"In the Background there is a Volcano"

Nine Adages Before the Eruption

by Antony Williams

Antony Williams is a psychodramatist and Trainer, Educator and Practitioner, and works as a senior lecturer at La Trobe University in Melbourne.

Pamela: (crying)

> *Last night I had a dream. There was this rectangular house, very ordinary, set beside a cliff. Inside, there was a woman with a baby. She was talking to me about critical things, crucial things (cries). The gist of what she was saying was loneliness. "I walked away from her. I walked into that barren garden." I turned back, to tell her how sorry I am. In the background there is a volcano. I tell her it's dangerous to remain where she is. I wake up.*

There may well be a volcano in the background – EXPLOSIONS, peaks of passion, steam, lava flows, and more than a whiff of sulphur. But before it blows, a director might well go through some preparation routines, some reflections on the side of the mountain. In this paper, I want to outline some ideas on using action methods in clinical settings; I will mostly concentrate on the beginnings of a drama, and the "frame" within which one's work may usefully be set. Mostly, the points will be illustrated by some tiny splinters of action methods within longer therapeutic conversations – action methods as an adjunctive therapy, if you like. Later, if the Editor agrees, there could be a "Part II", outlining the reasons why aesthetics are important in psychodramatic work; in part II, if it happens, I will concentrate on psychodrama itself – into the volcano, eh?

1. Cultivate a beginner's mind: maintain your spontaneity.

Luigi Boscolo and Gianfranco Cecchin, the famous Milan family therapists, based almost their entire therapy around the process of questioning and the development of hypotheses. Yet despite the centrality of hypothesising to their work, they also had an oft repeated axiom, which, with more Mediterranean charm than political correctness, they would delight workshop audiences and conferences: "With the hypotheses – the flirtation only – never the marriage." Bill O'Hanlon, an equally famous Brief Therapist, would cite the Milan pair at conferences, but caution: "Not only not the marriage, not only not the

flirtation – don't even go out on dates with your hypothesis!"

Notice that these people are not saying: "Don't have an hypothesis"; they are saying, hold it lightly, lightly – keep a beginner's mind. Yet how can one have a beginner's mind, and still be an expert, still be professional, still be very competent at what one does? The answer to this question relates to one's position on "pathology": if one holds to role theory, and believes that a role is a functioning form that manifests itself in particular situations, and in the presence of particular others – one fully enters an interpersonal definition of psychological practice. So-called "pathology" is then viewed as interactional patterns rather than individual disturbance.

The basis of psychodramatic theory and practice – role theory – is interpersonal, interactional. That is why I am sometimes surprised at being thought of as the person who has put psychodrama and family therapy together; philosophically, at least, there was nothing to put together – it is already there. The difficulty comes at the level of practice, where many psychodramatists leave out the interpersonal components of a role – not an option, really – and treat a role as if it were a "thing", and as if that "thing" were something "inside" a person.

Let us return to the "beginner's mind" and the dilemma of having a beginner's mind and yet being a responsible professional, competently doing what one is paid to do. Perhaps the resolution to the dilemma might go like this: one might well be an "expert", a "professional", on *what to do* without being an expert on *why* something is so. There are many possible "meanings" to behaviour, all of them created by an observer, whether that observer is the person him or herself, or a person with the title of "therapist". There is no "real" meaning to behaviour – only what the client, or the client's family, or, in therapy, you and the client make up. Reality is constructed, not found; meaning is "put in", not "taken out". There is no Take Away service for meaning – one is always the chef.

Meanings are made, not found. There is no objectivity. The descriptions presented in psychodrama cannot be disentangled from the activities of the director, or even of the group. The "answer" exists recursively with the question – in the type of inquiry that we engage in. One enters a session with some ideas and guidelines and then let's clients teach one, by their responses, what will work for them. What works might seem like "The Real", but is no more real than the reality that they brought into the session initially. Meaning is always negotiable: we have an experience and then find the theory to fit what the experience was – movement is continuous between theory and praxis.

