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The Use of the Cultural Atom to Record Personality Change in Individual Psychotherapy

Lynette Clayton

I have found that the concept of the cultural atom provides a means of mapping progress in psychotherapy. Dr. Moreno distinguished between the two concepts of the social atom and the cultural atom. The social atom is a concept tied to sociometry. Recorded in diagrammatic form it represents significant others along with the feeling valency, positive or negative, as measured or described by sociometric choice.

The cultural atom, on the other hand, is the range of roles and counter roles which exists in a person's repertoire. The cultural atom can be recorded in a diagram of role states after observation of psychodrama. In a series of psychodramas or individual sessions played out interactively, a protagonist can be viewed over time, firstly, for example, with mother, then with daughter, then sister, then husband, then father. With each of these a range of internal role states becomes apparent. Some role states are repeated with more than one person and it becomes clear that roles within the person are clustered.

Clusters of roles can be recorded in three gestalts, each of which has a central identity or autotele which acts as the integrating force for the role cluster. The first gestalt I have termed the neurotic gestalt. It represents the unresolved pathological aspects of the parents' personalities together with the role responses of the child. Whenever severe psychopathology is encountered, the person, whether temporarily regressed or permanently adjusted to a pathological identity, enacts the roles within the pathological gestalt. These are the people who come to a mental hospital.

The second gestalt I have termed the coping gestalt. This cluster of role states represents the best means of coping that the person learned in the family system. The coping behaviors are modelled on the behaviors of parents and significant others who provided solutions to developmental crises and the family pathology.

The third gestalt, the individuated gestalt, represents the balanced set of roles which draws together themes in the person's life. These roles provide

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solutions to the paradoxical polarities (such as good and bad, power and weakness, action and reflection, ugliness and beauty) which are experienced and conceptualized uniquely by each individual. The resolution of paradoxes allows polarities to co-exist without internal conflict within the personality.

Each gestalt has an identity, a role which determines the person's perceptual organization of incoming material. The role identity of the pathological gestalt consists of the early identity of the child in the family system. It is to this role that people regress during acute psychiatric disorders. Some pathological family systems never allow the development of a more mature personality identity. The identity formed in the coping gestalt is most often the identity we see when people arrive in psychodrama or request psychotherapy. It represents a partial separation from parent figures and early life experiences. In severe neurotic disorders the coping identity is usually brittle and superficial. These superficial identities can be summarized conveniently by states of moving towards, moving away and moving against as observed and discussed by Karen Horney.

The role identity of the individuated gestalt conforms to Dr. Moreno's description of psychodramatic roles. The integrating principle of the individuated gestalt allows the person to express the unique purpose for being in this world. The flow of spontaneity and creativity is complete. No unresolved developmental issues block the expression of the life energy of the individual. Creativity is released at various levels through the body and the physical senses, through realistic planning, through emotional expressiveness, and through a transcendent level of being. Psychodramas at these higher levels of integration often contain symbolic, mythological, dream or fantasy material.

