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CHAPTER 2

Transference in Analytic Psychodrama

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INTRODUCTION

There has been a long delay in integrating analytic concepts and practices into psychodrama in the United States. This delay was amply seeded by Moreno's antipathy to analysis: His writings are replete with antagonism toward Freud and psychoanalysis. Moreno was a younger contemporary of Freud's and his comments about analysis were predicated upon the earliest of classical theories and practices. Although he lived until 1974, he did not take into account the significant developments in the field during his lifetime. Moreno's attitudes and misconceptions filtered down through generations of North American psychodramatists. Certainly, many other factors have contributed to the split between psychoanalysis and psychodrama. At the end, this division is regrettable because the therapeutic potential of Moreno's brilliant techniques is greatly enhanced when applied upon a foundation of analytic concepts and practices. It is promising that several certified psychodramatists in the United States have also trained and become certified as psychoanalysts, and a growing minority of clinical psychodramatists are engaged in formal psychoanalytic training.

Various approaches to analytic psychodrama, however, have flourished outside the United States, particularly in Argentina, Brazil, and France. Unfortunately for those of us in the United States, few of their publications about these approaches are available in English, except for those written by certain French authors, published between 1952 and 1984 and in

1999. This body of work was an exciting discovery for me. The approach of these authors to analytic psychodrama paralleled that which I have been developing independently over the years. This inspiring body of work speaks to the misfortunes of monolinguistic insularity.

Since the 1950s, French psychoanalysts have developed and sustained strong schools of analytic psychodrama. It is notable that Moreno's techniques were brought in by those already analytically trained. Psychodrama was introduced in France by Fouquet and Monod, both of whom trained with Moreno in the mid-1940s (Anzieu, 1960). Lebovici (1956a, 1956b, 1974) and his colleagues (Lebovici, Diatkine & Kestenberg, 1952) applied psychodrama to their analytic work with individuals and groups. Their individual analytic psychodrama employed a team of therapists including a designated leader and a few trained and analyzed auxiliary egos working with one patient. "Dramatic group analysis" refers to their work with a group of four to five patients with at least two therapists. Anzieu (1960, 1982, 1984) has used psychodrama in small clinical groups of children, in the clinical training of psychologists, and with large groups of professional staff members of psychiatric hospitals. Lemoine's (1977) approach to analytic psychodrama with groups draws upon the theories of Lacan. Schutzenberger (1975) brought together the approaches of Moreno, Freud, and Lewin into a method termed "French triadic psychodrama," described as an extension of group analysis, T-group or analytical, and existential group psychotherapy (p. 150). She addressed the important distinction between group psychodrama and individual psychodrama within a group. Boulanger's work (1965) derived from and is similar to that of these French analysts: He described group analytic psychodrama with latency-age children, using action for symbolic dramatization of their conflicts.

The French analysts praise the clinical richness of integrating analytic theories and practices with Moreno's techniques but diverge sharply from his theories. Central differences exist in their perspectives on the analysis of transference and resistance, and processes of working through. Trends in French analytic psychodrama juxtaposed with those of classical psychodrama follow. The French authors highlight the value of interpretation of transference and resistance in relation to the lead therapist as well as those playing auxiliary roles and other group members. The neutrality of the lead therapist is emphasized. Classical psychodramatic practices may include a negation or minimization of transference onto the lead therapist, based upon the conviction that transference phenomena are expressed primarily through those playing auxiliary roles. The therapist is decidedly

not neutral, participating in group sessions in highly disclosing ways. The French writers emphasize the importance of resistance analysis; the value of catharsis in itself is minimized. Classical psychodramatic practitioners may negate resistance analysis in their overestimation of catharsis as a primary therapeutic goal; powerfully evocative techniques are used to plough through rather than to explore resistance. Verbal interpretation of transference and resistance is considered essential by the French, whereas classical psychodrama discourages verbal interpretation based upon the conviction that "action speaks for itself." With the French, the interpretation of transference and resistance eclipses the structure and content of the three phases of a classical psychodrama session, replacing the warm-up and sharing phases with free-floating discussion of group processes; verbal sessions may be interspersed with dramatic action. A rigid adherence to the structure and content of the classical psychodramatic warm-up, action, and sharing phases in each session precludes a careful, timely analysis and working through of group processes. In classical psychodrama, role-training, a behavioral approach, is often employed toward conflict resolution, whereas the French negate role-training as curative. The French appreciate the unique manner in which the technique of role reversal brings into view the ego's defenses and repressed self- and object-representations. Their practices are akin to mine.

