PSYCHODRAMA THROUGH THE MIND’S EYE

APPLYING PSYCHODRAMA IN INDIVIDUAL PSYCHOTHERAPY

Neil Hucker
September 2007

A thesis submitted to the Board of Examiners of the Australian and New Zealand Psychodrama Association Incorporated in partial fulfillment of the requirements towards certification as a Psychodramatist.
This thesis has been completed in partial fulfillment of the requirements toward certification as a practitioner by the Board of Examiners of the Australian and New Zealand Psychodrama Association Incorporated. It represents a considerable body of work undertaken with extensive supervision. This knowledge and insight has been gained through hundreds of hours of experience, study and reflection.


Copyright is held by the author. The Australian and New Zealand Psychodrama Association Incorporated has the license to publish. All rights reserved. Except for the quotation of short passages for the purposes of criticism and review, no reproduction, copy of transmission of this publication may be made without written permission from the author and/or the Australian and New Zealand Psychodrama Association Incorporated. No paragraph of this publication may be reproduced, copied, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical photocopying, recording or otherwise, save with written permission of Australian and New Zealand Psychodrama Association Incorporated and/or the author.

The development, preparation and publication of this work have been undertaken with great care. However, the publisher is not responsible for any errors contained herein or for consequences that may ensue from use of materials or information contained in this work.

Enquiries:
PO Box 232, Daw Park, South Australia 5041, Australia
Contents

Abstract v

Preface vi

Acknowledgements ix

INTRODUCTION 1

LITERATURE REVIEW 4

Therapeutic Outcomes 5

1. The Personal and Group Involvement in an Intense Surplus Reality Experience 6

2. Enactment and Warm Up to a Spontaneity State 7

3. Psychotherapeutic Change and Role Development 8

The Application of the Psychodrama Method in Individual Psychotherapy 10

Catharsis 13

Psychodrama and the Imagination 14
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Psychotherapy Work with the Imagination</td>
<td>16</td>
</tr>
<tr>
<td>APPLYING PSYCHODRAMA IN INDIVIDUAL PSYCHOTHERAPY</td>
<td>18</td>
</tr>
<tr>
<td>Description of an Individual Psychodrama Session</td>
<td>19</td>
</tr>
<tr>
<td>Reflections from this Individual Session</td>
<td>26</td>
</tr>
<tr>
<td>The Projection Spaces through which the Warm Up Progressed</td>
<td>28</td>
</tr>
<tr>
<td>THE MENTAL PROJECTION SPACES</td>
<td>30</td>
</tr>
<tr>
<td>1. The Private Projection Space of the Mind</td>
<td>30</td>
</tr>
<tr>
<td>2. The Shared Communication Space</td>
<td>31</td>
</tr>
<tr>
<td>3. The Receiver’s Private Imagination Space</td>
<td>31</td>
</tr>
<tr>
<td>4. The Empty Space</td>
<td>31</td>
</tr>
<tr>
<td>5. The Concretized Projection Space</td>
<td>32</td>
</tr>
<tr>
<td>6. The Role Reversal Space</td>
<td>32</td>
</tr>
</tbody>
</table>
Further Reflections from the First Individual Psychodrama

Involvement with the Imaginary Other

Reversing Roles without Auxiliaries

The Development of New Role Relationships in the Remembered Scene

THE IMAGINARY PSYCHODRAMA

Reflections on the Imaginary Psychodrama

The Relationship between an Individual Enacted and an Imaginary Psychodrama

Concretized and Non Concretized Role Enactment

The Intensity of the Warm Up

My Journey of Discovery

IMPLICATIONS

CONCLUSION

BIBLIOGRAPHY
Abstract

This thesis, Psychodrama Through The Mind’s Eye, describes my personal journey as a psychotherapist in my clinical practice, exploring and adapting effective applications of the psychodrama group method in individual psychotherapy. The hypothesis addressed is that three of the outcomes aimed at during and after a group psychodrama session can be approximated in individual psychotherapy. The three outcomes are: a high level of personal involvement in the interactional experience, the warm up to a spontaneity state and role development.

Two case studies of individual psychotherapy sessions are used to show how remembered scenes can be directed psychodramatically in different physical spaces: on the stage or just in the mind. The outcomes produced in these individual sessions are compared with those outcomes aimed for in a group psychodrama session. It is concluded that the psychodrama method can be adapted to individual psychotherapy with the three outcomes achieved.
Preface

In this thesis I am going to take you, the reader, back with me through a learning journey I have been on for many years: A journey that has continually affirmed for me the creative potential of the imagination and the importance of having healthy social relationships.

As a consultant psychiatrist with a special interest in psychotherapy I have been exploring and investigating ways to produce in individual psychotherapy the experiences and therapeutic outcomes that can be produced in group psychodrama sessions. My psychotherapy approach has evolved by integrating individual psychotherapy, group psychotherapy and psychodrama since I first started training in psychiatry in 1973.

From the very beginning of my medical training at Monash University, which incorporated the innovative Department of Social and Preventative Medicine, the importance of a person’s interpersonal relationships to their general health was stressed. As a medical clinical practitioner this influenced my assessing, implementing and evaluating therapeutic interventions for people’s personal and interpersonal problems.

During 1973, when I did my first three-month psychiatry rotation as a second year medical officer at Larundel Psychiatric Hospital, Melbourne, I was fortunate to find myself in a very progressive hospital that had small and large group therapy programs throughout the wards. The general psychiatric ward to which I was allocated had weekly psychodrama and sociodrama sessions run by my first psychodrama mentor Dr D Kahns; I can still vividly remember the dramatic enactments and positive therapeutic outcomes from these sessions.
Throughout 1974, I worked in a fifteen bed country psychiatric hospital where I was introduced to psychodynamic individual psychotherapy, couples sex therapy, adolescent group therapy, milieu therapy in the outpatient day hospital, family therapy and transactional analysis. This multi-modal approach to therapy continued to warm me up to the view that individual psychodynamic psychotherapy was just one way of producing healthy outcomes.

In 1975, I returned to Larundel Psychiatric Hospital to complete my psychiatric training where my interest in psychodrama continued. In particular, I was impressed with how psychodrama could produce such realistic enactments of remembered scenes that I felt I was really in the scene. This was so different to just describing and discussing these scenes.

Larundel was innovative in developing ward based therapeutic treatment communities for specific diagnostic groups: personality disorders, first presentation psychosis, neurosis and situational crisis. In these wards all inpatients received individual and group psychotherapy, and they could participate in psychodrama groups. These psychodrama groups provided me with a good opportunity to work with people relating in a far greater range of roles than emerged in their individual, psychodynamic psychotherapy sessions.

By the time I finished my psychiatry training in 1978 I had attended some psychodrama training workshops to learn more about psychodrama, and I had developed an interactive, psychodramatic action method for group therapy. I was highly warmed up to the importance of a person’s social relationships as causative, symptomatic and curative of personal problems, and therefore to the value of group therapy. I had developed an eclectic psychodynamic approach to individual psychotherapy, and so the division between producing enactment with auxiliaries in my group therapy and no enactment in my individual therapy went on for some years.
After this I went into private practice and I continued to attend psychodrama training groups and workshops. My experiential learning progressed and my deepening appreciation of the psychodrama method warmed me up to applying it more often in individual psychotherapy.

As a protagonist during my psychodrama training I experienced a deep emotional connection talking to imaginary others in an empty chair, and enacting and speaking to my projected imagined self in a photograph. Having experienced the effect of these imaginary interactions without any auxiliaries I warmed up to directing people in individual therapy as if they were protagonists in a group psychodrama. This warmed them up to role enactment with what they imagined in the therapy room.

The more I applied psychodrama in individual psychotherapy the more intrigued I became by people’s ability to project the content of their mind onto the stage space, and to have a meaningful authentic interaction with anybody they could imagine being present without auxiliaries. Enacting role relationships with imagined others warmed people up to spontaneity states where adequate roles were created and developed.

The therapeutic catharsis produced by role reversing with imagined others raised the question: Could the therapeutic outcomes expected from a group psychodrama or an enacted individual psychodrama session be approximated without concretization and enactment by working with the mind’s eye, by just imagining?

I have written this thesis particularly for people who are practicing psychodrama and who are involved in doing individual psychotherapy. I trust that by sharing some of the ways I am working psychodramatically in individual psychotherapy I will contribute to our ability to apply Moreno’s psychodramatic method in more therapeutic situations.
Acknowledgements

Getting to this point has been a long journey and has involved many people sharing their friendship, expertise and love of psychodrama with me. I am enjoying going back over the journey and acknowledging my gratitude to you.

