Beacon House.

reversal resembles a re-enactment of the process of separation and individuation. There are two forms of the technique - the reciprocal (between self and another person) and the representational (between roles/objects/ parts of the self) role reversals - which have somewhat different goals and may be regarded as functioning within two different theoretical frames of reference.

The main functions of Role Reversal are

- 1. To gain information:* Once the auxiliary has been roled in, the facilitator and the group can gain information about the perception of the other and the view of the protagonist. This may be distorted due to the protagonist's projection/transference onto this person, and so help the director in understanding the dynamics of the relationship. Often, the protagonist is more able to speak from another person's/object's role than from their own.
- 2. To understand the role of the other:* This is important, particularly if there seems to be some distortion of the role in terms of what may be projected onto the other by the protagonist. The director needs to challenge in an appropriate way, and enable the protagonist to go fully into the role of the other to gain a deeper and more empathic view of the person. Various techniques may be used to enable this process to take place □ the honesty chair; the internal voice, the insight chair etc.
- 3. To heighten spontaneity:* When the protagonist's energy seems to drop, it may be useful to have them reverse roles with the person,



object, feeling etc, that has held the most energy. It may be needed if the auxiliary is not portraying the role correctly, causing the protagonist's energy to drop. It can also be used to increase the intensity of the interaction.

4. *To see themselves/increase empathy*: It can be very powerful for a protagonist to experience him or herself from the other person's role. This in itself can correct a distorted view of the other person and the relationship between. It also develops empathy for the other person, and this is particularly important when working with people who have patterns of abusive behaviour.

Several lines from a poem by Moreno are often used to explain his concept of role reversal. The poem suggests the total commitment necessary to the task:

*A meeting of two: eye to eye, face to face.
And when you are near I will tear your eyes out
and place them instead of mine,
and you will tear my eyes out
and place them instead of yours,
then I will look at you with your eyes . . .
and you will look at me with mine¹⁵*

¹⁵ The essential Moreno: Writings on psychodrama, group method, and spontaneity by I.L. Moreno, M.d. 4 (Jonathan Fox Ed., 1987).

Adam Blatner commented on the importance of this technique:
*If one skill could be learned by everyone, I want it to be role reversal – to be able to see things from another’s point of view (which does not mean always agreeing with that point of view).
The ability to role-reverse fosters a way of being in the world that offers the potential for co-creating understanding, conflict clarification, and resolution. Each of us can learn and actively practice it in our daily lives, and thereby teach others to use it.*¹⁶

d) The Empty Chair

An empty chair can be used to represent another person, an aspect of self, or a situation or object. A chair can also be used to represent an abstract concept, e.g. ‘my past’, ‘my critical self’ or ‘my smoking habit.’ In issues of grief and trauma much has often been left unsaid and unheard. A client can speak freely to the empty chair *as if* its contents were real – expressing hurt, anger, love, needs, and wishes that might have gone unspoken. Clients may also reverse roles and speak back to the self from the position of the other. This techniques can increase interpersonal effectiveness and the ability to act appropriately, connectively, authentically, and adequately in relationships. It increase client’s "ability to respond" rather than react.

¹⁶ Adam Blatner, Foundations of Psychodrama: History, Theory, and Practice 1 (3d ed. 1988).

It also can decrease emotional reactivity. This requires gaining some emotional distance, and acknowledging and owning the process.

e) Soliloquy

Soliloquy is an audible oratory or conversation with oneself. The protagonist shares with the audience the inner thoughts and feelings. Sometimes this is done in dialogue with a *double* and it's the act of revealing inner feelings and thoughts that would normally be kept hidden. Giving voice to the feelings and emotions causes the protagonist to begin to focus on them.

The soliloquy is often used in conjunction with a role reversal. The protagonist is asked to soliloquize in the role of another person. This allows the protagonist to “warm up” to the role, and also gives the auxiliary, who may play the role, information needed for an accurate portrayal.

f) Surplus reality

It's a key concept in Psychodrama. Surplus reality recognises that subjective experience is an important part of actual experience. Examples of surplus reality scenes include: A ‘goodbye scene’; An encounter with a future imagined partner / child / friend; A conversation that in reality ‘could never happen’; A conversation with someone who is no longer living; An encounter with a spiritual entity; A scene where one is rescued and protected from a childhood abuser; A scene from the future looking back over one's life; A

forgiveness scene, or a scene in which one can make reparations to others for one's own wrongdoing.

g) Videoconfrontation

The *video confrontation*, in the combined method between psychodrama and videotherapy, is mixed with one or more of the above mentioned techniques.

Video-confrontation can be *live* or *recorded*.

In both methods the presence of a videocamera is needed (it could even be two or more). The video-maker films what is happening. In the case of a live confrontation, the client is given the possibility to see himself during the time of recording, either through the camera display or through a TV set connected to the camera. In the recorded confrontation, the client sees himself again after the shooting (sometimes after few minutes, other times after longer). In the moment of the confrontation the attention can focus on different aspects: in some cases it is drawn on a specific behaviour or action of the client which the video-therapist wants to underline (e.g., a behaviour the client performs without being aware of it); in other cases, the therapist can make beforehand a selection of images that he wants to show to the person in a secondary moment. Whichever aspect one focuses on, the therapeutical efficacy of this method lies in the polarization created, favoured by the discrepancy both between the memory of the experience and what the video shows (time discrepancy), and between the mental image that the person has of

himself and the image of his own behaviour visible in the recording (image discrepancy).

The connections with the psychodrama techniques are evident. In fact with the psychodramatic techniques is possible to create a dialogue with one part of the self or with the non present other than the self, in an alternation of identifications and projections. In this framework the use of the video aid allows to make this polarity ever more evident. The difference lies in the fact that in videotherapy the projection is not something which only happens at a given moment inside the person, in his imagination, but it's something that has acquired objective consistency, it exists outside of him, it moves on the screen. The screen continues to place the person in front of the repeating of his script, of his sentences, intonations and expressions until when he comes to terms with them, he takes back what he threw away and he recognizes something different emerging from his consciousness.

For all these reasons the combined method can wide allow hidden thoughts and feelings to be expressed, confronting fears and testing expectations, developing and integrating new responses that means give an adequate response to new situations and fresh responses to old situations.

The use of the different techniques

Several techniques can be used according to the type of psychodrama session. They can be for example:

- physical action rather than narrative.
- Have people directly address characters in the drama rather than talking about them.
- Re-create specific scenes, making the abstract more concrete.
- Emphasize increasing levels of self-disclosure and honesty about feelings.
- Address the group dynamics to facilitate conflict resolution, group cohesiveness, and ultimately create a safe, healthy therapeutic community.
- Allow and reinforce playfulness and spontaneity in group members.
- Include everyone in playing roles in sessions to avoid over-involvement by some and isolation by others.
- Be prepared to meet the cathartic needs of each person in the group *as they arise*.
- Exaggerate and amplify behaviour or attitudes to explore a wider range of responses.

There are many cautions regarding the use of the techniques. First and foremost, it is important to have a purpose for using a specific technique, for using a technique without purpose and forethought, can be dangerous for the protagonist.

Some techniques may be too powerful for a particular individual, some may be too esoteric and some too frightening.



It is important to be aware of the ease with which an individual may be opened up using these techniques, as well as the difficulty and necessity in achieving closure. It's necessary to use care and discretion.

2.5 What does a psychodrama session look like?

The psychodrama session can take place in any space that provides room for physical movement and privacy with no distractions.

The session begins with the clients revealing their emotional relationship (i.e. family and other significant people in their life). This diagram provides a map of the cast of characters with whom the client is emotionally engaged for reference during the psychodrama. It is helpful for identifying relevant roles to be played in the scenes created, and for identifying the transference by the client onto group members.

The other steps could be the following:

- Engage in a brief interview with the clients regarding their current emotional state and what they are aware of wanting to work on
- Select group members to play any roles for the work to be done.
- If a role-player is unclear about how to play the role, ask the client to 'reverse roles' and play that role briefly to demonstrate it to the rest of the group.

- Set up an interaction with appropriate characters from his/her life to clarify the circumstances and provide an opportunity for the client to understand the behaviour pattern involved and to create a corrective experience.
- Finally, allow any group member, role-player or not, to share the experience they had during the session. It is validating for the client and important for the group members.

During the session, the protagonist is given the opportunity to work on an issue by acting out a particular scene (or scenes) spontaneously. The scene can be from the protagonist's *past*.

The director may choose to have the protagonist re-enact the scene as the protagonist recalls it, to allow the protagonist to access the feelings of the moment in a safe environment. Alternatively, the protagonist could act out this past scene in another way – examining how things might have been done differently – giving the protagonist a chance to do it over.

The selection of the protagonist could be done following some rules. One choice is to select the group member who is most ready to work, closest to their feelings or most “plugged in.” Another is to select a group member who isolates and needs to be brought into the centre of the group, or to select someone whose issues are particularly relevant to the majority of group members.



Everyone present can benefit from the work of one person through their identification and transference with the client.

The group itself can select the person to work as well, by asking each member to indicate with whose issue they most resonate.

The scene could depict a *current* or recurring situation in the protagonist's life. This might allow the protagonist to explore the feelings generated, perhaps examine the source of those feelings and investigate other options for dealing with the situation.

The scene may also depict a situation the protagonist anticipates in the *future*. The goal may be to help the protagonist prepare for the event – a kind of rehearsal or role training in anticipation of the future event.

The scenes that could be depicted are unlimited. Every aspect of the protagonist's subjective life can be presented with the help of the group. A protagonist could act out a dream, have an encounter with a loved one who is now deceased or meet her unborn children.

Psychodrama is not limited by time, space or reality. Whatever the scene, the protagonist, led by the director and assisted by the auxiliaries, physically acts out the scene as if the event were happening here and now – in the present¹⁷.

¹⁷ See more in Amy Casey, M.A. (2001) *Psychodrama: Applied Role Theory in Psychotherapeutic Interventions*, Journal of Heart-Centered Therapies, Vol. 4, No. 1, pp. 67-84 and in Blatner, A. (1996). *Acting in:*

The goal of psychodrama is to discover the emotional truth of the group, allowing them to gain insight, self-awareness, enlightenment and illumination – in essence, a deeper and richer understanding.

That's why the psychodrama has generally been regarded as an important factor in producing a "cure."

So, shortly, in a psychodrama session the following are the main phases:

- in a group of people the facilitator/director uses different icebreakers to help the group warm up;
- a protagonist is chosen to work on an issue that is important to him;
- the protagonist then 'acts out' the situation (scenario) with other group members taking on roles;
- the director (psychodramatist) facilitates the group to explore solutions to the problems emerging in the session (that sometimes can be very old ones);
- other group members help and are helped themselves by taking the roles of "significant others" and by sharing how they personally relate to and can learn from the presenting issue at the end of the session.