In the late 1970s, following Moreno's death, publications incorporating analytic concepts into psychodrama began to emerge in the English language literature other than those translated from the French. Notable contributors have been Holmes (1992, 1993), Kellermann (1979, 1992, 1994, 1995), Powell (1986), and Tauvon (1998). Holmes and Powell, in particular, discuss the psychodramatic method from an object relations perspective. Tauvon wrote of the richness of integrating psychodramatic practice with theories of group behavior derived from the practice of group analytic psychotherapy. For the most part, these authors apply analytic concepts to understanding the processes inherent in and potentiated by classical psychodramatic practice but still adhere to the classical method. Another group of authors incorporates analytic concepts and practices into modifying the classical method, signaling a significant shift in the factors that constitute effective psychotherapy. Among this group are Buckley (1989), Hamer (1990), and Willis (1991). This literature is from England, where a number of group therapists are trained in both group analysis and psychodrama, and synthesizes the work of Bion, Foulkes, and Moreno, among others.

This chapter focuses on transference analysis in ongoing clinical psychodrama groups. It explores the unique manifestations of transference and resistance expressed through the use of the techniques of role reversal and auxiliary role-playing. These ideas derive largely from clinical work in my private practice, with ongoing groups that meet once weekly for 2-hour sessions. The duration of group membership ranges from 1 to 10 years. The groups are limited to six persons; new members join when someone terminates. These groups are led by one therapist; group members assume the auxiliary roles required in the dramas.

A VIEW OF THE TRANSFERENCE

Transference occurs, in varying degrees, in all relationships, but in the psychoanalytic situation it is likely to appear with greater clarity. In psychoanalysis per se, transferences attached to the analyst oscillate from day to day; the analyst may represent to the analysand one or more figures from the analysand's past, or parts of self, in any one session. In group psychotherapy, transference is multiple and diffuse and is attached to group members as well as the therapist; it is not unusual for more anxiety-laden transferences onto the therapist to be displaced onto group members. Transferences may also occur onto the group as a whole.

Transference is a type of object relationship. Kernberg (1984) and Sandler (1990), among many other analysts, have written extensively about processes of internalization, or the manner in which an infant builds up mental representations derived from subjective perceptual and fantasy experiences of self and other through interaction with the external world. As the child grows, these earliest internalizations may be modified or changed through continuing interaction with important others in the child's environment, and particularly in the therapeutic relationship. Processes of internalization include three components: object-representations, complementary self-representations, and dispositions to specific affective states (Kernberg, 1984, p. 26). In other words, within each of us, there are multiple units of a self-image in interaction with an object image that includes the affective coloring of both self and object. Holmes (1992), in his book on object relations theory and psychodrama, terms these internal objects "I-objects" and "other-objects" (p. 59). Sandler (1990) refers to these internal objects "as the source of internal 'presences' with which the person constantly unconsciously interacts" and that "in turn influence perception, thought, fantasy, current object relations, and transference" (p. 859). In a psychodrama

group, the use of the techniques of role reversal and auxiliary role-playing, employed during the drama, allow these self and object transferences to become more manifest.

ROLE REVERSAL AS IT ILLUMINATES REPRESSED SELF- AND OBJECT-REPRESENTATIONS

The technique of role reversal is unique in the manner in which it serves to illuminate the repressed self- and object-representations, or the internal object worlds, of group members. In role reversal, group members change places, "become" another, a part of the self, or a cathected inanimate object during the course of a drama. At the beginning of a drama, the protagonist usually reverses roles with an important other to acquaint the group member selected to play that role, the auxiliary, with the protagonist's perception from within the role. The protagonist may spontaneously reverse roles during the drama to correct an auxiliary's portrayal, or the therapist may call for a role reversal to gather specific information. A common and circumscribed view of the function of this technique as serving to increase the protagonist's empathy for the actual other's thoughts, feelings, and attitudes undermines the recognition that perceptions are highly subjective and influenced by forces not altogether conscious; an expanded view of the function of role reversal is that it serves to gradually bring to consciousness one's experience of the internalized other.

