

The Integration of Psychodrama With Bowen's Theories in Couples Therapy

Chris Farmer

Marcia Geller

ABSTRACT. In this article, the authors describe a method in which cotherapists work with those in relationships, mainly couples, using psychodrama methods and Bowen therapy. They include vignettes taken from 5 sessions and discuss the context of each problem, the process of the therapy session, the insights gained, and the theory for the interventions. The authors integrate Bowen's theory of the differentiated person as one who is able to operate from a place of "I," as distinct from "we" in a relationship, and use psychodrama techniques to demonstrate this functioning. The authors believe that their attention to their own differentiation in their work affects clients directly. They use their synthesis of theory, experience, and practice to help client couples to become more differentiated.

Key words: couples therapy, differentiation, doubling, families, psychodrama and Bowen's theory

THE APPLICATION OF PSYCHODRAMA WITH COUPLES, as described in this article, is based on four of the main theoretical principles of Bowen's (1978) theory. The four principles are the profiles of triangles, the nuclear family emotional process, the family projection process, and the differentiation of self.

The triad is considered the most basic stable element of human relationships. Members of the dyad, like parents, cannot alone persistently regulate their emotional climate without an

outside, third, reference point. When two partners become either too close or distant, to the extent that there is discomfort, the more distressed member will involve a third party in the relationship as a point of reference to regulate the emotional climate between the pair.

That is normal human functioning. If, however, the pull on the third party is too strong, the triad becomes a "triangle." When the emotional stress of the dyad is highly escalated, there are interlocking triangles established, for example, the police, schools, social services, and the courts. The third drawn-in person is termed "triangulated." The position is maintained at a price, not only for the third, triangulated party but also for the other two members. One basic aim of Bowen's therapy is to assist in the dissolution of the dysfunctional triangulation process by enabling the clients to become consciously aware of these emotional processes. It encourages them to act on their thinking, rather than to follow an automatic instinct.

The second profile, the nuclear family emotional process, occurs when there is a strong tendency in a family to triangulate. Then the extrication of one member of a triangle will result in the two remaining members co-opting another member to form a new triangle. Such a pattern is fluid and tends to fluctuate. When the degree of fusion between the selves of the family members becomes too concentrated, it is manifested in symptoms that can present to a therapist in the following three ways: physical or psychological dysfunction in one or both spouses, for example, alcoholism and depression; marital conflict; or emotional, physical, or behavioral problems in a child.

The child, most vulnerable to be triangulated by either partner, is a potential casualty of the third profile, the family projection process. In that profile, the child is "chosen" by reason of some particular resemblance to a parent or other close family member (e.g., a grandparent). The resemblance may involve physical characteristics, a distinguishing temperament, a physical or

mental incapacity, or a special context in which the child was born (e.g., a period closely following the death of a close family member). Once chosen, the child is subject to the "projections" of the parents and is less able to be seen as a relatively distinct person in his or her own right. He or she is likely to have a relatively low sense of self and tends to have a "we" experience, a sense of togetherness (family) rather than of individuality, (an "I" experience). The profile is called the differentiation of self. A child grows up with that characteristic. Bowen regarded such a person as having a relatively undifferentiated sense of self. We use the term "relatively" because no one is entirely differentiated. Bowen maintained that people tend to find partners of the same level of differentiation because they each wish to share the same proportion of self with the other. One partner, however, often functions on a higher level. If two undifferentiated partners have children, then one of them is likely, in turn, to be a recipient of the parents' projections, with an even lower level of differentiation. In that way, the process is transmitted through generations to cause even further dysfunctional families.

In his method of treatment, Bowen aimed to educate and coach the clients to differentiate themselves from each other and from their respective family of origin by de-triangulating. The method focuses on the couple (the parents) with the purpose of freeing the child from the parents' emotional involvement with each other. If the couple were unwilling to attend therapy sessions together, Bowen would choose, if possible, to work with the more differentiated partner. The expectation is that an increased level of differentiation in one member will result in a faster change for all concerned. It increases the probability for a greater level of differentiation among the remaining family members. Very often, the therapeutic intervention is to coach the over-functioning spouse to be less over-functioning, enabling the under-functioning spouse to function at a higher level.

