

Escaping the Blame Frame: Experiential Techniques with Couples

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Three aspects of couples' work will be discussed: the couples' process, the use of specific dramatic techniques, and the therapeutic experience of both the clients and the therapist will be explored.

Introduction:

In this chapter, we will be looking at some ways a clinician without advanced training in psychodramatic techniques can incorporate role playing into his/her work with couples. It should be added that some training in role playing at psychodrama or drama therapy workshops is highly advisable. We will be exploring those techniques that I have found most rewarding in working with couples and supervising students working with couples over a period of forty years. Because the negative consequences of therapeutic work are so seldom discussed (Fisher, 2002) we will also pay some attention to what may go wrong.

On the West Coast, work with families and couples was linked with experiential work from the beginning. Fritz Perls, (1973) introduced the notion of having couples address each other directly, rather than speaking to the therapist about their problems. Virginia Satir, who had worked with Fritz Perls at Esalen, (personal communication) also discovered that family members were more effective when communicating directly. Thus the first request to play a role for a couple may have been, "Play yourself," since speaking directly to a partner in a social situation that demands one address the therapist is a shift away from ordinary conversation. After Satir's work took her to England, where there had been considerable development of experiential, clinical work she came back enthused about a new technique called family sculpture, (Jefferson, 1978) which she also incorporated into her work with couples and families. Since then, there has been a widely accepted blend of family therapy and experiential work (Fisher, 2002, Gladding, 1985, Guerin 1976, Jefferson 1978, Papp, 1976) Psychodramatists also began to work with families and couples. Zerka Moreno, for example, describes her psychodramatic work with families in a chapter that illustrates the adaptability of role play to the family therapy setting (Holmes, 1991). J.L. Moreno illustrates his work with a couple in a psychodrama group in one of his earliest articles (in Fox, 1987).

Any perusal of current magazine or television fare or of the popular or classic novel or play will provide the reader with ample information about the obstacles to marital communication. Advice columns and articles are replete with requests for ways to address conflicts that range from the problems of housekeeping--he won't take the garbage out-- to the deeper turmoil of a tortured soul--she's always unhappy; nothing I can say or do pleases her. Ibsen's Nora left home because her patronizing husband treated his 'little squirrel' like a doll. The heroine of Tea and Sympathy talks about how, in the course of her marriage, she and her husband have become strangers. I love you, you're perfect, now change! is a play that has attracted present day audiences for years. These conflicts have now entered the home in the long-running sagas of the daily soap opera where endless scenes of marital strife, jealousy, and sexual dissatisfaction fill the airwaves. We can safely assume that the public's faithful interest in all these dramas rests on a basic tendency in marriage, a trend that is difficult to avoid: the difficulty of maintaining spontaneity (Moreno in Fox, 1987). Every romance is an adventure into the unknown. When the period of discovery is over, trouble often enters the relationship. How, in the face of necessary routines that address the needs of work, children, and daily life--can the couple nurture the spontaneity that is a necessary requirement for mutual growth? How does the couple maintain the ability to discover what is new, exciting and creative when there is so much that is familiar, and often worn? What role does friendship play in the marriage? Issues arising from such questions often bring the couple to therapy.

Moreno writes that spontaneity is the basic building block of mental health. He defines it not as an ability to act on impulse, but as the ability to respond authentically and appropriately to a new situation. Not only does the couple need help in regaining spontaneity, but the therapist, caught in the circuitry of their interaction, often does as well.

It is well known that couples usually enter the therapy process with mutual blame. Neither partner takes responsibility for what has gone wrong, but expects the other to work on the problems which caused the difficulty in the first place. Each feels that the therapist's job is to work with the other partner. Without intervention from the therapist, blame can easily fill an entire hour and even more. As the process continues, so much blame fills the air that the therapist begins to want to blame the couple for blaming. Simply put, the couple induces the therapist into the blaming process through objective identification, a process by which an individual teaches another how to behave in a hurtful, established pattern (Fisher, 2002). The therapist, feeling helpless and upset, may take a role which the couple teaches him/her. S/he wants to join the defense of one partner and/or blame the other. Or, feeling frustrated by the couple's intractability, she wants to blame both of them for not listening to her or each other. Repetitive depressive or angry complaints create an atmosphere of hopelessness that all too easily spreads to the therapist who begins by sitting quietly, hoping that supportive listening will provide a basis for further, more productive talk and then becomes more and more frustrated and irritated as the couple escalates the complaint.

In short, the therapy has now entered what, in family therapy, we often refer to as the 'blame frame.' It is here, often at the beginning of a couple's work, that psychodramatic techniques can make the difference. The therapist who is willing to interrupt the couple's demonstration of woe by doubling or with a request to make a sculpture of their relationship, for example, is setting the stage for a shift from routine to spontaneity for both him/herself and the couple. Sitting and talking, in my experience, often facilitates the kind of pathological repetition we've been discussing, whereas beginning a new, relevant structured activity sets up a challenging frame for the couple's activity and allows different, spontaneous behavior to emerge.

In my view, it is productive for the therapist to intervene in the blaming process with experiential methods after the more conventional methods of therapy seem to yield little or no result. Couples' work is difficult partly because of its inherent systemic problems (Chasin, 1990, Fisher 2002, Papp 1976, Wile, 1981). The therapist is the outsider in a trio where two members are well rehearsed, intimate, and protective in their communication. Sometimes s/he feels like a professional person who is helpless as s/he sits listening to an escalating, destructive conversation; sometimes, like the child of quarreling parents, s/he experiences a mixture of frustration, anger and helplessness. In addition to effecting the couple, the decision to move out of the chair to try an experiential technique will change the therapist's emotional stasis. Instead of helpless passivity, s/he has taken an active stance. Instead of being caught in a system that ignores her/his presence, that may, in fact, be designed to keep her/him outside the communication, s/he became, for a moment, the focus of the couples' attention and curiosity. Active intervention with experiential methods promotes a state of mind that is sensitive, curious, and risky for both therapist and client. The success or failure of her work will depend on the ability of both to shift to a new mode of exploration.

In selecting cases to be used as illustrations, those which might best illustrate the use of experiential techniques were selected for variety and general application without attempting to cover the immense diversity of specific marital problems. Case vignettes are drawn from the author's clinical experience and that of her supervisees. Names and identifying information have been changed in order to preserve privacy.

Stacey and George, Sculpture.

