LIVING EXPERIENCES WITH DEATH–A JOURNEYMAN'S VIEW THROUGH PSYCHODRAMA

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ABSTRACT

The psychodrama processes offer a valuable and flexible approach to death education. Basics of the psychodrama technique are presented and discussed. Techniques and concepts of particular relevance to death education are described, along with a variety of experiences that have been gained with them. Action therapy in the group setting can help people come to better terms with past death-related experiences, and also relate more adequately to future experiences.

"A dying man needs to die as a sleepy man needs to sleep, and there comes a time when it is wrong, as well as useless, to resist."

Stewart Alsop

It is not a uniquely human experience to die, but it is only human beings who are able to observe and contemplate the significance of their own death. This particular insight is really of limited value, however, unless the human being becomes sufficiently open and allows himself to achieve an adequate adeptness in his uses of this new understanding.

Death and the Social Atom

Recently I shared the experience of dying with a close friend, colleague and teacher, J. L. Moreno. For eight weeks I shared in meeting friends and colleagues from all over the world who had come to say goodbye and to continue friendships or mend negative interactions. He did not want anyone who he could

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reach to suffer from his death, nor did he want to die any way but in his own kind of peace. He initiated some overtures to frank discussions of his dying and living. With his wife Zerka he relived their meeting and their sharing. He even suggested she come lie down and die with him. Zerka told him she could not do that, but if he led the way she would follow. With his son Jonathan and his daughter Regina he spoke of his illness, his grandchild, and continuance of life; with his nurse and physician he talked of his illness and of old times; with Anne Schutzenberger of Paris, France and Gretel Leutz he spoke of their times together in Europe and the United States and they sang and read poetry; with Ann, Mary Ellen and me he fought, kidded and loved; with my nephew Robby he wished him the future and patted him on the cheek; with my friend Jane he made a new friend; with my sister Toni he adopted her as his sister. He also established continuance and the opportunity for each of us to share our feelings and our fears. With some he sang and listened to poetry, with others he re-established his love feelings, and in doing so he was never alone, nor were we. He did not want either his family or friends to feel a loss, to feel resentment, or to feel bitter. He treated his death as he treated life . . . as an aggressive adventure. His dying was a psychodrama, a sociodrama and involved a great deal of role playing.

In "Sociatry, the Social Atom and Death" Moreno defined the social atom as the smallest social unit existing in society, composed of individuals, near or distant, related or unrelated, who are emotionally related to the individual [1]. The members of the social atom may change from time to time; members leave to be replaced by others; but a basic consistency remains. As we grow older, replacement of significant members becomes more difficult as we become less outgoing and resilient, and the social atom tends to shrink in size, casting a shadow of social death long before physical or mental death. The death of one, therefore, connects with the death of many others, and we can observe the sometimes accelerated or premature death occurring when an individual is not able to replace members within his social atom. He felt that a "new breath of hope should come to geriatrics . . . from the recognition that we do not live only within ourselves but that there is a 'without' of the self which is highly structured and responsive to growth and decay."

The Psychodrama Process[1]

The psychodrama process to me is very exciting. It is simple and flexible. Psychodrama is a form of action therapy, action training, enactment or re-enact re-enactment of situations that are of emotional significance. "The fact that it involves the body makes it already the most universal of all ways of

[1] If we herewith refer to the use of *thanodrama* to include action training, education and therapy in the field of death, dying, terminal care, suicide, the theater of death, celebration rituals, etc., it might be a better term to use than psychodrama *per se.*

communication. Going above any language barrier, it widens the spread of links between races, countries, social or intellectual levels. Psychologically, it involves the deepest language, one antedating verbal communication in the infant's development, the body language" [2].