All five case studies (vignettes) described in this article involved two therapists. Farmer occupied the principal part of the director role, but the part was delegated to Geller from time to time. Although equal co-therapists, Geller delegated part of her therapist role to Farmer, leaving him to direct while she played the auxiliary roles, especially the double. It has been our experience that the co-therapist format facilitates a quicker pace to the therapeutic process and enhances the effectiveness of the sessions. The flexibility and relative autonomy within the framework of the cotherapy team proved to be an advantage.

We believe that there are nine ways in which psychodrama procedures, particularly those conducted with two therapists, enhance Bowen's therapy.

Those are as follows:

1. Replication in the here-and-now. Psychodrama replicates everyday experiences in the therapist's office, thus focusing the couple on the here and now.

It enables closer emotional contact between the couple.

2. Emotional transparency. Psychodrama explores emotional processes through action, thereby making the psychological and behavioral patterns visible and, therefore, more comprehensible.

3. Detachment and multiple triangles. When psychodrama is conducted with two therapists, it allows the director to resume a detached, observer stance while the cotherapist is in charge of interacting more closely with the couple. So, one of the therapists need not be involved immediately in the action and can learn from a more detached position. Therapist detachment is important in the Bowen approach. He would not become functionally entangled or triangulated with a couple. His aim is to avoid triangulation so that the couple has to address their own emotional processes and issues with each other. Moreover, with the presence of two therapists,

there are four people in the session, thus allowing for four possible triangles rather than the one triangle possible with only one therapist. When there are five people in a session (C.g., the parents, a child, and two therapists), there are nine potential triangles. The more triangles there are in the session, the greater the opportunity to detect and address attempts to triangulate.

4. Thoughtfulness. Bowen's theory, and hence, his practice, emphasizes a thoughtful, cognitive experience, rather than an emotional one. The discussion and open conferring by the two therapists using psychodrama can allow for both thoughtfulness and emotionality, playfulness and spontaneity.

5. Modeling. The availability of the co-therapists provides ample opportunities for modeling, through role playing, a healthy dialogue between them. That is a definite advantage for the coaching process. There is often an "ah-ha" experience reported that is not observed in more traditional talk therapy.

6. Slow examination of past experiences. Psychodrama explores scenes concerning family-of-origin issues. Those can be relived with powerful consequences. At any point during such unraveling of the past, the action can be stopped, commented on, and revised, if necessary. The drama can be stage-managed, with an opportunity for all participants to comment on his or her individual observations and experiences during the drama.

7. Experiencing surplus reality. Psychodrama enables the enactment of scenes that did not occur but which should have happened. Through spontaneity, the flexibility of the method allows for exploration of new ways of relating with significant others, thus raising the level of differentiation of self.

8. Rehearsal for living. Psychodrama provides opportunities to rehearse past or future encounters among the clients. This is an important part the coaching process.

9. Differentiation and spontaneity. The experience of the session through psychodrama enactment can have a profound emotional impact. Using their spontaneity, clients experience themselves and their partners in different roles. Their spontaneity encourages them to explore new ways of relating with each other and with the therapists. This aspect is congruent with Hollander (1992), who compared Moreno's theory with that of Bowen and equated spontaneity with an aspect of differentiation of self.

Case Studies

In the following vignettes, the co-therapists are referred to by their real first names, that is, Chris and Marcia. That is also how the clients addressed them and how the therapists refer to each other during the sessions. We sought to be authentic in regard to the case histories and the sessions that we describe. The names of the clients, however, are fictitious, as are other identifying features, to protect their privacy. Dysfunctional people are often seen as individuals, but with a Bowen systems approach.

Case Study 1-Julie

Julie, aged 34, had been a star in her teens. She then lost herself in marriage to a man who was distant like her father, and she felt rejected by him. She now needed to differentiate herself.

Chris (speaks to Julie as himself: How were you before your marriage?)

Julie: Mother was the rule maker, because father was away at work.

Chris: Can you speak in the role of your mother?

Julie (as her mother): Julie was the center of attention. She was the eldest of five. I had to lay down the law with her care, and we often clashed. As it happened, my own mother lived upstairs and got on very well with Julie.