Human beings can be molded into statues just like the ones we see in public spaces depicting

a general's bravery, a battle scene, a madonna, her child and angels, or a famous inventor or scientist. The psychodramatic sculpture is a technique by which the individual actually molds his/her partner into a shape and expression which demonstrates the situation, mood, and emotion under discussion. After getting the agreement of the participants, perhaps the most important move the therapist can make is to stand up. Sitting in the chair and talking are rock solid expectations of the therapist role. When the therapist is able to break out of this role, his/her action becomes a model for the clients' activity, and a clear invitation to begin. The therapist who likens the sculpting process to the sculptor's use of clay, encourages the clients to touch, a positive byproduct of this process that provides new information. Does touch come easily? Are walls put up by one or both? Perhaps the sculptor avoids touch altogether by portraying poses the partner is to imitate. It is important that the sculpted partner cooperate without interfering; "clay" is not active. After the sculpture is finished, the sculptor is asked to fit himself into the picture. The exercise is usually conducted in silence, although a few words here and there won't interrupt the process. (Leveton, 2000)

Stacey and George are graduate students in their early thirties. Stacey wants to become a nurse. George is an art student. He paints and sculpts. They are married, and have been seeing their therapist for the past month in weekly sessions. George has a serious, somewhat distant air, while Stacey fairly bubbles as she talks. In relating the couple's problems, George talks a lot about his resentment of Stacey's need to control him while Stacey reiterates the feeling that her efforts to take care of George are unappreciated. Both come from large, Irish families. Stacey is the oldest of five. George is the youngest and only boy in a family of six. When, during the fifth session, George expressed his anger at Stacey for criticizing his behavior at a party, the therapist suggested that perhaps a sculpture might help bring the argument to a different level.

Therapist: I know you're angry right now, George, but I wonder if we might try something different, because we all know that this is familiar territory for the two of you. Let's not talk it out this time. Let's do something more active and creative. You're a sculptor. But I know you usually do more abstract work. How would you feel about doing a living sculpture? (George and Stacey look interested) What I'd like you to try right now, if Stacey will cooperate, is to sculpt her in a pose that expresses how you see her when she's being critical of you. With her cooperation, you can mold her body to the shape you want.

George: Yeah, I could try that.

Therapist: Good. Sometimes you might want to demonstrate a pose by showing her. But I don't want you to talk, OK? Or, if you have to, very little. But first, let's ask Stacey, Stacey, would that be OK with you?

Stacey: I guess. I'd rather do anything than argue this one all over again.

Therapist: Great. Your job is just to be clay, to let George mold you. George, how about it? Is this something you could do?

George: Sounds like something different. OK.

Therapist (rising): OK, let's get up and get started.

(waits for George and Stacey to stand opposite each other and stands back, observing).

George and Stacey stand for a moment, looking at each other. Then Stacey casts her eyes downward and George starts to raise one of her arms to shoulder height. She has made herself quite passive. Then he curls her hand into a fist with one pointing finger. He stands back and looks at her, smiling.

George: Yeah, that's it.

Therapist: Maybe you'd like to do a little more.

George: Oh yeah, this!

George takes Stacey's head and cocks it to the side. Then he looks at her sternly, with a

gesture that asks her to imitate him. She does so. He looks at her and stands up in a more determined, upright position, again asking her to imitate him. She does so. He stands back.

George: Yup. That's it. That's exactly it.

Therapist: Ok, George. That's great. Great, Stacey. I have one more task for you George, before you finish. I'd like you to fit yourself into the picture.

George: Me?

Therapist: Yes, so if I were looking at this sculpture in a gallery, it would be about a relationship.

George: Oh, alright, I get it, like a group. (He squats down in front of Stacey's pointing finger, puts his head down by his knees and both hands over his head so he can neither see nor hear what Stacey might be doing).

The sculpture is a kinesthetic, graphic version of the couple's problems. One of the ways the therapist began to explore the relationship was to address the physical level directly.

Therapist: Stay there for just a moment, would you, and really tune into yourselves. Don't move. What are you feeling in your body? How does it feel to be in this position?

Stacey and George: (Speaking simultaneously)

Awful!Ughh! I hate this.... No way do I want to stay here!

Therapist: Ok, one at a time. Stacey, what are you experiencing?

Stacey: Well, let's see. Oh, I know. I know exactly. I feel just like my father. When he used to come home just before dinner time, my mother would tell him everything we'd done wrong. And then he'd call me into his room and start lecturing and pointing. God, I felt so bad! There was just no way to get out of it. I hate being in his position. To make the other person small.

Therapist: So what is that like? Are there any other feelings?

Stacey: Well, whoa, this is a surprise! Wow! I feel strong. I guess that's OK. But not really. I feel so up tight and rigid. And I feel like such a jerk pointing the accusatory finger like that. Tight, really up tight. Oh wow, I wish it weren't so familiar! (she blushes self-consciously).

Therapist (happy that Stacey has arrived at some insight): Good. Thanks. Ok, George, how about you?

George: Oh, I love crouching down in fear. it's great! Ok, I'll be serious. It's awful! I know I was wrong again. But I'm so used to it I don't even try to find out what I did this time. I just try to cover my ears so I don't have to hear it.

Therapist: Any idea where that comes from?

George: Oh, definitely. That's my dad and me.

Every Friday. He'd have a drink with the guys from the office and when he came home he'd be just spoiling for someone to get mad at. And, of course, my mom would have a note from the teacher about how I'd cut, or not handed in my homework...always something. Boy, was I happy when Friday night basketball started.

Both partners were able to respond to the therapist's questions with feeling and introspection. The congruence of their interpretations was startling. Both associated stern fathers with the sculpture. Clearly, Stacey had identified with hers, while George had cowered in front of his dad. With some shame, both partners recognized the rigidity with which they had been playing their own roles and resolved to stop repeating this pattern. Both had acquired a new lens through which they could picture the other's situation and feel for the child that had been trapped in it. As the conversation softened, Stacey and George became aware of having escaped the blame frame. After that, the therapist could continue to develop their empathetic responses to each other's experiences. Tracey and George became more spontaneous, demonstrated greater role flexibility, and were able to shift their dialogue to important issues, away from the petty squabbles that had alienated them.

Sculpting is a deceptively simple technique that can be surprisingly intimidating because it

refers to an art form not usually a part of the couple's life. In family therapy, we often counteract this lack of familiarity by letting the smallest child try a sculpture. With the metaphor of play dough, the child responds readily and easily. Young adults who have demonstrated some informality and creativity also enter into this activity with zest. Adults with intellectual defenses, on the other hand, may find the sculpture daunting as it minimizes talk, and thus deprives them of a measure of control. (Leveton, 1978). Praise is an important part of the therapist's script when using any experiential technique. With sculptures, the client's accomplishment must be validated and encouraged as part of the corrective feedback necessary to counteract fear and uncertainty as to how to proceed.