2. Enjoy your work

This is an easy one – be cautious when your work does not feel like play. You've paid a lot, given up a lot for your training. You have been shamed in front of groups for your ignorance, incompetence and personal foolishness. Now you're a psychodramatist. You will not work better with a sad face than a happy face – "*au contraire, on the contrary*", as Danny Kaye (that dates me!) used to say. And remember what the Koran says:

He deserves Paradise
Who makes his companions laugh

3. Instead of solving problems, begin to think about how to *think* about problems.

When you think differently, people find their own solutions. The purpose of therapy is not to have clients make a static adjustment to life, but to unleash a continuing life process.

Complex problems do not necessitate complex solutions: where does the darkness go when you turn on the light? A solution does not have to match the problem or the "cause" of the problem, since in any case, we cannot ever "know" what the "cause" was – we supply the meaning or the cause ("Ah! It was my father's dependence". "Ah, it was my mother's manipulation!" – see section 1).

At the start of a psychodrama, if one inquires carefully, it often emerges that the complained-of behaviour – even if it is extremely disruptive – occurs for only a small part of the week or year, and not every day. Or, if every day, not every part of every day. The protagonist's **worry** over the problem behaviours does not equal the **extent** of the problem behaviours. It is quite OK, and not "rude" or crass – like speaking in Church or mentioning money in a good club (see Blue Collar Descriptions, below) – to ask when problems occur AND when they do not. The simplest of action scenarios can be most useful in this respect:

Paris' Space

Paris had recently discovered that she had been sexually abused as a child. The news was very disturbing to her, and she was most agitated, after "a lifetime of suppression." Possibly (lightly held hypothesis), the suppression had been necessary to keep her safe until she could manage the material.

But now she did have the knowledge, she feared going mad with "an excess of consciousness". When she was overwhelmed, it was like being on speed – too many images were coming to her. On the other hand, she did not want to return to the deadened affect that she had experienced for most of her life. She was trapped in "either/or-ism"; she could be suppressed, or she could have full consciousness.

Two poles were set up – one was "total consciousness", the other "total suppression". She was encouraged to move freely between the two, and state how she felt. She did so several times, announcing her position at each stage. In terms of psychodramatic skill, this procedure was extremely simple, yet provided her with immense relief. To go backwards was seen as not a final move to her old state, but a functional form of rest while she integrated new material; to go forwards could be accompanied by little "retreats" or "restpoints". By the end of the segment, she announced that she could feel totally at home within her own psychological space – it was all "hers".

The major part of an initial interview may be to look for when the problem behaviours ***do not*** occur. The exceptions are framed as examples of the protagonist exercising choice and as indicating their ability to create alternatives to the feelings, thoughts or behaviour that trouble them. As one client said after a series of sessions:

I've been realising that I alter a perception. It's like a gate – these sheep here, those sheep there. It's like changing the process of selection. Or like a camera – I snap this and not that.

4. From the beginning, prepare for your redundancy slip.

This form of therapy is built around ways of knowing when therapy is finished. You might ask the protagonist:

"How much counselling/ psychodrama is enough? What would you be doing so that you would know when to tell me to go?"
"What is the best bit of advice you have ever given yourself? How do you know that it was good?"
"What have been the signs that you have noticed so far of your becoming a consultant to yourself?"
"Do you prefer at the moment to be a consultant to yourself, or have others be consultant to you?"
"If this trend continues, what sort of person would you see yourself becoming?"

The end of therapy occurs when the therapist becomes ignorant, and the client or family is expert on their own problems. You can ask: "*When do you think you will be an expert on your own problems?*"

5. Inquire about what has been tried before.

(and stay away from it if it has not worked). The Mental Research Institute in Palo Alto make this inquiry the main plank of their therapy; they call it "attempted solutions". If a person presents to you in therapy or in psychodrama, it is important to see what previous therapy, and previous psychodramas, they have had. One must take it that these have failed – otherwise the person would not be in front of you. For example, I was interviewing a man in another country just before his psychodrama on his mother, and I asked him had he ever done anything on this before.

"A bit", he said.
"How much is a bit?" I asked.
"*Well I've had 1500 hours of psychoanalysis*" he said, "*and about 1000 hours of psychodrama training*". Needless to say, we moved to a new topic, and had quite a successful psychodrama, though what "quite successful" would be in a training context such as the one I was working in, is another question.

