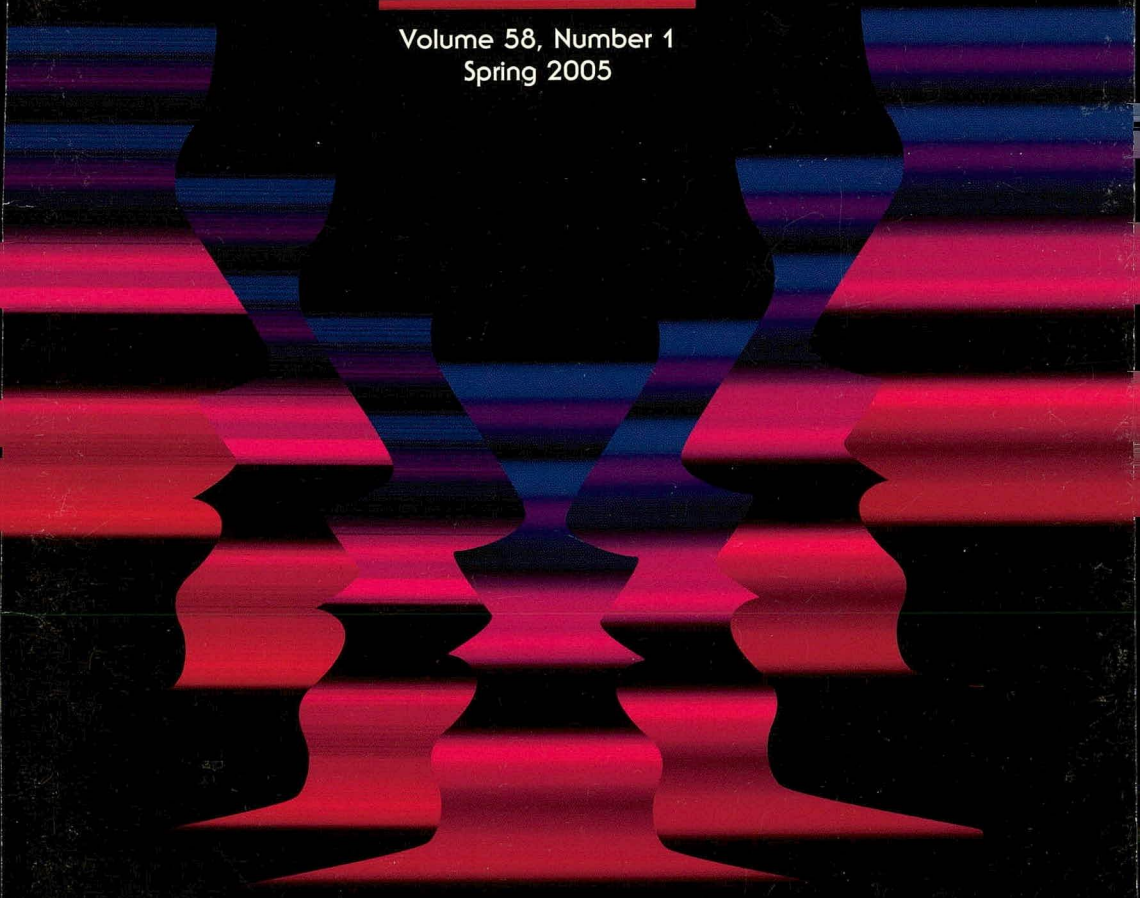
THE JOURNAL OF

Group Psychotherapy Psychodrama & Sociometry

Volume 58, Number 1
Spring 2005



Published in Cooperation With the American Society of Group Psychotherapy and Psychodrama

THE JOURNAL OF

Group Psychotherapy Psychodrama & Sociometry

Formerly the **International Journal of Action Methods**

Volume 58, No. 1 ISSN 1545-3855 Spring 2005

Contents

Founded by J. L. Moreno

Journal of Group Psychotherapy, Psychodrama, and Sociometry (ISSN 1545-3855) is published quarterly by Heldref Publications, 1319 Eighteenth Street, NW, Washington, D.C. 20036-1802, (202) 296-6267; fax (202) 296-5149, in conjunction with the American Society of Group Psychotherapy and Psychodrama. Heldref Publications is the educational publishing division of the Helen Dwight Reid Educational Foundation, a nonprofit 501(c)(3) tax-exempt organization, Jeane J. Kirkpatrick, president. Heldref Publications is the operational division of the foundation, which seeks to fulfill an educational and charitable mission through the publication of educational journals and magazines. Any contributions to the foundation are tax deductible and will go to support the publications.

Periodicals postage paid at Washington, DC, and at additional mailing offices. POSTMASTER: Send address changes to **Journal of Group Psychotherapy, Psychodrama, and Sociometry**, Heldref Publications, 1319 Eighteenth Street, NW, Washington, DC 20036-1802.

The annual subscription rate is $116 for institutions and $66 for individuals. Single-copy price is $29. Add $13.00 for subscriptions outside the U.S. Allow 6 weeks for shipment of first copy. Foreign subscriptions must be paid in U.S. currency with checks drawn on U.S. banks. Payment can be charged to VISA/MasterCard. Supply account number, expiration date, and signature. For subscription orders and customer service inquiries **only**, call 1-800-365-9753. Claims for missing issues made within 6 months will be serviced free of charge.

Journal of Group Psychotherapy, Psychodrama, and Sociometry is indexed, scanned, or abstracted in *Applied Social Science Index & Abstracts, Child Development Abstracts & Bibliography, e-psyche Psychology Database, Family Resources Database, Health & Psychosocial Instruments, Innovation & Research, Linguistic & Language Behavior Abstracts, Mental Health Abstracts, Psychological Abstracts, PsycINFO Database, Referativnyi Zhurnal, Sociological Abstracts,* and *Social Planning/Policy & Development Abstracts.*

Reprints (orders of 50 copies or more) of articles in this issue are available through Heldref's Reprints Division. Microform editions of the journal are available from ProQuest Information and Learning, Serials Acquisition Department, 300 North Zeeb Rd., Ann Arbor, MI 48106.

Role Theory, Archetypes, and Moreno's Philosophy Illuminated by the Kabbalistic Tree of Life

ADAM BLATNER

ABSTRACT. J. L. Moreno's vision, which sprang from his deeper philosophical intuitions about the essentially creative nature of the Godhead, was influenced in part by his study as a young man of Kabbalah. Moreno derived his notions of spontaneity from his contemplations on the nature of creativity and then envisioned the potential of drama as a vehicle for its liberation. Those musings led to Moreno's promulgation of role theory as a theoretical complement to psychodrama. In this article, the author links Moreno's role theory to Jung's concept of archetypes and to Moreno's concept of *metapraxie.* Those relationships are best appreciated by using the kabbalistic Tree of Life diagram. The author also addresses the implications for working transpersonally with clients, based on that diagram.

Key words: archetype, Kabbalah, metapraxie, Moreno, role theory, Tree of Life

THE DIVERSITY OF IDEAS DEVELOPED by J. L. Moreno includes methods (e.g., psychodrama, group psychotherapy, sociometry, sociodrama), theories (e.g., tele and interpersonal relations, role theory), and philosophy (e.g., creativity and spontaneity being cosmic categories, the immanent nature of the Godhead). Relationships exist among these categories that may be illuminated by a diagram derived from the system of Jewish mysticism called Kabbalah. Moreno (1989, p. 30) wrote that he was greatly influenced by that tradition when he read philosophy in his youth.

Mysticism is an activity that involves a cultivation of contemplation of realms that are the unconscious for most people. It should be noted, though, that the unconscious is not a single category but exists at several levels. An analogy for those levels is the following: over the last two hundred years,

humanity learned about levels of existence in the physical body that it had not known about before, not only cells but also, at yet more subtle levels, subcellular structures, molecules, atoms, and subatomic particles. The psychological realm has only been investigated in depth for about a century, and it is plausible to speculate that there may be more levels than the crude division into conscious and unconscious.

The complexity of the psyche is more recognized by the South Asian philosophers who use contemplation and meditation. Western dynamic psychology, using self-analysis, dreams, and dialogue, inferred the activity of the unconscious realm, but more recent forays into transpersonal psychology encourage an integration of Eastern and Western approaches. Jung, in a sense a forerunner of aspects of transpersonal psychology, also hinted at the idea of at least two levels of unconscious activity: the images and the archetypes—themselves formless—that then informed and in turn were clothed by cultural imagery (Blatner, 2002a). In the East, the psyche is imagined as involving several subtle body sheaths or levels of illusion, and even Western psychics report their ability to perceive different levels of the aura (Johari, 1987).

One type of map for the different dimensions of consciousness is the system of chakras, the seven wheel-like centers of psychic energy described in the Hindu mystical system of Kundalini Yoga (Johari, 1987). In the West, the Jewish mystical system devised another map, the kabbalistic Tree of Life, with a number of correspondences, although derived separately, to the Hindu system (Poncé, 1973). Moreno (1989, p. 30) wrote that he studied Kabbalah:

> I was particularly stirred by the Cabala at one point. The Jewish mystical movement came to the fore during my student days and touched me deeply. The central tenets of Cabalism—that all creation is an emanation from the deity and that the soul exists from eternity—added to my original preoccupation with the book of Genesis.

Because this Tree of Life diagram is such a common theme in that rich tradition, likely Moreno was acquainted with this diagram, and it may well have influenced his early ideas about the fundamental way that creativity emerges from what he called "the Godhead" and finds expression in everyday existence.

The Tree of Life

The kabbalistic diagram of the Tree of Life (Figure 1, patterned after Poncé, 1973) suggests the relationships among such domains as the imaginal realm, the cultural conserve, and the archetypes that inform them. Many mystics find the Tree of Life diagram to be a useful representation of the different levels and subtypes of metaphysical reality as envisioned through deep contemplation. In a figurative format, the Tree of Life diagram also describes what mystics have intuited about the way creativity unfolds in the cosmos, not only billions of years ago

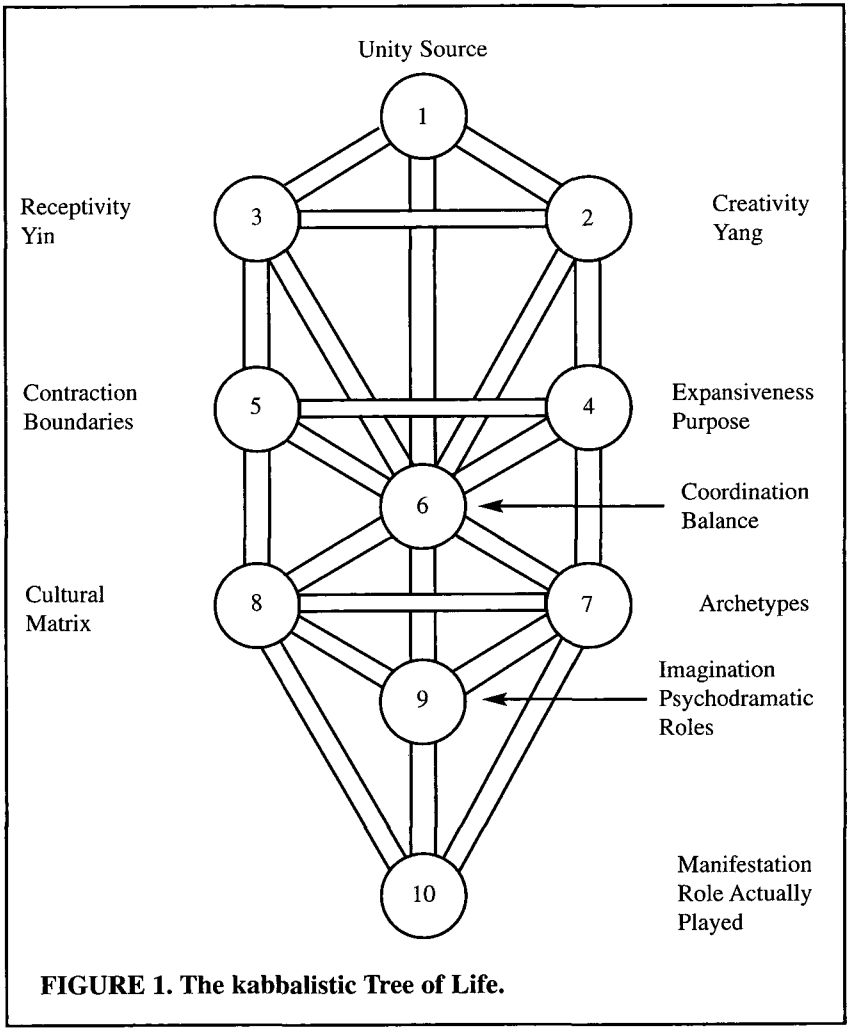


FIGURE 1. The kabbalistic Tree of Life.

but also moment by moment, in every inspiration or pulse of life. It hints at how organizations, families, individuals, plants, planets, and even light energy pulse into existence (Falcon & Blatner, 2001; Halevi, 1972). These concepts are esoteric, in the sense that the word *esoteric* refers to a kind of understanding that requires some development of an aggregate of prerequisite concepts; in this sense, advanced theories in mathematics and physics are also esoteric. An analogy may be the way cosmologists speculate that the multidimensional vibrations of subatomic "strings" account for the various physical qualities of various particles. The kabbalists are trying to explain in metaphysical terms how what we

experience comes into existence. This idea includes the phenomena of mind, links it to other forms of existence, and also relates to the way that Moreno wrote not only about human creativity but also cosmic creativity.