Sculptures can be developed in many ways. They can be titled. Photographs can be taken. The participants

can be asked to move, as in a kinetic piece. Sculptures

can be done by each partner in turn, reacting to what has gone on before. They can evoke another part of the history, or the future, or any significant aspect of the relationship.

Burt and Ethel: Doubling.

Doubling is a psychodramatic technique which allows unspoken dialogue to become explicit. As the inner voice of the protagonist, the double must be sensitive to both the person s/he is doubling for and the situation. I usually encourage the double to stand to the side and slightly behind the client, so that s/he can be close enough to sense body language and still catch shifts in facial expression. The content can vary from an unexpressed emotion to thoughts about the other person, suspicions, plans, in other words, anything at all that might be said in a given conversation, but isn't. The therapist unused to doubling must be careful not to fall solely into the therapist mode of quietly reflective interpretation and questioning. The double never uses the pronoun 'you', but always speaks from the 'I' position, and, much as a person thinks to him/herself, varies in the degree of emotional expression, sometimes strong, sometimes soft, sometimes certain, sometimes doubtful, for example. In my use of the double, only the client being doubled for can hear the double. If the client wishes to use what the double says, s/he has to repeat it. This prevents the client from using the double as a spokesperson. The double provides the stimulus, but the client takes responsibility. A double may encounter resistance; as long as the argument is relevant, it may well reflect the client's inner conflict. However, when the double gets no response, or a neutral, disinterested response, chances are that s/he is not reflecting the protagonist's feelings or thoughts but her own. (Leveton, 2000)

The soliloquy is a psychodramatic technique by which the client, along with his/her double, thinks over a given situation alone. Instead of clarifying the dialogue of the couple, the double has the job of helping one of the partners clarify his/her own thoughts and feelings while the other partner listens. (Blatner, 1996)

The interview is often used by psychodramatists in combination with role reversal to query the client about the scene s/he is about to enact and also to introduce new roles. For example, if the client wants to enact a scene with his mother, the therapist might ask him to play the role of his mother for a short while and then, in that role, interview him in order to get a better feeling for the kind of person the mother is. (Blatner, 1996)

Burt and Ethel have been seeing their therapist for about three months. Burt is a well known lawyer in town, Ethel has a cosmetics business. They are a middle-aged pair in their early fifties with problems that date back to their honeymoon where, according to Ethel, Burt left her to take her first meal alone in the hotel dining room because he was talking to another couple he'd met in the bar. Burt, of course, insists that he had asked and got Ethel's permission. Married fifteen years, they are well rehearsed in mutual blame. Ethel's manner is dramatic, self-pitying and off-putting. Burt is quietly intelligent, rational, and in denial of any

possible contribution to the recurring conflicts. When the problems arising during a recent dinner party were brought up, the therapist begins to double.

Ethel: ...and even though we'd been over and over it, he was one whole hour late, leaving me with these people I didn't know and the dinner to take care of. I just can't understand why he keeps doing this to me. Why?

Burt: I'm a lawyer, Ethel. I had to stay with my clients. You know I'm working on a corporate problem. I called. What else can I do? You tell me. Tell me what else I could do.

Therapist (predicting that if she lets this dialogue continue a good deal of the hour would be taken up with mutual blame and evasion, goes over to Burt's chair and squats beside him. She has not used active techniques before with this couple, but she works with a certain amount of informality, so that her move is not a shock to either of them). I'm going to say some of the things you might be feeling or thinking, Burt, but not saying. If you agree with me, just repeat what I said, OK? (Burt nods his assent).

as Burt's double: I'm asking Ethel what else I can do. I wish she would tell me. I wish somebody would tell me.

Burt (with a sardonic smile) Yes, I wish somebody would tell me because I can't seem to get out of this any other way.

Therapist as double (hoping to break through Burt's denial): But I do know what else I could be doing now.

Burt: No, I don't.

Therapist as double:(finding another way).Do you know how Ethel was feeling?

Burt: Of course, I know. She's upset and mad. What else is new?

Therapist as double (giving words to his denial): And I don't want to hear about it.

Burt: And I don't want to hear about it.

Therapist as double: But I can understand it.

Burt: Not really, we've been married for 20 years. She knows this could happen.

Therapist as double: I wish she were different. But I do understand she's kind of left holding the bag here, don't I? It's hard for me to admit because I don't want to justify what she's blaming me for but..

Burt: OK,OK, that's true. I don't want to be blamed.

Therapist as double: And I forget that she's in this too and she was probably feeling..

Burt: ...overwhelmed. Yeah, OK. Otto and Helen can be a pain, I guess. And they don't know her all that well.

The reader will note that the therapist eased into doubling with only a minimal explanation. I have found that this procedure is often more easily accepted than the rather long-winded explanation that doubling can entail. Of course, the therapist must use whatever methods most fit his/her usual way of working, and if it is more congruent to give an explanation followed by a request for permission, then that is going to be more productive (Leveton, 2000).

Doubling for Burt represented the therapist's attempt to break through his denial and avoidance of responsibility. In the middle of this process, the therapist challenged the protagonist with the statement, "But I do know what else I could be doing now," hoping to shift the level of his response. When he rejected this challenge, she changed course and led him to explore Ethel's state of mind, surmising that although he was quite capable to empathize with his wife, he avoided doing so in order to escape his feelings of guilt. With his cooperation, the therapist-double could then address a deeper level of the conflict.

In these soliloquies, the therapist used doubling to escape the blame frame, helped Burt to admit his fear of blame and begin a more empathetic communication with Ethel.

She could now work with Ethel's side of the complaint. Although she had hoped that Ethel would be able to elaborate on her own feelings without blaming Burt, she was not yet ready to do so:

Therapist: So Ethel, is that right, did you feel overwhelmed?

Ethel: Sure! That's just the beginning, though. He just has no idea how complicated my life is with all this stuff he expects me to do and then..

Therapist: (Interrupting and moving to her side) Let me try the same thing I tried with Burt, OK?(Ethel nods).

Therapist as Ethel's double (giving expression to Ethel's depression): I just don't have a lot of hope left, that's all.

Ethel: You can say that again.

Therapist: (smiling)If it fits, you say it.

Ethel: (sighing)I don't have all that much hope. It's been so long.

Therapist as double: And that makes me feel?

Ethel: Really, really sad. Sad,Burt.