In role reversal, one "steps into" that which is defended against. The assumption of a role provides a transitory disguise, a mask, a protection against sometimes painful awareness of defended-against aspects of the other, as well as self in interaction with the other. The ego's defenses are relaxed in role reversal; what is usually expressed through projection and displacement is brought into view by the action of the protagonist in role reversal. It becomes clinically evident that role reversal surfaces defended against aspects of the other during moments such as when the protagonist in role reversal spontaneously portrays the other in a particular way. The group member selected to play the role mirrors it back as the protagonist portrayed it. The protagonist instantly discounts the auxiliary's role portrayal saying, "That's not the way I played my mother! That's not my mother." And yet, it was apparent to the therapist and the group that the auxiliary's portrayal was a close representation of the protagonist's role presentation. This phenomenon, of course, begs the exploration of the protagonist's resistance.

The protagonist's role reversal brings aspects of the internalized other into view. The group member selected to play this role initially patterns his or her role portrayal on the protagonist's perception from within the role; thus the auxiliary's role portrayal represents, in part, an externalization of the protagonist's object-representation. The continuing interaction between the protagonist and the auxiliary throughout the drama serves to reconstruct the nature of the protagonist's self- and object-representations and the affects coloring these interactions with striking clarity. In other words, an individual's relationship with the internalized other is made explicit in role-playing. Through role reversal and auxiliary role-playing, one becomes aware of the type of object relationship determining transference reactions onto group members as well as the therapist.

The following clinical vignette illustrates the use of the techniques of role reversal and auxiliary role-playing in illuminating the internalized self- and object-representations that determine aspects of a group member's transference reactions. Melissa was exquisitely sensitive to separation and loss. When another member of the group failed to appear for a session, she felt remorse and wondered aloud if she had said anything in the previous session to drive the other away. Her reactions to the therapist's vacations were intense; she felt despondently cast off. Another woman in the group, Janet, was periodically depressed and withdrawn, to which Melissa responded with anxious attempts to revive Janet's affect, saying, "I must bring a smile to her face!" One day, Janet announced that she was taking a one-month's leave from the group due to the requirements of a new job. Melissa was close to tears when she said, "If you really cared for us, you would find a way to stay!" As this response captured the sentiments of others in the group, she became the protagonist. While exploring her reaction to Janet's imminent departure, she associated to a memory of herself at the age of 7, characterized by the words, "I'm saying good-bye to my mother again!" The enactment of this scene revealed it to be one of several times that Melissa's mother was hospitalized for a severe depression during Melissa's childhood.

Throughout the drama, Melissa's role reversals as mother portrayed a profoundly depressed woman. Melissa-as-mother appeared lethargic and withdrawn, her head and shoulders were hunched forward, and she spoke in monotones. Melissa-as-mother, so absorbed by her depression, was conspicuously impervious to her daughter's distress. Not surprisingly, Melissa selected Janet to play the role of mother. Janet played the role convincingly, mirroring back the mother Melissa had shown the group from within

multiple role reversals. Melissa, in her own role, responded initially to the news of her mother's departure with a resigned sadness. As the drama progressed and she repetitively encountered the unresponsive mother, her feelings escalated with urgent pleas for the mother to stay home. She promised her mother she would be a "good girl," would clean her room and wash the dishes, surfacing an archaic belief that she was somehow responsible for her mother's unhappiness. She wondered if her occasional "badness," her stubborn noncompliance, her anger, had driven her mother away.

This drama was demonstrative of one of Melissa's object relationships that fueled her extreme sensitivity to emotional withdrawal, separation, and loss. The self- and object-representations and affects generated through role-playing were useful reference points for transference interpretations. It is important to clarify that any one drama does not serve to construct all the complexities of such a relationship. Rather, it is a gradual process that develops over a considerable period of time within many future dramas, and in the group members' continuing interaction with each other and the therapist during verbal sessions.