The 10 circles on the diagram represent archetypal principles that have Hebrew names, numerous esoteric associations, and a range of interpretations about their significance. However, to bring forth the connections to Moreno's and Jung's ideas and to other considerations more relevant to the readers of this journal, I developed my own interpretations of the significance of the spheres and their relationships with each other. The interpretations are somewhat resonant with most other systems, yet also modernized and framed in terms of transpersonal psychology in general and role theory in particular.

The diagram suggests a gradient of degrees of manifestation, ranging from the most sublime essence of the first sphere at the top of the Tree of Life to the most concrete, material expressions of the 10th sphere at the bottom. The sequence of stages or spheres reflects a zigzag movement, sometimes described as similar to the pattern of a lightning flash. The pattern also suggests the intuition that the creative process often moves almost instantaneously from essence through all stages to manifestation, as is expressed by the phrase, "Oh, my, I was just struck with an idea."

The metaphor of a tree is interesting because, instead of the roots being on the bottom and the branches and fruit being on the top, it is upside down. The roots of our existence in "heaven" or at the core of our being are shown at the top, whereas manifest existence is represented by the circle at the bottom. Instead of branching like an upside down tree, the diagram focuses to a point, which symbolically suggests that for all our diversity, our material existence is the focus of the divine purposes. This convergence of the diagram on the bottom sphere can also be interpreted as an acknowledgment that the individual is, after all, the vehicle for consciousness transformation.

Belief in Judaism Not Required

This intuition of the relationships of different levels of consciousness and being does not require any belief in Judaism or its core doctrines. Since the 15th century, esoteric groups in Western Europe incorporated these ideas and the diagram into their work, so that by the end of the 19th century, the Tree of Life became the basis for interpreting Tarot cards (Gray, 1975). Contemporary New Age writers also integrate the Tree of Life, the chakra system from Yoga, and their own ideas (Myss, 1996, 1997).

The diagram emerged around the 14th century but had precursors in the writings of various Jewish mystics. The Tree of Life is only one element within a vast literature that goes back to at least the second century, and, according to some legends, extends back perhaps another millennium. Certain simi-

larities to neoplatonic and Pythagorean thought can be discerned, and it is likely there were cross-fertilizations among many esoteric schools in the early centuries of the common era.

The different spheres on the tree represent dimensions or aspects of the divine, and their number was determined by the fact that God is alluded to in 10 different ways in the Torah—the especially sacred first five books of the Bible. Because writing was still a new technology and only a few special people mastered it, letters were associated with magical powers. The early rabbis believed that every letter was divinely inspired and meaningful—so the different names for God were not merely coincidental but rather deserving of contemplation and interpretation. That perspective and a rich cultural overlay led to an extensive mystical tradition, which one need not know about to appreciate the central insight. Similarly, although the 10 spheres have Hebrew names, it is not necessary for the reader to bother with them. Hundreds of interpretations of these mystical principles exist, and may be found by browsing the Internet.

After more than 30 years of reading and comparing different interpretations, fueled by a desire to make them relevant to the needs of contemporary life, I have developed my own synthesis, which should not be accepted as authoritative. Rather, my purpose in presenting an interpretation of the 10 spheres or levels of abstract functioning is to have it serve as a practical road map for the reader to follow the relationships among role theory, Moreno's cosmology, and other metaphysical systems, including Jung's concept of the archetype.

Considering the Sefirot

The Hebrew term for the 10 main spheres of divine emanation is *sefirot*, (the singular is *sefira*). For practical purposes, let us begin the consideration of their meaning in role theory terms at the bottom and move up the tree in a zigzag fashion, from the 10th to the ninth, continuing in this reverse progression. (Those who meditate ever more deeply into the essence of existence follow this sequence.)

The 10th sphere is the realm of manifest existence, the roles that are played in life. The average person plays approximately 20 major roles, 100 minor roles, and perhaps 1,000 transient roles (Blatner, 2000). These are what are manifested in outward reality.

The ninth sphere deals with the greater realm of the imagination, from which people select certain elements and play them out in actuality, the 10th sphere. In a sense, that ninth sphere might be likened to the realm of potential "surplus reality," as Moreno called it, because it contains the psychological truths that can be enacted on a psychodramatic stage. In spiritual terms, the field of imagination opens the door to spiritual roles, those links to the

transpersonal dimension. Winters (2000) considers the category of spiritual roles to constitute a "fourth role category," extending Moreno's typology of psychosomatic, social, and psychodramatic roles. The key point is that the ninth sphere includes a far greater number and variety of roles than those in the 10th sphere, which are the roles that a person can actually play out in life.

Moving upward to number 8 on the left and number 7 on the right, I interpret those to be the next two more inclusive or more essential contexts for psychic manifestation. The eighth sphere is the cultural matrix, the category of all roles within a given culture, from which the individual selects those that are relevant, even in fantasy. The point is that a person plays a number of roles and imagines a great many more, but all those are still only a small fraction of the roles available in the culture. For example, let us imagine that a person, a man named Joe, plays two or three sports and watches them on television, and also follows four other sports with more or less interest. Yet, there are still hundreds of other sports about which Joe has heard, if only peripherally, that remain beyond his interests. Similarly, forms of art, music, science, literature, and other cultural bodies of knowledge and endeavor do not come through Joe's imagination. The eighth sphere represents one cultural sphere, but we know that there are many different cultures, some with radically differing ways of thinking. There are cultural elements about which people in our culture have never heard.

The next sphere in the series does not include all those forms but rather informs them all. The seventh sphere is the foundation for human behavior, whatever the culture may be. At this point on the diagram, the concept of role disappears, because a role is something that can be enacted or played in a scene. Motivations, which generate the underlying patterns for that role, can only be inferred. Love, hate, art, and other human potentials take different forms in different cultures and cannot be expressed solely in one definitive way.

Carl Jung addressed this phenomenon, seeking the underlying human motives affecting all humans, whatever their culture. He found that there were hundreds, perhaps thousands of identifiable patterns, which are derivatives of human instincts and which result from the innate potential of the human mind to express those patterns in symbolic forms. Those he termed *archetypes* (Blatner, 2002a). In my interpretation of the kabbalistic Tree of Life, the relationship of the eighth and seventh spheres or levels of the deep unconscious may be glimpsed as the relationship between the *forms* taken by the archetypes in each culture (the "archetypal images") in the eighth sphere and the underlying and essentially *formless* archetypes or tendencies in the seventh sphere. The point here is that the fullness of the psyche cannot be expressed only in terms of roles, but that the roles have their foundation in even deeper instincts, motives, and tendencies.

Syzygies

The relationship between the eighth and seventh sphere on the diagram and the relationship between two other pairs higher up on the diagram that are expressed horizontally rather than vertically are thus portrayed because they play off each other; they are syzygies. *Syzygy* refers to that category of phenomena or ideas that exists only in terms of each other, such as up and down, in and out, good and bad, dark and light. If there is no contrasting opposite, naming them would be meaningless.

In the example of the relationship between archetype and archetypal image, they are necessary to each other, a syzygy, yoked together like male and female. In the Tree of Life diagram, the relationships between the fifth and fourth spheres and again between the third and second spheres constitute syzygies because they have an interdependent nature.

Higher Abstractions

The Tree of Life diagram hints at another insight about the unconscious psyche and the underlying metaphysical realities of existence. Dynamics are operating at levels even more basic than the archetypes. For example, the next higher sphere, the sixth, represents the dynamic of harmonization, balancing, and coordination. Whatever forms life takes, homeostasis is also present and maintains inner stability, and thus sustains the component biological processes. If that balancing function did not happen, the chemicals, temperature, and other variables would not be aligned, and the organism would die.

In the mind, that coordinating function is part of the archetype that Jung called the "Self," and in the language of role dynamics, my systematization of Moreno's role theory, function that is the "meta-role" coordinating. It can be also imagined as the role of the inner director, choosing which roles to play and when and how to enact them (Blatner, 2000, p. 152). The sixth sphere, meta-role function, when applied to human life, helps people express the different archetypes (seventh sphere) and cultural forms (eighth sphere), through balancing such activities as taking turns, fulfilling "act hunger," or seeking "role relief" when a given role becomes too over-involving.

Note that there are connections between the sixth sphere and the spheres above and below it. One of the values of the Tree of Life diagram is that it suggests that there may be a multiplicity of relationships among the different dimensions of being. In terms of the syzygies of the eighth and seventh circles and then at a higher plane, in the fifth and fourth, and even the third and second circles, there is not only the interplay of the essential dualities but also their synthesis. The philosopher Hegel envisioned the unfolding of the world to be a constant dialectical process, whereby a thesis would be countered by

an antithesis and finally resolved by some kind of synthesis. Although the kabbalists antedated him by many centuries, they also illustrate his insight (Drob, 2000).

Expansion and Contraction

Even more fundamental to coordination are the abstract principles of expansion and contraction, opening up and establishing boundaries. Those underlying dimensions of existence are operative at many levels in life, and all too often their profound truths are overlooked. Those who meditate on the essence of life recognize the syzygy involved in the next higher level of the Tree of Life: The fourth principle of expansiveness, generosity, and the like infuses energy and direction into existence but needs to be shaped by the counter forces of the fifth sphere, which involves boundaries, limits, and judgment as to when something is enough.

These domains have little directly to do with the actual applications of psychodrama but are implicit in the judgment of the coordinating sixth sphere. For example, in the dynamics of the activity described by the Hollander psychodrama curve, the director needs to recognize that there is both an expansive movement into the moment of catharsis and also a point when that is enough and the person has time to move toward integration (Hollander, 1978). The higher spheres, from the fifth to the first, become increasingly abstract and, in the mystical tradition, are accessed primarily through deep contemplation, integrating direct intuition or *gnosis*, heartfelt intention, aligned emotion, and extensive intellectual preparation. I believe that Moreno glimpsed or was inspired by flashes of the power of those source realms but, because of his lack of humility (implied by the principles of the fifth sphere), never achieved the optimal balance with aspiration (the fourth sphere). I consider the higher realms briefly to note that transpersonal maps exist for those dedicated to the spiritual activity of deepening their sense of connectedness with the Greater Wholeness of Being (Blatner, 2002c).

Regarding the interplay of the fifth and fourth spheres, between the impulse of creativity and its limitations, Moreno (1941) projected his own expansiveness onto his image of the Godhead. Faced with the reality that if something is actually going to be manifested, Moreno accepted the limitations of working with a stage, a modest number of actors, a limited time for the production. Both the creative impulse and the adjustment of that impulse to the realistic limitations of context are necessary. Giving and containing what is given, expanding and contracting the possibilities are syzygies that express the pulse of the cosmos.

Another value of recognizing those domains involves some contemplation of deeper values and could, perhaps, be explored by using axiodrama (Blatner, 2002b). The fourth sphere expresses the spirit of giving, generosity,

vision, purpose, and an outgoing willingness to engage life fully. Those seemingly noble aspirations can be overdone, however, and become foolishness. Wisdom involves the use of the sixth and fifth sphere of the deep mind through judgment, caution, reality testing, and reasoning to balance the otherwise manic impulses (Blatner, in press). Nonetheless, an excess of caution, which is also a lack of wisdom, leads to one's undue inhibition of the life force. Moreno noted that spontaneity could be pathological, excessive (i.e., unbalanced fourth sphere), whereas healthy spontaneity is continually assessed as to its effectiveness. Spontaneity becomes creativity when the balancing of the fourth and fifth spheres by the sixth occurs.

Sublime Levels of the Tree

The top three spheres of activity of the Tree of Life express some of the most abstract metaphysical speculations in Kabbalah. This complex of the first three spheres may be close to what I believe Moreno (1947, p. 34) meant by *metapraxie,* a term he coined to refer to the abstract, barely intuited, energetic source. In Kabbalah, it should be noted that there is a realm of divine existence that is beyond even what can be indicated by the Tree of Life, operating, as it were, as the background or "Eyn Sof," meaning literally "no limit." The Tree suggests only the manifestations of divinity.