Chris asked Marcia to play the role of Julie's maternal grandmother. Julie described her grandmother as an easy-going person, the matriarch of the family, who held everything together by using her warmth and status. She did not need to set rules. Instead, she was a role model that Julie wished to emulate, and there was no conflict. Chris asked grandmother and Julie to reverse roles a few times, and that ended up with Julie manicuring her grandmother's nails.

Chris and Marcia, conferring aloud, mentioned that Grandmother seems to replace the often-absent father, preventing too intense a relationship between Julie and her mother.

Grandmother becomes particularly close to Julie, perhaps to offset the conflict between Julie and her mother.

Chris (to Julie as herself): Julie, your grandmother is now dead. Can you think of her as a spirit looking down over you? (Julie nodded)

Chris (looking upward, as if to grandmother's spirit): What was to be Julie's role in this female-centered family of origin, especially if she had stayed there and not married?

In that interaction, Chris did not exactly reverse role. Rather, it was a concretization in which the ceiling represented grandmother's spirit. Using focusing techniques (Goldman & Morrison, 1984) is helpful.

Chris (to Julie as herself): What would have been Grandmother's main message to you?

Julie: She would say, "Don't worry; everything will be all right." Marcia then repeated those words, assuming the role of grandmother. Julie felt warmth and comfort.

Julie (as herself): I had never realized Grandmother's significance for me until now.

Julie gained an insight that was triggered by the warmth and comfort of Marcia as her grandmother. Chris and Marcia then discussed with Julie the implications of her growing up in this female-orientated family. Grandmother's husband had been a gambler, like Julie's husband. The men in Julie's family life had never measured up to her grandmother.

Marcia and Chris (wondering aloud): Perhaps Julie has lost herself in her marriage in seeking to replicate with her husband something of the essence of her family of origin that she has not yet learned to let go of. On the other hand, however, she may not have been able to come to terms with the loss of her grandmother's warmth and reassurance, on which her teenage emotional status had rested.

Byng-Hall (1995) addressed the importance of distinguishing between replication and correction of family scripts. Although speculative, such hypothesizing opens up possibilities for later refutation or confirmation.

Julie (in response): I don't want a husband like a father. I want a guy, not a parent.

The therapists ended the session by discussing with Julie how she might rehearse a closure with her husband, if that was what she wanted in the future.

Case Study 2–Raj

Marcia gave a long introduction about this 36-year-old Sri Lankan man before he had arrived and after he had come so that all three could agree on where to focus the session. Raj's long and complex family history was important for the therapists to grasp early in the session so that what later emerged could be placed in context.

At the age of seven, when his actual mother came to take him to her own home, Raj had learned that his paternal grandmother, whom he had addressed as "mother," was not really his

mother, but she had raised him because his mother, who was depressed and overwhelmed by parenting, had been advised by her doctor to have another child to overcome her depression, was unable to cope with raising him. At the age of 14, while Raj was still living in Sri Lanka, his mother moved to the United States, leaving the boy once more with his grandmother. At the age of 18, he moved to the United States in a hurry, not remembering to say goodbye to his grandmother, who died a few years later.

His paternal grandfather had been very close to him and had been a possible role model. He had died when Raj was 4, and since that time, Raj had had no good men as father figures in his life.

The therapists concluded that through the use of surplus reality, Raj might be able to experience in a session what he was not able to do in life and to express himself to these important figures who have left him alone in the world.

Chris: Raj, talk to your grandfather as if he is over there in that empty chair.

Raj (to the chair representing grandfather): You were a very good man and extremely kind to me.

Marcia: And can I be Grandmother? Raj, tell me about myself.

Raj (to Marcia as grandmother): You are gentle and kind. You have a white scarf around your neck (Marcia found one and wore it).

Chris (to Raj as himself): Did you have any contact with her after you left Sri Lanka?

Raj (as himself): No, and I feel guilty that I did not help her. (He still experiences helplessness, thinking about the responsibility that he had felt toward his grandmother but which he could not exercise).

Chris: Raj, can I speak to you as if you are now your grandmother?

Raj assumes her role.

Chris: Are you still alone, yourself, grandmother? (She [Raj] nods).

Is Raj still the most important person in your life? (She nods again).

Raj (as himself, asking a question to which he has never had an answer):

Why did all this happen to me, and how can I get over it?

Chris: Can Marcia be your grandmother? Ask her, and see if she can help you.