AUXILIARY ROLE-PLAYING AND THE TRANSFERENCE

Although the auxiliary role-player patterns his or her role portrayal from the protagonist's perception, the portrayal is fueled by the auxiliary's conscious and unconscious role identification. Role-playing by group members activates the expression of their internal dramas and thus has therapeutic value. The following example is from a long-term group. Within the group, there was subtle conflict between two women. During one session, one of these women became the protagonist enacting a scene with an auxiliary representing her older sister. In role reversal, the older sister was portrayed by the protagonist as angry, vindictive, and heatedly rivalrous. For the role of her sister, the protagonist selected the person with whom she was in conflict. The group member selected as the auxiliary/sister happened to have a younger sister; this was not consciously known by the protagonist at the time of selection. The auxiliary played the role with great gusto, but wept after the drama, not knowing the reasons for her extreme distress. Gradual exploration of the meaning of this role portrayal for the group member revealed that it was a breakthrough of her defenses against comparable feelings and attitudes toward her younger sister. She had, until this time, largely idealized their relationship, living in reaction formation, being extremely generous and solicitous. This insight, which surfaced through auxiliary role-playing, over time helped her to address some central issues

related to rivalry in current relationships. This drama also shed light on the genesis of the conflict existing between the two women prior to the drama, suggesting reciprocal transference reactions.

It is common for protagonists to select group members as auxiliaries who have qualities similar to those required by the role, and group members are usually assigned the same role when it appears in subsequent dramas. Transference may appear in the choice of roles (Lebovici et al., 1952; Lemoine, 1977). An example of this phenomenon occurred when a new member joined a cohesive long-term group. Group members ostensibly welcomed her with open arms, yet consistently selected her to play roles such as "the other woman" or the "hated sibling."

Some of these choices are determined by unconscious perception of actual, rather than fantasized, characteristics of the object. These realities, of course, may well ignite and ripen the transference. For example, in the early phase of a new group, long before group members were familiar with the others' histories, the protagonist, who had been adopted as an infant, dramatized a fantasized reunion with her birth-mother and selected as her auxiliary/mother a group member who in fact was searching for the daughter she had given up for adoption. Lemoine (1977) attributed these sometimes astonishing choices to "visual apprehension" or "primary resemblance," which may be conscious or unconscious, and gives the example of a new group member who "chooses for the role of her mother a woman who, like her mother, wished to be a mother without marrying the father of her child" (p. 204). Transference onto group members playing auxiliary roles is determined not only by the protagonist but by the way the auxiliary responds in the role. It is useful to consider these reciprocal effects of transference when making interpretations to the group.

Transference resistances are dramatically expressed in the process of role selection. For example, the protagonist, in role reversal, spontaneously characterized the other as aggressive, yet selected a group member strongly defended against his or her aggression to play the role. An eventual change in role selection to a group member less defended against his or her aggression may suggest that the protagonist is working through this resistance. Reluctance or refusal to role reverse, by the protagonist or by a group member selected to play a role, suggests resistance to becoming more aware of aspects of one's self- or object-representations. These phenomena apply to more anxiety-laden transferences, both positive and negative, and are not uncommon in cases of severe neglect, abuse, or a recent loss.

It is evident that transferences onto group members, made explicit through role selection and role-playing, are not limited to the drama. Invariably, alliances and conflicts expressed "outside" the drama, meaning before and after the drama and during solely verbal sessions, are determined, in part, by the roles group members have played in each other's dramas. As Lebovici (1974) wrote, "In group psychodrama, the dramatic roles taken by an individual member of the group modify the permanent role of that patient with respect to the group. For this reason, it is important to observe individual positions in relation to what is enacted on stage and also in relation to what actually happens within the group structure" (p. 296). It is useful to keep a mental record of who has played whom in other's dramas to facilitate understanding and interpretation of transferentially determined interactions.