I confess that I can say little with any authority about those most sublime dimensions, other than to indicate that their ultimate existence has been noted also by other systems of thought. In the Chinese Taoist tradition, the Tao, the essential flow of the cosmos, is also a unity composed of two parts—a syzygy—the yang of creativity and the yin of receptivity, analogous to the first, second, and third spheres, respectively. Another way to grasp this intuitively is to imagine in the development of an infant's mind, the developing awareness of the I and of the other, emerging from what Moreno called the "matrix of identity."

The mystics report that this highest dimension may be experienced by the most dedicated of contemplative practices, perhaps similar to what Zen Buddhists call "satori." Its inclusion in the overall schema gives a rootedness to the idea that there is an ultimate unity and source process in all of creativity. Perhaps Moreno's enthusiasm was also fueled by a glimpse of this source energy (Blatner & Blatner, 1988).

Applied to the rest of humanity, the contemplation of the miracle of becoming every moment from the unending fountain of imagery and the recognition that the source of that pulse is arising from the highest, innermost source is something quite refreshing and energizing. As a whole, the miracle of becoming is a scheme of how each actual manifest moment emerges from essence. Through contemplation, a touch of reason and language, and a fair dose of imagery and intuition, humans can glimpse at and reflect on this mythic structure.

Jewish tradition explicitly affirms, and many other traditions also agree, that human minds cannot know the whole or fullness of the divine. Few mental maps offer connections among the material dynamics of the roles we play, the spheres of archetypes and their underlying principles, and, at a mystical level, the energetic and equally dynamic sources of becoming. The Tree of Life offers such a model. This explanation of the 10 spheres can help the reader understand the way of looking at the Tree of Life as a map of the deep psyche and the underlying cosmic order.

Discussion

For everyday life, the person faces the challenge of balancing and developing the various archetypal influences in moving from role playing to role creativity. Psychodrama can help by offering opportunities to experience the act hunger of the archetypal urges in surplus reality roles. It can help clarify and coordinate the interplay of the various roles at the 10th level and help structure the interplay of the manifest world with the imaginal field at the ninth sphere through the use of surplus reality enactments. Sociodramatic explorations of the eighth level help articulate the underlying cultural assumptions, some of which deserve to be reconsidered and renegotiated. Such dramas also might include the underlying motivations that feed the cultural forms, so that the role definitions can be revised. In other words, in the present changing world in which social mores are being questioned, one can reevaluate them in light of their more basic functions.

Psychodrama, in a sense, allies itself with the coordinating or metarole function hinted at by the sixth or central sphere, that part of the deep self that can become empowered more consciously and effectively to work out adaptive syntheses among the various role conflicts, cultural structures and assumptions, and their motivational sources. The mirror technique in psychodrama represents one way to achieve role-distancing liberation and subsequent healing. The technique is a method by which people rise above their identifications with roles and even archetypes and choose again in the light of highest consciousness what might be the most holistically effective and creative response to a given situation.

At the higher levels of the Tree of Life, one engages in contemplation to shape one's own deeper philosophy of life. Psychodrama can help there, too, through axiodrama, in which one explores attitudes and one's underlying beliefs about God and the ultimate purpose and meaning of life. The channels on the diagram suggest that the spheres are always linked to each other at both the top (source) and bottom (our everyday lives).

REFERENCES

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

Blatner, A. (2002a). *The relevance of the concept of archetype*. Retrieved May 4, 2005, from http://www.blatner.com/adam/level2/archetype.htm.

Blatner, A. (2002b). *Enacted dialogue*. Retrieved May 4, 2005, from http://www.blatner.com/adam/ level2/enacteddialog.html.

Blatner, A. (2002c). Re-story-ing the soul. Retrieved May 4, 2005, from www.blatner.com/adam/ level2/restorsoul.htm.

Blatner, A. (in press). Perspectives on wisdom-ing. *ReVision*.

Blatner, A., & Blatner, A. R. (1988). The metaphysics of creativity as reflected in Moreno's "metapraxie" and the mystical tradition. *Journal of Group Psychotherapy, Psychodrama & Sociometry, 40*, 155–163.

Drob, S. (2000). *Kabbalistic metaphors: Jewish mystical themes in ancient and modern thought*. Northvale, NJ: Jason Aronson.

Falcon, T., & Blatner, D. (2001). *Judaism for dummies*. New York: Hungry Minds.

Gray, W. G. (1975). Patterns of Western magic. In C. T. Tart (Ed.), *Transpersonal psychologies*. (pp. 431–472). New York: Harper & Row.

Halevi, Z. B. S. (1972). *An introduction to the cabala: Tree of life*. New York: Samuel Wieser.

Hollander, C. (1978). *A process for psychodrama training: The Hollander psychodrama curve*. Denver, CO: Snow Lion Press.

Johari, H. (1987). *Chakras: Energy centers of transformation*. Rochester, VT: Destiny Books.

Moreno, J. L. (1941). *The words of the Father*. Beacon, NY: Beacon House.

Moreno, J. L. (1947). *The theater of spontaneity*. Beacon, NY: Beacon House.

Moreno, J. L. (1989). Autobiography. *Journal of Group Psychotherapy, Psychodrama & Sociometry*, 42, 1–73.

Myss, C. (1996). *Anatomy of the spirit: The seven stages of power and healing*. New York: Three Rivers.

Myss, C. (1997). *Why people don't heal and how they can*. New York: Three Rivers.

Poncé, C. (1973). *Kabbalah*. San Francisco: Straight Arrow Books.

Winters, N. (2000). The psychospiritual in psychodrama: A fourth role category. *International Journal of Action Methods, 52*, 163–172.

ADAM BLATNER, a psychiatrist and author, lives in Georgetown, Texas. His mailing address is 103 Crystal Springs Drive, Georgetown, TX 78628-4502. His e-mail address is adam@blatner.com.

Psychology

Heldref psychology journals include articles on new theories, critiques of old ones, and studies based on experimental, empirical, or field investigations. Internationally respected editors and advisers maintain high standards for the content of each journal. Whether your interest is in the behavioral, social, developmental, or experimental field, Heldref has a psychology publication you won't want to miss.

To place an order,
please copy this form
and mail or fax; visit our
Web site at **www.heldref.org**
or call customer service at
(800) 365-9753.

Heldref Publications
1319 Eighteenth Street, NW
Washington, DC 20036-1802

(202) 296-6267
fax (202) 293-6130

PUBLICATION #1 COST

PUBLICATION #2 COST

Please include appropriate international shipping costs. TOTAL COST

ACCOUNT # (MasterCard/VISA) Please underline one EXP. DATE

SIGNATURE

NAME/INSTITUTION

ADDRESS

CITY/STATE/ZIP COUNTRY

Genetic, Social, and General Psychology Monographs

Quarterly
$158 Institutions, $158 Individuals
(add $14 postage outside the U.S.)

The Journal of Group Psychotherapy Psychodrama, and Sociometry

Quarterly
$116 Institutions, $66 Individuals
(add $13 postage outside the U.S.)

The Journal of General Psychology

Quarterly
$176 Institutions, $166 Individuals
(add $14 postage outside the U.S.)

The Journal of Genetic Psychology

Quarterly
$176 Institutions, $166 Individuals
(add $14 postage outside the U.S.)

The Journal of Psychology Interdisciplinary and Applied

Bimonthly
$201 Institutions, $191 Individuals
(add $16 postage outside the U.S.)

The Journal of Social Psychology

Bimonthly
$201 Institutions, $191 Individuals
(add $16 postage outside the U.S.)

ReVision

A Journal of Consciousness and Transformation

Quarterly
$90 Institutions, $45 Individuals
(add $14 postage outside the U.S.)

heldref PUBLICATIONS
www.heldref.org

Heldref Publications is a division of the nonprofit Helen Dwight Reid Educational Foundation

SUB05

The Use of Psychodrama in Dealing With Grief and Addiction-Related Loss and Trauma

TIAN DAYTON

ABSTRACT. This article is an adaptation of a chapter from the author's book, *The Living Stage: A Step by Step Guide to Psychodrama, Sociometry, and Experiential Group Therapy* (Dayton, 2005). The author proposes the use of psychodrama to help clients in recovery who are dealing with complicated grief issues associated with addiction and addiction-related trauma. She emphasizes the importance of grieving and recognizes the many causes for a client's grief, ranging from death to divorce to addiction issues. She suggests psychodramatic strategies that can help clients to resolve those issues and to move forward with their lives.

Key words: dealing with grief, psychodrama and grief, psychodramatic strategies for dealing with grief

GRIEF IS WIDELY ACCEPTED AS AN ISSUE that needs to be addressed during recovery. Although normal life losses do not necessarily benefit from therapy nor require it, complicated loss associated with addiction issues may be aided by professional help. Those developing treatment approaches are often legitimately concerned about whether addressing powerful issues of grief will undermine sobriety or open the door to relapse. Many addicts are themselves hurt people, who have relied on some form of self-medication to manage their emotional pain. Moreover, the unresolved grief issues that they have been self-medicating with drugs, alcohol, food, sex, or gambling may re-emerge during the recovery process. Clients may need to grieve for time lost, that is, the years that they spent mired in addiction, and for the pain that they have caused those

they love. To complicate matters even further, they are likely to be grieving these issues with a compromised set of psychological and emotional tools. In early recovery from addiction, addicts may not benefit from revisiting painful, historical material that can trigger relapse, whereas in later recovery, the opposite can be true. Avoiding painful material can actually undermine the recovering person's ability to develop a consolidated sense of self, which can also lead to a relapse or a less-satisfying life and relationship. Generally speaking, addicts need to develop a solid enough recovery program along with sufficient ego strength to allow them to tolerate the difficult emotions associated with the grieving process without self-medicating. They also need to have their recovery supports, such as twelve-step programs and professional therapy, well in place.

Grief work in recovering populations can have both present day and developental components. Psychodrama, with its unique ability to concretize virtually any moment along the developmental continuum of a client's life, offers a unique approach to working with the mental, emotional, and behavioral aspects of loss. Psychodrama allows for a therapeutic intervention that involves and engages the full psychological, emotional, and sensorial person in his or her appropriate relational world or social atom. Going to the *status nascendi* of a particular conflict or issue, allows the client to explore the roots of a loss experience and trace the impact that that loss has had throughout their development.

Moreno (1946) believed that the self emerges from the roles a person plays and that the function of the role is to enter the unconscious and give it shape and definition. By using role play to work with loss issues, the therapist has a method that can reach into the conscious and the unconscious mind of clients, meet them at the appropriate developmental level, and allow the shape and definition of the roles that they have internalized to emerge onto the stage. Clients can view a circumstance as it was, explore it psychodramatically, and tease out the web of associated meaning they made of it at the time that they may still be living by. They can integrate their split-off affect and develop new insights as their adult mind witnesses their child, adolescent, or young adult world in its concrete form. They may then reshape their role configuration and practice new, emerging, or desired role behaviors in the here and now of the psychodramatic moment. Moreno (1946) believed that what was learned in action must be unlearned in action. Psychodrama, with its ability to allow the shape of the unconscious to be concretized through role play, is a tool that can reshape the self. It has the ability to reach through time and allow our surplus reality to emerge onto the stage in its many dynamic, cocreated forms.

Gesture as Our First Language

Gesturing is our first language. It is the mind-body communication on which all subsequent language is built. Before language formally enters the

picture, humans have learned a rich tapestry of gestures to communicate needs and desires. The expression of concern or alarm on a mother's face, for example, causes the child to feel alerted to danger. The child's screech accompanied by an arm motion may signal a wish to be picked up and cuddled or command the mother to hand over a favorite object.

All language is part and parcel of gestural communication. Each tiny gesture is double coded with emotion and is stored by the brain and body, with emotional purpose and meaning woven into it. Through that interactive process, we build emotional intelligence and literacy as surely as we learn math in a classroom (Greenspan, 2000). The interaction between the more emotional right and the logical left brain is central to emotional intelligence and literacy. In his article, *The Right Brain, the Right Mind, and Psychoanalysis,* Schore (2004) explained that the cortex, sometimes referred to as the logical left brain, is able to modify intense feeling states associated with the right brain through the use of reason and words. In addition, the right hemisphere is also centrally involved not only in the reception but also in the expression and transmission of emotional signals and affective states. Right cortical functions mediate the expression of facial displays of emotion (Borod, Haywood, & Koff, 1997), thereby facilitating spontaneous emotional communication (Buck, 1994) and spontaneous gestural communication (Blonder, Bowers, & Heilman 1991). These rapid communications are not only sensed by another face, but they also trigger motor responses in the facial musculature of the recipient. There is an emotional contagion between us that is part of how people tune in on another person's unconscious communication and regulate their own behavior accordingly.