6. Develop a blue-collar description of what you do.

It doesn't seem right to live our lives permanently in the Too Hard Basket. Be a washing machine repairer, or a mechanic or a drainer. Take a drainer's idea of emotional problems, rather than a cryptic crossword composers'. Don't always think of problems as "tips of icebergs" – even if they are. If someone comes in with a flat tyre, don't overhaul the gearbox and the diff. Don't extend, broaden, complicate the problem you are being paid to eliminate. Don't "rebuild psyche's" from the ground up. Don't pull a watch to pieces if someone has just come in for a new band. Don't make your therapy an endlessly self-justifying argument for more therapy.

7. Guide the problem definition in a solvable direction.

Ask the client what an outcome of the psychodrama might be. It is strange that we often do not know, or perhaps even care, about what the protagonist would assume is a good outcome from our therapeutic endeavours. Is it our grandiosity that is at work here? Do we have in mind a kind of heroic stature, for them, as well as us, that the protagonist will adopt as a result of our ministrations?

If you do not inquire about outcome by means of a formal Miracle Question (see de Shazer, 1988), at least question protagonists on how things would feel or look or sound when they were different and the problem was behind them. Often protagonists are not asking for nearly as much as we think they are asking. It is our grandiosity, not theirs, at work. In wanting them to become supermen or superwomen, we want to be the therapists that have done it; our one-shot, one-session therapy has fixed someone's life.

Weary Penny

Penny is a twenty-one year old woman, the eldest of four children, who lives at home with her parents. At first interview she appears to the therapist as "loaded and weary". She was referred by a friend because she had been many times suicidal in her final year at school, and had once again attempted suicide three months ago. She feels "hopeless about the future".

In what ways does your surrender to hopelessness place your future in your own hands, and in what ways does it place it in the hands of others?

Here 'hopelessness' is externalised, and Penny is asked to make a judgement on the effects of her "surrender" to it. Hopelessness, which was right up against her, part of her, constituting her, suddenly is at one step removed.

She is studying design at University, but although quite bright, she does not want to pass, because she doesn't want to ***step out into the world.*** *She is angry with her father, who, she says, is "closed off, and really depressed". But every time she expresses her anger, he begins to cry. She says that if Father had had his way, the children in the family would never have grown up – he wanted to keep the family together.*

Does your emptiness invite others to participate more fully in your own life?

Do you think you are a slave to your past, or a mistress of it?

She needs to leave home, but construes the world as bad, frightening. Her sixteen year-old sister is bulimic, and was raped when she was fourteen. She had made a suicide attempt last year. Her mother, an ambitious and successful career woman, was also raped when she was fourteen. Penny' says that she gets her fear of the world – that it is not a safe place – from her mother.

When asked to describe the voice telling her that she is no good, she calls it ***the incarcerating voice.***

The therapist continues the process of deconstruction by asking Penny to describe the voice, to name it. White (1991) would call this deconstruction "the deconstruction of the self narrative". By asking Penny to continue with her explorations of the origins of the voice, she

continues to objectify and make strange what has been the all-too-familiar. Asking Penny her opinion of the opinion of the voice continues this process. As the separation from the voice becomes clearer, it becomes more possible for her to orient herself to parts of her experience not accounted for by the voice. The voice is put in one chair, and her father in another. Penny is asked to distinguish between the two. She does.

What clients want is often much less than you thought they wanted. You also know, if they are in an ongoing group, whether they are getting near what they wanted. People are often doing a lot better than we think, and even a lot better than ***they*** think (see Peter's Perfect Six, below). But we do not ask, and they do not notice. The shades of difference in the problem and the exceptions to the problem – upon which the solution is always based – return to the undifferentiated ooze.

8. Scales do more than cover fish, or defeat dieters.

Action methods could have, but have not, cornered the market in scaling. If clients say, for example, that they are "depressed", it is legitimate to ask them how depressed they are "out of 100". They might say "70". We might then ask how often they are depressed at a 70. They might say "50% of the time, and that at other times they operated on about a "30". Then we might ask what would be a good result for them. They might well answer that they would be content with being depressed at a "40" for 50% of the time, and that at the rest of the time they would like to be a 20.

How would they know they were not depressed? They would be "fully in the moment". How would they know they were fully in the moment? Fifty percent of the time they would look at the mountains outside their window.