Practical applications of psychodramatic methods, 3rd Ed. New York: Springer.



CHAPTER 3

The combined method of psychodrama and videotherapy to foster the integration of socially disadvantaged groups in the labour market

3.1 Didactic and work methodology: approach towards the group and the individual

The use of the classic psychodrama method and techniques largely used in training is very helpful also in psycho-educational processes.

The psychodrama method quickly creates a group climate which encourages the participants to share their personal experiences and come out clean from the very first meeting.

The spontaneity of the interventions, the symmetry and the relaxed spontaneity in answering which characterises the psychodrama method reduce the initial feeling of anxiety and the difficulty of expression of the newly formed groups.

It is in fact a group itinerary leading to the acquisition, the re-discovery and the consolidation of relational and communication competences indispensable for interpersonal relations which help people to adapt or re-adapt to both a social and work context.

Psychodrama has some very interesting technical, methodological and ideal cornerstones within the path presented in the PHD² project:

- the operational and evolutionary concept of the human being whose spontaneity is activated by favourable situations.
- the close link between spontaneity and creativity and the importance set on the individual as a creator of new roles in a situation of cultural standstill.
- the exploitation of the group's potential as the best environment to bring about change.
- alternation between the actor and the auxiliary egos. The ability to move from the level of experience to the one of reflection or self-reflection is one of the elements that makes the individual an active part in the living world.

The combined method has in itself important elements for the emotional/affective re-structuring process:

1. The path develops spontaneity and creativity both in the individual and in the group. Spontaneity is intended as being ready to mobilise all intellectual, affective and physical energies to interact with reality supplying in this way new answers to the situation. The body remembers what the mind forgets.
2. There is an improvement in expression and communication skills. Through psychomotor games, non-verbal techniques and spontaneous stage performance the participants experiment with new communication skills which may bring about better interpersonal relations in a spontaneous way.

3. There is a widening of the range of psychological and social roles. Through role reversal, there is an exploration of both personal and social themes. In the “here and now” group experience, the participants can take on difficult, conflictual or unknown roles in a spontaneous way. Psychodrama can be defined as a way of practicing living without being punished for making mistakes.

4. It is a path that enhances understanding, interaction and cooperation within the group.

It is also a path along which emotional and cognitive aspects intersect; new emotions surfacing bring about the acquisition of new cognitive competences.

The work aims at the handling of communications and the proposed activities have a rehabilitation value as well as being an opportunity to join the employment world.

The path focuses on two different aspects:

- The transferability of practical actions to “everyday life” encouraging and promoting the participant’s ability to socialise and to act autonomously in view of future life situations, through the recovery of their social and relational skills as well as their professional and personal competencies.

- The acquisition of “practical” competencies through video-therapy in order to strengthen the participants’ know-how abilities and also to allow them to see themselves as capable people.

In a psychodrama, the characters live in a real world. It is not a stage prepared show but a real situation.

We should be prepared to learn from each other especially if one of the subjects is living a difficult personal situation.

For this reason also the role of the video-maker is strategic in the work methodology.

Being forgotten, blending with the background and mingling with the clients is the right approach to keep in contact with reality and truth which are not to be affected by the presence of the camera.

The attempt to disappear and be forgotten should be balanced by the level of empathy and knowledge of other people's behaviour.

It's important to replace the actual time with an inner time dimension without severing reality from the edited images. Images are connected to each other by real facts.

If the psychodrama is correctly filmed, the rhythm given to editing coincides with the timing of the real situation.

In this way, seeing oneself in a filmed psychodrama has a therapeutic function: the image holds the memory of what the filmmaker, as a witness, has left out and corrects the distorted perception the psychodrama actor has of himself.



All exercises proposed by the psychodramatist which have been jointly agreed upon in real time with the film-maker so that the camera has a role shared by all members and is not just an indiscrete eye capturing the scenes from the outside.

Non-stop filming is not necessary but the relationship with the psychodramatist and the group is fundamental.

It's very important to make the group members, regardless of the type and the level of their disorder, feel part of the operation and give them a sense of awareness.

Images store the memory of what the film-maker, the psychodramatist and above all the participants have not caught at the time of filming or have had a distorted perception of, or what may be an element for further reflection. Psychodrama is about what doesn't happen in life as well as what does.

It is important that throughout the experiment some meeting be dedicated to the collective viewing of the material filmed and that this be followed by a debate. In fact, video-therapy is neither a mere film production operation nor the vision of oneself in a video.

The project's activities imply a growth path in which to meet and re-view ones' self. The image becomes the participant's counterpart thus facilitating self-confrontation.

The first step is to find a way to give a precise idea of what was said and what was enacted during the psychodrama sessions without showing all the images.

Psychodrama is both verbal and non-verbal expression, 'words in action', therefore the film language must adhere to the structure of the verbal language.

The time stretch covered by the psychodrama must be replaced by a filming time which does not miss the essence of what has happened and above all must reflect the intensity of the emotions and of the group spirit evoked during the session.

There might also be a conflict between aesthetics and ethics and only the latter can protect from the temptation to manipulate or even worse falsify the images to make reality more palatable since in this case the risk is to betray the trust of the groups who allowed to film them and are, like in the case of the PHD² project, more defenceless.

The director is a kind of coordinator/director/activator of the performance and also “action promoter”, director, analyst of the emotional and cognitive material which comes to the surface.

The term “director” represents the active role played by his/her presence in the action¹⁸.

¹⁸ Boria G. (1997), *Lo psicodramma classico*, Milano, Franco Angeli.



The director and the group are therefore the persons who make the application of the method possible. Rules and structure allow the surfacing of the protagonist's inner feelings and thoughts in a safe context. However, there must be someone trained and capable, who applies theory and structured techniques, to trigger the act and make the performance begin to unwind, guaranteeing at the same time, through his/her presence, a safe and containing therapeutic environment in which to work.

By conducting the session on “the borderline between fiction and reality” (*surplus-reality*) the director is the witness of the fact that a psychodrama is being played out and that beyond the room's walls, the reality of every day life still exists.

The director must be a qualified group conductor who is able to act as a stimulus for each individual participant's growth and enrichment in the group.

He/she must also be a facilitator in therapeutic and reciprocal learning processes which are taking place in the group.

In the combined method between psychodrama and videotherapy the director stands between the TV set and the group; he holds a remote control which is used to go back and forth with the images. His function is that of filtering the dialogue which comes to creation between the person and the projected image, focusing on a trail in his conduct. It is possible to go back, go forward, ask for what is the effect

of seeing and re-seeing oneself again, how the sense of the heard or reheard words changes.

The video-therapist has the task of favouring the play of infinite tales. This does not only mean moving about in a fantasy narrative relativism, rather conducting the operations of narrative construction on a field marked by shadings of reality (among the various dynamisms figure-background), as if every image was a dynamic field where the movements figure-background operate. Here lies the ability of the video-therapist.

The gestures and attitudes of both the psychotherapists and the video-maker must also be taken into consideration. The very fact that the therapists participate is of great importance since their actions affect the value of the client's gestures.

Psychodrama brings patients and therapists (psychodramatist and video-maker) into a certain amount of physical contact. Some of these contacts are commonplace and at first glance would seem to pose no problem.

When two persons pretend to meet, they shake hands, the accepted form of greeting in Western cultures. This social gesture might be considered as merely habitual. There are patients, however, even some who are only mildly disturbed, for whom this gesture is highly significant. Every psychoanalyst is familiar with patients who never



shake hands either before or after sessions, while in a chance meeting these same patients perform this gesture easily and automatically. Hence it's important to weigh the significance behind the performance of even the most mundane type of physical contact.

It's also very important that the people behind the camera and those in front of it should always be on an equal level.

However, trust is not enough; it is also necessary to be prepared to learn from the others while taking a discrete attitude.

For this reason the film-maker should always be in the middle of the action but should also be able to fade into the background and mingle with the "actors" on the scene trying to maintain contact with the group's spontaneous truth without modifying it.

This "self-effacement" operation while filming should be directly proportional to the level of sympathy (in the etymological sense of the word) and of knowledge of the group's behaviour.

3.2 How the combined method of psychodrama and videotherapy can foster the integration of socially disadvantaged groups in the labour market

“Even if the trees seem to be growing exactly as they did before, and the rivers seem to follow the same course, and the lives of men appear to be exactly as they were, still nothing is the same.” Boyle, K. (1961)

The integrated method (psychodrama and video-therapy) was experimented in the PHD² project through the realization of laboratories with different target groups in six European countries:

- Italy: group of unemployed with psychic or social hardship
- Lithuania: group of Rom
- England: group of people with mental disabilities
- Slovakia: group of Deaf-blind people
- Greece: group of Young adults with physical disabilities
- Spain: group of misfit unemployed people with social difficulties

The choice was motivated by the fact that psychodrama and video-therapy effectively addresses a wide range of problems and issues including those rooted in the past, present, and future; those occurring within a person, between persons, or between a person and a group; those involving intuition, feelings, thinking, or behaviour.

It can function to provide education, support, insight, a test of reality, or as a spur to creativity where other ways of intervention have failed



or "bogged down". It can play an important role in prevention, diagnosis, treatment, and relapse prevention. In a way unique among other psychotherapies, it addresses the importance of warming-up to an issue or action, setting the scene, choosing roles, and being flexible and creative.

Perhaps the easiest way to describe how psychodrama addresses an identified treatment could be through role reversal and acting out the roles of the ideal and his own role, the deep needs of the clients could be identified and addressed so that the unconscious needs operating in a relationship can be uncovered.

The enactment may provide the context for a corrective emotional experience.

Also for people who have lost the job or have suffered the consequence of other traumatic events, Psychodrama and Videotherapy may be used as a way to allow both insight and an opportunity to practice new life skills, allowing objective observation and completion of unresolved conflicts through re-experiencing them with a corrective reframe.

People who have experienced different kinds of trauma feel that they have changed substantially: they are sure that life is no longer the same as it was before.

Their identities, their emotions and physiological responses, their outlook on life and their interactions with others have somehow undergone a radical transformation. There is no more safety, predictability and trust. "All survivors recognise that bad things can

now happen to them, that invulnerability is an illusion”¹⁹. Their ordinary adjustment strategies had proven inadequate and they were unable to cope. As a result, the overwhelming fear, powerlessness and loss of control became a permanent learning experience that they are unable to forget.