Because gesturing is the first form of communication, much of that language is unconscious and surfaces in the form of automatic emotion, according to Schore (2004). Automatic emotion operates in infancy and beyond at unconscious levels and shapes subsequent conscious emotional processing (Dimberg & Ohman, 1996). That web of unconscious gesture, meaning, and word is formed through one's interactional environment with one's family and caregivers (one's first social atom) and lays a foundation for later emotional growth and language development.

Evolution has cunningly made the processing of emotions and their communication to others very rapid. The transmission of facially expressed emotion occurs in as little as 2 milliseconds (Niedenthal, 1990), far beneath levels of awareness. Nature has favored that speed synch for obvious reasons. The mother who could "feel fast," sense danger, and communicate that to her child to get him or her out of harm's way was naturally selected to be the DNA strain that led to us. "Because the unconscious processing of emotional information is extremely rapid, the dynamic operations of the 'transmission of nonconscious affect' is largely unconcious" (Murphy, Monahan, & Zajonic,

1995, p. 600). As Schore (2004) noted, the spontaneous communication of "automatic emotion" cannot be consciously perceived. One might liken that form of instantaneous communication between people to the "hot synch" between computers. Significant information gets transferred from one system to another, but it happens in what feels like an invisible realm. All of these unconscious processes help us to walk, digest, self-regulate, and remain grounded within the self, in relationships, and in our environment. They allow us to operate automatically. Greenspan (2000) maintained that adults who have not engaged in adequate gestural communication as toddlers frequently have trouble with certain abstract concepts. The result of a lack of early experience with the language of gesturing is that gesture, along with its embedded meaning, becomes detached from the word and makes self-reflection difficult, if not impossible.

Many adults have a hard time identifying some of their emotions and their intentions when they enter therapy. They lack awareness about why they do what they do or why they feel what they feel. Perhaps they experience something in their body, such as chronic muscle stiffness or pain in their stomach, back, or head, but they are unable to connect those reactions to their emotional feelings, which may be somatized or split off rather than felt. As young people, they may not have had conversations that decoded their emotional states and translated them into words. Consequently, they respond unconciously and may lack significant personal and interpersonal awareness.

Psychodrama, with its ability to include all of this rich, gestural, interactive language (i.e., "show us, don't tell us"), can recreate the relational context and conditions necessary to attach feeling to gesture at the appropriate developmental level. Roles have physical, mental, and relational components. When therapists work with intrapsychic and interpersonal roles, they enter into the somatic, intrapersonal, and interpersonal world of the client. In the heat of the psychodrama, thinking, feeling, and behavior emerge along with a web of associated meaning. The roles that individuals learn in childhood and later play have a web of unconscious, associated meanings from gesture and word embedded into them. Psychodrama reawakens the sleeping child or adolescent inside the adult. As clients experience their own real-life enactment unfolding around them or witness a protagonist with whom they identify, they enter into a forgotten world. They become purposeful and attending. Through clinical role play, they can modify their early emotional and psychological language and experience. The function of the role, according to Moreno, is to enter the unconscious and give it shape and definition. Schore (2004) believes that the unconscious can continue to expand through new, ongoing, and affectively charged relational or regulatory experiences. Psychodrama allows the affectively charged relational experiences to emerge and be worked with experientially to achieve a more satisfactory resolution and greater awareness.

As clients do, undo, and redo experiences, they move toward more complex psychobiological states and higher levels of self-reflection (Schore, 2004). Initially, they do. For example, a wounded aspect of self emerges into the here and now physically, mentally, and emotionally. In the here and now, the clients feel as they felt then. Then they undo. Through action in a relational context that mimics important interpersonal dynamics, they literally enter their surplus reality and rework what may have been living within them in a frozen state. They allow that part of them to find its form of expression, perhaps to cry the tears that were numbed or thwarted, express anger or helplessness, or shiver with the fear that became frozen. Then they redo; having unfrozen and expressed their pain and fear, they begin spontaneously to experience things differently. The lens through which the client sees the world changes, either ever so slightly or significantly. Insight and understanding replace the knee-jerk reaction, and the client can now respond to life differently.

Researchers have long recognized that in virtually any form of therapy, it is the relationship that heals. By developing trusting, long-term healing relationships that can create a new experience and act as different external regulators, clients learn a new emotional language and the skills of regulation and balance, both within themselves and in relationships. Psychodrama extends and deepens the gestural and relational component of that learning and the sociometry within the group creates a safe container in which learning can coalesce and expand.

The Fear Factor: How Trauma Affects Humans

Neurobiological researchers provide much-needed information for treating clients whose neurological systems have become deregulated through less-than-optimal relational experiences. Those experiences include the relational trauma that comes from familial neglect, abuse, or living with addiction.

The body cannot recognize the difference between an emotional emergency and a physical danger. When triggered, the body responds to either by pumping out stress chemicals designed to impel someone to quick safety or to enable them to stand and fight. In the case of childhood problems, in which the family itself has become the feared object or source of stress, there may be no opportunity to fight or to flee. Children and adults in those systems may find escape impossible, and so they do what they can to survive, which is freeze. They shut down their inner responses by numbing or fleeing on the inside through dissociation. Although that strategy may have helped them to get through a painful situation, perhaps for a period of many years, they suffered within. The ability to escape or take one's self out of harm's way is central to whether one develops long-term trauma symptoms or posttraumatic stress disorder (PTSD; van der Kolk, 2004). If escape is not possible, the intense energy that has been

revved up in the body to enable fight or flight becomes thwarted or frozen (Levine, 1997), and one's nervous system may become stuck on high alert, that is, they become hypervigillant and are constantly scanning their physical, emotional, or psychological environment for signs of repeated insults or rejections. Years later, individuals may live as if the stressor is still present and as if a repeated rupture to their sense of self and world lurks just around the corner, because their body and mind tell them it does.

Early childhood trauma can have long-lasting effects. The amygdala, the fight, flight, or freeze part of the brain, is fully formed at birth. That means that infants and children are fully capable of a full-blown stress response. When frightened, their bodies will go into fight or flight or freeze mode (Aram, 2004). However, the hippocampus or the part of the brain that interprets sensory input about a possible threat is not fully functional until somewhere between ages 4 and 5 yr, and the prefrontal cortex is not functional until around age 11 (Seifert, 1990). Therefore, when small children become frightened and go into fight, flight, or freeze mode, they have no way of interpreting the level of threat or of using reason to modulate or understand what is happening. Their limbic system becomes frozen in a sensory fear response and can remain, without intervention from a caring adult, locked in a sensory memory. Because of the child's natural egocentricity, the threat feels personal and may go to the core self (Aram, 2004). Children are likely to interpret whatever is happening as being about them and may feel that they are the cause. Because they lack the equipment to modulate their experience of fear on their own, their only way out of that state is through an external modulator, that is, the parent who can hold, reassure, and restore them to a state of equilibrium.

If modulating occurs at the time of painful circumstances, the child is unlikely to become symptomatic because the parent is wooing them back toward balance and a sense of safety. If, however, the parent or family environment is the primary stressor, the child is left to live through repeated ruptures to his or her developing sense of self, fundamental learning processes, and relational world on their own. Small children, however, lack the ability to make sense of fear-inducing circumstances, interpret the level of threat, or use reasoning to regulate and understand what is happening. Consequently, in later life, when something triggers their memory, they remember the same unmodulated memory that was locked down initially. When adults are seeking treatment, their memory or recallability of traumatic events may be minimal, and they may have little insight or cognitive understanding associated with the events. When adults become triggered by current life circumstances that mirror past situations—when entering adult, intimate relationships, for example, they may feel that the emotions being triggered are about the situation that triggered them because the nature of traumatic memory is not fully

understood. Trauma is a body–mind phenomenon, not just a mental response. This is why it can be difficult to talk about traumatic experiences. A part of the client was in a fight–flight–freeze mode and so "not there," and when they search in therapy for the memory, it does not necessarily come. What comes instead is a sensorial and emotional reaction (shakes, fear, shivers, pounding heart, and so forth) and a sense of danger, because that is how the memory was locked down in the first place. That is why a mind–body approach to trauma resolution is critical to complete healing. Adults who were traumatized as children do not tend to remember things well or in the order of their occurrence. Memories often appear in scattered flashes and body sensations. While being traumatized, the mind reverts to the basic functioning mode and those parts of the brain that make sense and meaning of events become overwhelmed. Consequently, those adults find a recitation of the traumatic events a difficult task. Oftentimes, the body needs to lead the mind to the truth. The body needs to speak in its own voice, to show rather than tell, or at least to be invited into the therapeutic moment. Then, as the truth emerges through action, journaling, or tuning into what's going on in the body, the adult mind and the observing ego can witness what is emerging through the mature eyes of adulthood and make new meaning of the events being processed.

A similar phenomenon can occur in times of war or intensely frightening experiences, such as rape. The survival parts of the human brain override the prefrontal cortex, and people operate from what is sometimes referred to as the reptilian brain. In other words, they are in fight or flight mode so that the terrifying experience becomes frozen in the brain and body. Because the cortex was overwhelmed, the experience is not thought about or processed normally. Those experiences may live within the self system as act hungers or open tensions; that is, the body and mind want to do something to bring closure to unresolved states of open tension.

Traumatized people are often emotionally and psychically glued to scenes and dynamics from the past. Trauma sears painful scenes into the brain and body where they may live, relatively unchanged, for many years. Traumatized persons' inner worlds can become characterized by extremes, and their outer worlds may mirror that dynamic. They may tend to cycle between extremes of black and white, with few shades of grey, in their thinking, feeling, and behavior. That reaction reflects the intense and overwhelming fear response, when a person becomes flooded with pervasive feelings of fear and then shuts down, numbs out, or dissociates. The clients' limbic systems may have become deregulated, they may become hyper-reactive or hypervigilant. They perceive danger, whether or not it exists, because the limbic system is regularly geared up for fight or flight. Everything feels threatening.

Issues with regulation, both within the self and in the family system seem ever present in that population. Rather than living in the present and tuning

into the natural give and take of the moment, clients' hyper-reactivity may make them feel safer living in their heads, with their own sets of conclusions, stories about what happened, and ideas and ideals about life and relationships, rather than in day-to-day reality. Because they have trouble with self-regulation, their ability to tolerate the vicissitudes of the moment may be compromised. They may have trouble dealing with strong emotion without acting out, blowing up, withdrawing, dissociating, or shutting down. They may lose spontaneity or the ability to respond adequately to a given circumstance, tending to over respond or to under respond. They become caught in a body–mind bind, in which their fearful thoughts trigger states of physiological arousal, and their physiological arousal triggers more fearful thoughts and emotions. That internal body–mind combustion may lead them to respond with behavior that is equally unconsciously driven. They may function, in some ways, through a false self because they have lost access to large pockets of their real selves. The more they respond thus, the more they continue such responses. What is initially a defensive strategy eventually becomes a quality of personality. The reaction is self-perpetuating, and the relationships that they set up with their environment define the parameters of the psycho-social and emotional world in which they operate. For traumatized persons, the past may feel as if it is ever present, even if it is beneath the level of their conscious awareness. Such clients often become caught in repeating dysfunctional relational dynamics, locked in a cycle of unconscious triggering, in which even small gestural cues, such as a raised eyebrow or flashing eyes, can send them into states of physiological and emotional fear that they associate with previous painful experiences.

Grieving Addiction-Related Losses

In dealing with addiction-related losses, clients may find themselves beginning in the here-and-now with their present-day loss issues but experiencing the rumblings of childhood losses that are agitating to come out. In addition to the presenting issues, some clients believe that they have no right to mourn the losses associated with problematic relationships, perhaps because well-meaning people tell them that they are "better off without them," or because they themselves have so often wished for distance from the addict, enabler, or codependent. Pain-filled relationships, however, can be difficult to process, simply because there is so much unfinished business associated with them. The conflicting feelings of love and hate and guilt and relief may complicate the mourning process. Instilling hope and engaging clients with a recovery zeal and helping them to set up a recovery network become important in creating motivation and a safety net to sustain and contain the grieving process.