What things will you ask yourself afterwards that will allow you in the future to be more present in the present?

Anyway, scaling is heaven-sent for action methods, with our ability to make space represent time, or space to represent some other quality, such as improvement in depression – "Stand on a line from 0 to 100 with how your depression is affecting you". Space represents depression, and, more to the point – non-depression. We ***act*** the difference.

Peter's Perfect Six

Twenty-four year-old Peter exudes a boyish enthusiasm and energy. He becomes a protagonist on the complaint to the group that he tends to behave in an approval-seeking manner rather than focusing on his own needs. This behaviour, says Peter, results from feelings of inadequacy that he often experiences which he connects with his poor relationship with his father.

The director, Danielle, asks Peter physically to create a ten-point scale with 10 representing extreme confidence – no approval-seeking behaviour, and 1 standing for total lack of confidence, and always behaving in an approval-seeking manner. Peter places himself on 5, the position he feels himself to be at least most of the time. In the interview-in-role, Peter "stands on" 5 and describes what it is like to be 5. Danielle asks Peter if he has ever been less than a 5. Peter

says that in his day, he has been at a 3. He moves to that spot, and is again interviewed in role, describing all his feelings, beliefs, actions and relationships with other people at a 3. Danielle then asks him, back at 5, to describe how he made the transition from a 3 to a 5. He moves physically between 3 and 5, and describes how it is to be moving between those two positions.

Danielle then asks Peter where he would be on the scale to be happy. Peter says "A nine"! He moves up the scale, point by point, describing the difference between a 5 and a 6, a 6 and a 7, and so on. He looks increasingly uncertain as he moves up the scale – embarrassed almost. He does not know what a 10 would be like, and is fairly vague about a 9, or even an 8. "Perhaps a seven would do me pretty good", he says.

When asked where he thinks the other people in the group would be, Peter says that they would all operate consistently above him on self-approval – maybe at a six or seven most of the time. Danielle asks the group to place themselves on Peter's scale of self-approval versus being approved by others. A tight cluster of people encircle Peter at 5; some are lower. Many say that they mostly move between a 3 and a 6. Peter is astonished.

Danielle then asks him what a good result from the drama would be – how he would like to be operating in, say, "a month or so's time". Peter says that he would be very happy to be a little more autonomous, but the idea of being a 9 or a 10 is not even attractive to him now. "A five-and-a-half or six would be great", he says. He and Danielle start the drama, which I will not report here.

Two months later, another person interviewed Peter. Peter told Inge that he thought he had changed a great deal in the two months since the psychodrama. He discussed his experience of using the scale in relation to his approval-seeking, and the accompanying low confidence. By looking at where he was now and where he had come from, he realised how he had changed, evolved. As he continued the process, Peter began to realise that he was being "too idealistic" about where he wanted to be, that he saw nothing short of the ideal self as adequate: "I was not accepting where I was at, and that was creating a lot of inner conflict". There was no pivotal moment where this changed perspective occurred, though he did say to Inge that "the ability to accept being at where I am now sunk right into my psyche ... it felt stupid to be otherwise ... I felt a sense of normality, that I was not the only one".

Peter also derived great benefits from the drama itself, but these are not the topic of our conversation at the moment.

9. Inspire hope, but leave your hat on.

What is hope, and how should it be presented in therapy? Is hope absurd? An illusion? Should one keep it as an enormous rippling spinnaker, or one of those tight little sails that you keep when you're going against the wind? When there's no wind at all, should one row? These are questions you can ask the client; you can also ask yourself.

There is a Zen expression: "At first

the mountains are mountains and the streams are streams. Then the mountains are not mountains and streams are not streams. But in the end, mountains are mountains again and streams are streams again." When we first experience true ordinariness, it is something very extraordinarily ordinary, so much so that we would say that mountains are not mountains any more or streams streams any more, because we see them as so ordinary, so precise, so "as they are". This extraordinariness derives from the experience of discovery. But eventually this super-ordinariness, this precision, becomes an everyday event, something we live with all the time, truly ordinary, and we are back where we started: the mountains are mountains and streams are streams. Then we can relax.