The urges to run or fight along with feelings of disorientation, shutting down, or loss of connection with the inner world, if they persist through time, can make it difficult to conduct successful intimate relationships. When we rupture deep limbic or emotional bonds that have imprinted themselves on our neural systems we can feel “shattered” or “fragmented” making it difficult to pull the lost pieces of self together into a coherent whole. We may have trouble locating and describing our feelings because we have lost access to them due to the psychic numbing, dissociation or memory loss that often accompany trauma. Intense emotions such as sadness, that are an inevitable part of grieving our losses, can make us feel like we’re “falling apart” all over again and consequently we resist the grief process so necessary for healing.

Psychodrama and Video-therapy can help people with such states of body-mind. This condition characteristically consists of anxiety and depression following a known traumatic event. The person is continuing to re-experience the trauma (in vivid recollections and

¹⁹ Janoff-Bulman, R. (1992). *Shattered Assumptions: Towards a New Psychology of Trauma*. NY: Free Press, pag. 81.

nightmares), to lose the self-esteem, to reduce interest in the external world and to suffer from various more or less physical symptoms such as hyper alertness and sleep disturbances. Frequently, there is a contradictory (and largely paradoxical) effort both to remember and to forget, both to approach and to avoid the traumatic event in a compulsive repeated fashion. Like a broken record that is spinning around and around, intrusive experienced images and painful memories keep coming back while there is a conscious effort to avoid them and not to think about them. Desperate and often futile efforts are attempted to regain some kind of inner balance and emotional equilibrium.

The therapeutic principles of psychodrama and the video-therapy, based on the time-honoured of re-enactment and catharsis, as well as on the novel elements of ritual and narrative, have been successfully employed with numerous traumatised clients during the PHD² project running. Much of the laboratories sessions have focused on re-experiencing stressful and traumatic life events ever since its inception because such re-enactments easily lend themselves to dramatisation and therapeutic exploration.

Thus, a traumatic experience can be transformed into a positive one through mastery, experiencing empathy from another, being held, comforted, encouraged, accepted and appreciated. Such an experience may be a first step in giving what is needed to one's self.

In the PHD² project the psychodrama and video-therapy laboratories gave the clients the possibility to explore an alternative strategy and to provide opportunity for rehearsal. The success experienced in the enactment through creativity and reality testing can result in confidence, positive anticipation, and hope instead of fear, dread, and a self-fulfilling prophecy of a negative experience. While accepting the reality of the loss (facts, meaning, and irreversibility), he/she work through the pain of grief and emotionally relocate the deceased and move on with life.

This served the purpose of increasing self-awareness and gave new reasons for living, accepting the challenge of new opportunities in work and social life.

3.3 Some suggestions

Keep control

Keep control of the session to maximize the sense of security and safety of all participants. The facilitators (psychodramatist and video-maker) are to be the only people directing the clients or the role-players.

Coach the client

The facilitators must maintain close (intimate) contact with the client throughout the session – being a “lifeline,” providing encouragement and validation, maintaining safety.



They must maintain close emotional and psychic connection with the client so that he/she can feel their presence.

Always remain the clear advocate

Never contaminate the safety of the facilitators role by playing any other role. That's what the group members are for – enrol someone to play any role needed. The therapists always remain the clear advocate for the client.

Manage the trance

Manage the trance through: 1) breath, e.g. remind the person to breathe if they begin dissociated shallow breathing; 2) physical activity such as energy release, concretely representing psychic activity (throwing pillows, being smothered with pillows, being pulled in different directions); or 3) pacing the facilitators interactions.

Stage the action carefully

Stage the action carefully to keep the person's attention focused in one direction.

Unless the purpose is to demonstrate to the client how confused and competitive their mutually exclusive activities are, minimize the chaos by keeping it localized.

Always follow the client

Never pre-script the session because the therapists may not know what is most appropriate for the client to work on at this time. When in

doubt about the direction to take, ask the client. Be prepared to "turn on a dime" when the clients change direction.

Use stand-ins

Use role-players for any character in the group (any member or the therapist) that needs to be in the drama. People should never play themselves. Also, use stand-ins for the client (double) in any scene that is potentially so traumatic that it may risk re-traumatizing him/her.

Share after sessions

Share briefly after each session. Process any feelings generated during the psychodrama for any group member. This provides validation for the client and for the group members. Sharing should be the expression of relevant, vulnerable feelings, not feedback or advice.

End the session with heart-centred love

Always end the session with heart-centred love. Bring the person to empowerment, self-acceptance, an enlarged perspective, the nurturance of a corrective experience, clarity of new life decisions and safety of support for healthy choices.



CHAPTER 4

Psychodrama and videotherapy

European workshops

*No matter if I swim in the same rivers,
I always find new water...*

IRAKLEITOS

4.1 Some introductory remarks

As already mentioned, the PHD² project experimented the integrated method (psychodrama and video-therapy) realizing laboratories with different target groups in six European countries:

- Italy: group of unemployed with psychic or social hardship
- Lithuania: group of Rom
- England: group of people with mental disabilities
- Slovakia: group of Deaf-blind people
- Greece: group of Young adults with physical disabilities
- Spain: group of misfit unemployed people with social difficulties

The experimentation was carried out with about 15 participants for each group, with differing degrees of social disadvantage or marginalisation and was focused on a specific area.

The groups were pre-selected and then selected among people already under the care of public or private social service structures. The selection preceded by a meeting first with the social service staff and then with the prospective participants.

The length of each European workshop was 60 hours divided into 15 meetings of 4 hours each or 20 meetings of 3 hours each (at the psychodramatist's discretion or according to the group's needs).

The 60 hours were distributed over three phases:

- Group warm-up: Reception, introduction and encouragement to develop a sense of belonging.
- Enactment: "An idea is born", with study and development.
- Sharing: Closing session, elaboration, assessment, "what I leave behind and what I'm taking with me".

These three moments had no clear cut borders apart from the days of beginning and end and were continuously interacting with the group's life.

They had their own time and space in each meeting and during the whole length of the path.

An hand camera was used for filming. The film-maker of each workshop was both a spectator and an actor. They recorded all the meeting's topical moments (reception, opening, exercises, closing of the session).

Within the experimentation there were at least three meetings (one at the beginning, one intermediate and one final) during which the psychodramatist and the film-maker expressed their impressions on the groups activities and on single participants.

4.2 Psychodrama and Videotherapy workshop in Italy - group of unemployed with psychic or social hardship

Presentation of the group

The group had 13 clients with psychic and physical disabilities. The main disorders were:

Paranoid Personality Disorder

- excessive distrust and suspiciousness of others
- rigid, critical of others and unable to collaborate, although they have great difficulty accepting criticism themselves
- particular difficulty in expressing anger, which contributes to the impression that they lack emotion

Schizophrenia

- significant loss of interest or pleasure
- mood abnormalities (e.g., inappropriate smiling, laughing, or silly facial expressions; depression, anxiety or anger)
- often movement is abnormal (e.g., pacing, rocking or apathetic immobility)
- frequently there are significant cognitive impairments (e.g., poor concentration, poor memory, and impaired problem-solving ability)

The FACTORS for choosing the target group were:

- People with difficulty in social relationships.
- People with difficulty in adapting to the working environment.
- People with difficulty in organizing and managing their lives and job.
- People with enough psychic ability to take part in the laboratories
- People who need to be re-motivated or need to increase self-confidence and self-esteem.
- People who need to increase their autonomy and sense of responsibility.

A number of social and health care structures and organizations (both public and private), already taking care of the participants, were also involved. The participants were selected by the experts from these care structures according to “Law 68” Province of Perugia and with the participation of SAL (Servizio di Accompagnamento al Lavoro).

General overview about the logistic

The laboratory was held in Perugia.

Most of the meetings took place in a classroom normally used for professional training. The desk was put against a wall and the chairs arranged to form a circle.

The filmmaker and the psychodramatist decided to film the participants not only during the laboratories in the classroom, but also in various parts of the their town.

The monuments and places chosen acted as the backdrop to their personal stories: churches, the Brufani bar, the ‘apple and caterpillar’ (a very Japanese looking monorail train), the high school attended by many in the group, the dairy store that sells croissants with fresh cream still the same to when their parents used to meet and fall in love, the main street where people stroll, the old art cinema, now closed, where they first saw ‘Wings of Desire’, the Morlacchi Theatre and many other places. This was a way to present their own stories.

Climate situation at the beginning of the laboratory

The group was made up of people who didn’t know each other but had needs connected because of their disabilities and because they had applied for ‘employment access services for the disabled’.

During the first meeting the participants interacted very little with one another. Although adults, many came with their parents who stayed during the sessions. An interesting fact was how the parents saw and talked about their children. The feedback was then integrated in the work carried out in the following meetings (‘how I see myself’, ‘how the others see me’).

The ability to relate with one another was low and varied according to the person. It was a mixed group regarding level of mental

disability, age and education, impairment and level of self-consciousness.

Right from the first meeting it was established a relaxed climate in order to allow the participants to ease tension that could normally arise from a new environment and that could be perceived as 'dangerous'.

As part of the session it was used two chairs: the 'I'd like' chair and the 'I wouldn't like' one, two blank sheets of paper on the wall where it was written in real time the feedback from the participants in terms of expectations and fear regarding the work to be done together.

In order to express these feelings, the participants had to get up from where they were sitting and sit on a different chair. The psychodramatist patiently waited for them to get acquainted with the task, encouraged them and respected their silence without considering it an embarrassment to fear.

The beginning of the workshop was therefore a kind of 'contract' between the group and the 'I'd likes' and 'I wouldn't likes'. The psychodramatist saw and reassembled as the expression of the newly formed group.



A psychodrama approach helps to create a 'group' environment in a very short time. It also allows the participants to talk about and test themselves since the first meeting.

This 'circular' and 'symmetric' method reduces initial anxiety and the difficulty in expressing oneself in a new environment.

The main expressed *I'd like* were been:

to experience empathy harmony, happiness and reliability 'to float' respect

to gain new competences

to overcome embarrassment

to visit a TV station

to make new friends

to learn what happens off stage in video making

to work on my self-esteem

to overcome shyness (if possible!)

to be filmed

to do something new and stimulating

The main expressed *I wouldn't like* were been:

to be misunderstood

to be too shy and afraid of speaking

to be filmed

that what we are doing was undervalued

Scenario chosen

The scenario was divided in three phases:

- welcoming, mutual acquaintance, developing a sense of belonging and realisation of an 'idea'
- ending, processing, assessing the experience – 'what am I leaving behind and what am I taking away with me'
- a 'chain' among the participants, talked about the experience they had, named the emotions they felt, named something they had learnt, talked about a specific difficulty they encountered and defined an awareness.