A surprisingly large number of life's events go ungrieved in people's futile attempt to get on with life or to stop feeling sorry for themselves. Those events, which can become disenfranchised, may include any of the following:

- divorce for spouses, children, and the family unit
- life transitions; loss of job, youth, children in the home; moving or retirement
- dysfunction in the home, loss of family life
- lost childhood, lost security, constant abandonment, loss of parents who were able to behave as parents
- loss of a period of one's own life, loss of potential for what might have been

If people cannot mourn losses, they may experience one or all of the following reactions:

- Staying stuck in anger, pain, and resentment
- Losing access to important parts of their inner, feeling world
- Having trouble engaging in new relationships because they are still engaged in an active relationship with a person or situation that is no longer present
- Projecting unfelt and unresolved grief onto any situation, placing those feelings where they do not belong
- Losing personal history along with the unmourned person or situation
- Carrying deep fears of subsequent abandonment
- Having difficulty staying present in the here and now of relationships

Millions of dollars are often spent trying to locate the bodies of lost loved ones so that survivors can mourn them. Psychodrama allows grievers to concretize lost persons and mourn over them through word and gesture. The need to concretize the object of loss seems to be a deep, psychic yearning, without which the mind and heart remain unsettled and continue searching for an object of mourning. Psychodrama provides a concrete encounter with an object of loss in the here and now.

Grief and Self-Medication—The Connection Between Trauma and Addiction

In his seminal research on trauma, Bessel van der Kolk (1987) found that one of the pervading symptoms of post traumatic stress disorder (PTSD) in soldiers and those who have experienced some form of familial trauma, such as physical, sexual, or emotional abuse, neglect, or living with addiction, is the desire to self-medicate with drugs or alcohol. People abusing substances have

been able to medicate pain associated with grief, often for periods of many years. In sobriety, losses that went ungrieved and were medicated rather than felt, understood, and integrated may resurface. Without the coping strategy of self-medication, sober addicts will need to summon the strength to live through the pain that previously felt like too much to tolerate. Experiencing those losses in recovery may be confusing for recovering clients because often the losses reach back for years or decades. Psychodrama can offer a way to concretize and work with those overwhelming emotions when they surface. It is generally recommended that sobriety be established before those feelings are worked with experientially.

It is not uncommon for those who carry deep grief, which they have not been able to resolve, to feel that their pain is unique among all others and that no one can really understand what they are experiencing. Those clients often withdraw, isolate themselves, and mistrust connections with others. Hence, their path toward the connection as a part of healing becomes fraught with anxiety. Having clients engage with each other can help them to break through isolation, build trust, and begin to engage in the grieving process. Exercises in this article can help grieving persons begin to shed the tears and express the angry feelings associated with grief while simultaneously accepting care and support from others. Work with photographs and use of psychodramatic journaling can also help grieving persons to concretize particular grief issues or stages of life.

Krystal (1984) and Rando (1993) cite the following as warning signs of unresolved grief:

- Excessive guilt
- Excessive anger or sudden angry outbursts
- Recurring or long-lasting depression
- Care-taking behavior
- Self-mutilation
- Emotional numbness or constriction

Stages of the Grieving Process

One can expect to pass through certain, predictable stages in processing loss. I have adapted the stages offered by Bowlby (1969) and added a fifth stage. It is one that I have observed clients move through when they allow themselves to surrender to the process of grieving. Clients' feelings do not necessarily follow an exact course, stages may be leapfrogged or repeated, but listing the stages offers an overall map of the emotional terrain generally covered during the process of grieving loss. Loss, here, refers to the loss of a person, a part of self, a period of life, personal dreams, or addictive behaviors or substances.

Emotional numbness. In this stage, one may go through a period of feeling emotionally numb. The person knows that something has happened, but their feelings may be shut down and out of reach or come in waves. Numbness is part of a natural shock response. It wears off at different rates for different people, depending on such factors as the severity of the loss, the person's support networks at the time of the loss, the person's basic psychological and biological make up, and one's developmental level at the time of the loss (Krystal, 1984). If there is trauma associated with the loss, as may be the case in addiction-related losses, the numbness can become lasting. The natural phase of numbness is self-protective and should be allowed to play its course; it does not necessarily benefit from treatment. The kind of numbness that persists for years after a loss can be part of a complicated grief response and can benefit from treatment.

Yearning and searching. This stage is marked by a yearning for the lost object (person or situation) and searching for it in other people, places, and things. There is deep longing for what was lost—be it a stage of life, a part of the self, or a person—followed by a searching for a way to replace the lost object or experience. People who cannot allow themselves to pass through this stage may attempt to replace what was lost so that they do not have to experience the disruptive and painful emotions associated with this stage. Clients may experience ghosting, or the sense of a continuing presence of the lost person or even a sense that one is seeing the person in a variety of places.

Disorganization, anger, and despair. For persons experiencing loss, life may feel disorganized and normal routines may be thrown off balance. There may be a hole in their lives that feels gaping and empty. Grieving persons may experience feelings of anger or despair, which come and go and can feel sometimes overwhelming. Loses that have unresolved anger and resentment attached to them can become complicated. Clients may experience ambivalent feelings, such as sadness and relief or anger and longing. It may be easier for some clients to feel the anger, rather than the sadness beneath it, or vice versa.

Reorganization and integration. In this stage, one's inner world reorganizes. The loss becomes a part of the client's personal history. In the case of losses that have become complicated, the grieving person is able to articulate and experience the numbed or split-off emotions connected with the loss and integrate them into the self system. Energies that have been blocked become available again. This is a stage of acceptance.

Reinvestment, spiritual growth, and renewed commitment to life. In this stage, one comes to believe in life's intrinsic ability to repair and rebuild

itself. The grieving person experiences this first hand by reaching out and letting in caring and support from willing people, and realizes that one can heal from loss and move on. Although they may always feel some pain associated with their loss, the pain no longer overwhelms their ability to function. Their experience of life and capacity to live fully may expand. Freed-up energies become reinvested in a renewed interest in relationships and life experiences.

Inadequate Attempts at Dealing With Grief

Some attempts to deal with or manage grief do not necessarily lead to satisfactory resolution and integration. Inadequate attempts may include some of the following responses:

- *Premature resolution* occurs when people try to force themselves to resolve grief without allowing themselves to move through the full cycle of mourning. In those cases, the unresolved feelings tend to come out sideways in the form of projections, transferences, bursts of anger, withdrawl from life or relationships, simmering resentments, excessive criticism, bouts with depression, and so on.
- *Pseudoresolution* is a false resolution that occurs when persons fool themselves into feeling that their grief has been resolved, when actually it has not run its course.
- *Replacement* is when people replace the lost person or circumstance without first mourning that loss. For example, divorced persons who immediately marry again may feel that they have solved the pain of loss when, in fact, the loss has not been processed, and they have not learned from it. In the case of divorce, the same issues that led to one rupture tend to reappear in the next relationship. Less of the person is available for genuine love and connection.
- *Displacement* occurs when mourners cannot connect their pain to what is actually causing it and instead project the grief, upset, anger, and sadness onto something or someone else, thereby displacing the pain to where it does not belong. It becomes difficult to resolve the grief because it is projected onto and experienced around the wrong subject. Grief needs consciously to be linked back to what is actually causing it.

Grief Triggers

Some of life's circumstances can trigger grief reactions, and a substantial part of the reaction may be beneath the level of conscious awareness. Bringing those triggers into people's consciousness helps them to understand

where the conflicted feelings associated with the trigger response may be originating.

Anniversary Reactions

Anniversary reactions are common on or around the anniversary of a loss or death. One may feel a vague or even an overwhelming sense of pain related to a loss, a pain that feels as if it is coming from nowhere. One may experience the same type of reaction around the time of previous significant dates, such as hospitalization, sickness, sobriety, relapse, or divorce.

Holiday Reactions

Holidays often stimulate pain from previous losses. Because holidays are traditional ritual gatherings, they heighten our awareness of what or who is missing or what has changed.

Age-Correspondence Reactions

This reaction occurs when, for example, persons reach the age at which someone with whom they identified experienced a loss or they have a child who stimulates an age-correspondence reaction in the adult. For example, a daughter whose mother divorced around age 45 may find herself thinking about or even considering divorce when she reaches that approximate age. The father who had a painful time around 12 years of age may assume his 12-year-old child is having a painful year.

Seasonal Reactions

Change of seasons can stimulate grief or be unconsciously associated with a loss, thus causing a type of depression during a particular season.

Music-Stimulated Grief

Music can act as a doorway to the unconscious. It activates the right brain, drawing out associations and feelings that get stimulated by a particular song or music.

Ritual-Stimulated Grief

Important shared rituals can stimulate grief when there has been a loss. For example, family dinners or Sunday brunch can be a sad time for family members who have experienced divorce or death.

Smells or Returning to a Particular Location

Smells can stimulate memories associated with those scents. Visiting a place that one previously shared with a lost loved one can bring painful recollections.

Creating Living Rituals

Grief rituals are themselves inherently psychodramatic. Psychodrama allows the construction of living rituals that are tailored to the needs of the protagonist. The rituals can address all forms of loss so that those carrying the feelings associated with loss can process them and move toward resolution. Psychodrama is useful in the following ways for resolving grief issues:

- It concretizes the lost object
- It provides concrete closure
- It gives voice to words that went unspoken, reality to emotions that went unfelt, and accompanying psychological awareness
- It allows for catharsis of abreaction to express emotion and engage in the grief process

It allows for a catharsis of integration as emotions, which may have been split off and are out of consciousness, are experienced in the here and now and reintegrated into the self system with new awareness and understanding.

Psychodrama's unique ability to concretize a lost object, experience, or part of self, allows grieving persons to deal with a real, rather than imagined, circumstance. Clients are free to interact with the object of loss and to allow thoughts and emotions that may be banished from everyday consciousness to have their moment of expression in a safe, clinical situation with the support and witnessing of others. Words that were not spoken can be spoken; feelings that were split out of consciousness can be experienced in the present. This process can allow persons who may be blocked emotionally to regain access to their shutdown inner world or conversely to allow persons who are flooded with emotion to revisit the circumstances fueling that intensity in a modulated process that allows for self-regulation. Withheld emotion, particularly anger, can be harmful to one's body and can fuel depression. Through role play, psychodrama allows anger to surface in a clinical environment, where it can be experienced, expressed, and then processed and understood. If the anger is masking sadness, that, too, can begin to be felt.

As emotions are felt in the here and now, the observing ego witnesses and makes new meaning. Current loss often stimulates pain from previous wounds. Particularly when related to addiction, losses that may have gone unprocessed for periods of years become concretized in the here and now,

where they can be understood in the light of today and seen through an adult's, rather than a child's, eyes. That, in itself, is healing. Clients may also hold deep yearnings to understand how they were seen or unseen by a parent. Role reversal can provide a vehicle for standing in the shoes at the other end of a conflict or loss and provide the opportunity to experience the self from the role of the other. Corrective experiences can be built into the drama through reformed auxiliaries who give clients a yearned-for experience. Although the experiences do not occur in reality, they can allow clients to feel what it is like to receive what they yearn for and to have what they want so that if life presents them with a desired object or experience, they will not push the nourishment away because it feels unfamiliar. Thus, the loss is processed, and the self reorganizes to include it.

Psychodrama, through group process, provides sociometric opportunities for clients to learn to relate to people differently and to search for new, adequate responses to situations that used to be baffling. It also allows clients to train for new behavior roles within the group, which they can then take back into their lives.

REFERENCES

Aram, S. (2004). Emotional trauma and the price we pay. Lecture given at The Meadows, New York City.

Blonder, L. X., Bowers, D., & Heilman, K. M. (1991). The role of the right hemisphere in emotional communication. *Brain, 114,* 1115–1127.

Borod, J., Haywood, C. S., & Koff, E. (1997). Neuropsychological aspects of facial asymmetry during emotional expression: A review of the adult literature. *Neurpsychology Review, 7,* 41–60.

Bowlby, J. (1969). *Attachment and loss, vol. 1: Attachment.* New York: Basic Books.

Buck, R. (1994). The neuropsychology of communication: Spontaneous and symbolic aspects. *Journal of Pragmatics, 22,* 265–278.

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

Dayton, T. (2000). *Trauma and addiction.* Deerfield Beach, FL: Health Communications.

Dayton, T. (2005). *The living stage: A step by step guide to psychodrama, sociometry, and experiential group therapy.* Deerfield Beach, FL: Health Communications.

Dimberg, U., & Ohman, A. (1996). Behold the wrath: Psychophysiological responses to facial stimuli. *Motivation and Emotion, 20,* 149–182.

Greenspan, S. (2000). *Building healthy minds: The six experiences.* New York: Perseus.

Krystal, H. (1984). *Psychoanalytic views on human emotional damages, post traumatic stress disorder, psychological and biological sequelae.* Washington, DC: American Psychiatric Press.

Levine, P. A. ((1997). *Waking the tiger.* Berkeley, CA: North Atlantic Books.

Moreno, J. L. (1946). *Psychodrama, vol. 1.* Beacon, NY: Beacon House.