Therapist: Because it was different earlier in our marriage?

Ethel: Yes, we used to do things together.

Therapist: And I liked that.

Ethel: Oh yes. Burt is so much more social and I loved him bringing people over and talking and then after I while I would join, too.

As double, the therapist could interrupt the blame and help Ethel to express her deeper feelings of sadness. As part of a joint musing about the losses in the marriage, the double's questions were answered easily and softly. Had the therapist intervened with a similar question without doubling, she had little doubt that Ethel would have continued the blame game. After this intervention, both Ethel and Burt were able to express their feelings of fear of the loss of their relationship and sadness at missed opportunities. The therapist was able to help Burt understand that his love of the law was, in part, an antidote to the injustice he'd experienced in his family of origin, where he felt he'd been made a scapegoat. Ethel was able to tell Burt how much she appreciated the gifts of his intellect, his generosity and his wit. .

The therapist chose the doubling technique in this instance because Burt had been using his intellect to distance himself from the emotional content of the relationship while his wife, Ethel, expressed it. Earlier explorations had often run into the dead end of mutual blame. Because she had known the couple for some time and a certain amount of trust had been established, the therapist could chance a rather sudden application of a new technique.

However, the value of the therapists self-knowledge and sensitivity to the couple cannot be overemphasised. Timing and confidence are of the greatest importance. For another therapist,or even the same therapist with another couple, the feeling of being perceived as intrusive or presumptive could result in an awkward exchange and lack of acceptance by the couple.(Leveton 2000) My own preference is based on experience and familiarity with my own style; another therapist may well prefer to ask permission in a more formal way (Fisher,2000) For example:

Therapist: I'd like to try something with you.

Would it be alright if I came over and sat by you and voiced some of the things you might be thinking or feeling but not saying? If you agree with me, I would ask you to say the words yourself. If you don't, go ahead and disagree just as one argues with oneself at times.

Doubling is a technique with great range. The beginner can start cautiously, saying only those things that lie close to the surface, as the therapist did in our example when she doubled for Burt, "I wish somebody would tell me what to do", engendering quick agreement. Erickson(in Rossi,1980) whose trance inducing techniques are somewhat similar to the doubling technique (Leveton,2000) talks about the 'yes' set. To establish a productive doubling relationship, it is helpful to begin the doubling

process with one or more comments that promote agreement, so that the double becomes acceptable to the protagonist before more problematic areas are entered. The technique can also be used to gradually move the protagonist to newer and deeper territory. When the therapist doubled for Burt's frustration with Ethel's complaints with the words "...and I don't want to hear about it," she was moving the work away from the content of the blaming conversation to a more honest, feeling level in which Burt's own role would become the focus of attention. She hoped that Burt, once he expressed his feeling of frustration and inadequacy, would also be able to express other emotions more feelingly. Along the way, she found out that Burt needed to express more negative feelings before he could follow her lead and begin to show empathy for his wife.

The ideal double empties herself completely before beginning to tune in to the client's thoughts and feelings

(Moreno, Z. 2000). By freeing her/himself from preconceived notions and limiting responses to reactions sensed in the client's body or arising from the conversation, the double can most effectively join the client and very gradually introduce topics that may lead the client to a different and deeper or more complex expression. A therapist without much experience in doubling will have a tendency to lead the client, rather than follow. When this happens, it is possible that the client experiences the therapist as controlling and resists the process. Yet the therapist's tendency to lead the client is almost unavoidable in a therapist whose goal is to produce better communication for the couple. In this case, the therapist's sensitivity helped her to succeed. Listening closely to Burt, she could shift her focus back to his internal work with her acknowledgment, "I don't want to be blamed."

Later on, the therapist decided to work with Ethel partly to introduce her directly to the doubling technique and partly to further facilitate the communication between her and Burt. Again, she helped to set up a shift in the couple's process with her emotional doubling, when she said, with a sigh, "I just don't have a lot of hope left, that's all." She was taking a chance, hoping that Ethel would be able to acknowledge her own depression instead of blaming Burt, and that Burt would be able to empathize once he saw Ethel as sad and not angry.

After doubling for Ellen, the therapist talked with the couple about what they had experienced. Each credited the doubling with the changed view that emerged. They were able to communicate in a more empathetic manner and, as they became aware of how often they lapsed into blame, they were able to stop themselves rather than looking to the therapist. Burt elaborated on his understanding of Ethel's shyness and showed an appreciation of the complicated task of having a dinner party without him. More important perhaps, he realized that he had not expressed that appreciation in a long time. Ellen let him know that his words counted. She also expressed surprise at his fear of being blamed, since she'd always thought that he was so sure of himself that nothing she could say would reach him.

The therapist, feeling that the ground had been prepared for Burt to do some internal work, introduced another soliloqui (Blatner, 1996).

Therapist: Burt, how would you feel about exploring this business of being blamed a little further. We'll still use doubling but we'll just be thinking out loud about what's going on inside you, not Ethel. This is called a soliloqui.

Burt: Oh yeah, like Hamlet, sort of. That's OK. Go ahead.

Therapist (rising and gesturing to Burt to do the same: Let's just walk around the room together for a bit. That way you're not looking right at Ethel and you can concentrate just on yourself. You can talk this out, just as you might think it out and I'll help you where I can. (Both are walking now) Why don't you start by saying, 'Sometimes I just don't want to listen because I'm so afraid of being blamed.' Talk about what blame means to you.

Burt: OK. It's true. I'd do anything if I could just come home late sometime and not hear what I already know.

Therapist (doubling for a moment): I just can't stand all that blaming.

Burt: Oh, blame. Well, I hadn't thought about it for a while but I guess my mom was the world's expert on this.

Therapist: Oh?

Burt: I used to try to get away from the dinner table just as fast as I possibly could just to avoid hearing my mom lay it on my dad.

Therapist: There's that dinner table again. What did she blame him for?

Burt: For swearing about politics. For not complimenting her on the dinner. You name it, she could blame it! Hey, I made up a rhyme!

Therapist (deciding to stop the doubling and shift to a role reversal, she stops the walk and faces Burt) Let's talk to her about that. But first I'd like to meet her. Could you take the role of your mom for a minute and let me talk to her.

Burt: I could try, I guess.

Therapist: (shifting to the interview technique) OK, so you're Burt's mom. Was he easy or hard to raise?

Burt as mom: Oh, he wasn't that hard. We really saw to it that he did what he was supposed to do and most of the time, he did it.

Therapist: How did you do that?