Psychodrama is one of the most positive means and ways to explore in the field of death and dying. What might be frightening in real life (dying, having a heart attack, failing a patient, telling a member of the family) can be releasing when dealt with in a safe group setting that is characterized by a blending of emotional and intellectual learning and sharing. Encountering a difficult situation or attitude with other members of the audience helps both the individual and the group digest and work through the feelings presented. It also provides an opportunity through role reversal or watching someone else play your role to develop an observing self, or a more objective viewpoint of how you are coming across, how you might better communicate in the situation.

Psychodrama can help to develop a sense of competence and personal growth through the very fact that a person is able to participate—that he exposes personal feelings and situations, overcomes his fears and actually acts *through* a situation. It helps to overcome anxiety over self-exposure, and inadequacy by asking the person not only to step in front of the group and talk about his problems, but to act upon them and be applauded for it. It gives him an honest and shared personal reaction from the group during the feedback portion of the session. And, perhaps most important of all, psychodrama imparts the feeling of not being alone without resources to effect relief or change. Instead, the individual experiences himself as a member of humanity at large with a surrounding group of empathetic, supportive and loving others with whom to share frustrations, griefs, joys, hope and fears.

Psychodrama is a method of learning through the spontaneous enacting of situations. It is both social-emotional and task-oriented, and it may give rise to the elimination of undesirable behavior of the development of new behavior. In a broad sense, the term includes a battery of skills, techniques, processes and forms involved in an action method which focuses directly on role playing. The scenes that are played out may either be planned out in advance, spontaneous, or a combination of the two. It concentrates on developing spontaneity and social learning and permits communication on an action level with insight for both protagonist and group members, as well as the director, with feelings and images surfacing quickly.

In this article, I would like to share with you a journeyman's experiences in using psychodrama, as well as defining some of the techniques and the method, which can be used universally. For the use of these methods and techniques with other strangers will help reinforce that each man is the therapeutic agent of the other, and that a new awareness of death and direct confrontation will help us to draw our own conclusions.

Structured and Spontaneous Role Playing[2]

Role playing methods used for education, training and research may be to explore and evaluate interpersonal behavior in the form of spontaneous role playing; or to develop patterns of "how to" handle situations constructively in the form of structured role playing. The basic objectives of structured role playing typically focus on making the individual more proficient in some area of his work or job-related skills. The basic objective of spontaneous role playing is to help the individual to understand himself and others better, as well as to explore new approaches in dealing with problems or human relationships. The following basic comparisons are outlined in Table 1. There are various applications of role playing which depend on the objective of the situation. The objective of a role playing situation ranges from evaluation and preparation of action to diagnosis and application of change in behavior.

THE INSTRUMENTS OF PSYCHODRAMA

There are five basic instruments used in any psychodrama session:

The action area – a space for action large enough to permit some freedom of movement; to include chairs and table; with freedom of access for group members to and from the area. This action space at times has been a cemetery. It may include some "props"–stethoscopes, clip boards, caskets, flowers, candles, religious ritualistic items.

Table 1

Structured Role Playing	*Spontaneous Role Playing*
1. To develop training in human relations.	1. To aid participants to achieve insight into their own behavior.
2. To teach how to handle a specific situation correctly.	2. To aid participants to achieve insight into the behavior of others.
3. To prepare for taking anticipated new roles.	3. To modify attitudes related to self, family or social life.
4. To effect an attitude change.	4. To aid in achieving new ways of dealing with problem situations.
5. To improve a present role and develop insight into the role of the other.	5. To develop diagnostic information concerning the style and approaches of participants to certain types of problem situations.

[2] This distinction has been made independently by Mal Shaw, Hannah B. Weiner, and Anne Schutzenberger.