Thanks Max, my long serving primary trainer and mentor. Your commitment to walk the walk and talk the talk of spontaneity continues to inspire me. Thank you Teena Lee for providing a crucible for my early training experiences. For the many discussions, workshops and camaraderie, thank you Tom Wilson, Warren Parry, Ari Badaines, Ruth Lord, John Devling and to you Lynette Clayton for your ongoing wisdom and friendship. To you Sue Daniel thanks for your friendship and creative leadership as a trainer.

To you, all my fellow trainees who I have trained with, traveled and played with, and who have made my psychodrama social atom so robust, thanks. In particular, thank you Margaret Shanahan for your personal support and your insightful input into the journey of the thesis and me.

Finally thank you to my two thesis supervisors Max Clayton and Liz Marks. Especially to you Liz thanks for your tireless work, editorial skills and clear thinking in the preparation of this thesis.
INTRODUCTION

Moreno’s creation of psychodrama occurred at a time when psychoanalysis was the most popular form of psychotherapy in Europe and America. His interest in the importance of social relationships and social groupings and his involvement with the theatre and improvisational dramatic productions created a very different warm up to practicing psychotherapy.

When creating psychodrama, Moreno describes moving psychotherapy on from psychoanalysis where a one to one relationship was used to create the therapeutic experience. Within this one to one relationship the psychoanalytic therapy occurs in the relationship space between the therapist and the other where the focus is on the communication.

Moreno introduced the use of group therapy and dramatic enactment to psychotherapy. He proposed that by doing psychotherapy in a group and facilitating the protagonist to project, concretize, and enact their personal and relationship experience out on a stage, a more integrated therapeutic experience was developed.

Historically, psychodrama represents the chief turning point away from the treatment of the individual in isolation, to the treatment of the individual in groups, from the treatment of the individual by verbal methods to the treatment by action methods. It has developed a theory of personality and a theory of group which is, on the analytical as well as the treatment side, deeper, broader and more economical than its predecessors. It is an effective combination of individual with group catharsis, of participation with action catharsis (Moreno, 1946:10).

The psychodrama method enables group members to enact situations from their life with other group members acting as auxiliaries in the roles of the significant
others. Through this approach group members can warm up to a spontaneity state, a state of heightened creativity that can produce role development. A group gives people the opportunity to enact their role repertoire in response to a number of other people.

The use of a stage or action space has been central to the development of psychodrama as a psychotherapy. When Moreno incorporated group interaction and dramatic enactment in the psychotherapy process the need for a stage was axiomatic. He developed a specialized circular three-tiered psychodrama stage for psychodrama enactments to be played out on. In a psychodrama group with no three tiered stage there is a designated space enclosed by the group where the dramatic enactment takes place.

The protagonist in a psychodrama moves from holding their personal experience privately inside their own imagination to progressively projecting and imagining the experience out onto a shared physical action space, the psychodrama stage. On this action stage the person’s projections are concretized and enacted as roles, using role reversal and interaction with auxiliary egos to enact the role projections.

Throughout this thesis I will be using the word projection to mean a person’s ability to place the content of their imagination out into a mental space, a mental projection space. This mental space can expand into any perceived physical space.

This thesis addresses the proposition that the psychodrama action stage is only one of many projection spaces where people can experience the images of their imagination. By viewing these other projection spaces as action stages I describe ways that the imagination can be worked with psychodramatically that allow aspects of the psychodrama method to be applied without the usual concretization and enactment.
I will explore the hypothesis that the interactional experience, warm up to a spontaneity state and role development that is produced in a group psychodrama session can be created in an individual psychotherapy session. My hypothesis is that these three central elements of psychodrama can be adequately approximated in individual psychodrama psychotherapy session.

In the clinical work in this thesis I will focus on those scenes that are envisaged by the mind’s eye when situations are remembered or wished for interaction is imagined. Initially I describe an individual psychodrama session in which enactment occurred. Using this example I highlight a number of steps in the warm up and action phases of the psychodrama where the person experiences the content of their imagination in quite different physical spaces.

Using these physical spaces I then define a number of mental projection spaces where a person’s visualized mental life can be experienced. Subsequently, I describe another individual psychotherapy session without concretization or enactment, in which some aspects of the psychodrama method are utilized. Finally, there is a discussion highlighting some clinical implications of this work.
LITERATURE REVIEW

In the early 1980’s I obtained Moreno’s three seminal volumes on psychodrama: Moreno (1946, 1959, 1969) and a copy of “Who Shall Survive?” Moreno (1934). This was very exciting as the books gave me access to Moreno’s original writing and thinking and supplemented my earlier reading about directing a psychodrama (Blatner, 1973 and Hollander, 1978).

My reading of Moreno (1946:a) focused on those instruments of the psychodrama group method that produced a full psychodrama session: “The stage, the subject or patient, the director, the staff of therapeutic aides or auxiliary egos and the audience”. These instruments are used in a group setting to produce enactments of personal relationship issues projected out and concretized with people or objects on the psychodrama stage. If the subject does not have the people from the relationship situation present others in the group acting as auxiliary egos can play their roles.

Moreno (1965:212) described the scope and power of psychodramatic enactment, writing that “The theatre of psychodrama and the space permits and invites every form of consciousness and unconsciousness, all its most imaginative extensions to be acted out.” Specifically, he spoke of its value in mental disorders: “It appears that in such individuals who have reached the stage of a well organized mental disorder the enactment of the inner world within a dramatic context is indispensable” (Moreno, 1946:18). He also said, “The ultimate resolution of deep mental conflicts requires an objective setting, the therapeutic theatre” (Moreno, 1946:b). Moreno (1959:20) saw that the action stage allows, through projection, otherwise invisible mental dimensions to be played out “These externalizations are, however, closely related to the subjectivity and imagining of the protagonist.”

When a psychodrama is directed adequately the protagonist and the group move through a sequence of phases: the warm up, action and then the sharing phase
(Hollander, 1978), to create a cathartic, interactive, here and now therapeutic experience. To produce this therapeutic experience psychodrama focuses on transforming remembered scenes and mental experience into embodied role enactments: “In the psychodramatic world the fact of embodiment is central, axiomatic and universal” (Moreno, 1969:15).

Moreno (1969:a) stated that this transformation relies on the functioning of the imagination, “Psychodrama is a way to change the world in the HERE AND NOW using the fundamental rules of imagination without falling into the abyss of illusion, hallucination or delusion.” Moreno (1980:xv) saw that the psychodrama process was like a concretized extension of the dream process: “Just as in a dream, so a psychodrama appears to be an exposition of unconscious dynamics.”

Many other psychodrama practitioners have described their own application and integration of the psychodrama group method, including Goldman and Morrison (1984), Kipper (1986), Williams (1989,1991) and Clayton (1991,1993, 2004). All are similar in how they describe psychodramatically producing a transformation of non-concretized, imagined scenes, seen with the mind’s eye, into concretized, enacted, imagined scenes seen with the real eye. A description of their creative perspectives on group psychodrama is beyond the scope of this thesis but can be accessed in these references.

**Therapeutic Outcomes**

In my experience psychodramatic enactment in a group produces a number of therapeutic outcomes. Three of these outcomes created in a psychodrama group session are: the personal and group involvement in an intense interactional surplus reality experience, the warm up to a spontaneity state, and the development of the group members role repertoire. Because these outcomes are central to the method, I was interested to see whether they occurred if the
“Instruments of a psychodrama” (Moreno, 1946:a) were changed, as they are in individual psychotherapy where there are no auxiliaries or audience.

An outline of Moreno’s writing on these three outcomes follows:

1. The Personal and Group Involvement in an Intense Interactional Surplus Reality Experience.

Moreno (1946:a) saw that real living has its limitation, stating that “The living space of reality is often narrow and restraining” and that this can be freed up by using psychodrama. He also stated that, “The stage space is an extension of life beyond the reality tests of life itself,” a space where “Reality and fantasy are not in conflict.” Moreno (1946:b) writes further that “In the psychodramatic situations a maximum of involvement with other subjects and things is not only possible but expected. Reality is not only not feared but provoked.”

One of the great psychotherapeutic benefits of psychodrama is the method’s ability to warm a person up to enactment in such a way that the person’s involvement in an imaginary situation is experienced in as realistic a way as possible. Moreno (1934:85) observed that “The psychodrama provides the subject with a new and more extensive experience of reality, a surplus reality.”

Concretization, by the embodiment of roles with auxiliaries and interaction between them, creates powerful subjective and objective experiences. The importance of having auxiliaries to play other roles is put forward by Moreno as necessary to create as authentic an interactive experience as the “surplus reality” can produce.