In summary, all of the activity that is externalized in roles (roles patients choose or refuse to play, roles assigned, roles discounted, the manner of role portrayal, and changes in role selections) affords great insight into transference phenomena. Discussion and interpretation of these events are essential throughout the life of the group. It is not unusual for some practicing Moreno's classical method to employ a technique called "de-roling." Following the drama, group members who have played emotionally disquieting roles are instructed to de-role, or to step out of the role played, and to reassume their own identity, without reflection upon the personal meaning of the role portrayal when, in fact, "hidden" aspects of their identity have surfaced in the role. Needless to say, this practice is antithetical to the analysis of the transference. Role feedback is a part of transference analysis.

TRANSFERENCE ONTO THE THERAPIST

Although transference relations extended to group members are important therapeutic agents, the effectiveness of role reversal and auxiliary role-playing in manifesting these relations has contributed to a common misconception that transference is expressed primarily through the auxiliaries. Focusing upon transference onto auxiliaries may allow the therapist to escape from the heat of the transference. Even with the explicit manifestations of transference onto auxiliaries, the therapist invariably remains a central transference object. Anzieu (1984), Boulanger (1965), Buckley (1989), Lebovici (1956a, 1956b, 1974), Lebovici et al. (1952), Lemoine (1977), Schaffer (1995), and Schutzenberger (1975) have underscored the value of exploring transference onto the therapist as well as group members. Transference onto the therapist in an analytic psychodrama group

differs in some respects from that in individual analysis. In the latter, the therapist is the sole object of the transference; the greater frequency and continuity of sessions promotes its development, analysis, and working through in great detail and depth. Transference onto the group therapist can certainly be intense; however, certain factors may mitigate against its thorough analysis: Groups usually meet less frequently, transference oscillates between the therapist and group members; and the multiplicity of relationships and interactions creates transference diffusion. The auxiliary's role activity plays an important part in structuring the transference, and transference onto the auxiliary or another group member may be a defense against a more guilt-laden, positive or negative, transference onto the therapist. Auxiliary role-playing and other transference reactions among group members may strengthen resistance to the awareness of transference onto the therapist and must be scrutinized from this perspective. It is useful to contemplate during any drama whether the protagonist's response to an auxiliary role-player may be a defensive shift from transference onto the therapist.

The following, an elaboration of an example mentioned earlier in this chapter, illustrates transference displaced from the therapist onto an auxiliary role-player. The setting is a long-term, cohesive group. Two months subsequent to the termination of a group member, someone new joined the group. Group members ostensibly welcomed her arrival, treated her cordially during the verbal portions of sessions, but consistently selected her to play the roles of rivals in their dramas. The new member found it disquieting to be the recipient of such anger in these roles. An interpretation was made that group members were avoiding talking about their anger toward this current rival and were ventilating it instead through role selection, and that they were avoiding their anger with the therapist for introducing someone new into the group. This interpretation brought relief to the new person, but group members denied their anger toward the therapist, rationalizing that they expected the opening would soon be filled, and then rapidly shifting to a discussion about sibling relationships.

During the next group session, a woman was discussing her relationship with her older sister, whom she believed was favored by their mother. A scene in her drama involved the tearful and angry protagonist telling her auxiliary/mother about how the mother's special bond with the older sister had contributed to her struggles with self-esteem. This scene sparked the energy of the group; several members spontaneously doubled for the protagonist. At the completion of the drama, an interpretation was made

that it felt safer to vent their anger toward the auxiliary/mother than toward the therapist for bringing a new "sibling" into the group. After some hesitation, various group members recalled their mothers' harsh responses to their acting-out their anger toward siblings. An interpretation was made that they feared a similar response from the therapist. Their anger toward the therapist gradually emerged. They preferred a smaller group that allowed each a greater portion of the therapist's attention and they questioned whether the therapist was more interested in financial gain than their well-being. Fantasies surfaced of a special and secret relationship between the therapist and the new group member, a graduate student in psychology, which included that she was being groomed to become the group's coleader. When auxiliary role-players are used as objects of displacement, verbal interpretation serves to return the transference to the therapist.

