

Title: The bodily roles on the Psychodrama stage.

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## **The bodily roles on the Psychodrama stage.**

Abstract: The field of body psychotherapy embraces even the method of Psychodrama although this has not been written about to any great extent. In this article, the emphasis on intersubjectivity and implicit factors, in psychodrama is stressed. Here Morenian role theory, the theoretical basis of psychodrama, is described. Its usefulness in clinical work, its connection to the body and to action as well as a range of aspects on the classification of roles is presented.

Psychodrama uses action methods in the form of spontaneous drama to illustrate human processes. It proffers many advantages. Psychodramatic action involves the body and all the senses directly. The spontaneous expression of implicit knowledge and the facilitation of emotions, adds to the richness of experience and understanding. Psychodrama belongs in its own right to the field of body psychotherapy. It differs from ordinary verbal group psychotherapy through the director's request: "Get up from your chairs!"

*Psychodramatic theory of roles*

The psychodramatic theory of roles describes what happens on the stage in a therapy based on dramatic action. The theory was developed in the 1920's by JL Moreno, the founder of psychodrama, and focuses on the **genuine encounter**. He coined the concept **tele** to indicate the mutual emotional flow in the encounter between two individuals. This is probably the very first interpersonal theory referring to a therapeutic context, strongly diverging from the sustained emphasis on intrapsychic process upheld by Freud's early strong influence. In body psychotherapy – from Reich onwards - the intrapsychic or intraorganismic process has also been the focus of attention, which has been reflected in the terminology and the practise. A major change has nonetheless occurred in later years.

The **role** is defined as the manifest expression of the ego in the encounter with another role, the **counter role**. Every role has an emotional, a cognitive and a behavioural aspect. This definition is phenomenological and does not presuppose any metapsychological concepts. Roles are coloured by both cultural and personal elements. Moreno distinguished between **psychosomatic, social and psychodramatic** roles. The psychosomatic are expressions of body functions, of which many have a genetic basis and are present at birth. The social roles reflect the values of the society. The psychodramatic roles develop from birth through the interaction between the baby and its surrounding care takers. A healthy baby is genetically equipped with roles, fit to build up the attachment to the care giver – generally the mother, of course.

### *Psychosomatic roles*

The psychosomatic roles are for instance the roles of the sleeper, the eater, the breather, the lover. They dominate the interaction in early life but have tremendous importance as expressions of basic functions lifelong. Well functioning psychosomatic roles are important for health and well being. As can be easily understood they play an important role in psychological suffering as in disturbances of eating, sleeping, sexuality, pain and of course psychosomatic diseases. If adequate body awareness is missing, which is a major concern in body psychotherapy, psychosomatic roles are split off from the personality and seen as strange, threatening and painful symptoms.

### *Social roles*

The social roles are defined by properties assigned by the culture to professions, social positions and family. A culture's social roles are intimately connected with the most profound moral values of the society, with political opinions, with the structure of their institutions and organisations and with the class structure. A form of Psychodrama focused on social roles is called **Sociodrama** and is the method of choice in work with social problems like group conflicts, racial prejudices etc and in work with organisations.

### *Psychodramatic roles*

The psychodramatic roles are, as mentioned above, in their most rudimentary form present at birth and develop rapidly in the incessant encounters between the child and the important persons in his or her surroundings. Daniel Stern, a psychoanalytically trained child development researcher, has extensively studied what happens between mother and child in their intersubjective space. In my view Stern confirms the interpersonal theories of Moreno better than anyone else although he never mentions any knowledge of Morenos early work He describes what could be called an encounter “dance” between child and mother. The baby is appreciated as a genetically well equipped master of relating – and surviving – who triggers the response of his or her mother. The mother – on her part – brings her life long inventory of roles to the encounter. The baby – a master also of imitation – probably on an implicit level incorporates roles from the mother - and creates his or her own counter-roles in response to the mother’s. It is precisely the almost unlimited capacity of imitation, which differentiates the human child from all other species. Recent research has shown the crucial importance of the **mirror neurons** (see below) in this process, which is basic for the attachment necessary for survival and normal mental development of the baby.

The basic psychodramatic roles are established in a mainly implicit form early in life as part of the attachment process. A profound psychotherapeutic process has to deal with these mainly preverbal roles, which presuppose a focus on the body. However, new roles are created in the continuous

development to meet the demands of life, especially in moments of crisis and conflicts and will colour the personality characteristics. Moreno regarded the capacity for spontaneous creation of new roles as necessary for individual survival and human development.