Moreno placed importance on the experience of the tele relationships between the protagonist and the auxiliary during enactment to warm the protagonist up to a spontaneity state. “The tele relationships between protagonist, therapist, auxiliary egos, and the significant dramatis personae of the world which they portray are crucial for the therapeutic progress” (Moreno, 1980: XI).
The acting out of what he or she can imagine doing warms the protagonist up to experience an additional form of subjective and objective reality. Moreno (1965: 212) called this surplus reality: “Surplus reality is...not a loss but an enrichment of reality by the investments and extensive use of the imagination.” In my view this added reality of experience taps into the deepest reaches of our self. Moreno (1969:16) writes that “There are certain invisible dimensions in the reality of living not fully experienced or expressed and that is why we have to use surplus operations and surplus instruments to bring them out in our therapeutic settings.” Psychodrama enactment produces the experience of this reality.

2. **Enactment and the Warm up to a Spontaneity State.**

Moreno (1946:130) defines spontaneity as “A readiness of the subject to respond as required” and “a preparation of the subject for free action.” At another time he writes that, “Spontaneity operates in the present now and here; it propels the individual towards an adequate response to a new situation or a new response to an old situation” (Moreno, 1934:42).

A person’s conserved roles created previously for similar interpersonal situations may not be adequate in the new here and now. When directing a psychodrama one of the main aims of the director is to warm the protagonist up to a spontaneity state, in which an adequate role response is created and enacted.

Warming up to act and interact with the auxiliaries further warms up the protagonist’s spontaneity. “The warming up process is the *operational* manifestation of spontaneity” (Moreno, 1934:337).

After many years of clinical work, my view is that the spontaneity engendered by enactment creates a portal through which the advantages of imagining can be enhanced. Moreno’s writing promotes the idea that in psychodrama, action and interaction are central to the warm up to spontaneity and the developing of adequate role responses (Moreno, 1946:130). He also states that “To act means to warm up to a state of feeling, to the “spontaneity” state of an actor”
(Moreno, 1934: 337). He stresses the importance of being spontaneous for treatment success: “The level at which a patient is spontaneous is the working level of the treatment” (Moreno, 1946: 222).

Mental images, remembered or imagined, can act as starters to a warm up to the emergence of a new role. According to Moreno (1946: 223), “Spontaneous states are brought into existence by various starters. The subject puts his body and mind into motion using body attitudes and mental images which lead him toward attainment of that state. This is called the warming up process.”

Moreno (1934: 334) also focused on the interpersonal contribution to spontaneity: “In the “Stegreiftheater” I have described the spontaneity state “Spontaneity state is not only an expression of a process within a person, but also a relation to the outside through the spontaneity state of another person.”

From the “Stegreiftheater” the psychodrama method developed further: “A technique of spontaneous warming up to the mental states and situations desired was developed. The spontaneous states attained through this technique were feeling complexes and, as such, useful guides toward the gradual embodiment of roles” (Moreno, 1946: 182).

3. Psychotherapeutic Change and Role Development

A role is defined by Moreno (1946:iv) as “The functioning form an individual assumes in the specific moment he reacts to a specific situation in which other persons or objects are involved.” This functioning form is composed of the thoughts, feelings, actions and interactions present in that moment.

In a protagonist centered group psychodrama session the production of enactment on the stage is central to one of the method’s therapeutic goals of developing adequate role responses. There is a warm up of a protagonist in a conserved role to a spontaneity state, where an adequate role response is developed.
Moreno’s work delineates the relationship between spontaneity-creativity and the development of roles. He states that “Since we have shown the relationship of spontaneous states to creative functions it is clear that the warming up to a spontaneous state leads up to and is aimed at more or less highly-organized patterns of conduct” (Moreno, 1946: iii).

In a psychodramatic enactment the protagonist is warmed up to produce a full abreacted, cathartic role experience, using auxiliary egos to take on and play the counter roles in the situation. Enacting of the other’s role by role reversing is described by Moreno as important in the warm up to the “Catharsis of integration” (Moreno, 1934: 85). Having reversed roles and then returned to interact from his or her own role the protagonist continues to warm up to the spontaneity state and the creation of new role responses proceeds. As part of the full integration of the new role relationship, roles need to be rehearsed to develop their full potential. Moreno described this as role training (Moreno, 1946:vi).

In the clinical work in this thesis, I am focusing on those psychodramatic and social roles that are envisaged by the mind’s eye when situations are remembered or wished for interaction is imagined. Moreno proposed that the psychodramatic and especially the social roles that people develop over their lifetime are significantly influenced by the cultures they live in: “Every individual - just as he has at all times a set of friends and a set of enemies - has a range of roles in which he sees himself and faces a range of counter-roles in which he sees others around him. They are in various stages of development” (Moreno, 1946: v).

Moreno approaches role development in various ways. He proposes that from birth on, the core psychosomatic, psychodramatic and social roles of the self continue to develop and that the self is a gestalt integration of the roles a person develops. “Role playing is prior to the emergence of the self“ (Moreno, 1946: ii). This integration of the whole self gives a person a sense of their identity, a sense of who they are.
When describing the measurement of roles Moreno (1946: vi) proposed that roles can be “Not developed, have a rudimentary development, be normally developed, be over developed or have a distorted development.” He states that the enactment of new roles develops through the stages of “role taking” and “role playing” to “role creating” (Moreno, 1946: 62).

Other psychodramatists have further developed systems to designate roles whereby a person’s role repertoire and development can be described. L Clayton (1982) describes psychotherapy progress using the cultural atom, with roles developing from the pathological gestalt to the individuated gestalt. M Clayton (1993) describes protagonists’ fragmented roles diminishing where they had been unchanging previously, and progressive roles developing or becoming well developed. Both describe a system of coping roles that emerge when a person is under threat.

**The Application of the Psychodrama Method in Individual Psychotherapy.**

In a protagonist centered psychodrama one individual enacts their own personal concerns with the help of the other group members.

Moreno (1946:181) described this process as follows:

> The momentary structure of a situation for spontaneous, dramatic purposes, whether suggested by the director or the actor himself, consisted of an imagined situation carefully specified, of a role for the individual actor and of a number of personified roles by other actors needed to bring the momentary structure to as clear and dramatic an experience as possible.

When the psychodrama method is applied in individual therapy the protagonist has only the therapist, objects, and the stage to project the contents of their
imagination onto. Only three of Moreno’s five instruments are available: “The stage, the subject or patient and the director” (Moreno, 1946: a). There is no group to be an audience and become auxiliary egos to concretize roles for the enactment. Without counter roles being concretized and embodied by auxiliaries, both director and the subject need to rely far more on their imagining with the mind’s eye than on their seeing with their actual eye to engage in the psychodrama production.

Moreno’s “Technique of Self-Presentation” (Moreno, 1946:184) describes assisting the patient “To live through, in the psychiatrist’s presence, situations which are part of his daily life,” and that “he must also enact and represent as concretely and thoroughly as possible every person near him.” This description indicates that this can be done without an auxiliary role-playing the other. Moreno (1946: 184) also states that “If he is, in these situations, a lone character he may psychodramatize them alone,” indicating that the method can be used without concrete others enacting roles.

The “Magic Shop Technique” (Moreno, 1946: x) only requires the director and a single group member. This technique can be readily adapted to individual therapy.

Moreno (1965:213) describes the “Empty Chair” as a technique that can be produced just by the director and the subject. Here the chair “Is imagined to be filled with a concrete person, with whom the protagonist communicates as vividly as if that person were really there.” By reversing roles with the imagined other a deeper warm up to the surplus reality experience can be created.

In terms of inter-personal relationship work Moreno (1946:184) states, “Every psychodramatic session demonstrates that a role is an interpersonal experience and needs usually two or more individuals to be actualized.” On the other hand in describing his treatment of “A Case of Anxiety Neurosis,” Moreno (1946: 185) says, “In this technique, the patient is not only himself, but also his own assistant.
The patient himself becomes the auxiliary ego. The emotional currents, which fill
the social atom are reenacted by him and made alive. The balances and
imbalances within the social atom may then find a catharsis in his psychodrama.”
This indicates that a person can enact roles even if he or she is not in
relationship to a real or auxiliary other.

References to individual psychodrama with concretization and role reversal are
effectiveness of role reversal in individual counselling with enactment. It is
apparent that scene setting with objects, symbolic representations of any mental
content with objects and physical interactions, all part of a group psychodrama,
can be done in individual therapy. The role reversals and interactions with the
imagined others are described as if in a psychodrama with auxiliaries.

Fowler’s (1992) thesis describes how enacted individual psychodrama sessions
were conducted over six sessions. He comments that without auxiliaries,
production is helped by having a wide range of different objects available to
create imagined others.

Kipper (1986) describes individual enactments with single scenes and sequential
scenes, in which he uses the standard psychodrama techniques with the director
directing, doubling and playing the auxiliary roles. Williams (1989) describes
psychodrama with individuals but not in terms of a full psychodrama enactment.
Hudgins (1984) focuses very specifically on the use of doubling in individual
psychotherapy with directed interaction.