Murphy, S. T., Monahan, J. L., & Zajonic, R. B. (1995). Additivity of nonconcsious affect: Combined effects of priming and exposure. *Journal of Personality and Social Psychology, 69,* 589–602.

Niedenthal, P. M. (1990). Implicit perception of affective information. *Journal of Experimental Social Psychology, 26,* 505–527.
Rando, T. A. (1993). *Treatment of complicated mourning.* Chicago: Research Press.
Schore, A. N. (2004). *The right brain, the right mind, and psychoanalysis.* New York: Guilford.
Seifert, W. (1990). *Neurobiology of the hippocampus.* London: Academic.
van der Kolk, B. (1987). *Psychologicaltrauma.* Washington, DC: American Psychiatric Association.
van der Kolk, B. (2004). The limits of talk therapy. *The Psychotherapy Networker.* http://www.psychotherapynetworker.org/, accessed February 2005.

TIAN DAYTON, the author of *The Living Stage: A Step by Step Guide to Psychodrama, Sociometry and Experiential Group Therapy; Trauma and Addiction; Heartwounds: The Impact of Trauma and Grief on Relationships;* and *Forgiving and Moving On,* has written several other books and articles. She is the director of the New York Psychodrama Training Institute in Caron, NY, and is in private practice in Manhattan. Her Web address is http://www.tiandayton.com. Her e-mail address is tianmanhattan@aol.com.

APPENDIX A
Grief-Related Exercises

Four basic techniques that therapists can use where appropriate:

Empty Chair Exercise

Ask group members to allow the person, job, or aspect of self to be represented by an empty chair (or a role player). Invite clients to say freely all that was left unsaid, to bring a feeling of closure to the relationship, and to say their good-byes. Role reversal, doubling, and interviewing can extend and deepen the exploration.

Letter Writing

Ask group members to write a letter to the person they have lost. Invite them to share fully any and all emotions and to move toward closure. Their loss issues may require a letter to a part of themselves, to a period in their own lives, or to a substance or behavior to which they are saying good-bye. They may also wish to reverse roles and write a letter that they wish to receive from the person, part of self, substance, or behavior being explored.

Photographs

Photographs are a powerful tool for healing grief. They may be brought to group or one-to-one therapy sessions and used as a near-psychodramatic technique, with the client talking to, doubling for, or speaking as the person in the picture. As a way of working through letting go, a client may wish to make a scrapbook about a lost person, a stage of life that has passed, a child who is going off to college. A scrapbook can also serve as a gift to the departing young person, consolidating their youth and allowing them to hold it in their own hands and take it with them.

Transitional Objects

Transitional objects hold a sense of the presence of a person who has moved on through death, divorce, or departure. Clients may wish to do a vignette or monodrama,

talking to any object that holds the presence of a loved one—a pipe, a golf club, a stuffed animal, or a recording. This exercise can help clients work with those feelings that need to emerge in relation to a lost love.

Four specialized techniques therapists can use when appropriate:

Grief Spectrogram

Goals:

1. To make unconscious, grief-related material conscious.
2. To provide a method of action sociometry that integrates specific goals toward grief resolution.

Steps:

1. Draw an imaginary line dividing the room down the middle, showing group members where it is as you do so.
2. Explain to the participants that each end of the room represents an extreme, with 1% at one end and 100% at the other, and that the bisecting line is the midpoint, representing 50%.
3. Now ask a series of criterion questions that apply to your particular subject, and ask participants to locate themselves at the point along the continuum that feels right for them in response to the criterion question. For example:
   - How much grief is in your life right now?
   - How much anger do you feel?
   - How tired do you feel?
   - How much disruption of your normal routines are you experiencing?
   - How much fear do you feel about your future?
   - How much hope do you feel about your future? (See "Grief Self Test" [Appendix B] for more grief-related criteria questions.)
4. Allow participants to explain why they are standing where they are standing after each question either with the group at large or those standing near them on the spectrogram.
5. Repeat this process for as many questions as can be absorbed.
6. The director may extend the exercise by inviting group members to identify someone who shared something that resonated with them, then to walk over to that person and share with him or her the reasons for their choice.
7. Group members can then return to their seats for further sharing and processing.

Variations: This exercise can be used as a warm-up to empty chair work, letter writing, or vignettes.

Note: The use of a grief spectrogram and the guided imagery for loss are adaptations that were developed by Ronny Halpren, MSW, Bereavement Coordinator for the Cabrini Hospice in New York City.

Grief Locogram

Goals:

1. To allow group members to identify which stage or stages of the grief process, they might be in.
2. To allow group members to identify with and learn from each other.

Steps:

1. Designate each of four corners of the room with one stage of the grief process, as outlined by Bowlby. For example, one corner of the room represents the stage of numbness; one yearning and searching; one disorganization, anger, and despair; and

one reorganization. If desired, the therapist may add reinvestment in another location, but four positions are adequate for the exercise. Designating an "other" area can prevent participants from feeling restricted to only four or five choices.

2. Invite group members to go to the corner of the room that best represents where they feel they are in their grieving process for the issues with which they are working.
3. Ask anyone who wishes to share why they chose to stand in a particular spot. Group members can share individually or in subgroups with those they are standing beside. They will be standing in sociometric alignment, that is, those experiencing anger will be standing next to those in anger, and so on.
4. Next, ask group members if they feel a need to stand anywhere else, and if so, repeat steps two and three.
5. After all who want to share have finished, the group can move into psychodramas with whoever feels warmed up to work, or they can return to their chairs for further sharing.

Variations: This can be used as a warm-up for writing in a journal or for letter writing. Doubling or sociometric choosing can also be part of the process, as the members respond to questions such as "Who can you double for?" or "Who said something with which you identify?"

Guided Imagery for Loss

Goals:

1. To trace past issues, investigate what messages were received, and how one was taught to handle loss.
2. To see how past losses may be affecting current losses.

Steps:

1. Direct clients to find a comfortable position and relax. They are to leave behind whatever outside concerns they may be carrying and bring their attention into the room. Direct them to pay attention to their breathing and to breathe in and out easily and completely and relax. They are to uncross their legs and place their hands on their laps with palms facing upward or have palms toward the ceiling if they are lying on the floor. Clients are to take a deep breath and hold it, then blow it out slowly, as if blowing out through a straw. Clients notice areas of tension and breathe into them, allowing them to release, and then relax.
2. Clients remember a loss, perhaps the first one they can remember, thinking about when it was, where they were, what happened, what they were told to do, and what they learned about grief and loss. They answer the following questions:

   - What are your thoughts?
   - Observe yourself in your mind's eye; how do you look?
   - What is your expression and body posture?
   - What are you expecting, to be true about yourself or about life around the loss?
   - What meaning are you making out of this situation?

3. Whenever they feel ready, they open their eyes.
4. They share what came up, in dyads or within the group. What has this experience and other experiences taught you about loss, and how are the lessons you learned being played out today in the way you currently deal with loss?

Variations: This exercise is a natural warm-up to action. The therapist may wish to put an empty chair in the center of the group. Anyone who has anything to say to someone can use the chair to represent the person, or members may choose someone to play the person or persons involved.

Saying Goodbye—The Empty Chair

Goals:

1. To say goodbye fully to someone who has left one's life.
2. To work through blocked emotions surrounding the loss.

Steps:

1. Allow the protagonist to share information about the person to whom he or she wishes to say goodbye.
2. Allow the client to choose a person or to use an empty chair to represent the person.
2. Allow the client to choose a person or to use an empty chair to represent the person.
3. Ask the client to set the scene.
4. Encourage the protagonist to be specific, saying goodbye to all that he or she will miss in detail.
5. If it seems appropriate or helpful, allow the client to say what he or she will not miss.
6. The protagonist can reverse roles with the person whenever appropriate or double for themselves or the person to whom they are talking.
7. The protagonist can ask for something that he or she may wish to have from the person—a word, a gesture, or an object.
8. The protagonist may wish to give something to the person as well.
9. Ask the protagonist to finish the goodbye in any way that he or she wishes.
10. Allow plenty of time for sharing in the group.

Variations: Scene setting can be very personal. The protagonist may wish to be in any type of setting, either real or imagined. The setting can be a funeral, a deathbed, a park, a field of flowers, or any location that the protagonist may choose. The idea is to say goodbye fully wherever it works best. If life did not offer an opportunity for the protagonist to say goodbye and put closure on the relationship, psychodrama can allow that to happen. Goodbye may also be said in a one-to-one setting, using an empty chair. (Dayton, 1994).

APPENDIX B
Self-Test—Grief Questionnaire

Purpose: This questionnaire is designed to give you more information about your current loss and to heighten your awareness of the role that unresolved grief may be playing in your life.

Instructions: First determine the issue that you believe is your current concern, and then answer the questions by circling the words that most closely represent your experience.

Note to therapists: These questions can also be adapted to a spectrogram.

1. How much unresolved emotion do you feel surrounding this loss?

Almost none Very little Quite a bit Very much

2. How blocked are you from getting in touch with your genuine feelings associated with this issue?

Almost none Very little Quite a bit Very much

3. How disrupted in your daily routines do you feel?

Almost none Very little Quite a bit Very much

4. How much depression do you feel?

Almost none Very little Quite a bit Very much

5. How much yearning do you feel?

Almost none Very little Quite a bit Very much

6. How much sadness do you feel?

Almost none Very little Quite a bit Very much

7. How much anger do you feel?

Almost none Very little Quite a bit Very much

8. How much ghosting (continued psychic presence) of the lost person, situation, or part of self do you feel?

Almost none Very little Quite a bit Very much

9. How much fear of the future do you feel?

Almost none Very little Quite a bit Very much

10. How much trouble are you having organizing yourself?

Almost none Very little Quite a bit Very much

11. How uninterested in your life do you feel?

Almost none Very little Quite a bit Very much

12. How much old, unresolved grief is being activated and remembered as a result of this current issue?

Almost none Very little Quite a bit Very much

13. How tiredness do you feel?

Almost none Very little Quite a bit Very much

14. How much hope do you feel about your life and the future?

Almost none Very little Quite a bit Very much

15. How much regret do you feel?

Almost none Very little Quite a bit Very much

16. How much relief do you feel?

Almost none Very little Quite a bit Very much

17. How much self-recrimination do you feel?

Almost none Very little Quite a bit Very much

18. How much shame or embarrassment do you feel?

Almost none Very little Quite a bit Very much

Note: The author grants readers permission to reprint this questionnaire, taken from her book *Trauma and Addiction* (Dayton, 2000).

BRIEF REPORT

The Magical Music Shop

JOSEPH MORENO

Within the broad spectrum of the creative arts therapies, which include music, art, dance, and drama, there are many possibilities for therapeutic applications. All clients who seek therapy have different needs and backgrounds and different propensities for self-expression. Although many people derive benefits from the more traditional verbally based insight therapies, others find the strictures of verbal-only methods limiting. The arts therapies, particularly music, dance, and psychodrama, are action-based methods that may be liberating and provide an openness of expression not readily available in the primarily verbal, one-to-one, therapist and client methods.

All arts therapies are potentially complementary and can provide many interesting possibilities for their integration. I have documented the integration of music and psychodrama in the book *Acting Your Inner Music: Music Therapy and Psychodrama* (Moreno, J. J., 1999a) and in related publications (1985, 1991, 1999b).

The warm-up is a significant and critical part of every psychodramatic process. For any group of participants in a psychodrama, the director has the responsibility and challenge to initiate a process that will help to establish connections among group members and between the group and the director. An effective warm-up is one that energizes the group dynamics and leads to a growing atmosphere of spontaneity.

The Magic Shop psychodrama warm-up, created by J. L. Moreno (Z.T. Moreno, personal communication, 2004), is a deservedly popular and effective technique. The director plays the role of a symbolic shopkeeper and offers the group an opportunity to acquire the special personal qualities that are available through bartering. The qualities are generally desirable personal attributes or such conditions as self-confidence, courage, peace, happiness,

being loved, success, and so on. In other words, the qualities are whatever a person may be seeking in his or her life. Typically, those are qualities that are either missing or, at the least, inadequately developed in the potential customer's life.

If group members want to obtain any of those desired states, they do not purchase them with money. Rather, the acquisition is a process of negotiation and exchange. In return for the desired "merchandise," a person must give up something of himself or herself, often the very self-limiting traits that may have prevented personal growth and led to the present deficiencies.

Following the bartering process, a person may attempt to exchange shyness for needed self-confidence, feelings of anxiety for peace, fear for courage, anger for love, depression for happiness, and so on. One effect of the warm-up is to open up the central issues in a person's life situation, both the problems and aspirations. After the person bargains successfully, the director may ease the person into a protagonist role and further work on those issues in a psychodramatic exploration.