The director – The role of the psychodrama director is an art in itself which requires training, as well as intuition, a clear sense of purpose, and an ability to improvise and see that covert meaning behind the act, and creativity to handle the warmup and keep the emerging drama flowing by means of the various psychodramatic techniques. The director guides the flow of the drama, suggests role reversals, handles resistance, interprets when necessary, holds the group together if friction seems to be rendering it, lends support during difficult periods, and guides the drama to its conclusion. The session is only a frozen moment in the life of the person. The true psychodrama began before the session and will continue after. The director of any session develops his own style. It should be *in the moment* and natural. In the structured role playing sessions, the role of the director is less exacting and more ritualistic. The basic functions of the director include:

- planning the session to include the needs and interests of the group or individual,
- introducing the episode informally and enthusiastically,
- recruiting the players and making them feel at ease in the situation,
- setting up the episode and helping the group decide upon its goals,
- getting the actors into role and helping the audience decide upon their part in the episode,
- swinging the episode into action,
- watching for members who fall out of role and helping them regain roles,
- cutting and re-casting the scenes,
- watching for sensitive areas for individuals and preventing over-exposure,
- bringing out the aims of an episode and questioning the players to emphasize certain points as necessary,
- cutting the scene, helping the actors step out of their roles, and re-establishing them in the group,
- helping the group discuss the episode or replay it,
- conducting a post session evaluation by providing reaction sheets or an open atmosphere for discussion,
- fully understanding the topic sensitivity of the person,

The protagonist – is the individual who, is chosen by both the group and the director to present his problem situation in the enactment portion of the psychodrama to be experienced. He enacts or re-enacts any scene that *he* considers to be important–past, present, future or fantasy. He is given freedom of expression and instructed to act spontaneously and not worry about the exactness of what happened or might happen in the situation. The director may make suggestions into which areas to move or explore, but the final decision is left to the protagonist and his autonomy is respected at all times. In selecting a protagonist, the director takes into consideration the needs and interests of all

of the members of the group as if he is not a majority choice, the group may not wholeheartedly participate, creating unfairness to the protagonist.

The auxiliary ego – The auxiliary egos are the supporting players who portray absent members in the enactment episode. These auxiliaries may be part of the directorial staff or chosen from the group members. The auxiliary ego represents the various non-selves in the drama. By demonstrating less fear and inhibition in expression of intense feelings, they can infect the protagonist with the same freedom, enabling him to take direct action and increase his reintegration and learning.

The group – Members of the group are involved in the session as actor-observers. They are continually trying out their patterns of behavior with the other members of the group. All action and all situations are products of the group–for the protagonist the problem and problem solving devices are within the framework of the group itself. The role taking ability of individuals in the group depends upon their interest in the action and their ability to empathize. The function of the group is to produce a situation, a principle subject, substitute players, and analysis and support of the role playing episode.

THE PHASES OF PSYCHODRAMA

The warmup – is the initial phase of any psychodrama session when the participants, the director and the group prepare for action. They become acquainted with each other; respond to each other as social stimuli; discover, select and understand the situations to be explored. Varied approaches are used to create a common interest and feelings about the problem under consideration and to encourage the group to discuss their own experiences. Some of the techniques leading to choosing the problem and encouraging the spontaneity of the protagonist:

- Video-tapes, slides or tape recordings centering around a problem or theme
- Prepared scripts with simple questions such as "Where are you now?" or "What happens from this point on?"
- Game-like warmups
- The group listing their problem areas or arriving at them through group discussion
- Participants may be warmed up through their agreement to assist in an experiment
- Self warmup to a specific issue
- Through the director asking an individual or the group at large what they would like to do or see portrayed

- The director may simply present a problem or role playing prepared skit[3]
- Through a reluctant approach where the director appears to refuse to direct or states negative feelings about running the session
- Director may simply choose one member of the group to present his problem
- Through frustration where the director overtalks to the point that the audience appears to take over
- The lassiez-faire approach where the director takes a non-directive approach and acts as a catalyst.