Adults can be described and characterised according to their available repertoire of roles. A richness of roles is supposed to be a sign of health and capacity of survival. A sparse repertoire indicates insufficient capacity to handle new situations and can be compared with the psychoanalytic concept ego restriction. Badly functioning roles can be described as underdeveloped or overdeveloped. Difficulties to give or receive love and affection or to be adequately assertive are a reflection of underdeveloped roles.

Overdeveloped roles – like a psychological cancer – exert themselves at the expense of other valuable roles. Addictions, obsessive symptoms, hypochondria are examples of extremely overdeveloped roles, which are also closely related to body functions.

*Different modes of classification of roles*

The Australian psychodramatist, Lynette Clayton, has suggested a differentiation of roles from the aspects of their functionality. She differentiates between **dysfunctional** roles, which represent negative roles and the responding counter roles which the child early in life has internalised from the parents; **“coping” roles**, important for survival in the family system but often representing rigid obstacles in new and adult relationships; and **individuated roles**, a balanced set which integrate the different life themes and permit healthy growth. Of course one should be aware of all the adequate roles, also created early in the context of the family, without which we would not have survived and which are connected to a good enough attachment.

Other psychodramatists have pointed to the fact that many roles are related and can be put together in clusters. The Argentinean psychodramatist Dalmiro Bustos describes three basic clusters, the “mother” cluster with emphasis on love and dependency, the “father” cluster with emphasis on assertiveness and autonomy and the “sibling” cluster with emphasis on sharing, playing, competing and rivalry.

### *The Psychodrama session*

Psychodrama is mainly a form of Group Therapy using the dramatic medium. A typical session contains:

- A **warm up phase** that helps the group members to focus on the process here and now.
- An **action phase** where one member, **the protagonist**, is chosen to display his/her theme, which often is the theme of the whole group. With help of the director, the protagonist chooses a relevant scene from his life (which can also be a fantasy, a dream, a future projection or just anything). The other roles (**auxiliaries**) are performed by group members. The basic technique of role reversal is used to let the protagonist show his inner pictures of the important others, for instance: “Can you show us how your father behaves in this situation? What does he say?” The drama may contain many role reversals and consist of one or several scenes.
- After the action is finished the group sits down in a circle. In this phase the other members **share** with the protagonist their own feelings from watching or playing roles in the drama and what they can recognise from their own lives. This is an important phase, which is designed to integrate the protagonist back into the group, through an empathetic and emotional feedback. It is also important for the auxiliaries to be de-rolled from emotionally laden roles. Very often it appears that both auxiliaries and the audience benefit therapeutically from the drama.

Roles are illustrated and worked with on the psychodramatic stage. The main function of the psychodramatic techniques is to bring about genuine encounters on the stage. It offers an opportunity to analyse the displayed roles of the protagonist. An inadequate role is usually a projection into here and now of a dysfunctional or “coping” role. It is important for the

protagonist to see and emotionally understand which roles are missing or inadequate. Role reversals give him or her the possibility to see him/herself through the eyes of another. Put in the role of the reflecting observer – which means watching the scene from outside while an auxiliary mirrors his own role – he can gain a spontaneous insight and enter the scene again in a more adequate role. The feedback from the group members is also helpful. This **role analysis** can give clues as to how to perform and develop new, difficult or initially anxiety provoking roles. (**Role training**). Any psychodramatic performance implies a certain feature of exposure to situations and feelings that would be otherwise avoided and thus serves a desensitising purpose. These techniques have during later years also become widely used in the practise of cognitive behaviour therapy.

### *The body in psychodrama*

The bodily aspects, as reflected in the protagonist's behaviour, often give the best clues as to how to start the drama and to understand the hidden emotional parts. Feelings may be too shameful or forbidden or may be repressed and only displayed in implicit communication. People express with tense shoulders, dogged chins, inhibited breathing or clinched fists what words fail to reveal.

It is part of the basic knowledge of body psychotherapy, as pointed out early on by Reich, that memories and their related feelings seem “stored” in the body as unconscious habitual muscle tension (“armouring”), movement

patterns and vegetative symptoms and can be released and their meaning brought to consciousness through body awareness, touch or movements. Also in psychodrama we can use the same clues and transform the physical signs and symptoms to psychodramatic roles through **concretisation**. That is a way to structure and make explicit the implicit knowledge signified by the physical signs. The protagonist is asked to play his clenched fist, his headache, his sexual organ or whatever seems obvious to focus on:

Dir: "John, reverse role with your headache! As headache show how you treat John and tell him why you do it."