However useful the Magic Shop may be, it still shares certain limitations that are inherent in warm-up techniques that are largely verbal in nature. For example, in the Magic Shop, the protagonist must be comfortable enough to verbalize his or her needs directly, or at least be able to express them overtly in some form of action and to identify those problems that are holding him or her back. A person who is able to do that must, in a sense, be internally warmed up before the formal directed warm-up begins so that he or she can engage in a process that requires a certain level of spontaneity and playfulness. As a result, the most troubled and least spontaneous group members, perhaps those who most need to work, may not feel sufficiently comfortable to participate in that kind of warm-up and therefore miss the possibility of taking on the protagonist role. In effect, the director may often be projecting an unintended bias in favor of selecting the more spontaneous members, with the other troubled group members feeling excluded.

The Magic Shop and Music

One way to overcome whatever limitations may be inherent in predominantly verbal warm-ups, such as the Magic Shop, is to make nonverbal expressive elements, such as music, an intrinsic part of the process. One example of that is the use of music and imagery techniques. The individual then travels inwardly in response to recorded sedative background music. Without requiring any initial verbal expression, the therapist uses music to help the participants bypass cognitive defenses and other blocks and facilitate their inner contact and confrontation with significant personal issues. What is really happening is that the group members are gradually warming up themselves.

The therapist subsequently processes those experiences and asks the individual group members to share their imagery verbally.

Music and imagery is a now well-established music therapy technique, which was first introduced by Bonny (1973). According to that process, the therapist typically first involves the group in a period of progressive relaxation and explains to the group members that they will soon be hearing some recorded background music. The therapist further explains that during the music, as the group members sit with eyes closed, he or she will provide some verbal suggestions during the music. The therapist asks the group members to try to travel inwardly in response to the guidance and tells them that after the music, they are to share their imagery experiences with the therapist and group. The therapist designs the verbal guidance to be as nondirective and open-ended as possible, giving the participants the maximum freedom to explore their own issues fully through that projective technique. Supported by the music of "The Enchanted Lake," by Liadov, the therapist voices a typical verbal scenario: "Imagine yourself on a magic boat on a magic lake. You don't know where the boat will take you—perhaps to your past, to your future, or somewhere in the present. Try to trust the boat, and let it take you where it wants to go." The therapist assures the participants beforehand that if for any reason they find themselves too uncomfortable, they can open their eyes and stop the process at any time. My experience, however, has been that most group members complete the experience and subsequently share their imagery with the group.

At the end of the music, the therapist directs the participants to open their eyes and begin sharing. The therapist helps each person to process his or her imagery and begin to clarify the significance of the issues presented. Although for many, the imagery experiences may be positive, reflecting good things in their lives, for others, the experience may bring up conflicts and personal difficulties. However uncomfortable the initial confrontation with problematic issues might be, the process opens the door to the possibility of moving beyond the verbal processing and to using those same issues as a basis for psychodramatic exploration. In that way, even the most introverted group members have already internally warmed themselves up to the verbal aspect of sharing, which is the second stage in this process. In effect, this segment is a "warm-up to the warm-up," which may be a crucial step for some people and may strongly enhance the chance of moving even the least spontaneous individuals into the protagonist role. My purpose in this article is to explore more specifically an expansion of the Magic Shop warm-up, which I call the Magical Music Shop.

The Magical Music Shop begins in a way similar to the traditional Magic Shop, with the director announcing the various wonderful things that can be obtained in this special place, a magical music shop. The shopkeeper lets the group know that the place is first of all a music shop, a place where words are not important and where the shopkeeper deals primarily with music. To facili-

tate the participant's musical expression, the shop contains a variety of musical instruments that are in full view of the group. I suggest that the musical display be primarily percussion instruments, about four to eight of them, typically a variety of drums, bells, gongs, rattles, rain sticks, and xylophones. The significance of using percussion instruments is that they so easily lend themselves to immediate and personalized musical expression that is not dependent on any previous musical experience. The therapist as shopkeeper also briefly demonstrates some of the instruments' sound possibilities. The demonstration serves to engage the interest of the participants, to show the simplicity of execution and expression on the instruments, and to convey a sense of the instruments' dynamic and emotional range. As potential customers volunteer to negotiate for some personal desires, the therapist asks them to move beyond any initial verbal identification of their feelings. The therapist directs the clients to come up, seat themselves next to the instrument of their choice, and then to try to play the feeling or personal state that they desire. Even if a person is verbally clear from the start, saying, "I know I just want to be happy," the shopkeeper says something like, "Well, I need to hear it to see if I can use it. Remember, this is a music shop, and I can't sell words—we don't have much demand for them here." The shopkeeper also informs the customers that their music will be taped and preserved in a form that can be saved for future use.

After the performance, which can be as short or long as the individual desires, the therapist and group members listen to the playback. The group members are not to judge the music of the improvisations but rather to use their intuition to determine what the person is expressing through music. Their comments may include, "He sounds depressed" or "She sounds very happy." In each case, however, the therapist asks the individual music maker to clarify his or her intended feelings verbally. Whether the group's perception of the musical expression is correct or incorrect is a secondary point because the verbal clarification motivates the individual to assert more strongly the true nature of whatever he or she was trying to express.

As with the earlier music and imagery processes, the participants began their internal warm-up process well before they played their instruments. They had listened to the shopkeeper's musical demonstration in a way similar to the music and imagery strategy in which the internal imagery precedes the verbal sharing. In both contexts, there is an internal process that subsequently leads to overt expression. The internal exploration takes place as the participants begin to identify their feelings and desires and the way that they might express them through the musical sound possibilities now available to them. For example, the shopkeeper might say, "Well, this music has a really playful and free feeling to me. Is that what you're looking for—to be more playful and free?" or "This music has a very clear and organized feeling to it. Are you trying to find more clarity and purpose in your life?" At that stage, as

in the traditional Magic Shop, the shopkeeper can ask the person to elaborate verbally on the nature of his or her desires. That verbal expression has been gradually developed, first through the two stages of the imagined and then the actual musical expression, and then by their having had a second chance to reflect on their own music while listening to the playback on the recording. After the first playback, even before any questions of interpretation, the therapist can ask if the individual is satisfied with the music, if it really sounds like what he or she wants, or if the person might like to record it again. That step provides yet another opportunity for internal warm-up and clarification. Once a definitive musical expression has been recorded and verbally processed, the process of negotiation with the shopkeeper can begin.

The shopkeeper needs to support the participant and say that, for example, the music does sound very happy, playful, organized, peaceful, or whatever it is the individual is trying to express. The shopkeeper may also make it clear that many people are looking for similar things, and that those kinds of musical feelings are quite costly. Therefore, if the person really wants to acquire the positive feelings expressed in his or her projected music, he or she needs to give up something in return.

Once more, without the need for verbalization, the shopkeeper asks the person to consider the instruments again and this time express musically the negative feelings that he or she hopes to offer in exchange for the sought-after good feelings. The negative music is also recorded and discussed, with the option to re-record. If the director senses that the negative feelings are not being fully expressed, he or she might say something like, "I hear your pain. If you want to exchange that for happiness, you've got to give me a lot more of it. I do have a customer who is denying pain, and listening to some of your music could help that person face reality. But I really need much more of the music, and probably you'll feel better getting rid of it. Please give me all you've got!" In that way, the therapist encourages the individual toward a most complete catharsis of negative feelings.

By performing the personalized music and having it recorded, the individual focuses his or her feelings on an externalized, tangible, and permanent form. The therapist clarifies that the musical recordings subsequently become the property of the client, who may choose to use or discard them.

It should be stressed that this kind of musical improvisation does not result in music in the usual sense but is a very personalized kind of sound expression in which even the most subtle nuances can symbolically express a world of feelings. Those musical statements must be interpreted from an affective perspective, rather than from a more traditional musical one. The group's participants gradually become more sensitized to elements of musical dynamics that may be reflective of introverted or extroverted kinds of feelings. They sense whether the music has a single predominant character or a divided

expression, reflecting divisions in the person's life. They come to recognize the music sounds as organized or chaotic and understand the significance of the choice of instruments in a free-responding situation. I have observed that often a participant's few sounds made on these simple instruments can express, in the most concise way, some of the deepest issues the person is feeling in a life situation.

At this point in the session, the shopkeeper strikes a bargain with the person and agrees to accept the negative music in exchange for the positive feelings crystallized in the music of the person's desires. To close the deal, the shopkeeper reminds the person that he or she owns the created positive music and that nobody can take it away. The shopkeeper explains further that this is not an ordinary music shop, but rather a magical one. A ritual of magical musical transformation now takes place. The therapist asks the individual to sit facing the group, to close his or her eyes, and to listen to a replay of the positive music. The director tells the members that, while listening, the feelings of their own self-created music are magically entering their spirit and will begin to change them in their real lives in a permanent way. The therapist reminds the participants that they created the music in the first place, that it came from within, and that they can now give it the internal power that it deserves. The director gives the participants copies of the taped positive music with a reminder that they can play the magical music anytime they wish to hear it. It is their self-created magical musical medicine to be used as often as needed, with no need to worry about an overdose of good feelings.

The shopkeeper may also remind them that because they have now sold off most of their negative music in exchange for the good, there is little sense in trying to go back to it in the future. The shopkeeper might say, "I suppose you could re-create some more of that old negative music, but why would you want to do that?" The tape of the negative recorded music can also be given to the participants as a reminder of a place to which the therapist hopes they have no wish to return.

By this time in a session, the inner polarities of the person have been identified and expressed, and the individual is now fully warmed up and ready to enter into the role of protagonist in a psychodramatic enactment, as needed. Every participant in the exercise may not necessarily move into the protagonist role, but the experience can be cathartic and therapeutic in itself. This warm-up will take more time than the traditional Magic Shop, perhaps about 30 min for each person, but the results are well worth it. No single warm-up exercise can be appropriate for all participants because some people readily jump into the traditional Magic Shop warm-up with complete freedom, whereas others feel inhibited by it. That is precisely why it is important to have alternative types of warm-ups available. Projective music improvisation provides yet another kind of expressive outlet that is attractive to many peo-

ple (Moreno, 1999b). I have observed participants finding the use of the preverbal music improvisation process attractive. Many people have a strong attraction to playing the simple instruments, even if it is a first-time experience for them. This kind of music-making is often perceived as a kind of childlike play and can be seen as play therapy for adults.

Case Example

In the group, the protagonist-to-be was a woman who demonstrated a lack of overt expression and who seemed somehow isolated from the group. When I asked for volunteers for the music shop, she looked up, appeared interested, and shyly offered to try. From a choice of musical instruments that ranged from a snare drum, which was the most dynamic instrument, to a small plastic rattle, which was the softest instrument available, she selected the rattle. Then, when asked to create music that expressed the feelings that she wanted to obtain in the music shop, she proceeded to play in a manner that was lethargic and barely audible. Her blank facial expression and flaccid body language further contributed to the impression of a very depressed person. When the group members volunteered their perception of the music, they all offered that same idea.

I was a bit surprised and asked her about the feelings behind that music, because the music did not portray the kind of feelings that someone would want to have. She said that she was extremely lonely, had difficulty in sustaining meaningful personal relationships, and so on. I expressed my sympathy but also reminded her that she had been asked to express the music reflective of the things she wanted in life and that I wondered if this was what she was really seeking.

She quickly responded that those were the last things she wanted in life and that she hoped to escape loneliness and find a way to realize her dreams of intimacy and connection. I then told her that I understood that she wanted to get rid of her old music of pain and loneliness and that perhaps I could use it. First, however, I needed to hear the kind of music she wanted to acquire.

For her next improvisation, she chose a metal xylophone and a small bell, and she played those simultaneously. This time, her music was completely different, full of energy and movement. She played a rhythmic ostinato on the xylophone that was synchronized with the ringing of a bell, and the group and I concurred that this joyful sounding music was expressive of a very different emotional world.

She agreed that this was, indeed, the music of her dreams and expressive of the kind of loving relationship for which she longed. As the salesperson of the music shop, I offered her a deal. I told her that I happened to have a good supply of loving music in stock and would be glad to share some with her and that my sad music supply was very low. I told her that I would be pleased to

give her all the happiness music that she needed in exchange for all the sad music she had available. She eagerly agreed to the arrangement, and we shook hands to seal the bargain.

She then sat in front of the group, and I asked her to close her eyes, and we played the tape of her own happiness music improvisation. I assured her, as the music was playing, that the music was magically transforming, that it was permeating her being, and that it would have a long-lasting and positive effect. When she opened her eyes, she pronounced herself to be far more relaxed and hopeful for the future.