"Occupying the Self"

Cara is a woman aged 50 who was referred to a community agency to a female therapist by a sexual assault centre. She phoned after a television program regarding persons in authority abusing their power. At first interview, Cara had the air of someone present "somewhere else", not quite in the room. She looked wide-eyed and fixed at the therapist, as if she were partly in a trance. When the therapist would make a remark that "dawned" on her, Cara would become super-animated: "Oh yes! That's right!" Then she would revert to her "somewhere else" air.

At the intake interview she said she wanted to change – to become more at home with herself and her environment. She has a view of being estranged from many aspects of life, and part of her need is "to find home". She felt "out of her body" –living more in a spiritual than an earthly realm. She spoke often of having "mystical experiences". She heard voices that were like intimations of the mystical realm. She complained of being depressed and yet in a constant state of sexual arousal. After this first interview, the therapist was extremely worried by Cara's physical manifestations and wondered if she should refer her elsewhere.

Cara had left her husband seventeen years previously. At the time of the marital separation, she lived for a while with her parents, and the children lived with the husband, because she was "breaking down". The children then came back and lived with her for about the last twelve years.

She tells the therapist in the first session that both her parents had died at roughly the same time, about four years before. Her two children, now adults, had gone overseas in that same year. Aware of her multiple losses, and her changed life circumstances, she began to see a psychiatrist, Dr X. The psychiatrist did "meditation" with her whilst lying on the floor with his arms around her. They became emotionally involved, and she experienced the beginnings of the unusual and constant arousal, which had persisted since. The psychiatrist at last terminated the sessions, and they finished on a very angry note after about 18 months of "treatment".

She saw a second psychiatrist, Dr Y, at a hospital who said that she was having psychotic episodes due to anxiety, and that she might have this all her life: "some would call you paranoid", he said. He put her on low dose tranquillisers. She saw Dr Y for

18 months, but "left after a big row". It was this psychiatrist's opinion, conveyed to the therapist, that the arousal was a product of anxiety, and that Cara may experience it all her life, or may fluctuate as her states of anxiety rose and fell. Cara wanted to go off the drugs – and did – but would say through the course of subsequent sessions "Maybe I should give up and just believe I'm mad."

When Cara was growing up, she felt that she "never belonged". There were three sisters, and she alone was sent to boarding school at age 11. She alone would argue with her father, who used to beat her. Until his death, she was aware of her fear of him. She had no memory of early sexual abuse. She said that she was looking for a word to describe herself.

That wise old constructivist, George Kelly, says that behaviour is a way of asking a question of the world. New behaviour, new question. The therapist's first intervention was to ask Cara to "notice the times when you feel at home". This is one way of elaborating a construct: to have the client find out the conditions under which something happens, and the conditions under which it does not. The "fieldwork" should initially be modest, as the client begins to articulate a preferred version of the self and a preferred way of being in the world. The intervention is designed to tap into, and expand, the client's alternative knoweldges of life.

People frequently have difficulty in noticing departures from problematic lifestyles, and in perceiving the results of their experiments. Results that seem trivial to them are often stunning to the therapist. Cara was an exception to this, however. She returned to the second session saying that she'd had "the best week ever for the last 18 months", and was grateful to the therapist who "had respected where she was". Since the second psychiatrist had intimated that she was mad, she had begun to act as if she were. It is possible that she had interpreted the psychiatrist's words to her as an invitation to an experiment – in this case, an experiment in being mad and in being even more "not at home" than she already was. Now she had stopped worrying; she had found the word she had been looking for: ***occupying the self*** *rather than being* ***preoccupied with self****.*

The routine here is to evaluate outcomes – which does the client see as desirable. Does she feel positive about occupying the self? Is it a matter of importance or of no consequence? She is asked to share her conclusions about the matter with the therapist, who then asks her how she reached those conclusions.

"Occupying the self" meant "being at home with other people who share my experiences", being at ease in her body; being busy; a sense of comfort with self; involved with reality; being able to make choices. "God is in the blood, sweat and tears". She was ***occupied*** *being busy; she has* ***occupied*** *her body (as in living in it); and she* ***occupies*** *the world. All these were contrasted with being withdrawn into self, and feeling out of her body; cutting off from the "world out there", and erotic preoccupation. She said she felt a path had opened out again – this was a lot*

to do with being heard, and not having to believe a pathological label.