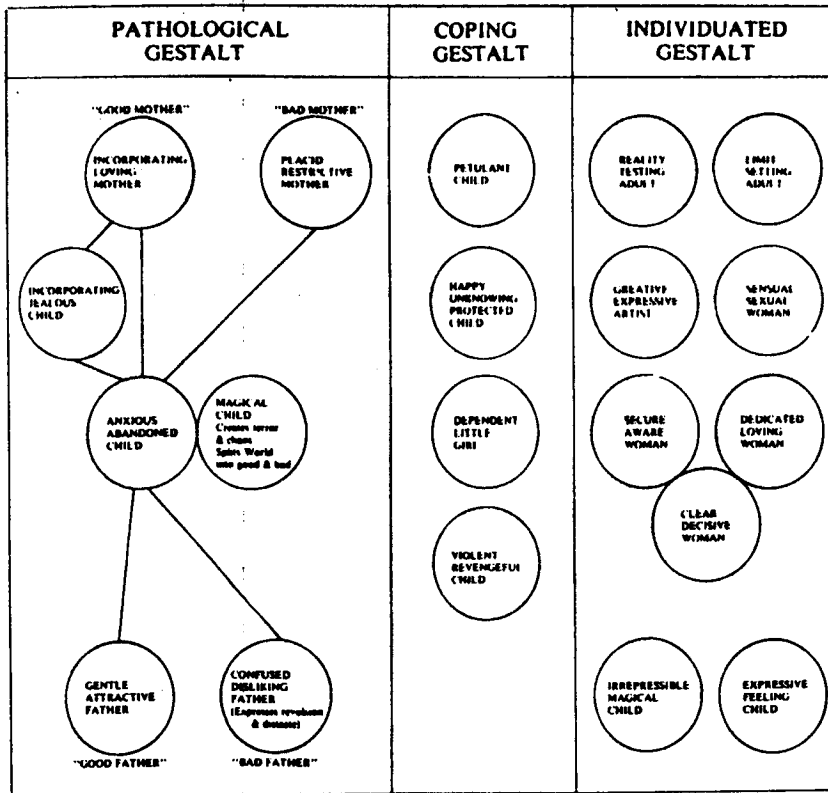
Two clinical examples may illustrate the process of analysis into the three gestalts. Marion came for psychotherapy and found it difficult to describe exactly what was the difficulty for her. I noticed in her manner that she appeared to startle in a slightly jerky fashion at times. She had been to several therapists for a few sessions but declared that they did not seem right for her. When I asked her to describe an incident to illustrate the problem, her sentences had a jerky staccato movement and I was unable to understand the disjointed description. Suddenly she burst out, "I feel alone, out of tune and cut off," but could explain no more about these words. I took a family history and noted that Marion focussed on negative attitudes towards her father. A session or two later after further attempts on Marion's part to describe panic states in which she became tearful, nauseous and had a feeling of being trapped and suffocated, I said to Marion, "You can describe your father but I can't get a picture of your mother." Suddenly Marion startled with a jerky movement, her eyes opened wide with fear mixed with

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incredulity and she said, "That's true." From this point on I began to understand the symbiosis with the mother which was involved in one aspect of Marion's personality.

I recorded this material as the pathological gestalt. Because I have observed other behaviors in interviews I was able to record Marion's coping behaviors in relation to me and to explore with her the more individuated aspects of herself as a woman. The individuated gestalt emerged and integrated over 12 months of therapy.

Marion's diagram looked like this:



Through various methods—poetry, examination of past-present real life incidents, projective techniques, fantasies and dreams—the role system was explored and sometimes enacted.

Here is a poem written shortly after therapy began:

Seems like the child in me
is screaming
I am in pain
I don't understand what's going on
Like an ache in my chest
I feel apart
I hurt
Thank God, once I would have said
"it hurts"
Now I can say "I hurt"

I often use multiple chair work to facilitate dialogue between role states. Here is a statement made towards the end of therapy. "I'll be friends with you. You need to recognize my full force. If you deny me you are not listening." Then she said of this statement in role, "I feel all right now to say what I mean without the malevolence and the tantrums." The symbiotic relationship with the mother, the resultant splitting of the world into malevolent and good forces and her consequent alienation from her father and all men, had been given up. Marion had learned to love herself as a woman rather than experiencing herself as an anxious abandoned child.