Marcia, sometimes spontaneously, and also at the request of Chris, assumed the role of the grandmother, interacting, by instinct, in response to Raj. To share information, Marcia in the role of grandmother answered questions from Chris about Raj's relationships and background. Marcia also used her insight as a therapist to communicate with Raj and, in asides, talked with Chris about the background as it emerged in the psychodrama.

Chris (as himself, to Marcia as grandmother): Is Raj feeling overly responsible for his girl friends because he couldn't take responsibility for his grand-mother?

Marcia (grandmother) nodded.

Chris: Grandmother, does Raj feel that, with the significant women in his life, he is helpless and out of control or has little or no influence in the relationship?

Does he really need to think that he has to control the women in his life?

Chris used the advantage of his lack of prior contact with Raj to be a naive and innocent inquirer, having the freedom to ask or to suggest whatever he chose. That was balanced and complemented by Marcia's use of her insight and experience as Raj's therapist to communicate with Raj.

Raj: If I don't get respect shown by women, I'm like a cat whose tail is trodden upon. I smart and then retaliate, sometimes physically. Actually, I employ 60 women, and they do in fact look up to me.

(Raj looked to Marcia, seeking concern and guidance. With his emptiness, helplessness, and insecurity, he had to keep taking himself in hand and try all the harder to be master of his fate.)

Chris (to Raj: It's like you're lacking something, such as a sense of your grandmother inside you?

(The three participants gain further insight in the session into Raj's loneliness, emptiness, and sense of failure with women. Raj said that he thinks of his grandmother being in heaven, looking down and knowing what is happening to him.

To another question, however, he added that he did not feel her in his heart.)

Chris (to Raj): It is time to finish, but first, what would you like to say by way of goodbye to your grandmother (Marcia)? Maybe now that you have got in touch with her you will be able, in time, to let her go properly and feel a part of her inside you that has always been there. At the closure, Raj was grateful and able to see the importance and relevance of the therapeutic work.

Case Study 3: Marco and Kate

Marco and Kate have been attending Marcia's sessions for marital issues, having returned after several years for premarital therapy. Both are lawyers.

With two children, Kate wanted her husband to help more in the home, but he preferred to play sports. Kate was critical and parental, yet Marco was good for his wife and encouraged her to have more fun, such as going skiing. Each was insightful and interactive. They began one session by reporting a conflict they had in their car as they were coming to the session.

Chris (as himself, to the couple): Show us what happened! Be in the car.

Marco, assuming the role of the driver, sat on the left side of the car, actually the sofa. Kate, on the right side, told him to watch the traffic. Marco turned up the radio and cut his wife out, without realizing it. In response, Kate looked out of the window, becoming silent and distant. The tension between the two rose, leading to an escalation of this pattern of interaction.

Marco (an aside): She is like my mother, who had a road traffic injury as a child and is always fussing about possible accidents.

Kate (an aside): He makes a lot of noise, much like my father's shouting when drunk. I react to it the same way.

Kate (to Marco): You will do to our children what your father did to you!

They explained to Marcia and Chris that Marco was highly successful, yet still needed to prove himself by defiance and rebellion.

Marco (role playing his father, Paulo, who came from Italy): I am not educated and cannot write in English.

Marco (as father, Paulo, in an aside): My son, Marco, is very accomplished, but I would not say this to him.

Marco (as himself): That's right. You never express any appreciation to me. (in an aside): Father needs respect, not love.

Kate (to Marco): But your father does speak well of you to other people.

Marco: I'll never get any praise from my father. He is too fixed in his ways, and getting old.

Kate: And your mother is the same.

Kate (role-playing Marco's mother): I tell others that he's really, really clever, but I never say this to Marco.

Marco (as his father, Paulo): I am proud, and I cannot take any criticism.

Marco (as himself, in an aside): I'll never get acknowledgment from Father.

He is too fixed in his ways and getting old.

Chris (to Marco, who was back in the role of Paulo): What would it cost you, Paulo, to say to

Marco that you are proud of him? Marco (as Paulo: It would hurt my own pride to admit this to Marco. He has done so well relative to me.

That was a revelation to Marco, as he experienced in-role his father's self-disclosure.