It may happen that transference during a drama shifts from the auxiliary role-player to the therapist. During one drama, the protagonist associated to a scene as a young boy interacting with his verbally abusive father. During this reenactment, the protagonist suddenly turned to the therapist, shouting, "Why don't you stop this?" The therapist suggested a scene transition to one between the protagonist, the auxiliary/father, and an auxiliary role-player representing the therapist, within the previous scene with the father. The protagonist's role reversal with the therapist and ensuing interaction revealed that the therapist had "become" the protagonist's mother, the mother who had failed to intervene and protect her son from his father's abuse.

Presenting issues for any drama may be a disguised allusion to transference onto the therapist. For example, a protagonist wanted to explore anxieties felt in the presence of a professor. The therapist invited the protagonist to the stage area to begin the drama. The protagonist walked toward the therapist with eyes downcast. When he looked up and his eyes met those of the therapist, he faltered and stepped back. This spontaneous action became the first scene of the drama; the protagonist presented the therapist in role reversal, then selected a group member to play the role, and the anxious moments when the protagonist encountered the therapist were reenacted and explored. It became clear that this transference reaction to the therapist had been displaced to the protagonist's professor.

Dreams reported in group psychotherapy that include some or all group members often have particular value in elucidating covert group processes, including the transference. By way of illustration, events in a group preceding such a dream will be discussed first. A very lovely woman in an

all-female group played down her physical gifts by dressing in plain and covering clothes. On those rare occasions when she dressed alluringly, upon entering the consultation room, she would adjust her short skirt so as to cover more leg or quickly button up her sweater to conceal exposed cleavage. One day, she arrived 30 minutes late for the session. Apologizing profusely, she explained that her car alarm had gone off while driving, which forced her to stop at a gas station for help. During the following group session, she confessed the actual cause of her lateness. She explained that she had been shopping with a friend at a nearby boutique and lost track of time because they were having so much fun trying on sexy clothes. She feared the truth would have elicited the group's criticism (perhaps this was the "alarm" in the stated excuse). Her story amused the group; they were surprised that she would expect their rebuke. Members of the group supported her desire to become protagonist to understand the reasons for the discrepancy between her belief and their actual feelings. The drama led to a scene during her adolescence when she tried to slip unseen out of the house to meet her boyfriend. She was wearing more makeup than usual and dressed seductively. Her mother caught and severely reproached her, then forbade her to leave the house. This drama and the subsequent discussion unfolded multiple memories of shifts in her relationships with both parents as she grew into a curvaceous young woman. Being sexual was equivalent to eliciting her mother's anger/loss of love. Her father began to withdraw his affection, apparently threatened by his erotic feelings for his daughter. Many group members identified with aspects of the protagonist's story; they spoke more openly than before about their sexual inhibitions and conflicts.

During the next session, another member of the group reported the following dream: The group has convened and you (the therapist) arrive late with a big surprise. You walk in with someone else and announce the new member of the group. We are stunned because you always let us know well in advance and because he is a tall and very attractive man. You two are very friendly and begin a sensual and suggestive dance in the middle of the room. We try to join, but you get angry and push us aside.

The rather transparent dream was explored psychodramatically and captured aspects of the group's resistance to talking more openly about their sexuality. An aspect of their shared resistance was anxiety of an Oedipal nature. The attractive new man in the group represented the forbidden father who is "getting it on" with the mother/therapist (the sensual dance perhaps representing the primal scene). Addressing sexual issues more

explicitly elevated anxieties of being "pushed aside" by the mother/therapist. At this time, most group members identified with this aspect of the drama. However, a more covert theme emerged through a group member's experience in the role as the mother pushing the daughter aside; she was amazed about the thrill she felt in the role. Playing the role of a triumphant other allowed the expression of wishes not yet safely felt in her own role: wishes for an Oedipal victory.

Resistance to awareness of transference onto the therapist may be acted out during group sessions. The following example occurred soon after the therapist announced her upcoming month-long vacation. Group members initially quipped about their delight at having more money and time for themselves during the therapist's vacation. Subsequent sessions brought a series of uncharacteristic group responses to protagonists' dramas. When the protagonist moved to the stage area with the therapist, they would gradually leave their seats to cluster closely together on the long couch in the consultation room. During the drama, they joined in sharing neck and shoulder massages. Requests to play an auxiliary role brought groans; their role portrayals became caricatures rather than approximations of the assigned role. Exploration of these phenomena revealed their anger toward the therapist for yet another abandonment. They defended against their feelings of being shut out by shutting out. They were shutting out not only the therapist but also the protagonist collaborating with the therapist, who represented in fantasy the therapist's vacation partner.