Burt (dropping out of the interview and speaking for himself in the present):.. and boy could she be disappointed!

Therapist(also addressing Burt directly): How about letting me play the role of your mom? Maybe you'd like her to know how that felt.

Burt: This is the day for trying that stuff!

Therapist OK, where would we be?

Burt: I know! She's in the kitchen waiting for me to come home from school.

Therapist: Good. OK, let's start.(as mom): Burt, did you bring your paper back? How did you do?

Burt (breaking out of his role and addressing the therapist directly, not mom)I wish I hadn't come home yet.

Therapist: You can speak your thoughts, as well.Just turn your head thisway, when you're just thinking aloud.(demonstrates).

Burt: I get it. Oh God, I'm heading straight for her martyred look. She's going to be so disappointed.

Therapist as Mom: Where is it?

Burt: Mom, I don't have it.

Therapist: But you said...

Burt: But mom.

Therapist as Mom: Don't tell me. No. Don't tell me.

Burt: Mom, I left it at school.

Therapist as Mom: You know your father and I wanted to see it. What kind of grade did you get? I'll bet it wasn't what you wanted.

Burt: (looks down at the ground)

Therapist as Mom: Tell me. Tell me.

Burt: (hardly audible) I got a C.

Therapist as Mom: Oh no! What does that mean for your course grade? That is so terrible! I'm so worried about what Dad's going to think!

Burt: (smiling) Mom, I've got to go to soccer practice.

Therapist (breaking out of the role of mom, as herself): So at this point you'd be willing to do anything just to get out of there, right?

Burt: Right! Definitely right.

Therapist: Could you say that to Ethel, “When I feel blamed I’d be willing to do anything to get out of there?”

Burt: to Ethel? Oh, yeah. Oh, that fits. When I feel blamed I’d do anything to get away.”

The soliloqui helped Burt to contact the source of his difficulty quickly. As he recalled his mother’s blame, the therapist shifted to the use of role reversal, encouraging Burt to play the role of his mother, so that the exploration could continue in an active voice. Satisfied that she knew enough to portray the role of Burt’s mother, she took it over, allowing Burt to express his feelings of shame and his desire to escape at any cost, a feeling that could easily be related to his difficulties with Ethel. The couple was ready to begin process that always evaded them: to meta-communicate. They were able to talk about blaming rather than continue to engage in it.

Perhaps the first thing the attentive reader notices in this example concerns the unusual role flexibility (Leveton,2000) of the therapist, who, although she took the role of the mother in this scene with Burt, occasionally permitted a break in the role play and took on her usual role with this couple, that of therapist. Burt was able to accept this shift and was himself able to shift, at one point, from playing himself as a child to his normal adult role in order to address the therapist with a question. It must be stressed that this kind of role flexibility is not always present. Individuals vary in the amount of structure, direction, and support they need in order to role play. While many are able to be flexible, many others need to play one role in a setting where the therapist’s role never varies. The therapist must assess each couple’s ability to shift as she experiments with active techniques. A look of confusion, a question about the process, an inappropriate response are all signs that more support is needed. One example of such support would be the therapists framing Burt’s question to her, by saying.

Burt to Therapist as Therapist : I wish I hadn’t come home yet. I’d rather be any place else.

Therapist: Ok, let’s stop the role play for a moment. I’m not mom now,OK?

Burt: Yes, that’s right.

Therapist: So this is hard for you when Mom starts to challenge you.

Burt: Sure. I know I’m not going to have the right answer.

Therapist: Maybe you can let mom know that. Let’s go back to the role-play. I’m still Mom.

Using this added structure, the therapist can clarify the process, when necessary.

In order to explore the problem of blame with a non-blaming, historical approach, the therapist worked with one of the possible causes of Burt’s avoidant behavior, his relationship to his mother. Using the interview and role reversal, she asked Burt to show her what his mother was like by playing her role, and then makes the transition to taking the part of the mother herself as Burt plays himself as an adolescent, while his wife watches. The therapists goal was twofold: to help Burt

understand his fear of blame and to develop a new empathy in Ethel by revealing to her that Burt’s avoidance has roots that predate the relationship. Again, with a couple that needs more education and structure, the process could have been labeled more explicitly.

Therapist: Let’s stop walking for a moment. I’d like to include your mom in the process, but I don’t really know her. So could you play her role for now and let me interview her?

and later:

Therapist: Now I feel I could enter the role. Would it

be OK with you if I played the role of your mom for a bit and you take the role of your young self?

The role play ended with the therapist's transition to meta-communication. By asking Burt to address Ethel with the sentence that expressed his feelings toward his mom, the circle of meaning was completed. The therapist's goal had been to help Burt understand that he was repeating an old pattern, rather than responding appropriately to the present one and, at the same time, to let Ethel see that she was helping him to do that. A beginning had been made. The couple was able to use their new awareness to interrupt their habitual blame.

Mary and Don. When Doubling fails.

Let us now take a look at a situation where a therapist attempts to use the same methods without success. Don and Mary are also a couple whose process quickly escalates into mutual blame. Both have high-level jobs in the computer industry and, when they come to the end of the day, feel that there is not enough time to relax with each other or their eight-year old son, Ronnie, who has a nanny. They are fairly new to therapy. In their fourth session, they have come to talk about their eight year old son's behavior problems at school.

Mary (to therapist): Ronnie brought home another one of those notes from the teacher today. It's so upsetting. He just can't seem to behave. This time he was just helping himself to another kid's lunch and that started the fight.

Don: Well, I always say, If you don't set limits with him at home, what's to tell him how to behave at school.

Mary: That isn't fair. I do set limits. He can't just grab whatever he wants at home.

Don: (smiling) Whatever Ronnie wants, Ronnie gets.

Mary: That is so unfair. You're not ever home, how would you know, anyway?

Therapist (interrupting as Don is about to respond in kind): It sounds like Ronnie is getting lost in this discussion. Is that what often happens, you guys just start in on each other? It happened so fast this time.

Mary: Well, he is never home and it just upsets me that he's so critical.

Don: And I do really care about parenting and I make it clear to her over and over again that the kid needs limits, clear limits.

Therapist: I understand, I think, that you have some differences about how to handle Ronnie that are sometimes hard to discuss. How would it be if I just sat by you, Mary, and thought this out along with you? I'd just be part of your thoughts (moving over to Mary).

Mary: OK, I guess. I'll try anything once.

Therapist: I'll try because I know this isn't getting anywhere, we've done it so often.

Mary: Well, yes.

Therapist: He thinks it's all my fault and I can't stand it.