Prot. in the role as "headache": (takes a firm grip at the top of the skull of the auxiliary who now is in the role of the protagonist) "I'll give you a real pain – I'll press hard – you will have no chance to avoid me. You really deserve this, you dirty bastard."

The drama may go on and the headache may be revealed as the boss, the father or any other internalised authority figure. Such dialogues may lead to new scenes. The protagonist may go back in time to the moment when this particular symptom (role) first appeared. This may happen spontaneously or through guidance from the director:

Dir: "Do you recall the first time in your life when you experienced this headache?"

Prot: "Yes, I was seven years old. I lay alone in bed. I heard my parents having an argument in the kitchen. My father raised his voice, my mother screamed: "No, no" I knew he beat her up. I love my mother and I hate my father, I wanted to get up and defend her but could not. My head was heavy as a stone and the pain made me cry"

This vignette also illustrates how the psychodrama stage gives freedom to the protagonist to move in time and space and between reality and fantasy. S/he can also move between verbal psychodramatic dialogue and focus on body awareness. A dialogue can put words to a conflict disguised as a physical symptom. A focus on the body experience can deepen the exploration of the emotions of the encounter. In an emotionally laden encounter, I prefer to slow down the protagonist, asking him or her to be aware of his or her body and feelings and allow free breathing. Many different things may be important in this very moment, eye contact, touch or a hug in the context of this specific encounter.

### *The body in the warm up phase*

As mentioned above a psychodrama session normally contains three phases, the warm up, the enactment and the sharing. Bodily factors are more or less involved in all three. The “Warm up” involves the whole group and is the process that initiates readiness for spontaneous action in the group ultimately to find the protagonist of this session. It implies focusing on feelings, thoughts and what else is going on here-and-now to assess what is urgent to work with. It may start as a verbal exchange but often involves and is enhanced by different kinds of body action. The director can ask group members to position themselves in the room according to different criteria. They can form a map indicating where they were born or where they live.

They may form subgroups in different corners according to their opinion or wishes at the moment on any topic. They can get involved in games, dances or body exercises. The bodies can also be used to form “spectrograms”:

Dir: “Form a row – stand at one end if you feel absolutely comfortable here just now, at the opposite end if you would really rather prefer to leave the room.”

The use of the body makes obvious, feelings and preferences, which can be hard to express explicitly. Body sculpting can be used for the same purpose.

Moreno used to just walk around the stage with the protagonist during the interview inviting the protagonist to a soliloquy designed to prepare for continued action. Whatever method used, most people experience that body action in itself produces a flow of thoughts. In psychodrama these may constitute clues to the continuation of the session.

### *The body in the action phase*

In the dramatic enactment the body is heavily involved. Every role has a distinct bodily factor (besides the emotional and cognitive ones) and involves body postures or movements, facial expressions and often a specific tone of voice. The director can use these clues to deepen the drama.

Dir: “Be aware of how you use your right hand and arm. – Do it again and exaggerate the movement. – Repeat and use any sound or words that comes to you.”

Prot: (shouts at the auxiliary playing her husband) “ Don’t come closer!. Go away, go away!”

This technique of exaggerating is called **maximation** and is similar to body therapy praxis. In addition other feelings whose content remains implicit can be focused upon:

Dir: “Be aware of what your arms and hands are doing – Don’t change it – just be aware of your feelings right now”.

Prot:” I hug myself – I feel so lonely – I wish there were someone who really loved me.”

A protagonist’s psychological conflict can be modelled by two auxiliaries trying to pull him in each direction – silently or with accompanying arguments. An external conflict – for example in a family – can be illustrated in a similar physical way. Body sculpting can be used to illustrate feelings. Family sculptures, a technique initiated long ago by Virginia Satir, can be used in many ways. After having finished the sculpture, the protagonist may reverse role with the different parts of it, express his feelings in the different positions or encounter the other parts. He may also choose to change the sculpture until it fit his needs.

The director should listen to spontaneous expressions from the protagonist that can be clues to bodily deepening of the drama. They occur regularly, expressing metaphors for movements, positions or body sensations:

A protagonist stages a very painful childhood situation where he felt humiliated and exclaims spontaneously: “ I wish I for once could have parents who could support me.”

The director asks two auxiliaries to play the roles of parents giving physical support, which gives the protagonist courage to handle the situation in a more assertive way.

Another protagonist – a young girl – chooses to stage a scene where she is disappointed with her best friend who spoils a nice evening with complaints. The action is rather dull and it is hard to understand why she has chosen to play this scene. The protagonist says she cannot reach her antagonist.