In the next section, Cara reported the following changes: a friend of hers had come out from England and she had invited her to coffee (a most unusual event, given that she had become so withdrawn, and feeling that she was in some unearthed spiritual realm – that she wasn't in her body). She also went with her friend to the zoo. She dug in the garden. She also prepared a meal for her. She had seen the first psychiatrist at a public lecture and had thought that "he was just an ordinary man".

In subsequent sessions Cara announced that she really was learning what it meant to be "engaged/occupied". She had done more things like weeding the garden, and was more occupied with her work (a small private business). Her accountant was amazed at how busy she had become. She said she felt "married to her body" and was "coming close to her normal self".

When she was a child, at the age of 11, she had cut her hair short and called herself Sam. The therapist, certain that Cara had been abused, reconstrued the feeling in her body as "femininity". She put her "feminine self" in the chair and to her surprise saw it as gentle, loving, spontaneous, beautiful and gracious. When she looked at this self she started crying:

I've hated and abused her. She is me, but I am hollow in here (points to her heart). I need you ..... I don't think I really mean it ..... I don't think I can. This is amazing – I can see what I've done.

The intervention for the period until the following session was to notice times of loving, spontaneity.

In the next session she had made further changes – planned a holiday, been assertive, etc. Spontaneously her children, one of whom is back living with her, commented on how different she was. Any time she had ever planned a holiday before, she had become ill, or had a migraine. "I have always punished myself", she says. ***The Saboteur*** *was introduced, who prevented her from enjoying anything. She was going to take steps to know the "I" and to protect the "I", so that she could enjoy life.*

In the session following that, she was in a feeling state again, and refocussed on Dr X. She put him in the chair: "I ***am*** *getting on with my own life; I* ***am*** *taking back my self".*

Therapist: *Are you ready to cut the tie?*
Cara: *Yes*
Therapist: *What is it?*
Cara: *It's phallic*
Therapist: *What can you do?*
Cara: *Kick him in the balls. (She does, and experiences a great sense of power) "That's what it's about: I've given over my power."*

Intervention: Notice times she acts from her own power.

In the next session she reports being very empowered, and is aware of things she had done that were very organised – the washing, the ironing, mending. Her son at home commented several times, and tells her that he is going to leave home. The

therapist asks questions of the order: "What was he picking up in you that he knew that you would manage?" etc. Cara is shocked by these questions – but she realises that the changes in her were both real and significant.

The intervention at the end of that session was to "Think about how you were when you first came and how you are now."

She comes to the 8th session reporting great change. "That question" had made her realise how different she is. The most significant change was that she is now in touch with her own power, and that there is not so much pain in her life.

The therapist draws an imaginary line on the floor:

Pain ———— Joy

The therapist interviews in role at various points on the line. When she first came, she says, she was absolutely at the "pain" end of the scale. When asked where she was now, she says she is "right in the middle", because she was allowing herself "to be open to receive the blessing": to be aware of how lucky she was in her relationship with her children; to accept compliments; to enjoy the enjoyable things of life. The therapist asks where she would want to be; Cara says that she would want to be nowhere else, because what was life except holding the balance of joy and pain? "Life is in the nitty gritty", she advises. She tells the therapist that she is enormously grateful for all her help, especially for her having "stayed with me and followed wherever I've needed to go". She asks that the sessions be left for a while. Cara's therapy is proceeding slowly with her female therapist, whom she now sees every month or so for a "check in". They have passed without incident the critical 18 month "blow-up" stage.

For many clients, hope is a Forbidden City. In action even the driest and most impersonal universe becomes a religious object, a living presence. Make it as dry as you like: possibility follows hard behind when one fully sets out "what is". It lays these two side by side, creating a double description between the "what is" and "what might be". One description lies inside the person's present constructs, and the other lies outside, forming a contrast.

I was not alone; there was someone who understood and was able to express in an attainable vocabulary the desolation of the individual.

In the bleakest of contrasts lies the possibility of new ideas. The problem, which has so far seemed integral to reality, is juxtaposed with a different type of reality. The gate to the forbidden city opens a crack, and you are allowed to look.