Mary: Are you telling me I should listen to him?

Therapist: No, I'm just trying to think this out with you, like another voice in your head.

Mary: Oh.

Therapist: I don't like being blamed.

Mary: Well, do you think I should be blamed for Ronnie's misbehavior?

At this point, the therapist realized that Mary was not ready to accept a double. Mary was so caught in the blaming process, so frightened by her own feelings of inadequacy on the one hand, and anger on the other, that she could only look to the therapist as an authority that had to be convinced that she was right. It would be necessary to attempt to diffuse the blame by addressing the content of their complaint in a different way. In order to do so, the therapist decided to explore an earlier time with the hope of shifting the process to a more positive

experience which could lead to instilling greater trust in her clients.(Leveton,1991)

Therapist: So, Ronnie's been in trouble again and that is hard to deal with. Sometimes it's harder to get a hold of what to do when the problems happen away from home. So let's take some time out and talk about an earlier time. I know Ronnie is your first and only child. Tell me about his birth.

Mary: (smiling)What do you want to know?

Therapist: (smiling also) Anything you want to tell me.Some children are expected. Others aren't.

Were you both ready to have a child?

Mary and Don: Oh yes. Definitely. Sure,

Mary: We'd been waiting three years and almost given up hope.

Don: So it was a great joy. A great joy.

By going back to a happier time, the therapist had accomplished what doubling had failed to do. She had interrupted the mutual blame. Further work could proceed. This type of interview might be referred to as setting the stage. Once a more positive, trusting environment has been established, further attempts at more active work have a better chance of succeeding.

In these case examples, the use of doubling has been augmented by role reversal, and the interview. I have found that one of the advantages of beginning with the double is that it needs little explanation and can quickly transform a talk session into an active experience. From there, a couple that is inexperienced in experiential work can more easily be introduced to a wider variety of psychodramatic techniques. For the clinician who is comfortable with the doubling technique, its advantage is its range. Doubling can be quiet and very close to the therapeutic voice and it can be dramatic and emotional in stark contrast to it. The technique can further inner work or it can be used to augment an interpersonal dialogue. Although it is a powerful technique that can quickly bring a client to an unanticipated emotional expression, this work can also be used to deescalate an emotional situation with quiet reflection. (Leveton 2000)A transition to the present is easy to achieve by the double, who may say something like,"I feel like I could really use my therapist again just about now," and with the client's agreement, change roles.

Jack and Rachel: Role Reversal

Role reversal and doubling are the two columns on which psychodrama rests.(Blatner,1996) It is another way to walk in the other's shoes, asking the client to actively imagine what it would be like to be in the position opposite him or herself. The technique requires little explanation, but, like most active techniques, it requires that the the clients get out of their own chairs and actually exchange positions. In addition, when conducting a role-reversed dialogue, the therapist must ask the the client to repeat the last sentence said by his opposite. This simple technique assures the smooth flow of the action and prevents the client from straying too far afield as s/he begins to portray the other.(Blatner,1996, Leveton,2000)

Jack and Rachel had seen their therapist only once to let her know that they had difficulty negotiating agreements in many aspects of their daily life. Both were in their thirties, business people who worked in real estate in separate offices, had lived together only for a few months, and were considering marriage.

Bright, lively people who pride themselves on their sense of humor, they demonstrated their

problems:

in the second interview,

Rachel So, I know you're not going to like this but I want to talk about the towels.

Jack: Oh, no! The towels! (looks skywards)

Rachel: Well, I don't understand why you don't get that it's important to me.

Jack: because it's just towels. Towels! (smiling)

Rachel: (to therapist) Every day I have to take them off the bathroom floor. His towels! And I can't get him to take this seriously.

Role reversal is one of the quickest ways to bring about change in this kind of conflict.

Therapist: I'll tell you what. Let's see if we can take a look at this from another angle. You two have obviously had this talk quite a few times before and you know each other's roles.

So, let's see if you could reverse roles. Let's start by changing chairs, OK?

It is important to ask the couple to change chairs: their movement is their first indication that they are willing to try this new method, and the move to the other person's chair helps anchor the role physically.

Therapist (after the couple exchanges chairs) Good. Now let's start with the last thing Rachel said. Jack, say, "Every day I have to take the towels off the bathroom floor. His towels! And I can't get him to take this seriously."

Repeating the exact words of an interrupted dialogue facilitates the transition by making it unnecessary for the individual to stop and think of what the new role might demand and by guaranteeing that the beginning of the new role is accurately represented.

Jack: Ok. (as Rachel) Every day I have to take the towels off the bathroom floor. His towels! And I can't get him to take this seriously. Boo hoo. Boo hoo. (He is still attempting to laugh off Rachel's complaint).

Rachel (to therapist) See?

Therapist: Ha, ha, Jack. Come on, I know you can be Rachel.

Jack: (shrugs his shoulders) Ok. (as Rachel) I get really upset with him.

Therapist: You do?

Jack (as Rachel): Yes, I do because I tell him and tell him and it's just like he doesn't hear me.

Therapist: What sense do you make of that?

Jack (as Rachel): Well, I guess he just doesn't care what I say. He'll just do what he wants to do.

Therapist (to Rachel) Is that right?

Rachel: It's true. I don't feel heard or valued.

Role-reversal in couples' therapy is easily interrupted for the purpose of checking out whether a portrayal is accurate or not. One advantage of doing so is that the role-player's words are either validated or corrected, another is that both role player and observer experience a sense of greater control.

Therapist: So, let's continue. Why don't you start with what Rachel just said, Jack? "I don't feel heard or valued."

Jack (as Rachel): I guess sometimes I don't feel
feel heard or valued. I just don't love Jack as the kind of natural slob he is, though. I don't exactly value him either.

Therapist: (to Jack and Rachel) This is a good place for a full role reversal. So from now on, Jack, stay where you are as Rachel and Rachel, you just take Jack's role. You're sitting in his seat already, so you don't have to move. Jack, begin with your last sentence. "I just don't love Jack as the kind of natural slob he is, though. I don't exactly value him either."

Jack as Rachel: I just don't love Jack as the kind of natural slob he is, though. I don't exactly value him either.

Rachel: (silent for a moment, at a loss)

Therapist: Remember, you're Jack now. What do you say, Jack?

When role reversal is first introduced, it may be necessary to support the role player to help secure her in the new role.

Barbara as Jack: Yea. (smiling) A natural slob. I guess I never thought that would be a problem!

Jack(as Rachel): But it sure gets under my skin!

He doesn't care about me at all.