The session ended with a discussion about how Marco, with this new understanding of his father, might now get acknowledgment from him, or perhaps, instead, Marco could give it to himself. Marco saw the point. IF there had been time, Marcia might have been able to enact a scene in which she, in the role of Paulo, could use surplus reality to enable Marco to have a dialogue with his father. That could be either one that he could never have had in life, or one as a rehearsal to finding a way of achieving his father's acknowledgment.

In a later session, the couple reported to Marcia that they had been moved by the session and that Marco was able to see that, just as his father was critical of him, so Marco was critical of his own son. This couple was so spontaneously interactive that Marcia did not need to double or to play other auxiliary roles as she usually did. Her very presence in the session, with her experience and considerable rapport with the participants, enabled them to proceed with confidence. Before this session, she had prepared them for psychodrama methods and had given Chris details of the background and the current issues. During the session, there were frequent periods of dialogue between the therapists, usually including the couple, to reflect on the previous action and to suggest where to proceed.

In the session, Marcia was a codirector, and she also shared her impressions and memories about the couple. With that, we were able to condense a large amount of complicated material into one hour.

Case Study 4: Dorothy

Dorothy, aged 55, presented problems with her third husband, who is 12 years younger. She feels "invisible." She has reached a fork in her life and, although a creative and philosophical survivor, she did not feel "entitled," that is, not "permitted," to be successful. Her mother died when she was 3 years old, leaving her with an alcoholic father and, eventually, a controlling, non-nurturing stepmother who was pleased to send Dorothy off to an aunt.

Dorothy had an illegitimate child while she was still at college, a fact that forced her to leave school to rear her son. Her adult life had been a series of marital problems, including abuse.

Dorothy (as herself): I have just written a letter to myself (a task set by Marcia). I wrote much more than I thought possible.

This statement referred to an ongoing struggle with herself. Dorothy remarked that this reflected the mixed feelings that she has had about her step-mother. She had taught her to love books and took her to church, but then she would readily send her out into the yard, excluding her from the house, or pack her off to see an aunt.

Dorothy: My father would not acknowledge me. He tore my Bible up in front of me.

Marcia spontaneously played the role of Dorothy's father, tearing up the Bible. Dorothy informed Marcia that her father had accused her of sexual promiscuity and alcoholism, projecting his own problems on to her. Marcia, in the role of the father, stood up and gesticulated

at Dorothy, making accusations, thus warming the session up to further action. Dorothy decided to play the role of the stepmother.

Dorothy (as stepmother): My name is "Jean," and so do not call me "moth-er." Your father married me to be a mother to his children. I was angry with him for drinking and going with other women, but I did not challenge him.

Instead, I took my anger out on you, Dorothy.

Chris suggested to Marcia that Dorothy might address her issues with both her father and stepmother. He proposed that Dorothy play the role of her father and asked about father's attitude to Dorothy.

Dorothy (as her father): I have trouble with my feelings toward Dorothy. I cannot look at her. She reminds me too much of her mother, who died so young. She was a unique person—and Dorothy is a good mother, too—just like her own mother. (A possible link to Dorothy's sense of "invisibility.") Chris (to Dorothy as her father): Father, what would it cost you to tell her you're proud of her?

Dorothy (as father): A lot of pain, because it relates too closely to the loss of her mother. Also, I would feel anger that Dorothy enjoyed what I never had in the way of good, mothering love, both from her real mother, and then from my second wife.

Chris (to Dorothy, as herself): Dorothy, is it possible that, in spite of every-thing, there is love for your mother and feelings for your father that cannot be expressed? What about bringing your father into a session with Marcia?

Unknown to Chris, Dorothy had done that 30 years earlier with Marcia, when her father was able to hear her needs and to help her financially. This was rehearsed when Marcia again role-played Dorothy's father. Dorothy, now in the role of herself, expressed her apprehension

about any kind of re-encounter with her father, but she realized its importance and agreed to try it again.

Dorothy (as herself): I used to feel that my anger would kill him.

While Chris functioned mainly as the director in the session, Dorothy's trust of Marcia allowed Marcia to be spontaneous and decisive, quickly adopting the roles of both the stepmother and the father in the same session. Dorothy role-reversed with each of them to address the issues of the struggle within herself. These involved the relationship between stepmother and father, in addition to the conflicting individual relationships between Dorothy and, respectively, her stepmother and her father. The issues between the parents, on the one hand, led to Dorothy's feeling distanced from them, but, on the other hand, they also impinged on Dorothy's sense of self.