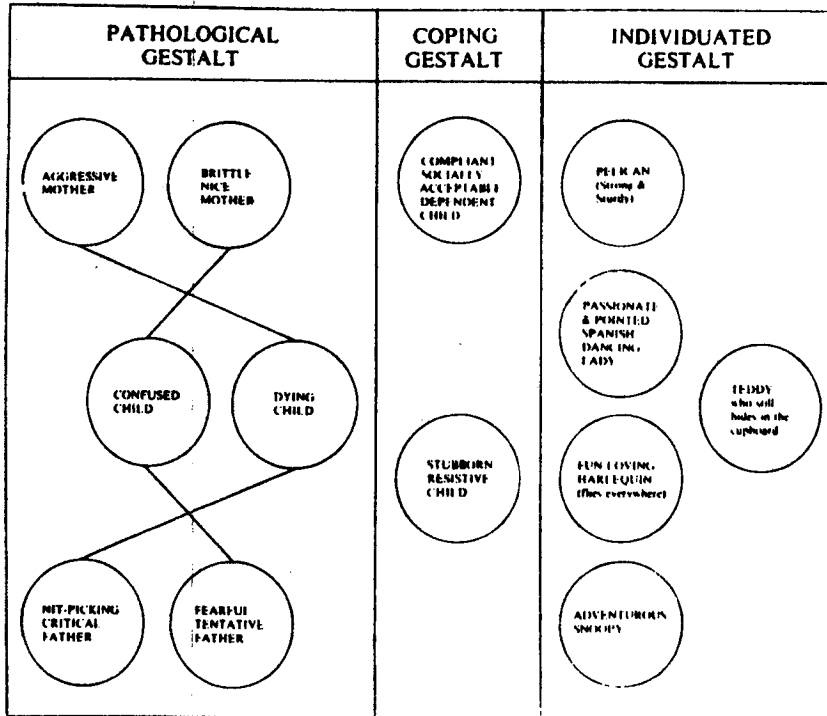
Marion already had many coping skills when she came to see me so that her therapy proceeded intensively for six months, then sessions occurred intermittently when she requested them. Marita on the other hand was barely coping on a day to day basis.

Marita was pallid, weepy and spoke with a deathlike sibilance in her voice when she came to see me for the first session. Shortly after she expressed her anxiety about coming to see me in a mental hospital, her eyes rolled in fear as her tongue curled and stiffened uncontrollably in her mouth. She tried to talk and became terrified at being so out of control physically. I calmed her and sought an immediate medical opinion that this was an hysterical phenomenon not a drug-related or organic condition. When both Marita and I were reassured, we began as best we could to clarify the purpose of therapy.

Marita, too, had seen several therapists over the past five years. She had been treated for depression following a breakup with her first husband and had attended psychodrama groups over a period of one year. In all sessions she was prone to overidentify with the protagonist in a psychodrama, to become weepy and confused about her own identity, so that a good deal of group time and energy was expended on Marita's repeated disintegration. Nevertheless Marita hung on stubbornly as she did in my initial session, attempting to communicate despite her tears and confusion.

I came to understand that Marita, an only child, had invested all her energy in being a compliant, pleasing child in her family system. The family allowed no authenticity in its members and lived by highly regulated rules. Loving was conditional on complying. Her basic personality had been so repressed by the neurotic family system that she gagged and was unable to speak to me from an uncontaminated role. Her coping behavior and her individuated self were almost non-existent. And yet a stubborn attempt to communicate persisted and was sufficient to continue weekly sessions for nine months and then monthly sessions over a further year. Marita will continue to need periodic visits for some time, although she now has a healthy and expanding set of relationships in everyday life.

Marita's diagram looked like this:



Readers can see Marita's individuated gestalt is recorded in her own words which are those of a child who is playing. It has been necessary during the therapy process to find concrete actions and people as real life auxiliaries for each of these symbolic role states. Marita took a plunge and went exploring, travelling with a new boyfriend who has high needs for emotional separateness in what is an intimate and growing mature relationship.

Her family visited and she arranged for them to live separately and to visit her while they were on holiday. She visited her family six months later and was not overwhelmed by confusion but was able to observe her mother and father as separate people. It still remains for "Teddy" to come out of the cupboard. She needs to give up the tentativeness she has learned from her father and will make a life decision about a career and work pattern for herself that will allow further expression and display of a solid integrated individuated identity.

These examples illustrate how using the concept of three gestalts to record progress in psychotherapy can assist with clear goals and a management plan as a guideline for the therapist and the person in therapy. Mostly I do not attempt to clarify the role diagram unless I am confused or therapy has slowed down,—in other words, when I need to review goals or progress. The method is not a means of intellectual analysis but a means of recording behavior observed by a clinician during the therapy process.

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