Rachel (as Jack): Yea. If she really cared, she'd just pick up my towels and my underwear and what's the big deal?

The role reversal accurately portrays the couple's impasse and reflects some of the underlying feelings.

It is time for Jack and Rachel to go back to their own roles and reflect on the process.

Therapist: Ok, why don't you change chairs again and go back to being yourselves. (They change chairs). So what was that like for you? Jack, what was it like being Rachel?

Jack: Well, I wasn't really into it at first --because those are my own feelings about not being loved as the slob that I am--but after that, I could feel how frustrating it might be and that she doesn't feel respected.

Rachel: (nods, a softer expression on her face).

Therapist: And Rachel, how was it to be in Jack's shoes?

Rachel :Two things. One, I really never thought about that. Loving the slob part of him. That 's a doozy. I guess his mom must have! Wow! And the other part is it felt so free and great, just the thought of doing whatever I wanted and letting someone take care of me.

Therapist: Good work, both of you. So there are several things for us to talk about here. How each of you knows that the other loves and respects you. How to handle your differences and maybe understand them a bit better. And then perhaps we can make a better plan for the towels and all they represent. What do you think?

Jack and Rachel:(nod in agreement).

Although the role reversal seemed to have accomplished little more than to accurately replay the couple's impasse, it had also revealed some of the underlying feelings. As a result, both Jack and Rachel were able to soften as they continued to talk. Stubborn though both were, neither really wanted to leave the other with the feeling of not being loved. As their true feelings of affection surfaced, house rules were relegated to a place of lesser importance and a compromise was more easily achieved. Afterwards, the therapist introduced one more psychodramatic technique, this time in surplus reality (Moreno, Z. 2000)

Therapist: I'd like you to try one more enactment. We've worked on a number of these hassles about house rules and, at the same time, you two have also demonstrated a real caring and affection for one another. I know you're still wondering about whether you'll stay in this relationship and eventually get married, or separate and go your own ways. Let's try to have a look into the future. Could we do a scene five years from now, with each outcome?

Jack: Wow, that's an idea!

Rachel: Yea, let's try it. Let's separate first, OK?

Therapist: Sure. Ok, let's set the scene. It's five years from now and where do you live, Rachel?

Rachel: Oh, I don't live in California anymore. I live in New York with this guy who really picks up after himself. (smiling)

Therapist: (smiling as well) OK. And Jack, where are you?

Jack:(joining in the joke) Oh, I'm still here, stuck with five years of dirty laundry.

Therapist: Fine. Ok, let's take this seriously. Rachel, how would you feel about calling Jack on the telephone? Let's say you've just run into a friend of his, and he told you he hasn't moved.

Rachel: OK. I've probably talked to him now and then, anyway. I can't imagine not even doing that.

Therapist: Good. What time of the day is it.

Rachel: Oh, about 8:30. I've just put the kids to bed and my husband is away at a meeting.

Therapist: I see. Alright. Let's get started.

In any enactment, the therapist must set the scene very carefully. For enacting a scene in the future, an exact time must be given. Is it next week? Next year? Setting the scene in terms of activities, location, and the time of day is also necessary to allow the role players to feel secure in context and save the imagination for exploring the emotional aspects of the role play. In the enactment that followed, the partners expressed nostalgia for what had been, finding an avenue that permitted direct feedback about the things they valued in each other: intelligence, humor, spontaneity, a sense of fun. Later in an enactment of married life five years later, themes of the fear of entrapment, of the conflicts being exaggerated mixed with themes of the lasting values of their friendship and sexual attraction as well as their hopes of a growing family.

For Rachel and Jack, enacting possible future outcomes raised important questions about the level of their commitment and allowed them to explore their values in a constructive voice.

Barbara and Gerold: Role reversal.

Barbara and Gerold had seen the therapist earlier on in their marriage for a period of one year in which they had dealt with their differences regarding friendships, their common social lives, and the use of free time. Gerold, a writer, tended to be solitary, often disapproved of the friends both his wife and his children brought home, and seldom wanted to travel. The work resulted in a compromise where Barbara, a nursery school teacher, learned to take Gerold's need for quiet time into consideration and Gerold began to share and even enjoy a mutually agreed on amount of social and travel time together. Barbara's need for more gregarious socializing was met in separate activities with her women friends. Ten years later, this couple, now in their fifties, and married twenty-five years, came back into therapy. After the social niceties had been observed, they let the therapist know why they came.

Therapist: So, let's get to what brought you back. Who would like to start?

Barbara (suddenly very angry): It's very simple. He's seeing another woman.

Therapist: (looks at Gerold)

Gerold: That's true, but I want the marriage.

Barbara vented her anger while Gerold quietly defended himself. He had thought he could maintain a friendship with a fellow employee at the publishing house where he worked, who had become a distant friend of the family. When the relationship grew into something more than that although he knew it was wrong, he had been unable to stop himself. As Barbara continued in her angry response to Gerold's repeated assertions that he loved her, the couple reached an impasse. The therapist asked them to reverse roles.

Therapist: You two seem to be very far apart right now. That's certainly not unusual at a time like this. I'm going to ask you to do something that may seem impossible at first, but it might just move us to a better place. I'd like you to reverse roles. We won't start a conversation right away. I'll just ask you to take Barbara's role for a moment, Gerold, and you and I will talk. Why don't you change chairs with Barbara?

The choice of beginning slowly in such an explosive situation cannot be overstressed. Beginning with Barbara, or beginning with a confrontation even when the roles were reversed, could have served to continue a run-away discussion in which Barbara's anger played the major role. If the couple was to regain even

a small amount of common ground, they would need to arrive there with slow, small steps. In asking Gerold to take Barbara's role in an interview, the therapist was hoping to slow down the process and begin to demonstrate an empathetic resonance.(Fisher,2002, Guerin,1976)

Gerold: (changes chairs)

Therapist: Now, you're Barbara. As Barbara,tell me something about your experience.

Gerold as Barbara: I'm so mad at him I just can't see straight.

(Barbara nods vigorously and glares at Gerold)

Therapist: And?

Gerold as Barbara: And her too. I'm furious at both of them. I know her. She was almost a friend!

Therapist: Of course, I can understand how furious you must be. Are there any other feelings?

Gerold as Barbara: I don't know. I'm just so angry I can't see straight.

Therapist (turns away from Gerold to Barbara): Is that right?

Feeling that this was probably an accurate reflection because Barbara has been nodding her head vigorously, the therapist interrupts the role play to allow her to give

Gerold feedback. Barbara agrees:

Barbara: That's right. Yes, that's it.