The role of the therapist in analytic psychodrama differs from that in classical psychodrama. Classical psychodrama therapists often participate in group sessions in highly disclosing ways; some may portray roles in the dramas of the group. Great self-disclosure contaminates the development of the transference; role-playing fosters countertransference reactions and enactments. An analytic approach to psychodrama, focusing upon the interpretation of transference and resistance, emphasizes the neutrality of the therapist. Boulanger (1965) asserted the importance of the therapist's neutrality, which includes refraining from playing auxiliary roles. Lebovici (1974) posited that role-playing by the lead therapist may perpetuate transference reactions. A neutral position allows a clearer development of the group's transferences onto the therapist and facilitates the therapist's ability to observe carefully and interpret.

Classical psychodramatic practice discourages verbal interpretation based on the conviction that action speaks for itself. Although classical practitioners may deliver action interpretations during the drama, this tech-

nique does not always serve to increase the protagonist's awareness. It is common for the subject of a drama to liken the experience to a hypnotic-like state, because one may be too emotionally immersed in the drama to be able to register its meaning. Repression of parts of dramas is not unusual and is less likely to occur with repetitive verbal interpretation. The therapist's verbal interpretations, during and subsequent to the drama, are essential to promote insight and working through. Dramas without verbal interpretation can be compared to acting out without interpretation.

Transference onto the therapist may be explored productively with a combination of action and subsequent interpretation. When action techniques are employed for this purpose, it is important that the therapist maintain his or her neutrality during the drama, that is, to refrain from playing his or her role. This requires the protagonist to present his or her perception of the therapist in role reversal and to select an auxiliary from the group to represent the role. Assigning a group member the role of the therapist may momentarily deflect transference from the therapist; however, it can be brought back effectively via interpretation after the drama.

CONCLUSION

Analytic psychodrama involves a significant change of emphasis in that which defines effective psychotherapy, or in the factors that promote stable and lasting behavioral change. This necessitates changes in classical psychodramatic practices in the formation of another method—analogous to the work of the many French analysts—that rests upon a foundation of psychoanalytic theories and practices while incorporating Moreno's ingenious techniques. Central to these changes are perspectives on the analysis of transference and resistance and the processes of working through.

Classical psychodrama employs a notion of behavioral change that was found to be inadequate by psychoanalysis close to 100 years ago. Freud's discovery of the importance of analyzing resistances was a milestone in the development of psychoanalytic technique. Hypnosis was used to access memory toward abreaction, or the release of pent-up emotions; this technique was abandoned as he focused upon the forces within the patient that oppose memory and feeling. The recognition, understanding, and working through of resistances gained ascendance, while the primary value of abreaction, or catharsis, receded into the background. A modern view of the essentials of behavioral change includes catharsis combined with cognition.

The process of working through involves the repetition and elaboration of insights gained through verbal interpretation, and this is a most time-

consuming process. Dramas conducted in every group session may well inundate the group with material and serve defensive purposes unless time is provided for discussion, interpretation, and understanding. In this context, the recognition and interpretation of transference onto the therapist, as well as onto group members, whereby distortions may be contrasted with the realistic perceptions of others, is essential.

NOTES

1. This chapter is based on presentations given at the British Psychodrama Association International Conference, Oxford, England, August 1994; the International Psychodrama Congress, Jerusalem, Israel, April 1996; and the 13th International Congress of Group Psychotherapy, London, England, August 1998. A shorter version of this manuscript was published in the *Forum*, Vol. 8, No. 2, 2000 (International Association of Group Psychotherapy). Said portion is reprinted by permission.
2. A vast multilingual bibliography on psychodrama that includes a rich selection of analytically oriented references is available on-line [http://www.ASGPP.org]: Sacks, J., Gendron, J., & Bilaniuk, M. (1995). *Bibliography of Psychodrama from Inception to Date.*
3. The French authors cited in this chapter present a wide variety of approaches to analytic psychodrama. From this literature, several trends of thought have emerged. For the purposes of this exposition, I have referred to these as deriving from the French, or the French authors/writers.