Stein and Callahan (1982) focus specifically on using psychodrama in individual
psychotherapy. They favour a more flexible use of psychodrama techniques as
an optional adjunct to therapy. Most of the work they describe relies on the
therapist playing auxiliary roles. They use the term autodrama for when the client
portrays all the roles in an enactment by reversing roles and interacting. They
make no mention of following through with the traditional psychodrama
sequence. They do not focus on the imaginary aspects of role playing or reversing roles in individual psychodrama.

Hirschfeld and McVea (1998:56) describe their application of Moreno's five instruments in the individual setting, where both role enactments and the auxiliary ego function of the therapist are used therapeutically. Their use of "Objects as auxiliary egos" highlights the clear function of the imagination in individual psychodrama: “The worlds of fantasy, story and imagination bring social investigation to a new art form.” The way they use the five instruments is similar to how I use them in an enacted individual psychodrama.

Fonseca's book, “Contemporary Psychodrama” (2004:73, 87), refers to a significant amount of psychodramatic work in individual psychotherapy that has been done by himself and others in Brazil. The relevant references quoted are in Portuguese and are left to the reader to follow up.

**Catharsis.**

Moreno (1946:17) states that,

> In the psychodrama situation the patient is the recipient of the three basic forms of mental catharsis, the one in the author-the creator and patient of the private drama-the other in the actor who lives it out and the third one in the audience which co-experiences the events.

The catharsis of abreaction is where there is the full expression of the act hunger. The thoughts, feelings and action of the role are acted out. It is usual for this catharsis to involve the creation of the new role response, which is then integrated into the protagonist. According to Moreno, “There are a number of elements able to produce partial catharsis. But by synthetic integration of all elements total catharsis can be obtained” (Moreno, 1946:17).
Moreno (1946:18) was searching for the answer to the question: “Whether one source is superior in the production of catharsis to another source; indeed whether there is an element common to all sources which operate in the production of catharsis?” He stated that he knew what the common source was, “I discovered the common principal producing catharsis is spontaneity, spontaneous dramatic action”…. “It is into the stream of action catharsis that all the rivulets of partial catharsis flow” (Moreno, 1946:18).

This indicates that by creating dramatic action in individual psychotherapy visualized imaginary scenes will produce some form of catharsis. The surplus reality experience that produces catharsis and change in psychodrama may have its equivalent in imaginary scenes without enactment.

**Psychodrama and the Imagination**

Blatner (1973: 123) writing about surplus reality, describes the “Imagination as representing that dimension of our lives which is our surplus reality.”

Moreno viewed the playwright’s drama, imaginatively being created within him, as the moment by moment experience of creating before it becomes a conserve. The conserve is the written script that the actor is directed to act, but the drama is enacted in the creator’s imagination before the actors enact it. He stated that, “For the drama has already found its inner stage, and is still being played there; its stage is his soul” (Moreno, 1946:40).

Moreno’s development of the Impromptu Theatre focused on the moments of creating. He aimed to have the drama that was emerging in this inner stage enacted contemporaneously.

Moreno (1946: 41) described the playwright becoming the protagonist:

> The matrix of the Impromptu Theatre is the soul of the author. Let us surrender ourselves to the illusion that the figures of the drama there in
process of production have become visible, audible and tangible. In this ideal performance all conditions are met: the act of creation is contemporaneous with the production: there is harmony of situation and word.

This is the surplus reality essence of the psychodrama related directly to imaginary creations, where the protagonist is enacting images as close to the real moment of imagining them as possible. This applies to enacting remembered situations as well.

Moreno (1946:112) highlights the relationship between spontaneity and enactment, but there are many spontaneous moments that emerge without enactments. For example, dreams are spontaneous new creations; thinking can produce creative new ideas that are then put into action. “Spontaneity can be present in a person when he is thinking just as well as when he is feeling, when he is at rest just as well as when he is in action.”

Moreno (1946: xvii) uses many different terms to describe the people envisaged by the mind’s eye when situations are remembered or imagined and then enacted by auxiliaries. “The task of the auxiliary egos is to represent the patient’s perceptions of the internal roles or figures dominating his world…the auxiliary egos portray them and make it possible for the patient to encounter his own internal figures externally.” The enactment of these internal roles brings their fullness to life. Out on the psychodrama stage the enactments are called roles. When internal enactments are envisaged the term internal roles seems appropriate.

Fonseca (2004; 87), a Brazilian psychodramatist, describes the individual psychodrama work that he has developed. With his “internal psychodrama” he warms protagonists up to the free emergence of their visual imagery: "I suggest that patients let their “internal film flow” (Fonseca, 2004: 91), or that they begin to see with their “inner eye” (Fonseca, 2004: 91). He describes his “videotape
technique,” which “utilizes immediate visualizations of significant scenes from the patients’ dreams or real life” (Fonseca, 2004: 94). This individual work is not enacted. The emergent feelings are facilitated as a free association of mental imagery progresses to a cathartic resolution. The internal individual psychodrama is not described as being a directed enacted psychodrama, nor a fully directed imaginary psychodrama.

When I direct an imaginary psychodrama my aim is to direct the production as I would an enacted classical psychodrama, as much as possible. This entails interviewing for a purpose and describing the scene so that the protagonist warms up and I can imagine being there and following the action as it emerges. Before, during and after the imaginary action I engage with the protagonist to double, mirror, maximize and coach them. I also warm them up to role reversal and to exploring the social system. My purpose is to produce an authentic emotional involvement, a catharsis, and the warm up to a spontaneity state in the imagined scenes.

Kellerman (1992:109) discusses the importance of the imagination and the as-if experience in psychodrama and links this to Moreno’s surplus reality. He emphasizes the importance of the imagination for the therapeutic process, “None of these aspects however would have an impact were it not for their location within the framework of imagination and their stimulation by the deliberate activation of as-if.”

In my review of the psychodrama literature I have not found any other relevant writings on directing an imaginary psychodrama.

Other Psychotherapy Work with the Imagination

There has been a lot of work in non-psychodrama fields with visual imagery and the imagination. Assagioli’s (1990:171) psychosynthesis method focuses directly on the imagination. He describes using a person’s visual images and working
with their sub personalities whilst they are lying down in a relaxed state. He acknowledges Moreno and in one section describes visualizing the self in situations with the subpersonalities and imaginatively playing out these roles. He describes this as a “Psychodrama-play-technique in imagination.” Apart from getting people to imaginatively play out roles he does not indicate in what other ways the process is directed psychodramatically.

Stone and Stone’s (1995) voice dialogue method uses interviewing of the “inner selves” by role-playing them in a chair. This would be equivalent to psychodramatically interviewing people for role. A psychodramatic production with scene setting, enactment, role reversal and social system exploration is not pursued.

Meares (1992) describes ways to work with people who have disorders of the self. He explores the development of a child’s sense of self. Firstly, the child relates to the mother and then develops an image of the mother. Then the child projects the image of the mother onto a toy and plays with it. Finally, the child can play with the image of the mother in what Meares calls “a virtual space.” (31) He describes the therapist relating to the inner relationship images as relating to a “metaphor of play,”…… “The fragile play space becomes the basic metaphor which underlies the treatment with disorders of the self.” (42). In psychodrama this inner metaphor of play in a virtual space is role-played with playing on a play space, the stage. Meares approach, relating to inner relationship images, differs from mine in that I apply psychodrama techniques to working with images in the imagination.

Much of the writing on non-psychodramatic work with the imagination is summarized in Neville (1989), Duggan & Grainger (1997) and Sheikh (2002). Further exploration of these authors’ ways of working with the imagination is beyond the scope of this thesis and can be followed up in the above references.
This thesis focuses on the use of psychodrama in individual psychotherapy. In particular it adds to the literature on some of the ways that the imagination can be worked with directly and psychotherapeutically.

**APPLYING PSYCHODRAMA IN INDIVIDUAL PSYCHOTHERAPY**

It is important to realize that the two individual psychodramas described in this thesis were directed after many years of working with psychodrama as a consultant psychiatrist in clinical practice. In both cases they are single sessions taken out of the ongoing psychotherapy work with two separate patients under my care. I therefore recommend that any attempt to apply this work in clinical practice be done by people who are in training under supervision or are trained in psychodrama.

My clinical experience has confirmed for me the value of directing individual enacted and imaginary psychodrama, however, the case numbers in this thesis are limited therefore any of my conclusions have to be viewed as provisional. My description of the individual enacted psychodrama is not presented as something novel or original. I would expect most psychodramatists to be able to direct a session like this.