It was not only the separate parents that were represented internally by Dorothy; it was also the relationship between the parents that was internal-ized, leading to a sense of dissociation or depersonalization (feeling invisible).

The internalized drama was externalized on the stage, as in Internal Family Systems Therapy (Schwartz, 1995), so that one-to-one dialogues were enact-ed, as in Bowen's approach to de-triangulation.

Case Study 5: Carol and Steve

This is a narrative description of a session with Carol and Steve, a couple very familiar with the process of the psychodrama therapy. They had several annual sessions with Marcia and Chris. When they arrived for the present therapy session, they had their delightful child, Jenny, aged 15 months, with them.

Carol complained at the beginning of the session, when the child ran across the room and started fiddling with office papers, and Steve paused before getting up to check on Jenny. Marcia and Chris asked if they could explore this with Steve; working with one person of the couple often helps the other as well. Carol and Steve readily agreed.

Steve said that his mother still denounced his deceased father. She was also inclined to reproach Steve, and yet wanted credit for being his mother. Steve's father, a lawyer, was known, although it was unspoken, to have wanted Steve also to be a lawyer with its high pay. These high expectations and his father's apparent disappointment in him left Steve with a poor self-image, professional immobilization, and a sense of continued failure. Actually, Steve was a teacher.

That history seemed to be relevant to Steve's pauses, especially when he said that he feels depersonalized when doing things at Carol's behest. Marcia and Chris made a link between two sets of suspended communications with a father: Jenny with Steve and Steve with his father. There also seemed to be a parallel between some pressure that Steve had from his mother and father and what he sometimes experienced with Carol.

In the role of his mother, Steve showed how she ranted against her patronizing husband. The mother was a rural, European, non-English-speaking woman who was brought to the United States by her husband.

Marcia then role-played Steve's mother, and Steve assumed the role of his father. There was a fast-moving series of interactions and reversals of roles.

Finally, while Marcia was in the role of Steve's father, Steve role-played himself. He suffered his father's disappointment, was unable to go along with his father's requests, and passively resisted his father through alcohol, drugs, and ambivalence in pursuing a career. Carol

then reported that the very same pattern of interaction takes place between her and her own mentally ill, dominating mother.

From an object-relations perspective (Dicks, 1967), the couple may have a problem arising from a "shared internal object," that is, a dominating parent. In this case, one party may have passively resisted the parent, while the other identified with the parent.

Steve could have internalized the struggle itself to become "frozen" when "pausing," as in dissociating. Bowen's theory would suggest that in life, Steve should detriangulate (Kerr & Bowen, 1988; Fogarty, 1978) from his parents' conflict by encountering each one separately. In the psychodrama session, Steve addressed each parent, role-played by Marcia. His encounter with his mother, however, was from the role of his father and not of himself.

In the sharing, the couple expressed their gratitude to Chris and Marcia, saying that without their help, they would not have had Jenny. Could Chris and Marcia represent the "good" parents that neither of the couple had?

Carol and Steve were seen a year later. The follow-up session dealt with some sleep disorder and sexual problems. After that session, Marcia reminded Chris that Steve's mother would sleep with him when there was conflict between her and his father.

Discussion

The aim of Bowen therapy is to help family members change their behavior so that the family system functions at a less emotionally reactive level.

Through teaching, coaching, educating, and orchestrating, it presents to the couple an image of a higher-functioning relationship. Most couples seek help because their relationship is not functioning adequately, usually because there is too much emotional reactivity, which stems from

a degree of dissension, leading perhaps to violence, between them. We recognize that some degree of conflict within a couple is a fairly inevitable part of life and that when it is tolerable, it does not of itself indicate pathology. However, resolution of incessant or protracted conflict sometimes may require skilled assistance to prevent avoidance of conflict altogether by distancing, rather than resolution, and to forestall an escalation in the degree of dissension, perhaps to violence. The skilled assistance includes good listening, making "I" statements, validating the other person's feelings, and displaying empathy with compassion. In the process of teaching such skills, the therapists serve as a model of interaction by taking responsibility for themselves over issues in the therapy relationship, making neutral statements, avoiding blame, and generally responding rather than reacting.