This moment of recapitulation created a climate of 'suspension of judgements' where circularity, symmetry and suspension of the answers favoured a spontaneous expression of thoughts.

A living laboratory

The beginning of each meeting had a warm-up session in order to bring out the participants' emotions and favour spontaneity and relationship in the group.

A key role in the workshop was that of action seen as verbal and non-verbal synthesis, analysis and insight. Action describes both acting and the 'here and now'. It focuses the attention on what is happening right at that moment more than on the description of previous experiences.



The main aim was to create a warm and reassuring climate among the participants through continuous meetings and inter-subjective relationships, in which the expression and respect of the others as subjects are central. By not using interdependent ‘question and answer’ verbal relationships the climate allowed the participants to ‘mirror’ themselves and ‘mirror back’ their experiences.

The basic technique used was role reversion as a way to identify with and differ from one another.

This method allowed the participants to step into each other’s shoes. The validity of this method lies in its encouraging the participants to find ‘new truths’ bypassing and overcoming emotional constraints and crystallised cognitive prejudices.

Each session ended with the participation of the audience.

Past experiences, seen as integration among the group and insight of a single individual, acted also as a barrier to those participants who would come out with ‘wild’ interpretations or uncalled for suggestions.

During the laboratory a learning context was created, therefore different rooms were used: one for action, one for interaction, one for talking about the participants’ life and one for theoretical elaboration.

Other techniques used were been.

Group Management

The participants were encouraged by the psychodramatist the psychodramatist in a number of activities promoting energy, knowledge and emotion sharing.

The psychodramatist proposed a number of activities to create a sequence of actions resulting into the coming to the surface of feelings of self-assurance, courage to take on roles which were once unknown or feared: roles that are essential to be part of society and the world of labour.

The group has become, in the eyes of the participants, an auxiliary world in which they have reciprocally taken care of one another thus contributing to nourish, reinforce and re-build the self-esteem and self-assurance of each member.

The Meeting

The psychodramatist has used various forms of meeting. These allowed the participants to be together, to find again one another, to share, to understand and to get to know each other through silence, movement, words and motions.

The mirror

The objective was that the participant looking at himself from outside the scene, could recognize the aspects present in it and he/she could show a reaction against them with the aim to encourage an increase of the self-observation.



In every technique the following elements were used

- body language
- non-verbal communication
- self-expression

Relation between psychodrama session and video-therapy

Both psychodrama sessions and filming merged into one.

Filming fixed and intensified what acting had brought to light.

Watching the final video allowed a further processing of the image of one self, the ability to relate and present one self to the world.

The camera was never seen as an intruding eye but part of the action that was taking place.

Mutual understanding between the psychodramatist and the filmmaker was key to the success of the workshop.

Psychodrama and videotherapy together, especially through the filmed role playing teach empathy skills.

In psychodrama, participants quite literally put themselves in another person's shoes and come to experience the world from their point of view.

The psychodramatic and videotherapeutic approach engages individuals and groups on multiple levels through a combination of channels: visual, auditory, kinaesthetic, intuitive, intellectual, emotional, relational, actional/behavioural, etc.

This combined approach can be of particular value in working with persons with difficulties related to verbal communication.

In terms of human development, actions provide the earliest mode of communication. Clinically, it's possible to find that often a person's vocabulary and conceptualization suggest one thing but when what has been described is enacted, it is clear something else was intended. Similarly, what a person understands is clear when they can show it in actions and not just words. In this particular framework videotherapy was very helpful.

The filmmaker, with his camera, gives an extra boost to every meeting; he becomes a sort of mirror for everybody, registering all that happens without limitations. He is also instrumental to memory, reflection and subsequent debates.

The video of the work carried out shows commitment, challenges and relationships, story telling and listening in order to give a sense to what is being built with patience and method.

Main results

The experience has been very positive, both for the participants and for the psychodramatist and the video-maker.

The main conclusion is that clients have more instruments to overcome the obstacles that life presents them.

Thanks to the use of several acting techniques the approach towards better interpersonal relations has allowed the participants to free themselves of their inner constraints; it has solved problems and critical situations and has helped in the research and discovery of alternative options.



During the lessons, the participants were actively engaged to get to know each other and to develop their personal resources: they listened to the voices of their inner and relational world, doubts, questions, talents, constraints, desires, needs and difficulties to join the social and working system...

Dialogue within the group led the participants to focus on the possible solutions to their intra-psychic and relational conflicts. They found encouragement and confirmation in the participation and help by the psychodramatist and by the group itself.

The results can clearly be seen in the following sentences expressed by the clients at the end of the laboratories:

We were strangers to one another and now we are friends

I'm not alone: they are with me and I'm with them

I will take this experience with me forever

I will never forget either of you

Now I'm feeling stronger

Now I Know what I'm able to do and to feel

Now I'm alive

I increased trust and spontaneity

Now I know a part of my inner self that was unknown to me

I think that expressing what I feel can help me

I've discovered another 'me' and I like it

I'm happy to do something I like

I like being together with the other members of the group and I like being filmed

I don't feel disabled, I feel normal!!!!

4.3 Psychodrama and Videotherapy workshop in Spain – group of misfit unemployed people with social difficulties

Presentation of the group

The group was composed of 18 clients aged between 25 and 45. All of them were unemployed and at risk of social exclusion.

The group presented symptoms of depression for their long period of unemployment and pathologies related to insecurity, anxiety and lack of confidence.

The selection of the participants was carried out by the job integration service “Mancomunitat” in the Comarca of Ribera Alta.

General overview about the logistic

The project was located in Algemés which is situated in the middle of the “ Ribera Alta”. The room was 40 square meters with large windows which allowed the light to come inside.

Climate situation at the beginning of the laboratory

Given the similarity of each of the participants' situation, interaction amongst them was relatively easy and it increased during the course of the activities.

During the warming up session, a brief theoretical and experiential explanation was given and several concepts were accompanied with practical exercises.

In addition, sharing the experiments in small subgroups contributed to the increase of a sense of belonging.

This was strengthened by proposing that the comments and the contributions of each member were exposed through the imitation done by other members in front of the whole group.

Exposing by writing on the blackboard each conclusion allowed the psychodramatist to have very useful material to work on in order to develop different activities

Scenario chosen

Starting from the unemployment experiences of the members of the group, the psychodramatist evidenced the sense of “impotence” and “disability” as predominant elements among the audience.

In order to maintain the interest and the level of participation and involvement of the whole group, a specific task with each participant was chosen. The clients themselves chose the scene and built, assisted by facilitators, the setting for the dramatization, i.e. several scenes were enacted in the Employment agency.

A living laboratory

One of the scenes is emblematic for the description of the actions during the workshop.

At the Employment agency: Group of people who are waiting for the selection to pick oranges.

Discovering that the elected are all of the same nationality which coincides with the electors - all of them foreign.

Frustration of the participant who points out that there is not a single Spanish among the elected.

During the dramatization there are obvious signs of frustration built up during the period of unemployment.

It was clearly observed, both at a phenomenological and a speech level, that the protagonist had the benefit of being able to express feelings in a natural way.

It is an issue highly steeped in socio-economics, ethics and politics that hinders the possibility of connecting with intrapersonal and interpersonal levels in which the protagonists could put their resources into play.

Regarding to the tools and techniques used, the methodology was the following:

- Representation of the scene together with the auxiliary egos.



-
- Observation of the phenomenology and nonverbal patterns that the protagonist showed in the enactment - the frustrating experience of not being chosen.
 - Use of the technique of freezing the scene. Be aware through soliloquy of the experience and of the obstacles. To go into the awareness of the experience in depth and the obstacles that hinder their solution.
 - Through decontextualization tackling each of the obstacles the participant had to face was carried out with higher intensity.
 - The possibility of approaching situations from the past with similar significance allowed the participants to find alternatives not previously taken into account.

During the laboratory the Psychodramatist used several techniques such as:

- Double
- Mirror
- Role Reversal
- Soliloquy
- Empty chair

Relationship between the psychodrama session and the videotape

The therapeutic and training functions of the videotape were carried out through the interventions of the facilitators.

After each Psychodrama session, the participants watched the video. Relying on the most significant aspects they proceeded to the feedback of the recording. Through comments and reflection they learnt and discovered new things about themselves in a deeper and clearer way.

The participants reached an acceptable level of understanding of the combination of the two techniques. Some of them assessed the positive value of being able to see the scenes in which the techniques were applied. Some participants were reluctant to watch the parts in which they had participated. Although they were not ashamed when their actions were recorded, they felt this shame when the scenes in which they were participating were shown to the audience.

All in all, the participants valued the dramatization as extremely positive in itself.

Main results

In the closing session, as a continuation of the application of the psychodramatic method, the technique of “behind the back” was included. This consists in each participant leaving, in an imaginary way, and the rest of the group commenting on what they have learnt about this person. It is a way of giving back to the participants all the positive things that they have previously contributed to without blocking such information.



From the psychodramatist perspective, and based on the comments of the participants in the closing session, the benefits can be located in the improvement of personal resources to deal with troublesome feelings and controversial emotions.

At interpersonal level, the improvements were concretized through an easier communication and through a higher level of respect, honesty and responsibility towards other people.

The incorporation of dynamic and unstructured exercises, including the identification with animals, allowed the participants to show, discover and be aware of the resources and skills they didn't know they had.

The participants could clearly observe that a qualitative different perspective, as provided by the humour and the drama, allowed them to overcome difficulties, to reconsider certainties and to abandon rigid behaviours.

All this showed the several aspects that at the beginning of the workshop each participant considered as negative and problematic in terms of traits and behaviours.

This workshop was a unique experience for the participants since there have never been any activities like this for the unemployed before. It has also been an unprecedented type of workshop for the psychodramatist because such a collective application with the

specific objective to overcome a painful situation of unemployment shared by a group of people is a novelty.

The learning opportunity that all the participants provided with their attitude and collaboration was enormous.

In this sense, the experience means a boost for the Mancomunitat of Ribera Alta in the field of labour and social inclusion. Therefore, thanks to all these positive results, the Mancomunitat of Ribera Alta and the organisations that are part it, such as the Territorial Employment Pact in the Ribera County (PATER), have planned to add the Psychodrama and Video-therapy combined method in the labour inclusion and training services.

4.4 Psychodrama and Videotherapy workshop in UK – Group of people with mental disabilities

Presentation of the group

A group of twenty mental health clients were initially identified to participate in the PHD² UK psychodrama workshop. The layout of the group was seated in a semicircle for the workshop with the filmmaker filming the actions. The psychodrama workshop took the form of a group interaction during which a protagonist (a client) was chosen to carry out a concern of an individual within the group work. The group leader (director of the psychodrama workshop) assisted and directed the clients to layout the initiation scenes.