This warm-up process had taken place in the morning of a full-day workshop program. In the afternoon, when I asked the woman if she would be interested in further exploring her relationship issues as a protagonist in a psychodrama, she readily agreed. The results of the subsequent session, although helpful to her, are not relevant here. What is significant is the gradual process that brought her from being an initially hesitant group member to participating in the music shop, where she seemed at ease with musical expression and was without pressures to verbalize immediately what was troubling her. Through the magic-shop process, she gradually grew in confidence and spontaneity. Her own improvised music, as well as the director's and group members' intuitive responses to it, warmed her up to verbal sharing and finally to being a fully involved psychodramatic protagonist.

I hope that psychodrama directors will consider exploring this variation on the Magic Shop, because it may open up new possibilities in their work.

Key words: music therapy, psychodrama improvisation, psychodrama magic shop.

REFERENCES

Bonny, H. (1973). *Music and your mind.* New York: Harper and Row.

Moreno, J. J. (1985). Musical psychodrama in Paris. *Music Therapy Perspectives, 1,* 2–6.

Moreno, J. J. (1991). Musical psychodrama in Naples. *The Arts in Psychotherapy, 18,* 331–339.

Moreno, J. J. (1999a). *Acting your inner music: Music therapy and psychodrama.* St. Louis, MO: MMB Music.

Moreno, J. J. (1999b). Ancient sources and modern applications: The creative arts in psychodrama. *The Arts in Psychotherapy, 26,* 95–101.

Key words: music therapy, psychodrama improvisation, psychodrama magic shop,

JOSEPH MORENO is the director of the Moreno Institute for the Creative Arts Therapies and a Maryville University professor emeritus. His mailing address is 4579 Laclede Avenue, # 140, St Louis, MO, 63108. His e-mail address is joem@maryville.edu, and his Web site address is http://www.morenoinnermusic.com.

BOOK REVIEWS

The Living Spirit of the Psychodramatic Method, by Max Clayton and Philip Carter. 2004. St. Heliers, Auckland, New Zealand; Resource Books.

This book is about connection in its broadest sense, linking the reader's inquiring spirit to the authors' and their group's experiences at a three-day training event. The book is about the psychodramatic method as lived by a master director and trainer of psychodramatists. The authors report the moment-to-moment interactions among the director and the group, the camera videographers, and the interviewer or coproducer. The book is an illustration of the maxim that psychodrama directors-in-training fall asleep each night and wake to each morning to the refrain, "Show me, don't tell me." One hundred and thirty-four color photographs, taken from the videotaped sessions, help connect the reader to the dramatic action through verbatim reflections that tell the stories of the group members, their trainer, and their parallel, and not so parallel, lives.

In 1980, Max Clayton returned to his native Australia after receiving his Director of Psychodrama certification from the Moreno Institute in Beacon, New York. He established a number of training institutes in Australia and New Zealand and founded the Australia and New Zealand Psychodrama Association. Interviewer and coauthor Philip Carter, himself a psychodramatist, is the director of the Computer Usability Research Lab at the Auckland University of Technology in New Zealand. Carter is a skillful interrogator, and Clayton ably interacts with him.

Evident in the action and the choices for action recorded in the book are classical elements of the psychodramatic method, which Clayton has enhanced during his years of working with the method. Clayton's reflections carry the reader into the microcosm of roles taken, played, and created in the here and now, which can be rambling or cogent or intricate. Clayton embraces the complex so that it becomes light-invested and understandable. He shows that one can be buoyant over, rather than swamped by, the myriad of interconnecting elements that make up a moment, a choice point, or an intervention.

Clayton's authority is revealed in his leader-based interactions with others,

which he offers with a light touch, often with humor and directness, but without apology. He refers to his own training experiences at the Moreno Institute to connect readers to their own training experiences.

Psychodramatists from every approach or viewpoint will find this book a way to reconnect to the sessions in which they learned deeply, connected truly, and struggled in the company of like-minded others. The book can be picked up and read at any time that one wants to be reminded of the essence of one's training experiences and wishes to reconnect to those essential elements. What is an archive of one group's experiences expands through the exploration of universal themes to include the reader in the experiences.

A most valuable aspect of this book is the way that the author interacts with trainee directors while they are in the director role. Chapters 18–20 specifically focus on the trainee while in role, including reflections on the trainer–trainee relationship, the raising and lowering of spontaneity levels, and the pure necessity for here-and-now intervention. Few texts provide that type of clarity about the complex process of learning psychodramatically while in action as a producer of a drama. The book is a "must read" for trainers, especially those still in training.

The relationship between Clayton and Carter, the interviewer and coauthor, also models an aspect of trainer–trainee relationship: the expansion of the roles to include "colleague." Their genuine high regard for each other keeps the reader engaged during the reflection phases of the book, in which the action is more subtle.

ANN HALE
Riner, Virginia
annehale@swva.net

Creative Therapies With Traumatized Children, by Anne Bannister. 2003. London, UK: Jessica Kingsley Publishers.

The reader will savor every word that Anne Bannister has written as she describes her Regenerative Model for treating sexually abused children and adolescents, many of whom are diagnosed with complex posttraumatic stress disorder. She adapted the model for treating the children described in this text. Readers seeking help in working with children and adolescents in their practices, whether public service or private, will approve her attention to theoret-

ical underpinnings, which she has combined with case studies and team interventions.

She begins by emphasizing the importance of working in clinical teams, to provide the best therapy for children and adolescents who have been sexually abused and to create a supportive environment for providers doing this work, which is often difficult and demanding. Bannister demonstrates the value of psychiatrists, psychologists, nurses, social workers, teachers, and parents joining together to make the assessment and take the needed action to help the children, the most vulnerable of clients. In describing her doctoral research, she reiterates the need for on going supervision of providers to monitor their countertransference and emotional responses to the horrors that they encounter as they use creative therapies with traumatized children. In that way, she provides hope to all who use her Regenerative Model of treatment.

A primary strength of the book is the way the author anchors the clinical practice of creative therapies (play, drama, and psychodrama) to state-of-the-art research in neurobiology and psychological theory. She draws heavily on research by Allan Schore, demonstrating neurobiological communication between the nonverbal and emotional right brains of children with the right brains of their caregivers, thus influencing development and attachment in children who have experienced sexual abuse.

Bannister's comprehensive text provides guidance for assessing the damage caused by childhood sexual abuse in the areas of attachment, identity, emotional awareness, and interpersonal relationships. She prescribes creative therapies as the treatment of choice for sexually abused children because they reactivate the stages of normal development that have been disrupted, advocating embodiment play, projected play, and role play. The attachment process, duplicated from Bannister's Regenerative Model, uses "a unique combination of this bond, together with the use of the body, the use of symbolism, and nonverbal communication, and the specific use of psychodramatic developmental techniques, which combine to make the interactive approach particularly valuable in the work with traumatized children" (p. 54). Her model teaches providers how to use creative therapies to gain access to sensory and iconic memories of early abuse, while protecting the child from becoming overwhelmed by feelings or from dissociating.

The Regenerative Model is divided into three phases: (a) assessment, (b) action, and (c) resolution. During phase 1 of the model, Bannister examines difficulties in development, attachment, coping strategies, and safety, clearly stating that therapy cannot be effective if there is on going abuse or lack of support by caregivers, whether nonabusing, foster, or adoptive parents. She also examines the role of teachers, social workers, and court advocates in the potential for successful treatment of children who have been sexually abused.

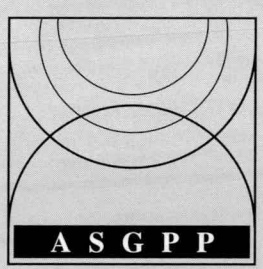
Although she suggests that group therapy is the modality of choice for

many sexually abused children because they can share their stories with others who have had similar experiences, she also gives individual treatment a separate chapter, demonstrating the importance of individualized treatment for each child or adolescent. In each treatment setting, Bannister emphasizes the importance of safety and states that the use of metaphors, storytelling, and fairy tales is the most effective way to access nonverbal memories of sexual abuse safely to bring them to a coherent narrative of life. An important component of healing is one in which children find that they can create "new endings" to stories of abuse, neglect, or harm. Bannister gives heart-warming case stories of healing, such as the example in which sexually abused children identify with the story of the Three Little Pigs and then create endings in which their mother confronts the Big Bad Wolf and helps the little ones build a house of safety.

Bannister's textbook is academically precise, filled with case studies of healing and creative interventions for everyone working with sexually abused children and adolescents. I believe that readers will be pleased that they have added it to their resources; it is a book of hope.

M. KATHERINE HUDGINS
Center for Experiential Learning
Charlottesville, Virginia

The American Society of Group Psychotherapy & Psychodrama



FOUNDED IN 1942

For more information, call or write:

ASGPP
301 N. Harrison, #508
Princeton, NJ 08540
(609) 452-1339
Fax: (609) 936-1659
E-mail: asgpp@ASGPP.org
Website: www.ASGPP.org

The American Society of Group Psychotherapy & Psychodrama is dedicated to the development of the fields of group psychotherapy, psychodrama, sociodrama, and sociometry, their spread and fruitful application.

Aims: to establish standards for specialists in group psychotherapy, psychodrama, sociometry, and allied methods; to increase knowledge about them; and to aid and support the exploration of new areas of endeavor in research, practice, teaching, and training.

The pioneering membership organization in group psychotherapy, the American Society of Group Psychotherapy and Psychodrama, founded by J. L. Moreno, MD, in April 1942, has been the source and inspiration of the later developments in this field. It sponsored and made possible the organization of the International Association on Group Psychotherapy. It also made possible a number of international congresses of group psychotherapy. Membership includes subscription to The *Journal of Group Psychotherapy, Psychodrama, and Sociometry,* founded in 1947 by J. L. Moreno as the first journal devoted to group psychotherapy in all its forms.

THE JOURNAL OF

Group Psychotherapy Psychodrama & Sociometry

INFORMATION FOR AUTHORS

The *Journal of Group Psychotherapy, Psychodrama, and Sociometry* contains manuscripts on the theory and application of action methods in the fields of psychotherapy, counseling, social and personal skill development, education, management, and organizational development. The journal welcomes manuscripts bridging research and practice appropriate to educational and clinical simulations, behavior rehearsal, skill training, and role playing within group settings. The focus is on action interventions, psychodrama, and sociometry. The journal publishes theme issues, main articles, and brief reports on small research studies, case studies, and empirically tested new action techniques.

Manuscripts should be submitted to the Managing Editor, *Journal of Group Psychotherapy, Psychodrama, and Sociometry,* Heldref Publications, 1319 Eighteenth Street, NW, Washington, DC 20036-1802.

All manuscripts should be prepared in conformity with the style and format described in the *Publication Manual of the American Psychological Association,* 5th edition (2001). Manuscripts must include an abstract of no more than 120 words, be double-spaced throughout, and ordinarily not exceed 25 pages. Special attention should be directed to *references.* Only articles and books cited in the text of the manuscript are to be listed in the references. Authors should avoid using abbreviations, symbols, and footnotes. It is the responsibility of the author to ascertain that the activities described in the manuscripts are consistent with the generally accepted standards of ethical practice. Manuscripts that do not conform to the *Publication Manual*'s standard (margin, sexist language, references, format, etc.) will be returned unreviewed to authors.

Authors should submit 4 copies of the manuscript to expedite the reviewing process. Each copy must include all tables and reproductions of all figures, graphs, and charts. Manuscripts are accepted for review with the understanding that the same work has not been and will not be published—nor is presently submitted—elsewhere, and that all persons listed as authors have given their approval for the submission of the paper. It is also understood that any person cited as a source of personal communication has approved such citation. Articles and any other material published in the *Journal of Group Psychotherapy, Psychodrama, and Sociometry* represent the opinion of the author(s) and should not be construed to reflect the opinion of the editors or the publisher.

Authors submitting a manuscript do so with the understanding that if accepted for publication, copyright for the article, including the right to reproduce the article in all forms and media, shall be assigned exclusively to the publisher. The publisher shall not refuse any reasonable request by the author for permission to reproduce his or her contribution to the journal.

Accepted articles must be submitted electronically as double-spaced Word files with minimal formatting in Times or Times New Roman. Authors should not use word-processing styles, forced section or page breaks, or automatic footnotes. Tables must be e-mailed in one separate file and figures in another separate file. A hard-copy version of text, tables, and figures will be needed as backup.

Accepted manuscripts must be edited for style and readability. Each author receives two complimentary copies of the issue in which the article is published.

For further information, please call (202) 296-6267, ext. 1213, or fax: (202) 296-5149, e-mail: jgpps@heldref.org