Several authors have discussed the relationship between psychodrama and forms of family therapy. Moreno (1946) referred to the treatment of a matrimonial triangle in 1937. We are indebted to Williams (1989) for putting the concepts of Moreno into the language of current systemic family therapy practice. Zerka Moreno (1991) gave a detailed account of cotherapy, given with J.L. Moreno, to a complex family. Hollander (1992) made a specific comparison of Moreno's concept of spontaneity with Bowen's differentiation of self.

The Bowen Family Systems model became the framework for our use of cotherapy with psychodrama (Farmer & Geller, 2003). In the process of therapy, we attended to our own differentiation-being, as therapists, both team players and individuals, by our own choice, according to the needs of the moment. That flexibility was maintained on the stage, not only in regard to the relationship between ourselves as therapists but also in relation to the client(s), to avoid becoming triangulated into the family system or distancing ourselves from it. As in an

enmeshed or undifferentiated family, if one party differentiated itself, this frees up the other members.

By aiming to be nonreactive to each other, we encourage the couple also to be nonreactive, helping the emotional climate to remain calm. We assist the couple to be more directed by self (neither drawn in nor pulled apart from the therapists or from each other). The use of "I" statements and of mirroring emphasizes the importance of maintaining a clear boundary between subjectivity and objectivity. Having a cotherapist enables the director to be more flexible. The cotherapist acts as an auxiliary, mostly in the role of the double, thus fulfilling two functions: an agent of the director and a voice of the pro-tagonist. The director serves as the formal leader of the session.

We engage each other in explicit dialogues or employ potential dialogues (such as playful, subjective, fantasy "as if" conversations for rhetorical purposes). We could also be employed in direct dialogue with the clients), making suggestions about possible courses of action, changes of scenes and so forth. This sometimes ambiguous approach might resemble that of a preacher or a politician who directs the sermon/speech to the audience/congregation at large. The message might be one ostensibly for all to hear, but it might also appear to be addressed to just one of the listeners. With everyone hearing it, but in a different way, it can still be a personal, if disguised, message.

That approach, known as the "reflecting team," has been described elsewhere by Andersen (1990). In these therapeutic dialogues, the reflecting team is free to agree, raise questions, question each other, and express different points of view without undermining the other party. Another therapeutic benefit of such a procedure is that the issue raised can become

internalized through a positive introspective identification (Hinshelwood, 1994) of a well-functioning therapy couple by the client couple.

We frequently engaged each other, reflecting aloud for the benefit of couple/family. We felt free to agree, question ourselves or the other one, and express different points of view with respect and interest and without undermining the other party. This model, we believe, can become internalized, through positive introjection and identification by the client couple and through what they learn in terms of the content.

There are some important technical questions to consider, related to classic psychodrama. Kipper (1986) addressed the use of doubles and advocated that doubles only be used for the original players, except in the Dialogue Technique, in which the protagonist and auxiliary role play themselves. Geller, however, readily doubles for someone who has reversed roles with an auxiliary ego. Moreover, we do not usually ask to double and only sometimes explain the purpose of the double. Because it is necessary to work quickly, we would, at the most, say: "Can I be your double?" We often use doubling to quicken the process, allowing the purpose of the intervention to speak for itself.

Furthermore, in addition to Kipper's five indicators for employing the double technique, we offer two more. Geller as the double may give the director additional information that she has already gleaned from previous sessions with her own clients. The double might also make a suggestion about how a particular scene or the session in general might progress.

In classical psychodrama, the function of the director is threefold: a therapist, a producer, and a catalyst. (Kipper, 1986; Moreno, 1946). We propose further subdivision of the therapist's function, specifically the role of the observer, assessor, planner, and container. The director and the cotherapist share these subroles of the therapist's function. The co-therapist

function of the producer, taking charge of the warming up, identifying cues, selecting scenes, and making closure, is carried out mainly by the director, in this case Chris Farmer. His co-therapist, Marcia Geller, however, assumes many of the functions of the catalyst, such as the use of the auxiliaries, observer participation, modeling, and coaching.