All the clients had a median age range between 27 years and 62 years old. Many were mainly unemployed, some were volunteers and others acted as befrienders on voluntary basis to others. All the clients had varying degrees of mental health conditions such as Anxiety, panic and Phobias, Depression, Bipolar Disorder, Obsessive Compulsive Disorder, Personality Disorder, Schizophrenia, Seasonal Affective, to name but a few Disorders. While others were volunteers and befrienders. All clients were outpatients under both public and private care with mental health workers already caring for them.

The psychodrama workshop required the selection of representative geographical areas for the therapy. It was designed a method of combining different relevant selection criteria within the context of a survey of the most deprived geographical location that needed the therapy the most. Five criteria were considered relevant to select areas for the survey: deprivation, urban-ness, provision of community mental health care, residential care provision, and need for the services generally.

The group were then selected among people already under the care of public and private social service structures. The selection of the client group was preceded with a first meeting with the mental health staff and then with the prospective clients.

General overview about the logistics

General overview about the logistics was handled very well in terms of the number of hours involved in the therapy, the timetable, and

location of the laboratory. The psychodrama workshop was conducted within a mental health setting in the UK, namely Havering Mind.

Climate Situation at the beginning of the laboratory

The atmosphere at the psychodrama workshop quickly created a positive group climate from the beginning, which encouraged all the clients to share their personal experiences. The spontaneity of the interventions, the symmetry and the relaxed atmosphere reduced the initial feeling of anxiety and the difficulties of expressions by the newly formed group. The positive climate was also attributed to the consolidation of relational and communication competences for interpersonal relations which subsequently helped the clients to adapt or readapt to both the social and therapy context.

As far as the group management was concerned the method used by the psychodramatist (“the director”) refers to Moreno’s classic psychodrama in which the concepts of spontaneity and creativity were central together with the role play theory, the value of the sessions and the sociometrical connotation of relations between the group and the organisations involved.

All these factors together made the group members feel part of the operation and gave them a sense of awareness. The clients, regardless of the type and the level of their disorder, soon became aware and were part of the operation and part of the technical aspects of the project – the filming.

There was considerable anxiety in relation to the filming from the beginning concerning its intent and use. Nearly all of the clients objected to their personal data and the filming of their stories being used publicly. Some clients left the therapy because they did not like the idea that their stories were being filmed and did not want to be on camera. While others requested only for their voices to be heard and for their faces not to be filmed. This level of objections seems to be in harmony with the amount of suspicions and paranoia this particular client group normally exhibits. However, after clarifying areas of concerns that the clients had in terms of being filmed, majority agreed to be filmed, but not to publicise their stories.

The psychodramatist (“the director” of the group), guided the reception, introduction and encouragement of the clients to develop a sense of belonging from the beginning of the therapy. The clients were asked to be in pairs and think together what issues they might like to explore. Issues soon came to the forefront, and there was no problem in finding “issues” to explore.

Usually the “dramas” came organically from the group discussions. Each session began with presenting what had happened since the last session. Additionally, it was also, what effect the last discussions had on the persons playing the role(s), on the protagonist and on the group interactions as a whole.

All clients presented new issues that affected them for discussions.

Scenario chosen

Mostly the scenario came from the group discussions and the psychodramatist's (the "director") suggestions of possible first scenes. On several occasions, the clients themselves requested to work on a particular psychodrama of their interest. Some of the scenarios chosen were as follows: one client who continually hears voices, and another who had huge guilt for a drug related period in his life in which he and his partner were mutually violent. The spontaneity of personal presentation helped the group to feel important to each other and for each to have a role. Clients role played in helping to "fight off" the negative voices heard by a particular client and supported the client's right to be in control of the voices rather than for the voices to control them.

In the second instance of a volunteer protagonist, the client, through role reversal, was able to see his destructive behaviour and lack of impulse control whilst using heavy drugs. By role reversing with his partner in the act, he saw the 'pattern' of mutual co-dependency and was able to separate both roles. He enacted a future projection scene where he was able to say "good bye" to his drug taking friend in the act, and drew a line under the experience rather than persisting with his own emotional self-punishment. He was relieved at the sharing from the group and the positive feedback for presenting his 'ugly' self.

He was able to put his shame and guilt to one side and able to see his confounding behaviour through the eyes of his girlfriend in the act.

A living laboratory

The psychodrama and video-therapy sessions used many helpful tools and techniques such as Role reversal, non-verbal techniques, the use of doubling, the use of mirroring, soliloquy and sociometry.

The use of the double and role reversal, the engine that drives the drama, were used throughout the sessions.

These techniques helped developed spontaneity and creativity both in the individual client and in the group as a whole. Spontaneity mobilised the client's intellectual, affective and physical energies to interact with reality facilitating in this way new answers to situations.

There was an improvement in expression and communication skills through non-verbal techniques and spontaneous performances, which brought about better interpersonal relations among the group in a spontaneous way. Through role reversal, there was an exploration of both personal and social themes. In the “here and now” group experience, the clients took on difficult, conflictual or unknown roles in a spontaneous way that enhanced their understanding, interaction and cooperation within the group.

Soliloquy and the use of the mirroring techniques were also employed. These provided a path along which emotional and cognitive aspects of new emotions surfaced and brought about the acquisition of new cognitive competences. The techniques used in the psychodrama workshop had a “rehabilitation value” for the clients. The benefit was the transferability of practical actions to “everyday life” encouraging and promoting the client's ability to

socialise and to act autonomously in view of future life situations, through the recovery of their social and relational skills as well as their personal competencies.

Relationship between the psychodrama session and the video therapy

The relationship between the psychodrama and filmmaker was positive with high levels of understanding of the combined method and its goals. Throughout, there was a smooth relationship between the video equipment, the camera operator and psychodrama. They seemed to go hand in hand. The film-maker ensured not to be a spectator but rather recorded all the meeting's topical moments (reception, opening, exercises, closing of the session) and interacted with the psychodramatist at all times and even when the participants needed technical explanations. The film-maker was always in the middle of the action at all times however, was able to fade into the background and mingle with the "actors" on the scene trying to maintain contact with the group's spontaneous and truth without modifying it. This "self-effacement" operation while filming was directly proportional to the level of sympathy (in the etymological sense of the word) and of knowledge of the group's behaviour.

Main results

All the clients reported significant progress in terms of changes in interpersonal skills and integration on cognitive, affective, and



behavioural levels. During the sharing of the closing session all were very positive about their experiences.

All the clients reported they had all benefited from the psychodrama workshop.

They discussed some of their changes to be an ability to express the inexpressible thoughts and feelings, ability to be close to others and still be accepted.

Group members reported to the film maker that he was never intrusive and they thanked him for that. The filmmaker in return thanked the group and felt he personally gained from the experience.

All the clients reported that the techniques used in the workshop facilitated their ability in expressing difficult emotions and facing deep conflicts by having group participants enact their significant life events. Some group members shared their individual experiences by revealing their subjective experience of playing their role - relating feelings, experiences, awareness in the moment, and thoughts regarding their own life in the past, present, and future at that current moment. Beyond the mechanics of the psychodrama techniques, perhaps the most essential aspect of the psychodrama workshop was the psychological underpinnings of the events clients explored. Imperative to the experience was recognition of a client's once unspoken thoughts and feelings. These include the consideration of relationship dynamics of individuals not present, the acting-out of fantasies of what other people might think or feel, and the consideration of different ways to view an issue.

The main goal of the psychodrama workshop therapy was to bring closure to the clients without hindering further self-exploration of the client's traumatic events in their lives. Due to the intensity and cohesion that develops in mental health groups, closure is vital and essential. The psychodrama workshop therapy accomplished this task in a variety of ways including the use of various techniques in psychodrama, group members sharing feelings, thoughts, and reactions to the various role plays and enactments. Once the affective components were processed it helped the group move into a more cognitive discussions. Moving from an experiential and emotional content to a more cognitive content enhanced the change process of group members and provided some sort of closure in different ways.

The psychodrama workshop had a benefit in that some of the clients reported it will help them apply what they have learnt in the group therapy to their everyday life and help change the way they understand their trauma history.

This benefit promote empowerment with the group members while also encouraging and educating other mental health groups about how to overcome trauma in their lives.

This supports the notion that when psychodrama therapy is used to help the disadvantaged, the interventions tend to be more effective and group members benefit from cohesive flow of the psychodrama process (Gladding, 2005).

Strengths: In spite of the fact that the workshops was designed for each individual client to explore their own issue, a real exchange of ideas and teaching techniques took place among the group. In addition, working out other clients' issues was a common effort – each client contributed to its content and used own channels of promoting the solution. Moreover, all the clients participated in extensive brainstorming on the structure and content of any issue that was of concern. The psychodrama role-playing techniques taught empathy skills in the sense that clients quite literally put themselves in the place of the other person and got to experience the world from their point of view. Thus, psychodrama had much to offer the developing or even seasoned person. In addition, clients that were either deficient in empathy or, clients desiring to develop it to enhance their personal and social functioning or those merely trying to understand an interpersonal relationship difficulty benefited from all aspects of the psychodrama workshop.

Weaknesses: The most difficult aspect of the project management was the smooth running and efficient communication between all the clients and others.

The main channel of communication was through verbal communication, which did not always facilitate effective flow of information. In addition, because others were involved in other projects and activities it was often difficult to synchronise joint actions and keep the agreed timetable for the workshop. In regards to

the clients to some extent, the psychodrama therapy has elements that have the potential to raise unsettling issues. Some of the exercises plunged clients deep into an emotionally loaded issue.

4.5 Psychodrama and Videotherapy workshop in Slovakia – Group of deaf&blind people

Presentation of the group

The group was composed by clients from the group house for adult deaf&blind Majak n.o. in Zdoba near Košice, in eastern Slovakia.

Half of the clients were on a low cognitive level and half were on a higher level.

It is important to stress that at the beginning of the activities of the PHD² project, they had already had experiences with the psychodrama technique. In September 2009 they held a performance in cooperation with the students of a social group in Košice. In this occasion the vide-maker was not included.

Except for the psychodramatist and the videomaker, the staff of Majak and IZ Bratislava, other people took part in the project. During the session, a special pedagogue was present since she already knew the clients quite well. There was also a sign language translator who was crucial during the session. Without her help the psychodramatist could not have been able to work with the clients. During the preparation of the performance there were an art-

therapist, a music-therapist and other volunteers and occasionally also a psychiatrist.