The enactment – After the warmup has taken its effect, the group members are ready and encouraged to illustrate their feelings, ideas and approaches to the problem under consideration. The protagonist is brought to the action space. This begins the role playing enactment phase. He acts out the situation with group members serving as resource person, either as participant observers or auxiliaries in the session. He may be permitted to "soliloquize" for a period of self-presentation, but should be brought to focus on an actual, concrete situation. Action takes place in the *here and now*. Even if the protagonist is enacting a scene from the past, future or fantasy, he is instructed to project himself into the role he is living at the time.

The sum up or post session analysis – is a form of closure in which the group is asked to discuss their reactions to the performance and their identification with the protagonist. Criticism per se should be avoided. The group might be asked to offer alternative approaches to the solution of the situation. Discussion is kept as objective as possible. It is necessary to sum up the feelings and reactions of group members involved in sessions to eliminate the misunderstanding of roles and to create understanding through identification. The director should use this portion of the session constructively to eliminate the tendency on the part of the group and the supporting role players to criticize the protagonist and also assist the protagonist or the auxiliary egos to "get out of" role and stabilize their personal identity to themselves and to other group members.

SELECTED TECHNIQUES FOR DEATH EDUCATION

The double – is an auxiliary ego whose function is to be (a) voice the unexpressed thoughts and feelings of the protagonist, (b) assist in establishing

[3] If preparing role playing skits, please remember that you should take material from a number of sources following the covering points: comprehensibility; identifiability; role maneuverability; conflict; focus. For example, a doctor telling the woman of the family that she has cancer when her husband doesn't want her to know; making a will, etc.

the identity of the particular role or role player and (c) challenge actions and behavior of the protagonist with such phrases as "Why do I do this?" One of the principle functions of the double is to bring out ideas and feelings which might otherwise be overlooked. The double may be another part of the individual, a coaching double, or there may be two or more conflicting doubles.

The technique of the double is extremely important in training to help set the stage. At St. Lukes Hospital in New York, for example, Dr. Samuel Klaghorn trains physicians and other medical staff in a death awareness workshop by asking for a volunteer from the group to play the part of the dying patient. He then walks around as a coaching double with the "dying patient," assisting him to get into role by telling him (as the double) how he is feeling; what kind of pain he has; the progress of the disease; and the prognosis–he sets the role on a depth level. When the "patient" fully feels he has an understanding of the role, he is asked to select his own family from the group members and the role plays involve things that go on with the family and between the doctor and the patient.

Another use of the coaching double and proding double can be illustrated in a different kind of training session involving two brothers from the same family. Their father was dying of cancer of the pancreas. The older brother brought his younger brother to provide him with an opportunity for experiential learning. The younger brother chose a tall, gaunt man to play his father–the hollows of the man's cheeks even looked skull-like. He set up the living room of his house and had the man lie down on the couch with his mouth slightly open and his eyes closed. We had the young man (with his older brother as his double) enter the room and begin to soliloquize about how he was feeling inside. He said "Oh my God, he looks like he's dead. I'm so afraid whenever I come into this room that he's dead." The instructions to him were to do with this father what he felt he couldn't do with his own father. He picked up his father and shook him . . . "Are you alive?" (the man playing the father just stared). He held tightly to his Dad and began to cry . . . begging his father not to die . . . telling him how much he needed him . . . sharing all the fears that he had; at the same time holding him very tightly as if trying to get the life from his own body transferred over to his father. He talked to himself (with the aid of his brother) about the concers for his mother; concerns about his own independence and his own attempt at living. A few days after this session, the mother, father and two boys sat down and talked about the father's fear of dying. Without the help of the session the two boys felt that they could not have been as supportive but would have been more alienated and fearful. In this case the double acted out the rage and it could be shared, resulting in a cathartic learning. The "real suffering" is tackled and not avoided. The "dying patient," or survivor is never alone in exploration of death while the double is present–it is a good tool for de-alienation.

Role reversal – This takes place when the role players exchange roles. The director asks the role players to change positions: A become B and B becomes A.