Therapist: OK, let's change chairs again. Let me ask you, in your own chair, are there any other feelings?

Barbara: (tearing up) Sad. I feel so sad. And empty. I just (starts to sob uncontrollably)

Gerold: (touches her hand, she withdraws it and covers her face as she keeps crying; Gerold looks at the therapist).

Aware of the depth of Barbara's feeling of betrayal and also of Gerold's helplessness in this difficult situation, the therapist exchanged a look with Gerold that told him to just sit quietly with Barbara's pain. When Barbara's tears quieted, the therapist explored her sadness with her. Through her husband's reflection as demonstrated by his role reversal, Barbarawas able to move past her feeling of anger for the first time. Anger would recur. But sadness, once acknowledged, could begin to lead to the grief that, no matter what the outcome, had to be acknowledged.In her talk with the therapist, Barbara talked about her difficulty in letting go her dream of a marriage. She felt that she'd been living an illusion in the belief that her husband cherished and respected her enough to let her know if there were anyone else, to put her first. Instead,she had discovered a note from the other woman in a suit she had taken to the cleaners. Her despair about how to continue became the subject of several of the sessions that followed.

After about six weekly sessions, Barbara and Gerold agreed to separate in order to clarify what the future might hold. During the following sessions, Barbara acknowledged her conflicted feelings. She felt that asking for a divorce would be premature. She still valued the marriage in which had invested so much. At the same time, she wanted to punish her husband. Gerold, who was still attending weekly sessions with her, stated that he had ended the other relationship and was ready to do what it took to keep the marriage. The therapist suggested that perhaps another role reversal might help to clarify the situation, this time with Barbara taking Gerold's part.

Therapist: Barbara, I don't know whether you are ready to tackle this, so let me know if it doesn't fit.I'd like you to take Gerold's role for the moment and let me talk to you.

Barbara: Me? Gerold? Well, I could give it a try, I guess.

Therapist: Ok, change chairs, please. (the couple changes chairs) And now you're Gerold. Tell me something, Gerold,where are you with your feelings right now.

Barbara as Gerold: About what?

Therapist: Whatever comes up.

Barbara as Gerold: I'm worried that she won't take me back.

Therapist: You are?

Barbara as Gerold: Sure. I'm in big trouble and I don't know how to get out of this one.

Therapist: Any other feelings?

Barbara as Gerold: I don't know.

At this point the therapist interrupted the role reversal and asked Barbara to go back to her own chair.

Therapist: Why don't you ask Gerold. He can tell you if he has any other feelings.

Barbara: Well, do you?

Gerold: Sure. I feel embarrassed and ashamed.

Therapist (to Barbara) Do you believe him?

Barbara: I guess so. He should feel that way. I guess he does.

Through role reversal, a subtle shift had occurred which allowed the couple to move out of the impasse. Because Barbara had accurately reflected her husband's hopelessness, he was able to acknowledge it himself and describe his feeling of shame and embarrassment, which she, in turn acknowledged with less anger than she had shown before. Gerold stopped trying to convince his wife to take him back and agreed to a longer period of separation during which the couple was able to renegotiate their marriage.

Role reversal requires flexibility. Individuals with strong intellectual defenses, individuals in a crisis which threatens identity, and individuals who have difficulty shifting focus may need the therapists constant support if they are to succeed. (Leveton, 1978) If the role confusion persists, the therapist must find another way:

Ron and Marcia: When Role Reversal fails

Ron and Marcia have come in for an evaluation.

Both in their forties, Ron works as a foreman at the local factory and Marcia has an informal baby-sitting service. On the telephone prior to coming in, Marcia stated that after fifteen years of marriage, she is beginning to doubt that they can stay together, citing difficulties in communicating and few common activities as the reason for their growing estrangement. Toward the middle of the interview, Marcia demonstrates her despair:

Marcia: I just don't see you anymore. You come home exhausted from the plant. You watch TV and usually go to sleep. I get dinner. We don't talk much--then I do the chores and some more TV and it's time to go to bed.

Ron: Yeah, so a lot of guys do just what I do, what's so bad about that. We don't have to talk. We know who we are.

Marcia: You don't listen to me. I'm just saying we don't know each other. We don't. (beginning to cry).

Therapist: Marcia, you sound discouraged.

Marcia: (wiping her tears) I am. I really am.

Therapist: I wonder if we could try finding out what Ron is seeing and hearing from could be Marcia for a moment. Could we try that?

Marcia: I'll try anything once.

Ron: I don't know. Sure, I guess so.

Therapist: Ok, first let's change chairs.

(Ron and Marcia change chairs)

Therapist: Ok, Marcia, let's just start with what you just said, "You don't listen to me."

Ron: But I do listen to her all the time!

Therapist: Ron, remember where you're sitting. You're Marcia now.

Ron: Ok, so I'm Marcia.

Therapist: And as Marcia, can you say how you feel?

Ron: No, that's harder than I thought.

Therapist: Ok, thanks for trying, let's just switch back and continue the conversation.(they switch back, Marcia shaking her head and smiling as though she knew that this wouldn't work)Marcia was just saying that she feels you don't listen to her. Could you sayhow that makes you feel.

Ron: But that's what I just said, I do listen to her.

Therapist: I believe you. Could you also say how you feel when she says that.

Ron: Well, to tell the truth, I give up. I can't do anything right with her.

The couple had given the therapist a clue that perhaps role reversal wouldn't be the most rewarding technique when she learned of the couple's growing estrangement. Trying it, she found out that Marcia's words were reflecting a real distance between the two partners, a distance which prevented Ron from being able to step into her shoes. Going back to working on the couple's communication made it possible for Ron to enter the session on a feeling level and begin to tell his side of the story.

These examples acquaint the reader with active techniques that can be effective in overcoming the impasse created by the couple's blaming. The therapist who experiments with these techniques is encouraged to explore further. Experiential techniques have been developed in every art form: drama, painting, drawing, movement, autobiographical writing, and poetry.(Ballou,1995, McNiff,1981)). Workshops in these modalities can be found in clinical programs and universities all over the country. We know that individuals can be categorized in terms of the modalities that most benefit them Some people are more visual, others more verbal; some proceed along cognitive lines, others pursue more emotional outlets.(Bandler, 1989) It is important to work with those techniques that most suit and most inspire the therapist so that s/he can,in turn, select ways of working that best fit the clients. Having completed a compendium of available techniques, the therapist can proceed to encourage his/her clients to break out of the bounds of their well-worn and unworkable habits.

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