General overview about the logistic

The workshops started in October 2009 and ended in March 2010. There were 5 sessions where important steps were carried out towards the progress of the whole therapy.

Between sessions there were several sub-sessions, approximately twice a week, with meetings with the dramatist, music-therapist etc.

Almost every session was recoded and after each working day clients watched it to see how they were doing.

What is interesting to mention is that after a few times they were asking to see the video by themselves.

During the sessions a meeting with all the staff was organized in order to get feedback on the work done during the previous month, prepare the new tasks and discuss the progress of the workshops.

Climate situation at the beginning of the laboratory

During the first meeting it was explained to the clients that they would play roles, express emotions, use mimic, gestures, sounds, motion, etc. This first part was very important because without understanding their role they would not be able to carry out their task properly.

During this step, the sign language interpreter was very important.

The hardest thing for the clients was to understand what we expected from them. It was very important to achieve emotional awareness so we could start working on the roles. Without awareness there was no quality of expression.

The communication with a special pedagogue was crucial as she knew them since childhood.

They asked to carry out the video analyses also without the art-therapist and it became their way to improve themselves and be aware of it.

Scenario chosen

The scenario was primarily chosen by the psychodramatist, following the recommended studies described in the methodology for the PHD² project.

Some feedback of the analysis was:

I could have acted better, Peter was weak, Juraj was good...

Then followed a discussion between them. After the analysis together with the pedagogue and the psychologist they changed the way of acting and improved the outcome of the session.

When the roles were carried out at a good level, we organized the performance for the students.

The blind but not deaf clients sang the songs and the lower level clients played the instruments.



The scenario was prepared in cooperation with the clients, they wanted to work by themselves and they were looking forward to the meetings with the art-therapist.

A living laboratory

After studying the methodology of the project, the psychodramatist and the video-maker decided to prepare a series of short dramas played individually and then in couples.

Here is an example:

- Working on senses – Taste – the clients eat something sweet or sour and expressed the taste through mimics and gestures
- Movement – walking as different characters such as a grandfather, a young lady, a beggar, a small child, a director – with costumes (played individually)

Group dynamics: the combination of characters mentioned above (a manager who is interviewing a young job applicant, three small children stealing the toys from each other)

The short dramas were provided without words and accompanied with music created directly on stage by 4 lower cognitive level clients. The assistance of the sign language translator was necessary.

The clients expressed what they wanted to wear on stage and created the costumes themselves. They did not have many props to use so many things were shown by pantomime.

Relationship between the psychodrama session and videotherapy

As the deaf&blind group is specific the cooperation between the psychodramatist and the video-maker were key to success. The video therapist was part of the staff from the Majak since he knew the clients. Also the sign language translator and a special pedagogue cooperated with the video maker.

What was important and crucial at the beginning was to explain what acting on stage means. As opposed to daily actions, in theatre whatever role or action they play is acceptable (i.e. kicking something in anger, or beat somebody etc). Results

The impact on the target group was:

- mutual relationships between clients on lower and higher cognitive levels were changed
- clients on a higher level respected the results of the clients on the lower level. They learnt to evaluate the results according to their level
- clients learnt to use the skills they achieved during the project in other situations - e.g. Martin, Peter and Juraj were the jury in the Carnival and they did very a good evaluation of the carnival costumes.
- clients achieved awareness that they live with and respect people who are different.
- clients learnt to overcome relations barriers (I don't like him/her, I don't want to be with...) They explored the various approaches to people who have behavioural problems.

-
- clients learnt to give feedback about different situations. They had never done this before
 - clients learnt to express their opinion
 - clients found that they can use different tools to express feelings
 - e.g. motion, sounds, mimic, gestures ...
 - Some of the clients achieved a high level of self esteem.

During the project some of the volunteers were students specialising in the field of social work. It has been a great experience for them to meet these people, to see how they work, react and behave and at the same time the clients were getting the positive feedback from the students as a part of their peer group.

Therefore, it must be underlined that the combined method between psychodrama and video-therapy had a positive influence on the personal development also in such a specific group as that of the deaf&blind. We observed also a positive effect on collectiveness since all the clients increased their social and collective interaction.

Main results

The impact on the target group:

- mutual relationships between clients on lower and higher cognitive level were changed
- clients on higher level respected the results of the clients on lower level even when it was not so perfect. They learned to do evaluation of the results adequate to their level of development.

- The clients learned to use the skills they gained during the project in the other situations. E.g. Martin, Peter and Juraj were the jury on the carnival and they did very good evaluation of the carnival costumes.
- The clients gained the ability to be aware that they live with people who have different level and they can be respected.
- The clients learn to overcome the relations barriers (I don't like him/her, I don't want to be with...) They explored the different approach to people who have behaviour problems.
- The clients learn to give the feedback in different situation. They haven't done this before
- They learned to express their opinion
- The clients found, that they can use different tools for expression of some feelings, person e.g. motion, sounds, mimic, gestures, ...
- Some of the clients have gained self esteem.

During the project some of the students of specialization of social work were volunteering. For them it was really big experience to meet those people, to see how they work, react, behave. On the other side clients were getting the positive feedback from students as a part of their peer group.

So it must be underlined that the combined method between psychodrama and video-therapy had a positive influence on personal development also in such a specific group as the deaf&blind are. We

observed also positive effect on collective because all the clients increased their social and collective interaction.

4.6 Psychodrama and Videotherapy workshop in Greece – Group of young adults with physical disabilities

Presentation of the group

The participants, between 20 -36 years old coming, most of them, from poor, mountainous and semi-mountainous regions of Ilia. All participants have permanent, not reversible infirmity, as, spastic hemiparesis, polineuropatny, epilepsy, juvenile diabetes, psychiatric disturbances, hearing impairment, and blindness. Only one participant has a university degree, all the rest are of low educational level. All participants are unemployed; two of them work occasionally in subsidized programs for individuals with infirmity, time duration up to 8 months.

The participants were chosen with internal process.

The followed process for their choice concerned initially the suspension of the program and the invitation of interest for those who filled the conditions for attending the program, in the table of announcements of *KEKYKAMEA* of Ilia which is a public institution, a service of Health Ministry. It provides to all individuals with infirmity of the Ilia Prefecture, services of re-establishment, education, social and psychological support.

General overview about the logistic

All psychodrama courses took place in the education room of *KEKYKAMEA Ilia*.

The laboratory took place in a specially designed room the *KEKYKAMEA* of Ilia, as well as in exterior spaces, as a coffee bar named *KOYRSAROS*, the building of Prefecture of Ilia, the government owned radio station *ERA* of Pirgos and on a beach of the Prefecture.

Climate situation at the beginning of the laboratory

Since the very beginning the atmosphere in the laboratories was particularly positive.

The team knew that they could express themselves however and whenever they wanted, they could share everything they wished, there were no banned subjects, easy or difficult questions.

The psychotherapist dedicated the first two sessions to create the necessary atmosphere for the laboratory of psychodrama according to Moreno's techniques.

Scenario chosen

The proposals for the script came mainly from the participants although also the psychodramatist presented his own indications. The final script included elements from the stories from all the participants and was divided into two main scenes united by their common nightmare: exclusion from society.



The first scene represented isolation and exclusion and it showed a white prison cell, while the second scene represented the everyday life of people with disabilities: they meet in a coffee bar, discuss their nightmare and their fears, experience social racism from people with no infirmity. The script closes with an optimistic picture of a beach, where everyone is together regardless their being or not disabled.

A living laboratory

The laboratory was divided into four phases:

- Warming up
- Selection, distribution and psychodramatization of the personal story
- Discussion
- Psychological Discharge of the team

During the first phase, the main tasks were to build the group, break the initial ice and begin to understand the subject that had been selected to be discussed.

In the second phase, after the protagonist of the scene had been chosen, he/she discussed the subject of the scene in as few words as possible.

In the phase of discussion all the group showed some kind of nervousness as they had the important task of sharing their thoughts and reflections about the scene they had just watched.

The last phase concerned the discharge of the team, which was particularly useful.











Relationship between the psychodrama session and videotherapy

From the very beginning of the psychodrama laboratory, all the team members were aware of the connection between psychodrama and video-therapy.













There was a positive view of the video therapy laboratory from the very beginning, while immediately after the end of each psychodrama session many of the participants stayed to discuss the script and the scenes. The fact that the psychodramatist and the filmmaker were the same person was very helpful.

Main results







The group reported that they left behind:

-  Fear
-  Shame
-  Loneliness
-  The belief that they are the only ones with serious problems
-  Inaction
-  Anger
-  Pressure from their relatives
-  Guilty thoughts
-  Stress that paralyses
-  Undesirable thoughts

The group reported that when they left they took with them:

-  Companionship
-  The knowledge that there are many people like them
-  Live colours
-  The decision to try to live alone
-  Anger
-  Less guilt
-  The awareness that stress can function creatively
-  That it is not wrong to be angry
-  It's all right if I do not love everyone who loves me
-  Relief
-  The sense that somebody considers me capable of doing something
-  It is a very beautiful feeling when someone listens to what you have to say

At the end of the sessions the psychodramatist recorded words concerning the laboratories reports:

-  Intense glances and movements
-  Need to share
-  Fear for the unknown
-  They can hear
-  Softer
-  Available

- ▣ They stand more confident
- ▣ They laugh more
- ▣ They are impatient
- ▣ Are they expecting too much?
- ▣ Together they can make small steps

This experience was extraordinary not only for the participants but for the whole community too. For what the laboratory of psychodrama is concerned everyone recognized the unusual feeling of the experience, while they wished for the group to continue with new sessions. As far as video therapy and short film are concerned everyone wanted to participate despite the fact they did not want to talk much. Their presence in the film and its nationwide presentation strengthened their self-esteem.

Finally, it seemed important for the participants to see their selves and their story part of the bigger group.

This experience brought benefits not only to the participants but also to the people who were responsible for project since they discovered unknown sides of their selves that are also very common with people with disability.

Most important of all is the realization that there are possibilities and restrictions in everything and that we should respect limitations because it is the only way for us to respect other people's needs. Psychodrama is not a solution to our problems, it is a tool that helps

us see a little bit clearer, to seek the truth, to accept what is painful, even though it may never stop being painful.

Last but not least, one of the most important achievements from this experience is the recognition that a very difficult situation, no matter how much we work on it, does not disappear, we just make more room inside our soul in order to be able to live with it. We should face it again and again even if it comes with different faces or shape.

4.7 Psychodrama and Videotherapy workshop in Lithuania – Group of Rom

Presentation of the group

The group was mixed: Roma community members (representatives of a socially excluded group) and social workers who directly work with Roma.