This helps sensitize the principle player and auxiliary egos to their own roles, the situation, and the role of the other player. It provides the opportunity to show A would like B to treat him. For example, nurse and dying patient; or dying nurse and patient; father and son, etc.

Surplus reality – A technique in which various roles are extended, intensified or over-played, it is used to increase and expand the reality impact of a session. It is an opportunity for the individual to re-experience a difficult situation but with a "second chance" to "correct" his reactions and feelings and thus eliminate or minimize the trauma. Parents and other loved/hated individuals who have died can be brought back to life for a confrontation, guilt out of a ritualized role presentation becomes a healing moment. (Hallucinations are brought into focus–trips to heaven, a rebirth after death, the doctor becoming the patient).[4]

Soliloquy – is an aside from the action in which the protagonist expresses his covert feelings: "I feel nervous." These asides may either be a part of the enactment and in a continuous flow or the action may be stopped while the protagonist expresses his feelings and attitudes about the situation.

Auxiliary chair – A technique in which an empty chair is utilized to represent a person or animal with whom the protagonist is interacting. This technique provides a number of roles, a greater opportunity for the expression of negative (and physically violent) feelings, as well as positive feelings without embarrassment to actual people. An individual may feel much less threatened by this type of encounter. This is used as a warmup technique quite well as it can appear to be used in a lighter vein. The chair is also used within a session for the same purpose.

[4] In one session a doctor who had been upset at his feelings of "being unable to die" and at his "rage" over our doing such an activity stated: "only someone who has experienced a death should participate" and acted out a "joke" as a relief:

(Setting is the Gate of Heaven amidst white and pink clouds and a barrier to the entrance. The doctor rises and "flaps" his way up to St. Peter)

St. Peter: Welcome, I'm sorry, but you'll have to wait, we have a backlog.

New Arrival: But, I'm very important and I'd like to get settled in so I can get to work.

St. Peter: Well, you can speak to Gabriel if you'd like to. He's in charge of complaints and changes.

(He walks over to Gabriel who has a huge waiting line. The new arrival rushes to the front of the line)

Gabriel: I'm sorry, sir, but you'll have to go to the back of the line.

New Arrival: But, but . . . (he goes resentfully and angrily to the rear. Suddenly another man with a stethoscope flying and a white coat enters, goes directly to the front of the line, is listened to for a time (all non-verbal) and goes away).

New Arrival: (Loudly) Just what do you think you are doing. Just who was that?

Gabriel: (Smiling) I don't blame you for not recognizing him. That was God–he thinks he's a Doctor.

Psychodramatic shock – is having an individual relive the moment of trauma over and over again until it becomes burned out. An example of this: one woman protagonist relived a moment around her dinner table. Her elderly father was getting on her nerves and she became very angry. She told him to drop dead and he did. We enacted the scene over and over until it became stabilized in her life.

The magic shop – This technique is an impromptu fantasy technique often used as a warmup or closure since it seems to be more fun and fancy than reality. It is a place developed by members of the group where all dreams, desire, and values can be purchased by bartering with the shopkeeper and leaving in trade those things of values no longer useful to the shopper. Group members are encouraged to present to the group a shop they conjure up–what it is like in both feeling and image; who they are as shopkeepers; whether they are mortal or immortal. They are also encouraged to shop in the Magic Shops presnted and seek out something of value to themselves. Another application of this technique in a large group is to have the entire group break into smaller groups of two and take turns being the shopkeeper and shopper to each other.

Behind-the-back technique – developed by Corsini, an individual voluntarily retires psychologically from the group by sitting with his back to everyone. He may not verbally answer the group since he is "out of the room." The group then discusses him, his behavior, his situation or how they feel towards him. A variation of this with a large group is to have the group break into groups of four. Each person in turn in the smaller group turns their chair for about 5 minutes while the other three talk about him. When all members of the small group have had their turn, they are permitted to respond within and among each other. This is a very good warmup technique and often serves to let people know how much they express through non-verbal behavior.