In my clinical practice, a thorough psychiatric assessment and role analysis progressively informs my therapeutic interventions. An adequate role analysis of a person enables me to make an informed decision about whether an enacted or imaginary psychodrama is indicated. The importance of this is demonstrated in the very adequate outcomes in the two sessions described where a novel response was required from me, which I was warmed up to by my prior assessment.
Description of an Individual Psychodrama Session

I will now describe an individual therapy session with a patient named Mary that demonstrates the way I apply psychodrama in individual psychotherapy. Mary had recovered from a brief reactive psychotic episode, was stabilized on medication and was seeing me for regular follow up individual psychotherapy. She was a middle aged married mother who came to my office for a regular therapy session. I had been working with her for some weeks and we had not moved into any action in our psychotherapy before this session. The previous therapy work had involved us discussing whatever was relevant at the time.

The session involves Mary suddenly remembering a past situation in her life and working from this memory. The work moves through the stages of warm up, action, integration and sharing as in a group psychodrama.

On this day Mary described the interactions in a recent scene with her husband and children. In this scene Mary was trying to convince her husband that it was not safe for their children to go on a holiday to her old home town. The husband was adamant that it was safe and they should go. Mary knew “in her head” it was safe but did not know why she felt it was unsafe. She gave in to her husband like she usually did but remained worried, frustrated and helpless. This description created a picture of the scene in my mind of the interacting roles.

<table>
<thead>
<tr>
<th>DIAGRAM 1: Role System before the Drama</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROGRESSIVE</strong></td>
</tr>
<tr>
<td>Developed</td>
</tr>
<tr>
<td>Loving Wife</td>
</tr>
<tr>
<td>Loving Mother</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Help Seeking Patient</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
My preliminary role analysis of Mary in this scene was that the progressive role of assertive realistic mother was influenced by the fragmenting warm-up of the prophet of doom. This caused her to become a conflicted risk assessor. She was not able to have her fears agreed to by her husband. She coped with this by going along with her husband as a subservient wife but her feelings were dominated by the prophet of doom. My role analysis of her role system before the drama is contained in diagram 1.

At a certain point in our initial discussion I noticed that Mary had shifted from interacting with me directly and whilst she continued to talk about her current family conflict she was staring off into the space beside me. She looked absorbed with something else that was emerging in her, as if she were watching a scene in another place. Eventually Mary became silent. I waited for some minutes and then asked her to describe what was happening.

Mary disclosed that as she was picturing the scene with her husband and daughter she suddenly started remembering a scene of sexual abuse when she was a child. She described looking at the past scene as if she were watching a video replay. She could see herself and the abuser inside the house on the street where she lived as a child.

As she was describing her remembered experience she was staring as if it were happening in the therapy room in the here and now. She described being alone with an old man in a room. She said she had always known it had happened but she rarely thought about it and did not have any flashbacks.

As I was listening and doubling her I could envisage the scene in my own mind and then I imagined it happening in the space where she was looking in the therapy room.
As she was remembering the scene she described re-experiencing all that had gone on as if it was happening again. She expressed her fear, helplessness, guilt and her disgust at the sensations emerging in her. At this time she had moved from being an onlooker of the remembered images of the abuse to re-experiencing it and expressing her feelings. After each wave of expression of these feelings her attention would shift from relating to me directly in the here and now to looking back at the remembered scene in the space beside me.

As she continued to describe the experience she became increasingly angry with the abuser. I asked her, ” What do you want to do?” She said, “ I wish I could smash him to pieces.”

Because Mary was oscillating between watching the scene, experiencing being back there and relating to me in the here and now, I got her to orientate herself to just me and the physical contents of the room in the here and now. At this point her warm up was so strong that I did not want her to dissociate and lose awareness of me as her therapist and confuse me with the abuser. By grounding her orientation in the present she could make a choice about how to proceed and feel the difference between being in the memory or being in the present. She refocused her eyes and focused on talking to me. I discussed with her how we could use psychodrama to help, and we agreed to use action to express her anger at the abuser.

I then directed her to stand up and move around the room to warm up to using the space in a new way. Usually the therapy space she used was the communication space between us when we sat and spoke to each other. I coached her to remember the scene and create it in the room by choosing something in the room to be the abuser and something to be her child self. She immediately chose a large square leather cushion and imagined it to be the abuser and a smaller soft cushion to be her as the child.
I again coached her to imagine the scene and to maximize expressing herself to the abuser. She very quickly started yelling at him and then said she “wanted to stomp him into the ground.” She stood up on the cushion and jumped up and down screaming at him until she was too exhausted to do any more. Mary was totally involved in this surplus reality as if the abuser were really present.

**DIAGRAM 2. Interaction between the Director and Mary while she was highly spontaneous**

Mary had warmed up to creating and enacting the new role of an angry retaliating stomper and she had a catharsis of her outrage. After this she stood looking down at the seductive abuser she had trampled on, feeling released and empowered as displayed in diagram 2. During this catharsis of her act hunger I did not role reverse her with the abuser as I felt this may interfere with the warm up to her new empowered roles.
In my mind’s eye I could see Mary as her adult self attacking the abuser, and I could see her helpless abused child huddled in the corner. I was about to coach her to seek the abused child when she spontaneously went and picked up the soft cushion. The new role of the rescuing protective lioness was developing. By concretizing the image of the child using the cushion she was able to reverse roles and enact the new developing role of the secure rescued child being held and rescued by her empowered adult self in the role of the rescuing lioness. The intense personal involvement in this surplus reality interaction was palpable as displayed in diagram 3.

Diagram 3. The Role Relationship between the Director and Mary that produced the Spontaneity State and Role Development.

Mary then decided that she wanted to take the child outside the abuser’s house into the sunlight. I warmed her up to imagine being out on the street. Mary
warmed up to this new surplus reality and then said she could imagine seeing women from her town out on the street. With role reversal she enacted the roles of the imagined supportive women and by interacting with them joined them to expose the abuser, reclaim the child’s purity and consolidate her right not to be abused. The intense sociometric positive tele she displayed with the women attested to the social atom repair that had been produced. There was then a final stomping on the abuser by all the imagined and enacted women.

Back out on the street Mary enacted a group hug between the roles of her free empowered woman, her rescued child and the women of the village. The feeling of the hug was concretized by putting a blanket around Mary’s shoulders and cuddling the cushion. Mary experienced a very tender moment of purity and security at this time. This enhanced the development of her role of the strong protective adult respecting herself. In this catharsis of integration the new roles of the secure rescued child being clearly held by her protective empowered woman and the imagined other supportive village women completed the social atom repair as displayed in diagram 4.

Diagram 4. Catharsis of Integration.
The drama was then brought to a close and I warmed her up to return to the here and now. With the drama completed Mary put away the objects and we sat down and I shared with her. The analysis of the progressive role development in this drama is displayed in diagram 5.

**DIAGRAM 5: Role System during the Drama**

<table>
<thead>
<tr>
<th>PROGRESSIVE</th>
<th>COPING</th>
<th>FRAGMENTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developed</td>
<td>Developing</td>
<td>Moving</td>
</tr>
<tr>
<td>Confident Mother</td>
<td>Free</td>
<td>Moving</td>
</tr>
<tr>
<td></td>
<td>Empowered</td>
<td>towards</td>
</tr>
<tr>
<td>Mother</td>
<td>Woman</td>
<td>away</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Empowered</td>
<td>Secure</td>
<td></td>
</tr>
<tr>
<td>Insightful</td>
<td>Rescued</td>
<td></td>
</tr>
<tr>
<td>Patient</td>
<td>Child</td>
<td></td>
</tr>
<tr>
<td>Help</td>
<td>Protective</td>
<td></td>
</tr>
<tr>
<td>Seeking</td>
<td>Adult</td>
<td></td>
</tr>
<tr>
<td>Patient</td>
<td>Woman</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Protective</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rescuing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lioness</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Support</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Seeking</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Woman</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Supportive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Village</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td></td>
</tr>
</tbody>
</table>

Feedback from Mary in later sessions indicated that following the drama the role development in her family relationships paralleled the role development in the drama. Her self respect and self-confidence as a mother and wife had improved. Her new found comfort with her anger and assertiveness from the drama had led to a sense of empowerment in her marital relationship. She understood why she felt so fearful for her children and could be more realistic in her concerns. In discussion with her husband, children and family she was able to be more trusting of delegating the care of her children. She was not as fearful about her children going on holidays. The analysis of the progressive role development after the drama is displayed in diagram 6.
Reflections From this Individual Session

When I was reflecting on this individual session I was struck by the fullness of the production that we had produced without the presence of a group or any auxiliaries. This fullness was enhanced by how vividly Mary as the protagonist saw the imagined scenes and how fully she enacted the roles of herself and the imaginary others.