As for the Roma community members they can be described as “socially disabled”, because they are all long term unemployed or without any work experience. Most of Roma participants live in remote Kirtimai Roma settlement in Vilnius, which consists of about 500 inhabitants in nearly 100 scattered houses, most of which are wooden and have no sanitation. The population in the settlement suffers from poor housing conditions, very low educational level, unemployment and lack of opportunities to find alternatives to crime, such as the drug-trade.

Participants were selected by the Roma Community Centre according to their expressed willingness to participate in the project and to the recommendations of social workers.

Social workers and job intermediaries participated in the trainings as well, in order to create an inclusive atmosphere in the group and avoid separation.

General overview about the logistic

The workshop has been held in Roma community centre, in the Kirtimai Roma settlement near Vilnius.

Climate Situation at the beginning of the laboratory

According to classic psychodrama structure group's work was divided into three phases:

Warm-up;

Enactment;

Sharing.

During the four meetings linked to the warm-up phase, the participants were showed how to have fun together, to mirror themselves, to build solidarity, to stick together and support each other or be supported, to combine forces.

After these meetings the group's rules were created and the members all agreed to follow them.



As usual in psychodrama, the group was warmed-up with a wide range of specific exercises focusing on the senses so that the participants in the group could learn to get to know each other. They helped to create the right atmosphere and readiness for dealing with the sensitiveness and attentiveness of the subject.

As a result, various themes were activated which the participants brought along to the workshop from the context of their real lives.

Scenario chosen

According group's needs and acceptance the scenario called "Seven stones" was chosen. It is about all of us. It deals with the inner-relations between two parts within us: the sinner and the winner.

It was a dynamic active unmasking group process in order to encounter the traces of the seven sins in our everyday life. The purpose of joint work was to gain better understanding and to recognize the moral, social and personal implications that our sins left in with.

In these meetings spontaneous, expressive and creative ways of dealing with the relationship of the persecutor-victim roles within the person and in the society were explored. As a result the participants learnt to face their own history and life in more genuine true manner. The seven "dead sins" (pride, greed, envy, wrath, lust, gluttony and sloth) were discussed and explored.

The idea was to recognise which are the greatest obstacles for bringing a change to the lives in order to make a small step towards an inner harmony.

Relationship between the psychodrama session and the videotherapy

Psychodrama workshops were filmed and from time to time participants could look at themselves from outside and discuss the videos.

The psychodramatist was the leader of the group, conducting the entire workshop. The video-maker was treated as an “hidden” participant and usually didn't take an active role in the group, although sometimes joined in the activities.

“Practical” competencies acquired through video-therapy strengthened the participants’ know-how abilities and also allowed them to see themselves as capable people.

One of the critical point of the combined method is that filming, at the beginning, didn't allow participants to be as spontaneous and open as they could have. Some were so shy even to speak or act in front of the group and camera made the situation even more complicated. For some participants it was an obstacle sharing personal experiences, especially for those who were not used to be in public. Anyway, during the workshop running, the opportunity to review the filmed material provoked a lot of emotions in the participants, even if some of them could hardly accept what they saw

and some were frightened or even angry. On the other hand, filming had a noticeable positive effect on the behaviour of the participants.

Main results

The participants shared their memories, experiences, fantasies and feelings. Each meeting ended with a brief feedback and sharing one's point of view. Closing sessions were dedicated to elaboration and assessment, "what I leave behind and what I'm taking with me".

Sharing was concentrated on each participant's growth and enrichment within the group.

It was important that the group of participants was mixed – the Roma people as target group together with social workers and researches. The comparison of their memories and experience during the sharing session was totally different and evidently remarkable.

Sharing as a phase of process had pluses and minuses:

- Roma felt confidently, free to express their thoughts and there were no complexes felt;
- Roma preferred to do things considered to be Roma ethnic merits (such as music, dance etc.)

Enrichment of each participant was most noticed during the video review – they were able to evaluate behaviours and reactions and give some feedbacks.

The Roma group felt encouraged and increased the ability to socialise and to autonomously act in view of life situations through the recovery of their social and relational skills as well as their personal competences and cultural and typical characteristics (Roma people have very high spontaneity and creativity abilities).



CHAPTER 5

**Diversity is a story to be told:
short stories about the impact
of the workshops in the daily
life of the clients**

Some clients experienced a new way to be with others... Some learnt how to deal better with the fact they had lost their job....

“I didn’t talk at all at the beginning of the workshop but at the end I could say -I’m going to take away with me a challenging experience that has made me discover thoughts that once I couldn’t express. Now I’m able to share them with you all and it has been very nice ... What I’ll take away from this experience is how nice it is to be with oneself and with others in a spontaneous way. We’ve had the chance to express what we believe in front of a group and we can now do it in any situation-”.

“I took part in the workshop because I’m unemployed. I remember the presentation session when I said that I had come to the workshop to get out and change the routine in which I was living since losing my job. I had a normal job, but one day I was offered the opportunity to improve myself through a new project. Unfortunately the project

failed. I was forced to ask my ex-boss to take me back. But the economic crisis came and I was dismissed.

The fact of losing the job in that way, plunged me into a spiral of distrust of myself. I was so distressed that I faced all the new job interviews with resignation and this attitude of mine made even more complicated the already difficult task to find a new job.

Taking into account what I was going through, being able to attend the workshop gave me a breath of fresh air - considering also the tense situation I had at home. My personal and labour situations were closely linked, since I was not used to spend so much time with my family and my presence wasn't considered very positive.

During the time spent in the laboratory I felt that my attitude towards job interviews was improving. I worked on self-confidence until I was aware of the skills and experience I already had.

During the last days, I faced a real job interview and for the first time I managed it in a satisfactory way. I felt a person with skills that could be used in the labour market and I appreciated more my personality and my past experiences”.

“I Took part in the PHD² laboratory because I believed it was an opportunity to overcome the fear I had about expressing myself and talking to other people. This fear led to insecurity and to problems in deciding if to begin or not personal and work projects. The inability to express myself derived from a very strict family environment where expressing feelings was not allowed. My



brothers have managed to overcome this limitation. I haven't, probably because I'm the youngest and was the last to leave home. I have suffered this situation for a long time.

This verbal block I have is also the main problem in finding a new job

After the experience in the laboratory I feel more secure and I have acquired skills for talking in public. The workshop allowed me also to face difficulties I had with vocabulary and grammar. I've discovered that my fear was only a sort of fear of the stage, the fear of having to talk in public or with somebody I didn't know.”.

“I was convinced that being unemployed was caused by immigrant people. I was usually rejected by the employer because he preferred hiring immigrants. I felt like a stranger in my own country. My moral beliefs prevented me from considering myself as a racist, but the reality I had to face everyday was causing me an internal conflict. I was convinced that I would never be able to overcome the sadness I felt.

The work done in the workshop strengthened my self-esteem as a worker. I managed also to release all the internal stress and frustration I couldn't express because of my fear of being considered a racist. I found very helpful the soliloquy and the mirror techniques”.

My parents behaviour changed after the diagnosis of psychiatric infirmity... The stories of clients at risk of social exclusion because of being “not normal”

“I experienced physical and emotional abuse by my father.

When I was diagnosed with mental infirmity, my father’s behavior towards me changed dramatically.

Although I tried to continue to lead my life as usual, my father often called me useless and stupid and did not allow me to participate in familial meetings, thus showing that I did not exist for him anymore.

What made me really upset was the fact that because my mother tried to stand by and support me, my father became more and more aggressive and violent with her.

When I was proposed to join the laboratory I perceived all the others as strangers. After having shared this experience with them I can say that being with others can be very pleasant and helpful”

“I had a terrible car accident which caused only material damage, and for which I was not responsible.

This accident however was particularly traumatic for me because I felt that everyone involved looked at me in a negative way, considering me responsible because I am disabled.

Offensive remarks were thrown at me such as ‘disabled people should stay at home because they only cause problems’. Nobody at



the scene thought one moment that the causes of the accident may not have been related to my disability.

My reaction was anger. Anger towards those who considered themselves normal. I also began having nightmares in which I was alone, threatened by people. The experience of the lab helped me in finding a new relationship with other people and discover that many “normal people” have a different attitude towards who has physical problems”.

“I was fired by my boss when he discovered that I suffered from a incurable but not contagious disease.

Even though apparently none of my ex-coworkers were aware of the cause of my discharge, I was convinced that everyone after my dismissal behaved differently, almost in a racist manner, towards me. The boss claimed that the reason of firing me was my low productivity, but I knew that he couldn’t stand my status of sick person. I began to look for a new job; I was afraid to face the same situation again feeling the same way I felt in my previous experience. It was very hard to fight all the time with colleagues just to convince them I was no different from anyone else.

For some time I even considered leaving my hometown in order to regains my lost self-esteem.

The friendly attitude I discovered in the Lab helped me to re-think my experience and to be ready again to live in my own town with the people I have known since childhood.”

“I’m a disabled person and I live with other disabled young adults in an House of Social Services. All of the inhabitants of the House are deaf, blind or both. Despite our disabilities we live a full and active life. We participate in several activities, such as swimming, chess and other social activities (theatre and art). My experience in the lab started in 2009 during the first project of psychodrama and art-therapy. One of the aims of this activity was to develop group spirit amongst all the people living in the House. I worked with musicians and with artists covering all aspects of the performing arts. This increased my level of social interaction and I felt to be more thoughtful and helpful to people around me”

”Despite my condition of disabled, I live a very active live. I’m deaf and I have little sight left. I think I’m quite social: I visit cultural and social venues (exhibitions, galleries, concerts, ...). I have many friends and communication is through writing, because many of them are deaf and do not know sign language.

I had the chance to participate in a show as an actor thanks to the PHD² project. The aim of the project was to provide psychodrama techniques with a drama therapist. Together with the other participants I prepared some short plays in which we expressed our emotions and views about life. We showed the play to our parents, friends the public and the media”.



My behavior and my culture are not the same of the majority of people living in my town, why do I have to feel so apart? - Stories of diversity and daily life.

“Just before the psychodrama workshop, I went to a job interview. The experience was not very good. I belong to a national minority and during the discussion, the interviewer underlined many times how he considered difficult convincing anyone to employ people like me. At the psychodrama sessions I was offered to play the job interview and try different roles in a safe environment – the role of an employer and the role of an applicant for the job at a hotel. I understood the differences each role had and what I should change in my behaviour as an applicant. It was not easy for me to listen to what the other participants said. The psychodrama session helped me to develop practical skills for job interviews”.