Sociodrama – An action psychodrama session utilizing methods and techniques of role playing but having as its focus a problem or situation which is of common concern to the group (i.e. motivating a dying patient to throw off his depression; informing a significant other of the patient that he is terminally ill). Two good sociodramatic death and rebirth techniques:

- Everyone in the group, one-by-one, acts as the deceased. Members of the group talk about him as if he is no longer here. Local customs (such as having a candle to send the soul to heaven) can be injected into the scene. The group resurrects him at the end.
- The entire group is instructed to lie down in an embryo position, and to spend about 2 minutes just experiencing what this feels like. Slowly begin to crawl around the floor; then walk on your knees; and finally stand up and make your way round walking (eyes closed). Experience just feeling

what it is like to be in these various positions and your relationship to the world. Finally open your eyes and take a look around you . . . walk about and just feel how good it is to be in the world.

Letter writing – The protagonist or the entire group at the same time engages in contacting the deceased by writing a letter (out loud or on paper) requesting their return to complete loss feelings, establish a relationship or "punish" them, tell them something they never had a chance to say, etc. They begin with the salutation, then the body of the letter and ending including signature (have them use any pet name or nickname they were called by the deceased). In response to the letter the deceased comes back and makes contact with them (this may or may not involve touch).

The death scene – In addition to imagining or enacting one's own death, a more commonly used scene involves the death of a significant other. The director may, to enable the protagonist to deal with this death state: "You have just received a telegram notifying you of his death." In the case where the protagonist fears the impending death[5] of someone close: "You have five minutes to say whatever you have left unsaid before he dies." This process of "saying goodbye" can strengthen ego by letting the protagonist know that it may hurt, but he can stand on his own two feet and let the person go. It can dispense with remorseful feelings of never having had the opportunity to say all the things you wish you had said before the person dies and it provides an opportunity to "make peace." We have used this technique to deal with abortion where in the case of the father who has had an abortion experience we used spontaneous role playing to deal with his sense of loss, guilt or anger. With the mother it may be again a sense of loss, or there may be a need to meet the unborn child psychodramatically and to bring the child into future projection scenes, or to experience what life would be like without the child.

A note of caution:

> "The psychodramatic realization of suicidal or homicidal fantasies may give courage and prepare a patient to carry out the suicide in life itself. Such an individual may be already warmed up to the near-action point when the treatment begins. It is obvious that such a treatment process is contra-indicated unless the greatest precautions are taken to protect the person against himself. First of all, he has to be in the supervised environment of a hospital community. It is contra-indicated in day hospitals, in doctors' offices and in extra-mural clinics[6] [3].

[5] One creative development in this field has been the founding of MAKE TODAY COUNT, in Greenwich, Connecticut which is a self-help group composed of people with terminal illnesses.

[6] It is not on indications and contra-indications for acting out in psychodrama [3].

Warmup Techniques

THE ROBOT

The group is asked to stand up and assume the position of a robot (arms folded across chest, body stiff, eyes closed). They have no feelings and can only follow the instructions of the voice they hear, which instructs them to: "Take small shuffling steps forward and backward; if you bump into another robot, change direction immediately; now gradually you are able to go in different directions (sideways, in a circle, moving faster and faster); now halt. Stand still for a moment . . . realize that you want to be alive . . . feel the space around you, enjoy this space. Explore your own physical being, experience how your body feels. Now move around the room and if you bump into another person, shake hands with him, shake as many hands as you can find. Become more expansive, give each person you meet a hug; get as many hugs from as many people as you can. Now stop, open your arms wide and hug as many people at once as you can. Now open your eyes and look at where you are." Usually a great deal of laughter and a sense of feeling alive pervades the room

CIRCLE WARMUP

Everyone stands in a circle with their arms around each other. Very briefly each person in turn states how he is feeling at the moment. Rounds of speaking in turn are carried out to answer the following questions:

- What do you fear most about death? (What do you hope for, who is most afraid now?)
- How do you feel?
- What are you most afraid of?
- What was your first experience with death?