During this drama Mary was aware of the current here and now reality of the therapy room and myself, as well as the surplus reality of the enacted remembered scene. She warmed up quickly to spontaneously raging, rescuing, sociometrically seeking support and integrating herself into her newly created social atom. By taking her adult mothering role into the abuse scene as the psychodramatic rescuing lioness, the fragmenting effects of the helpless abused child were diminished. This positive sociometric connection allowed the development of new confident roles with the women of the town. The
development of these psychodramatic roles were later transformed into more balanced empowerment of her social roles with her husband, children and the caretakers of her children.

The outcomes in this work adequately approximate those I would aim to produce if I had directed this drama in a group with auxiliaries. There was the warm up discussion, enactment, catharsis, spontaneous development of new roles, integration and sharing. In addition to this the very distinct changing focus of her visual attention made me think of the sequence of experiences she warmed up to as occurring in a number of different mental projection spaces, located in different physical places in the therapy room. This reminded me of how a protagonist in a psychodrama acts out a sequence of scenes in different places on the action stage. I next realized that before this drama I had thought that there was either the very circumscribed personal mind’s space where memories are experienced but not enacted, or the psychodrama stage where memories are projected out, concretized and the roles then enacted. In Mary’s session she was observing and then re-experiencing the remembered scene of abuse out on the action stage before any concretization or enactment occurred.

This realization led me to wonder whether these different mental projection spaces she had focused on could each be viewed as a stage just like any empty physical space can become a psychodrama stage. I imagined a film projector projecting its image out onto a number of different screens, or a holographic projector projecting and creating an image out into an empty space.

In my group psychodrama work I had become very focused on the concretization of the mental images. The physical reality of the objects and auxiliaries had led me to not focus on the amount of imagining that is being related to by both the director and the protagonist. This imagining, the continual acting “as if”, is critical to the pervasive surplus reality that emerges throughout a psychodrama production.
I returned to look at these different projection spaces in Mary’s drama, where she was experiencing and seeing the imagery in her remembered scene.

The Projection Spaces through which the Warm up Progressed

Initially Mary described scenes of conflicted interactions with her husband and children. As she was remembering and describing these scenes she was making direct full visual contact with me. She was envisaging and experiencing remembered scenes within the boundaries of her head, in her own personal mental space.

The more she described the role interactions in the scenes and the more I doubled her, the more the scenes were transferred into my mind’s mental space. I was beginning to visually imagine the scenes she was describing.

My next indication that Mary was experiencing her memories in a different projection space was when I became aware that even though she was still describing her family scene her eyes were staring at a space beside me.

Mary then said she was remembering a scene of sexual abuse. She was seeing it as if she were watching a video replay and re-experiencing many of the feelings and sensations from the scene. She was visualizing the memory with her mind’s eye but in a different physical place to the one where she was visualizing her family scene.

As Mary concentrated on recalling the abuse scene her eyes focused more into the distance. She described watching her younger self in the remembered scene projected out into the whole physical space of my room.

Before any concretization of the abuse scene had occurred roles were emerging in Mary as she observed the remembered scene. In the emerging roles of the
enraged stomper and the rescuing lioness she had an intense act hunger, expressed in her wish to express her anger, attack the abuser and rescue the child.

My next intervention changed her warm up from being focused on the remembered past scene to orientating herself in the here and now and to me in the room. It appeared as if her projected memory returned to her personal mental space.

Subsequently when using cushions for concretization they became encapsulated spaces, which contained and held the projected images of the remembered people. The concretized cushions are an example of the concretized mental projection space.

The final scenes and interactions in the drama occurred with Mary imagining the presence of the audience of other women and reversing roles with them. These imagined women were positioned out into the empty space within the therapy room with no objects used to concretize them. She was able to visually imagine these women then reverse roles and become them by using her own body to enact how she wished and imagined them to be. It is into this empty space that a person role reverses and auxiliaries move in to take on a role in a group psychodrama session. This role reversal space is one of the mental projection spaces.

At the end of the drama Mary and I sat and shared and she said she felt back in the here and now and was relating to me in a very full direct way. She could remember the drama, and her experience was that the enlarged imagination space where the action took place had contracted back within the boundaries of her physical self. It had also contracted back into her for me; I could remember the drama in the room and I could also see it as contained within her personal mental space.
When I looked back at this individual psychodrama I was struck by how even though the cushions provided a concrete object to interact with, it was the image of the other that was very important to the warm up and the intensity of the interaction. This was highlighted in the last scene where the imagined other women were related to in a non-concretized empty space in the therapy room. Mary’s use of this empty space highlighted for me how the mind can project remembered images out into different areas of physical space and the psychodrama stage is one of these. From this session I categorized the six different mental projection spaces so far mentioned.

THE MENTAL PROJECTION SPACES

“ Everything, form or idea has a place, a locus which is most adequate and appropriate for it, in which it has the most ideal, the most perfect expression of its meaning” (Moreno, 1980, 25).

1. The Private Projection Space of the Mind
This is where a remembered or imagined scene emerges and is visualized internally with the mind's eye. It is in this space that dreams are played out whilst we are asleep. In a psychodrama group this imagination space emerges when a participant is having their own private mental experience, before it is shared with others in the group or with the director. It is a space where people can be asked to bring a scene to mind as a mental warm up.

When Mary remembered the home scene and then the abuse scene they were initially contained within her mind and bounded by her physical body.
2. The Shared Communication Space
This is where there is the transfer of the image of the remembered scene from one person into the imagination space of another. In a psychodrama group this space initially occurs when a protagonist describes verbally what they are remembering or imagining.

When Mary started to describe the remembered family scene she maintained full eye contact with me and seemed to be focusing on describing the scene to me. At this point she had moved from just having the scene in her private mental space to converting it into an image forming communication with me. Her description of the scene warmed me up to being able to imagine the scene she was describing.

3. The Receiver's Private Imagination Space
This is where the transferred image is held and then responded to internally by the receiver. In a psychodrama group this space is used as the protagonist describes a scene and the director pictures it in his own mind and starts to relate to it in his own way.

As Mary was describing the abuse scene she was remembering, I pictured it in my own mind and I started to imagine producing an enactment out on the stage.

4. The Empty Space
This is any place outside of the physical body where a remembered or imaginary scene can be envisaged. In a psychodrama group many aspects of a remembered scene are imagined in the empty space out onto the psychodrama stage.

It was into this space beside me that Mary was imagining seeing the remembered abuse scene.
5. **The Concretized Projection Space**
This is the place on the psychodrama stage where a concrete object or auxiliary is placed so that an interactive relationship can be produced. In a psychodrama group auxiliaries concretize the roles of imagined others by embodying these roles and interacting with the protagonist.

When Mary was in the role of the Protective Rescuing Lioness, cuddling the soft cushion, she was experiencing the feelings of caring for her own rescued inner child as if she were holding a real child.

6. **The Role Reversal Space**
This is that place on the stage where a protagonist places him or herself to play the role of another with whom they are interacting. When role reversing with another person in a group psychodrama the protagonist uses the empty space on the stage. Initially he takes the others role himself in this empty space. Then the auxiliary takes the role in the empty space to hold the projected image of the imagined other and play their role.

Mary reversed roles with the concretized image of herself as a child and the non concretized imagined other women, and then reversed roles again to interact with them as herself.

After categorising these six projection spaces I concluded that one of the common features of these spaces is that whatever image a person is imagining it can be projected into a space and imagined there with the mind’s eye. By viewing these empty spaces as stages, upon which the mind portrays its experience, I could then imagine working psychodramatically with the figures envisaged in these spaces.
Mary had such a full psychodramatic experience with the imaginary others in the role reversal space that I wondered if an imaginary psychodrama could be produced in all of the other five projection spaces.

When thinking about producing an imaginary psychodrama I needed to consider the important outcomes that psychodrama aims to produce through the use of enactment. To direct a person psychodramatically without concretization or physical enactment there still needs to be the experience of involvement in interactive relationships, the warm up to a spontaneity state, and the development of internal and external role relationships that fulfill the purpose of the protagonist.

Reflecting on Mary’s individual drama I looked for situations where the imaginary elements of an interaction could reproduce the outcomes of an enacted interaction.

**Further Reflections from the First Individual Psychodrama**

**Involvement With the Imaginary Other**

Mary’s rapid warm up to visualizing the abuse scene and re-experiencing the abuse is consistent with the intense re-experiencing that can occur with trauma memories. The intensity of her act hunger added to her warm up to enactment and catharsis but there was a risk of her dissociating because of the intensity of her feelings. In this situation dissociation means that her warm up to being intensely involved in the remembered original scene could feel so real that she could perceive me as the abuser. This role relationship needs to be carefully monitored in individual psychotherapy when a therapist is working with a person’s abuse memories.