Kipper (1986) regards the participator subsection of catalyst as having direct and indirect applications. Direct participation involves playing the role of an auxiliary, which is rare and leaves the group without a leader. In one-to-one therapy, direct participation is unavoidable. In our work, however, the director might sometimes act as a double.

Indirect participation involves care, empathy, understanding, and support, especially through tone of voice. That is something that we undertake, both individually and as a couple, when our styles complement each other. The director provides a structure—a container—that is safe. The co-therapist encourages the emotional flow. In our case, the co-therapist (Geller) is able to do so effectively because of the knowledge that, while she frequently makes suggestions, she can rely on the director (Farmer) to make the decisions, lead, and move the action.

That flexibility and relative autonomy of roles of a therapy team may lead to concerns about the blurring of boundaries that can occur when a director or co-therapist spontaneously takes on an auxiliary role. It can be confusing to all the other participants: Should it not be clear who, if anyone, is directing, then the drama may be experienced as a ship without a captain. We avoid this possible situation by explaining our actions as we proceed. Furthermore, we attend to our own application of Bowen's differentiation of self by learning to operate as team players, or as individuals, as the situation demands.

We are termed co-therapists because we work together in a collaborative fashion. Our psychodrama therapy roles, however, are complementary and require different descriptions.

Chris Farmer is therefore termed the director because, ultimately, there can be only one director, although both Farmer and Geller remain co-therapists.

The use of quick role reversals, the reflecting team approach, and the education-didactic parts might suggest that our procedures are basically a cognitive, rather than an emotional therapy. However, Goldman and Morrison (1984) have shown that when their focusing technique is adopted, people can rapidly get deep into role, especially when they are playing the role of someone already familiar to the subject.

We emphasize that neither Bowen nor we advocate emoting for its own sake. Moreno's (1946) notion of catharsis of integration is precisely a means of finding a new understanding or meaning for the protagonist. Bowen emphasized the importance of being aware of emotions and of feelings in order to distinguish them from the thoughts to which they may be linked. In that way, a process of assimilation, rather than fusion, may separate a client's thinking processes from feelings and emotions. It also provides room for the client to reflect on the meaning of such feelings and to make decisions and take actions with a conscious intention, rather than to be led by a near automatic "gut response."

REFERENCES

- Andersen, T. (1990). *The reflecting team: Dialogues and dialogues about dialogues*. Kent: Borgmann.
- Bowen, M. (1978). *Family therapy in clinical practice*. New York: Aronson.
- Byng-Hall, J. (1995). *Rewriting family scripts: Improvisation and systems change*. New York: Guilford.
- Dicks, H. V. (1967). *Marital tensions*. London: Routledge.
- Farmer, C., & Geller, M. (2003). The use of psychodrama in the family systems therapy of Bowen. In J. Gershoni (Ed.), *Psychodrama in the 21st century: Clinical and educational applications* (pp. 31-47). New York: Springer.
- Fogarty, T. F. (1975). Triangles. In P. J. Guerin (Ed.), *The family*, vol. 2. (pp. 41-49). New Rochelle, NY: Center for Family Learning.
- Goldman, E., & Morrison D. (1984). *Psychodrama: Experience and process*. Dubuque, IA: Kendall/Hunt.
- Hinshelwood, R. D. (1994) *Clinical Klein*. London: Free Association Books.
- Hollander, C. E. (1992). *Psychodrama, role playing and sociometry: Living and learning processes*. Denver: Colorado Psychodrama Center.
- Kerr, M., & Bowen, M. (1988). *Family evaluation*. New York: Norton.
- Kipper, D. A. (1986). *Psychotherapy through clinical role playing*. New York: Brun-ner/Mazel.
- Moreno, J. L. (1946). *Psychodrama* vol. 1. (4th ed.). Beacon, NY: Beacon House.
- Moreno, Z. T. (1991). Time, space, reality, and the family: Psychodrama with a blended (reconstructed) family. In P. Holmes, & M. Karp (Eds.), *Psychodrama: Inspiration and technique* (pp. 53-74). London: Routledge.

Schwartz, R. C. (1995). *Internal systems therapy*. New York: Guilford.

Williams, A. (1989). *The passionate technique: Strategic psychodrama with individuals, families, and groups*. London: Routledge.