“Being part of a minority I have experienced many times distrust. During one of the sessions I suggested to play an incident of harassment in a shop. In the play I was asked to leave because I was considered different.. Different roles were played and assessed by the participants. Psychodrama and videotherapy sessions unmasked negative attitudes towards people like me and made clear that anyone can be discriminated”.

I have experienced many problems in my life, I want to make the most of my life...-Stories from the everyday social setting.

“I have been separated from my daughter for many years without any contact. The “act out” of the Lab helped me to better understand my emotions. The psychodrama workshop allowed me to express very strong feelings and contain my emotions”.

“I’ve not had a very happy life. When I was young I was sexually abused by my father. The psychodrama workshop addressed my many problems and helped me to better understand myself and my history, resolve loss and trauma, overcome fears, improve my intimate and social relationships, express and integrate blocked thoughts and emotions, practise new skills and prepare me for the future”

“I felt victimised and blamed for my father’s mental health problems. I felt that my father hated me and I had many problems at school. I subsequently felt that everyone was out “to get me”. I had the opportunity to re-enact my internal conflicts by fully experiencing the trauma again, and by doing this I relived my pain and gained a deeper understanding of myself and my father.

This allowed me to accept and integrate my personality that I may have denied during my real life traumatic experiences with my father”.

“I had ongoing marital problems and because of it I felt that my life was impossible to live and I became suicidal. Many of my problems bordered around seeing the person I was married with spend much time with his new lover. This is destroying me. I was engaged in many sessions of the psychodrama workshop is still not better and has spent some time in hospital”.

“I was involved in drugs with my ex girlfriend and engaged in self-harm as a form of “role play”.. We cut and burnt each other, hit and stabbed. All under the influence of the drugs. Psychodrama helped me “unpack” and role play the traumatic memories that I had stored in my subconscious . It also allowed me to weave together disintegrated parts of myself and I realised that the centre of self-control is in me and not in my former partner”.

“I had an abusive relationship with my mother and siblings when I was growing up. I subsequently had an abusive relationship with the person I married and was exposed to very stressful events. I was overwhelmed and in a state of emotional and cognitive turmoil. Of all these traumatic events in my life, the one that caused me the most pain was the passing away of my dog. Characterised by the sadness of the death of my dog I was able to role play the pain and anxiety and became fixated in the trauma resolution process which provided me an opportunity to remember, repeat and work through the painful events from the past. Such a process of re-enactment was reported to

be therapeutic insofar as it helped me to re-integrate emotionally and to process cognitively (re-cognise) my overwhelming loss and thus enabled the growth of spontaneity that did alleviate the psychological impact of my trouble”.

“I discovered that the person I married had a lover, younger and more attractive than me. I became suicidal and I was convinced that my life was not worth living. I married very young and left university because the person I married wanted me to.

I was forced to accept the first job I was able to find. I spent all my life taking care of this person and when I was told I was never loved back I was broken.

In the Lab I was involved in a process of re-enactment and it helped me to re-integrate my emotional life. I was able to face my problems and for the first time I decided to make the most of my life”.



Bibliography

Amy Casey, M.A. (2001) *Psychodrama: Applied Role Theory in Psychotherapeutic Interventions*, Journal of Heart-Centered Therapies, Vol. 4, No. 1, pp. 67-84.

American Society for Group Psychotherapy and Psychodrama. (n.d.) *General Information about Psychodram.*, Retrieved March 13, 2005, from <http://asgpp.org/pdrama1.htm>.

American Society for Group Psychotherapy and Psychodrama. (n.d.) *General Information about Sociometry*, Retrieved March 13, 2005, from <http://asgpp.org/soc2.htm>.

Blatner, A. (1988). *The art of play: An adult's guide to reclaiming imagination and spontaneity*, New York: Human Sciences.

Blatner, A. (1996). *Acting in: Practical applications of psychodramatic methods*, 3rd Ed. New York: Springer.

Blatner A. (1988) – “*Spontaneity in foundations of Psychodrama: History, Theory & Practice*”.

Blatner, A. (1997) “*Psychodrama: The state of the Art. The Arts in Psychotherapy*”, 1997.

Blatner, A. (2000). *Foundations of psychodrama: History, theory, and practice* (4th ed.). New York: Springer.

Bloch, S. and Crouch E. (1985) *Therapeutic Factors; in Group Psychotherapy*, Oxford: OUP.

Boria G. (1997), *Lo psicodramma classico*, Milano, Franco Angeli.

Corsini, R. and Rosenburg, B. (1955) “*Mechanisms of Group Psychotherapy Processes and Dynamics*”, *Journal of Abnormal and Social Psychology*.

Dayton, T. (1990). *Drama games: Techniques for self-development*, Deerfield Beach, FL: Health Communications.

Dayton, T. (1994) *The drama within: Psychodrama and experiential therapy*, Deerfield Beach, FL: Health Communications.

Dayton, T. (2003). *Psychodrama in the resolution of trauma and grief. Counselor, The magazine for addiction professionals*, 4 (2), 33-39.

Also available on line at:

http://www.counselormagazine.com/display_article.asp?aid=april03Psychodrama.htm

Fox, J. L. (Ed.). (1987). *The essential Moreno*. New York: Springer.

Fox, J. (1994). *Acts of service: Spontaneity, commitment, tradition in the nonscripted theatre*. New Paltz, NY: Tusitala.

Fuhlrodt, R. (Ed.). (1990). *Psychodrama: Its Application to ACOA and Substance Abuse Treatment*, Rutherford, NJ: Perrin & Treggott.).



Gill, M. (n.d.) *What is Psychodrama? an interactive resource*, Retrieved March 13, 2005, from <http://www.dryw.freemove.co.uk/default.htm>.

Goldman, E. E., & Morrison, D. E. (1984). *Psychodrama: Experience and process*, Debuque, Iowa: Kendall/Hunt.

Goldman, E. E. (Director), Morrison, D. E., & Goldman, S. G. (1987). *Psychodrama: A training tape*, Phoenix, AZ: Eldemar [Videotape]. (Available from Elaine Eller Goldman, 1411 E. Orangewood Ave., #134, Phoenix, AZ 85020).

Hale, A. E. (1981). *Conducting Clinical Sociometric Explorations: A Manual for Psychodramatists and Sociometrists*. Roanoke, VA: Royal Publishing.

Hare Paul & June (1997), *J.L. Moreno*, Sage Publications Ltd

Holmes, P. (1992). *The inner world outside: Object Relations theory and psychodrama*, New York: Routledge.

Holmes, P. & Karp, M. (Eds.). (1991). *Psychodrama: Inspiration and technique*, New York:Routledge.

Holmes, P., Karp, M., Watson, M. (Eds.). (1994). *Psychodrama since Moreno: Innovations in theory and practice*. New York: Routledge.

Hudgins, M. K. (2002). *Experiential treatment for PTSD: The therapeutic spiral model*, New York: Springer.

Karp, M., *An introduction to Psychodrama*, <http://www.marciakarp.org/>

Kellerman, F. K. (1992). *Focus on psychodrama: The therapeutic aspects of psychodrama*, Philadelphia: Jessica Kingsley.

Kellerman, P. F. and Hudgins, M. K. (Eds.). (2000). *Psychodrama with trauma survivors: Acting out your pain* Philadelphia: Jessica Kingsley.

Kipper, D.A., (1986). *Psychotherapy through clinical role playing*. New York: Brunner/Mazel.

Klontz, B. (1999). *Talk is cheap: The healing effects of experiential therapy and psychodrama*, *Professional Counselor*, 14 (4), 35-38.

Also available on line at:

http://www.counselormagazine.com/display_article.asp?aid=talk_is_cheap.asp

Klontz, B. T. (2004). *Ethical practice of group experiential psychotherapy*. *Psychotherapy: Theory, Research, Practice, Training*, 41, 172-179.

Klontz, B. T., Wolf, E. M., & Bivens, A. (2001). *The effectiveness of a multimodal brief group experiential psychotherapy approach*, *The International Journal of Action Methods: Psychodrama Skill Training, and Role Playing*, 53 (3-4), 119-153).

Leveton, E. (1992). *A clinician's guide to psychodrama* (2nd ed.). New York: Springer.

Marineau, R. F. (1989). *Jacob Levi Moreno, 1889-1974*. New York: Routledge.



Miller, D. (1997/1998). *Doers of the word: How stories come to life through bibliodrama*, Available from Beacon Remainders, 1610 Helena Lane, Redlands, CA 92373; (909) 798—2765.

Moreno, J.L. (1953/1993). *Who Shall Survive?* (3rd "Student" Ed.). ASGPP American Society for Group Psychotherapy & Psychodrama.

Moreno, J.L. (1963). *The Words of the Father*, (Narrated by Moreno himself, so you can hear his dramatic voice and his spiritual philosophy.)

Moreno, J.L. (1947, revised in '70s). *Psychodrama*, Vol 1. Now re-published by ASGPP.

Moreno, J. L. & Moreno, Z. T. (1969) *Psychodrama Vol. III: Action therapy and principles of practice*. Beacon, NY: Beacon House.

Moreno, Zerka T., Blomkvist, Leif Dag, & Rützel, Thomas. (2000). *Psychodrama, Surplus Reality, and the Art of Healing*.

Pitzele, P. (1995). *Our father s wells: A personal encounter with the myths of genesis*, New York: HarperCollins.

Pitzele, P. A. (1998). *Scripture windows: Toward a practice of bibliodrama*, Los Angeles: Torah Aura.

Rosenbaum M., Lakin, M., & Roback, H. B. (1992). *Psychotherapy in groups*.

Rossi O. (2008), “*L’inganno che guarisce*”.

Rossi O., *A meeting with oneself: videotherapy in counselling*.

Salas, J. (1993). *Improvising real life: Personal story in playback theatre*. Dubuque, Iowa: Kendal/Hunt.

Starr, A. (1977). *Rehearsal for living: Psychodrama*. Chicago: Nelson Hall.

Steinberg, P., & Garcia, A (1989). *Sociodrama: Who's in your shoes*. New York: Praeger.

Vander May, J. H. (1980). *Psychodrama a duex: Practical applications of psychodrama to individual counseling*. Available from James Vander May, M.A., T.E.P., Life Enrichment Center, Pine Rest Christian Hospital, 300 68th S.E., Grand Rapids, MI 49548-6999.

Zimberoff D. & Hartman D. (1999), *Heart-Centered Energetic Psychodrama*, *Journal of Heart-Centered Therapies* 2(1), Spring, p. 3

Williams, A. (1989). *The passionate technique: Strategic psychodrama with individuals, families, and groups*. New York: Tavistock/Routledge.

Yablonsky, L. (1992). *Psychodrama: Resolving emotional problems through role-play*. New York: Brunner/Mazel.