As the director I continually needed to assess our tele relationship and her awareness that I was the man in the room with her not the abuser, and that she
was psychodramatically acting in the remembered scene. Because of the possibility of a transference confusion between her trust of me and her betrayal by the abuser I chose not to have her role reverse with him and play his role, but instead to focus more on developing her progressive roles.

Mary’s powerful stomping on the abuser empowered her and the novelty of what she was doing warmed her up to being spontaneous. Her ability to be fully involved in reversing roles with her child role and then back into her adult rescuer role indicated that her spontaneity warm up was high. When she was reversing roles with the imagined other women she could maintain a realistic relationship with me as the director as well interact with the other imagined women at the same time. When working more fully with the imagination in individual psychodrama being able to differentiate between surplus reality and the external concrete reality is very important.

**Reversing Roles Without Auxiliaries**

Mary’s psychodrama made me re-examine the importance of imagination in role reversal. The playing of other people’s roles and then interacting with auxiliaries playing these other people’s roles is a central part of the warm up to spontaneity in a psychodrama. The physical interaction, role playing and role reversal transforms the mind’s mental images of memories and the imagination into enacted embodied roles.

Mary could see with her mind’s eye the women imagined as being present in the surplus reality scene. She could then reverse roles with them, and by embodying them they came to ‘surplus reality’ life and she could see herself through their eyes. This highlighted for me the similarity with a group psychodrama, where the protagonist and the auxiliary reverse roles by moving to an empty space to take up the role of the other, facilitating the warm up to a spontaneity state.
The Development of New Role Relationships in the Remembered Scene

This session with Mary also led me to reflect on the form with which remembered scenes and new roles emerge and are held in the mind. Mary initially remembered a current domestic scene and then suddenly the abuse scene emerged. As she was remembering and picturing this scene she imagined and warmed up to new roles before I asked her what she wanted to do.

I suggested that she imagine entering the scene and expressing herself. She agreed to this without a second thought as if she were already there. She warmed up from a conserved memory of the scene to a spontaneity state, wanting and imagining doing something new in the here and now. I was used to this happening in action in a psychodrama but I had thought it was a product of the warm up to spontaneity produced by the enactment out on the psychodrama stage, not just by imagining it.

Later in Mary’s drama the emergence of the new roles of the women of the town out in the street surprised me. It made me consider that in the spontaneity state of a psychodrama the mind could imaginatively create whole new scenarios of people and roles before there was any concretization and enactment.

I knew that in other situations imagining new roles is a normal part of everyday life. The imagination is the great private stage for creation and rehearsal and the pre-production space for works of fiction. Moreno stressed the distinction between the playwright imagining the actor playing his scripted play and the psychodrama protagonist actor acting out his own play. Moreno (1980) highlighted the transformation that can occur when a new imagined role is acted out in a psychodrama. “It is important to reflect on the inner process of transformation which takes place in the course of the removal of the creative expression from its locus nascendi to a new place or media” (p. 25).
Reflecting on all this made me realise that I had focused more on the contribution of enactment to the warm up of a role and had not noted enough the importance of the thinking, feeling and imagining components of the warm up. As stated above by Moreno, the playwright does imagine the roles played out on his inner stage before they are enacted in the theatre by the actors.

By viewing the inner mind as another psychodrama stage where an imaginary enactment can be played out warmed me up even more to explore whether this could be directed psychodramatically as an imaginary psychodrama.

The test would be whether an imaginary psychodrama could fulfil the three outcomes that an enacted psychodrama produces.

THE IMAGINARY PSYCHODRAMA

The following is an example of an Imaginary Psychodrama, which was directed in the fourth Mental Projection Space, the Empty Space.

Freda, a middle aged woman was referred to me with a persistent, moderate depressed mood that was not responding to anti-depressant medication. I had seen her for a number of supportive sessions that had exposed the unresolved grief after her mother’s death. The session I will describe occurred whilst focusing on her grief.

_I was sitting opposite Freda as she was describing a grief scene involving her dying mother. She was regretting not saying what she would have liked to have said to her mother before she died._
I had never done any psychodrama action with Freda but I was warmed up to exploring whether I could direct her in a non-concretized imaginary psychodrama. I suggested that we could explore this situation psychodramatically and explained how we could do it. She agreed. I said that we could do this with her sitting comfortably where she was.

I asked Freda to picture the scene when she was with her mother at the hospital. She agreed and with her eyes open looked away from me and said she could see the scene in front of her. She described being in a room in the hospital. She was standing with her back to the door and looking across the room she could see her dead mother lying on a bed. I directed her to soliloquize and express her thoughts. This warmed her up to a catharsis of sadness and regret.

As Freda’s catharsis subsided, her memory of the scene unfolded and she was able to describe what had happened. She was seeing the scene as it had been and she was speaking in the past tense. At this point my intervention was to direct Freda to keep experiencing what was happening in the remembered scene. She then sat silently, fully absorbed staring at the scene.

On a number of occasions I asked Freda,” What is happening”? She was able to describe the evolving enactment that was still how she remembered the final interaction with her mother.

Eventually Freda came to the end of the memory and we discussed all that had happened. The story was that she had arrived late to see her mother in hospital and sadly her mother died before she arrived. She had been left in the bedroom with her dead mother. She had cried but had not spoken to her mother. Eventually she left and went home. She said that she had never got over this and always felt heavy and distressed when she thought of her mother.
After this I asked Freda what she wished could have happened. She said she wished that she had arrived in time to say farewell to her mother. She was clearly describing an act hunger. I suggested to her that we could do this psychodramatically if she wished. By this I meant that we could return to the original scene and explore other ways to resolve her grief. She agreed to give it a go. My role analysis of Freda at this time is outlined in diagram 7.

Freda remained where she was seated and I directed her to return to remembering and picturing the warm up to arriving at the hospital. I directed her to soliloquize in the present tense what she was thinking and feeling at the time she was driving to the hospital and when entering her mother’s room.

Freda freely expressed herself but as she was describing entering her mother’s room she became silent. I then asked her, “What is happening?” Freda stated, in the role of the wishful loving daughter, “I would like to be able to tell my mother what I have never told her.” I suggested to her that this could be done in the scene she was remembering in her imagination. I coached her to go back into remembering the scene and to express herself to her dead mother. At this point Freda was very warmed up to involving herself with her mother as displayed in diagram 8.
Freda sat silent and absorbed, with tears welling up in her eyes. This went on for five minutes. I asked her again, “What is happening?” She said in the present tense, “We are hugging each other and my mother is telling me that she loves me”. The mother’s role had changed from the conserved dead mother to a new resurrected loving mother, without any direction from me to reverse roles. Freda’s role had spontaneously developed into the reunited sharing daughter. As Freda shared with me what was happening there was a significant expressed catharsis of relief and sorrow.

Once the catharsis was expressed I asked Freda to reenter the scene and be with her mother. Again, without any direction to reverse roles Freda described how she and her mother were talking and sharing their feelings of love and
sorrow and saying goodbye. Freda displayed and described a high level of involvement in the imagined interactional experience with her mother.

I continued coaching Freda to express all that she had wished to say to her mother. The wished for farewell was spontaneously emerging in the imagined experience. The feelings of the depressed grieving daughter and agonized regretful rememberer were relieved by the opportunity to express her final farewell as a loving grateful daughter.

When Freda’s act hunger to express herself and hear from her mother was satisfied, and the work was completed I asked her, “What do you want to do now?” She replied, “I have just said goodbye and I am now going to leave her.” The completion of this work with Freda is displayed in diagram 9.

**DIAGRAM 9. The Catharsis of Integration.**
Freda and I then sat silently for about five minutes. Her eyes refocused on me and we had a discussion about her experience. She said that once she had said goodbye and had let go her mother laid back and closed her eyes. Freda said she then walked to the door, turned, and saw her mother lying dead on the bed. She said she felt very tired and that this experience had been strange but good.

Freda’s depressive guilt and regrets had blocked or fragmented her healthy grieving progress. Instead of staying feeling helpless and hopeless about what had happened she had asked for help and been prepared to do something that was new to relieve her depression. In this imaginary psychodrama Freda had allowed herself to return to the painful memory with the psychodramatic direction and expectation that she could enact her act hunger and repair her relationship with her dead mother. The fragmenting roles diminished and the progress of her healthy grieving resumed. I shared an experience of saying goodbye to my mother with Freda and we finished the session. The development in her role system is set out in diagram 10

### DIAGRAM 10: Role System during the Drama

<table>
<thead>
<tr>
<th>PROGRESSIVE</th>
<th>COPING</th>
<th>FRAGMENTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developed</td>
<td>Developing</td>
<td>Moving Towards</td>
</tr>
<tr>
<td>Loving Daughter</td>
<td>Expresser of Grief</td>
<td></td>
</tr>
<tr>
<td>Resurrected Loving Mother</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reunited sharing daughter</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Reflections on the Imaginary Drama**

In this therapy session Freda was able to relate to me in the here and now as well as being very fully involved in the imaginary surplus reality of the drama. She experienced a catharsis of grief as she warmed up deeply to being with her
mother and a spontaneity state, where the new role of the reunited sharing daughter was expressed and the resurrected loving mother responded. There was a catharsis of integration expressed through joy and relief as the new wished for development in her role relationship was experienced.