The director instructs the antagonist to try to run away and the protagonist to try to catch her. She suddenly stops in the middle of action crying and exclaims: “I can’t ... I see my mother”.

The drama proceeds to a scene where she is seventeen and has just boxed her mother’s ear. An emotionally charged encounter follows where she can ask for forgiveness and let the mother admit that she deserved the box. The scene ends with a long and warm hug between mother and daughter.

### *Catharsis and insight*

A psychodramatic enactment ideally proceeds to a climax, a catharsis, which releases the feelings that triggered the staging of the drama. A catharsis is an expression of strong feelings and can be manifested through blushing, a change in breathing, crying, shouting, hitting or laughing.

Moreno described what happens within the spectator as a “passive catharsis” in contrast to the “active catharsis” that characterises the participant of a religious ceremony or a psychodrama. Instead of the passive catharsis most people in Western culture attain through the consumption of all kinds of ready made products (theatre, film, TV, etc., which Moreno called cultural conserves) he offered psychodrama as a means for the ordinary human being to play his own drama and attain an active catharsis. Moreno argued for catharsis as a powerful way for the individual to attain equilibrium and for drama as the method of choice:

“...we often see a patient, who puts up great resistance when asked to act out his problem. It may also happen that his mind is willing and he is able to make a start on the verbal level but the body lags behind..... In situations like these, the spontaneity associated with verbal and mental images does not have the power to carry the body along with it. Analysis does not help; action is required. The method is to warm the subject up by means of mental and physical starters....It is a training in summoning spontaneity. In the course of overcoming the disequilibrium between the somatic and mental processes, larger and larger portions of the organism are brought into play, pathological tensions and barriers are swept away, and a catharsis takes place.”

(Moreno 1987 p.55)

No doubt Moreno attributed catharsis a great importance and regarded it as a main goal in sociodrama and psychodrama. However, he used the concept in a very wide meaning to:

“....include not only release and relief of emotions, but also integration and ordering;...not only an intrapsychic tension-reduction, but also an inter-personal conflict-resolution; not only a medical purification, but also a religious and aesthetic experience.”

(Kellermann 1992 p.83)

In such a wide meaning catharsis obviously covers also most integrative aspects of therapy. Moreno also coined the concept “action-insight” to emphasise that the process of self-discovery in psychodrama is achieved in action, which also reflects the efficacy of action as an instrument for learning and recollection. In his book “Focus on Psychodrama” Kellermann devotes this concept a whole chapter well worth considering. He certifies that it is generally agreed that intellectual insight alone does not facilitate emotional or behavioural changes.

“It may be defined as the integration of emotional, cognitive, imaginary, behavioural and interpersonal learning experiences.”

(Kellermann 1992 p.86)

Kellermann gives some examples of how action-insight may be experienced:

“My mind became crystal clear and every detail of my self came into focus with extraordinary clarity as if doors of perception were suddenly opened.”

“My body was open to every sensation and I knew what I was feeling.”

“I was aware of my needs and motives and I recognized the personal consequences of my actions.”

(Kellermann 1992 p.87)

### *Man as an actor*

Moreno wrote that he wanted to give the dramatic medium back to the ordinary person as a means for his own development. Man – like all organisms – is an actor (a doer) in relation to his environment. We use our well developed cognitive functions, our thoughts and our language but even the most abstract ideas are internalisations of actions. Every act of thinking involves some kind of muscle activity. Creativity is the key to development and change and needs spontaneous action to manifest itself. Moreno shared with his contemporary, the philosopher Martin Buber, the conviction that a **genuine encounter** between two (or more) individuals is the basic condition for change. Recent research of Daniel Stern and other scientists around intersubjectivity performed with sophisticated experimental models and video recordings confirm these views and stress their importance in psychotherapy as well as in everyday life. The mirror neurons are necessary for this process. Situated in the brain, adjacent to the motor neurons, they have the special function implicitly to register the intentional movements of another person. They seem to be responsible for imitation and learning capacity from birth onwards and to be the substrate for empathetic

resonance between individuals in the encounter. Their importance for the efficiency of psychodramatic practise cannot be overestimated.

### *Final words*

I have tried to provide an outline of the psychodramatic theory and practise maintaining that psychodrama is a body-oriented therapy in its own right. It is based on interpersonal role theory, a phenomenological approach, with connections to other forms of body psychotherapy. This way of working suits my personality, allows me to integrate knowledge from a range of sources and has given satisfying therapeutic results. I hope I have stimulated the curiosity of some readers on the topic of psychodrama and the body.

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