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REFERENCES

Anzieu, D. (1960). Aspects of analytic psychodrama applied to children. *International Journal of Sociometry and Sociatry, 2*(1), 42–47.

Anzieu, D. (1982). Psychodrama as technique of the psychoanalysis of institutions. In M. Pines & L. Rafaelson (Eds.), *The individual and the group*, Vol. 1 (pp. 379–387). New York: Plenum Press.

Anzieu, D. (1984). Analytic psychodrama and physical exercises. In *The group and the unconscious* (pp. 43–67). London: Routledge & Kegan Paul.

Boulanger, J. B. (1965). Group analytic psychodrama in child psychiatry. *Canadian Psychiatric Association Journal, 10*(5), 427–432.

Buckley, I. (1989). "The hidden agenda": Reflections on transference in the psychodrama group. *Journal of the British Psychodrama Association, 4*(2), 51–62.

Hamer, N. (1990). Group-analytic psychodrama. *Group Analysis, 23*, 245–254.

Holmes, P. (1992). *The inner world outside: Object relations theory and psychodrama*. London: Routledge.

Holmes, P. (1993). The roots of enactment—The process in psychodrama, family therapy, and psychoanalysis. *Journal of Group Psychotherapy, Psychodrama and Sociometry, 45*(4), 149–162.

Kellermann, P. F. (1979). Transference, countertransference and tele. *Group Psychotherapy, Psychodrama and Sociometry, 32*, 38–55.

Kellermann, P. F. (1992) *Focus on psychodrama: The therapeutic aspects of psychodrama*. London: Jessica Kingsley.

Kellermann, P. F. (1994). Role reversal in psychodrama. In P. Holmes. M.

Karp, & M. Watson (Eds.). *Psychodrama since Moreno* (pp. 263–279). London: Routledge.

Kellermann, P. F. (1995). Towards an integrative approach to group psychotherapy: An attempt to integrate psychodrama and psychoanalysis. *Forum* (International Association of Group Psychotherapy), *3*(4), 6–10.

Kernberg, O. (1984). *Object-relations theory and clinical psychoanalysis*. New York: Jason Aronson.

Lebovici, S. (1956a). Psychoanalytic applications of psychodrama. *The Journal of Social Therapy, 2*(4), 280–291.

Lebovici, S. (1956b). Psychoanalytic group-psychotherapy. *Group Psychotherapy, 9*(4), 282–289.

Lebovici, S. (1974). A combination of psychodrama and group psychotherapy. In S. DeSchill (Ed.), *The challenge for group psychotherapy* (pp. 286–315). New York: International Universities Press.

Lebovici, S., Diatkine, R., & Kestenberg, E. (1952). Applications of psychoanalysis to group psychotherapy and psychodrama therapy in France. *Group Psychotherapy, 5*(1-2-3), 38–50.

Lemoine, P. (1977). Toward a psychoanalytical theory of psychodrama. *Group Analysis, 10*(3), 203–206.

Powell, A. (1986). Object relations in the psychodramatic group. *Group Analysis, 19*, 125–138.

Sandler, J. (1990). On internal object relations. *Journal of the American Psychoanalytic Association, 38*(4), 859–880.

Schaffer, A. (1995). When the screen is not blank: Transference to the psychodrama director in theory and clinical practice. *Journal of Group Psychotherapy, Psychodrama and Sociometry, 48*(1), 9–20.

Schutzenberger, A. (1975). Psychodrama, creativity and group process. In S. Jennings (Ed.), *Creative therapy* (pp. 131–156). Banbary: Kemble Press.

Tauvon, K. B. (1998). Psychodrama and group analytic psychotherapy. In M. Karp, P. Holmes, & K. B. Tauvon (Eds.), *The handbook of psychodrama* (pp. 277–294). London: Routledge.

Willis, S. (1991). Who goes there? Group-analytic drama for disturbed adolescents. In P. Holmes, & M. Karp (Eds.), *Psychodrama: Inspiration and technique* (pp. 115–134). London: Routledge.