At the follow up consultations Freda was able to remember the reality of the original scene as well as the experience of the newly created surplus reality scene. She said she felt like a weight had been lifted off her shoulders and was at peace when remembering the loss of her mother. The role of the guilty daughter melted away allowing the emergence of the peaceful rememberer. Diagram 11 highlights the progressive role development in Freda from this imaginary psychodrama.

### DIAGRAM 11: Role System after the Drama

<table>
<thead>
<tr>
<th>PROGRESSIVE</th>
<th>COPING</th>
<th>FRAGMENTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developed</td>
<td>developing</td>
<td>Moving towards</td>
</tr>
<tr>
<td>Loving Daughter</td>
<td>Peaceful Grieving Daughter</td>
<td></td>
</tr>
<tr>
<td>Loved Daughter</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In this imaginary psychodrama internal roles that had not occurred in external social reality were experienced as being enacted to the satisfaction of both Freda, the protagonist, and the imagined other, her mother. Not only did the protagonist's internal roles change but the roles of the remembered mother spontaneously changed as well. Role changes and social atom repair that I usually associated with an enacted psychodrama happened without physical enactment and directed role reversal.

This work was a preliminary confirmation that remembered scenes can be worked with psychodramatically in the empty mental projection spaces without any concretization and physical enactment. This can lead to the spontaneous
development of new role relationships within the self that can then warm the protagonist up to new roles in their social relationships.

The imaginary psychodrama can be seen as warming up many of the internal resources that are warmed up and used by a protagonist within a group psychodrama. For example, many supportive role relationships in the protagonist’s social system can be accessed through memories or more imaginatively created in the moment. In this way auxiliaries and an audience can be imagined and utilized.

**The Relationship Between an Individual Enacted and an Imaginary Psychodrama**

Mary and Freda’s work has highlighted for me the importance of the imagination in psychodrama. I am now considering that a role that emerges spontaneously scripted in a group psychodrama can be replicated in the imaginary psychodrama. The spontaneous role developments that can occur when interacting with an auxiliary in a psychodrama can also have their equivalents in imaginary enactments.

**Concretized and Non Concretized Role Enactment**

When Mary said she could see other women in the street I asked her to go and become one. She was already imagining the women as present and quickly took up the role of one of the women. Once Freda warmed up to the surplus reality of being in the room with her dead mother the enactment of a new role relationship occurred to the extent that she experienced her mother as if she were alive.

In both these situations, as the director, I needed to warm up to the surplus reality and imagine what was being seen and enacted to maintain the warm up and produce as real a role relationship experience as possible for the protagonist.
Having an auxiliary to play a role creates a real physical dimension to the role interaction. There is a tele relationship between the protagonist and the auxiliary as well as their role relationship. The auxiliary is an embodied screen to enact the projected mental image. If the warm up to engaging with this image is strong then the non-concretized image can be engaged with as if there were an auxiliary. In Mary’s psychodrama, roles were created and enacted and the more she warmed up the more she did not need concretization in order to interact.

The imaginary psychodrama used the private inner space where Freda could project and envisage herself in the remembered scene. In her drama she also created new roles and enacted them. The projected pre-concretized role in her imagination was engaged with instead of an auxiliary playing the role.

The Intensity of the Warm Up
The warm up of Freda’s imaginary action was much quicker than in an enacted psychodrama. In the imaginary psychodrama where I could not see what was happening for most of the time, much of the action was shared with me after it had happened. It was surprising how much action was compressed into a short period of time. A re-enactment would take much longer. In the surplus reality of her imagination Freda was able to transcend her mother’s death and engage with her as if she were present.

My Journey of Discovery
On this journey I have travelled from directing psychodrama in a group to directing an enacted or imaginary psychodrama in individual psychotherapy. Instead of the protagonist and I only using our physical eyes to see the drama unfold we used the mind’s eye to see the images that the imagination created.
IMPLICATIONS

My experience of using the imaginary psychodrama in the different projection spaces is that the range of situations and people I can use the psychodrama method with has expanded. Some of the people who can benefit include: people whose movement is limited by pain and disability; people who are secretive; people who have paralyzing performance anxieties or feelings of shame; and people who are afraid of losing control.

When I am introducing people to action, imagining a scene is a good warm-up. Sometimes during an imaginary drama a protagonist can warm up to enactment. If the person does not want to move into action I suggest working with visual imagery or discussion. People need to be able to visualize, articulate their experience, and maintain a positive therapeutic alliance or tele with the therapist to feel trusting enough to explore their imagination space.

The ability to direct imaginary psychodramas when the scene is not concretized and can be neither seen nor heard is a very different experience for the director. The protagonist can become so involved in their inner experience that directorial intervention is necessary to work psychodramatically with their imagination. The director’s observations of subtle shifts in body tone, posture and expression, as in any application of the psychodrama method, in particular assists the director to fine tune interventions for the imaginary psychodrama. The ability of the director to engage in doubling the imagined other helps the protagonist warm up to the imaginary experience, whether they are being directed in an enacted or an imaginary drama.

A number of psychodrama techniques available in an enacted drama are not available in the same way in an imaginary drama. For example, as the director cannot see what is occurring moment by moment in an imaginary drama, the need for doubling, mirroring or maximization is not likely to be evident to the
Further experimentation of ways to use psychodrama techniques effectively in imaginary dramas would have value. An example of this would be exploring the various ways to direct the experience of reversing roles so that the spontaneous role change in others in an imaginary scene is not assumed to be a role reversal.

Another example of this is applying psychodrama to traumatic memories. With people who have traumatic memories I assess in what form their memories emerge and the degree of dissociation that their experience produces. I test how easily they can move between their inner world and relating to me, and whether the warm up to the inner role images takes over their whole self.

Because there is no enactment in an imaginary drama to provide some objective consensus, there needs to be regular feedback as to what is happening, particularly with people who dissociate or are fearful or ashamed.

Sometimes after assessing a traumatized person I decide against using an imaginary psychodrama with them. When a person has been a helpless observer in a traumatic situation I assess whether enactment with them as an active participant is more likely to facilitate their role development or compound their trauma. Even though a number of psychotherapists now use body-centred methods as a preferred treatment for those who have experienced trauma, (Kellermann and Hudgins, 2000, 230) the application of an imaginary psychodrama still needs to be carefully explored.

The emotional catharsis that occurs in an imaginary drama is usually expressed by sharing it with the therapist or with the therapist acting as witness during or after the imaginary interaction. If the warm up intensifies and the decision is to remain with the imaginary drama then the act hunger can be contained and imaginatively acted out. The most containing component is to warm up the protagonist to express and describe everything that is going on. The constant
shift between the protagonist’s often silent imaginary involvement in their scene and the interaction with the therapist enhances the spontaneity warm up. The therapist has to learn to double subtle degrees of role enactment when the protagonist is silent to inform the timing of any interventions.

As I noticed in my work with Freda imaginary psychodramas can be worked through quickly with positive outcomes, which can be of value when intervention time is limited. A major advantage of this is that an imaginary drama can be replayed many times over in a session. Being aware of how quickly imaginary scenes can proceed assists in making appropriate adjustments to the time it takes for any interventions.

Because the imagination process is private, the vulnerability to suggestion needs to be monitored, with choice making and informed consent continually stressed. Because of the lack of transparency without other group members being present, professional boundaries in individual sessions need to be observed with a great degree of sensitivity.

**CONCLUSION**

In the two clinical examples presented I have demonstrated that the three outcomes expected during and after a group psychodrama can be approximated in an enacted and an imaginary individual psychotherapy session. These three outcomes are: a high level of personal involvement in an interactional experience, the warm up to a spontaneity state, and role development.

It was found that the progression from experiencing the private remembering of a past scene to experiencing the past scene as a projected concretized psychodramatic enactment moves through a series of at least six different mental projection spaces. Each of these spaces can be viewed as a psychodrama stage on which the mental images can be worked with psychodramatically.
Following the delineation of these six spaces and reframing them as psychodrama stages, the possibility of directing an imaginary psychodrama was explored and found to lead to a level of role development usually thought to only be associated with concretization and enactment.

From the cases described, therapeutic developments were observed and reported in the psychodramatic and social roles and the social atom sociometry of the two protagonists. The adequate outcomes of this work with individuals indicate that there would be value in further clinical application and research into the use of imaginary psychodrama.
BIBLIOGRAPHY