MULTIPLE ROLE PLAYING

The group at large breaks into dyads. One person of the pair takes the role of the counselor and the other of a dying patient (or member of the family of a dying person). Simultaneous dialogue occurs in all the smaller groups for about five minutes. Then the individuals in each dyad are told to reverse roles and carry on for an additional five minutes.

THE SURVIVOR

We have used another technique in which people cluster in selected groups (size to be determined by the people choosing each other) and talk about their feelings as a survivor of someone who has died; to share memories, feelings and anecdotes in an extended free-wheeling discussion. At the end of about 20 minutes, as many people as would care to make a statement about their feelings

to the group at large. However, these sessions often are "enough without the session." From these discussions, volunteers come forward to present their particular psychodrama. Most often these sessions involve the painful last moments with loved ones. Feelings expressed are those of guilt, anger, mass destruction, masochism, punishment, loss, trauma, deliverance, sleep, reunion, rebirth, love and sexuality, separation as well as rage and feelings of helplessness and powerlessness.

MILLING

The entire audience is encouraged to get up; move around and meet someone they have never met before—but to make this meeting non-verbal; first in an approving way and then in a negative way. After everyone has met someone at least once, they are encouraged to sit down and talk about their experience.

PAPER BAG

Give each group member a brown paper bag. The outside of the bag is to represent how you present yourself to others and the inside of the bag represents how you see yourself. Using pictorial magazines, decorate the outside of the bag with clipped out slogans or pictures; decorate the inside of the bag by placing items loosely within it. You might for example, paste a picture of a big football player on the outside, but inside place a picture of a little boy looking shy. Sit in groups of four and each person explains why he feels people see him as he appears on the outside of the bag and then takes two or three items from inside the bag and explains why he feels they represent the way he really feels.

OBITUARY

At the Jewish Hospital and Home for the Aged in New York City, we began the session on death and dying with each person writing his own obituary (1) as he thinks it would be sometime in the future, (2) as it would read if he died today, including his achievements, whom he left behind and the essence of himself as a person, and (3) as he would ideally like it to read if he died at a very old age. They then broke into groups of two and discussed and compared all three obituary versions.

LAST DAY OF LIVING

Live the entire day as if it were the last day of living. Come back the next day and discuss what changes have taken place.

TOMBSTONE

Write one's own tombstone inscription. In the role of the survivor, discuss the will of the person; what were the intrinsic and extrinsic things left to the family and society.

SIGNIFICANT DECEASED

The group breaks into dyads. Number 1 becomes a significant deceased person in Number 2's life and acts out a scene important to Number 2. Repeat the exercise by reversing roles and having Number 2 play the significant person for Number 1. The group should be encouraged to include animals, beliefs, "lost" people or happenings.

THE JURY TECHNIQUE

Member of the group are requested to "feel" into a specific role without openly participating; to compare their feelings, reactions and behavior with those manifested by the role player and compare the role taking ability of both; to constructively criticize role interpretations and offer fruitful suggestions to improve their own ability to assume the role of another. During the sum up, the group is invited to review, suggest and evaluate the scene in terms of what the role players did and did not do and what might have been more efficient alternatives by stating what they would have done if they were the role player.

JUDGMENT TECHNIQUE

The protagonist is encouraged to explore the judgment situation by role reversal. He is placed in the role of the judgmental figures in his life in real or hypothetical situations (such as a courtroom scene). When the auxiliary ego (who is now playing the person) is accused by him (in the role of judge) he staunchly denies any wrongdoing and demands proof. The protagonist is allowed therefore to recall the events more fully and after reversing roles to become himself again is often absolved.

Closure Techniques

Generally, the communion and fellowship of the sessions is a closure in itself, but following are some additional techniques which we have found useful.

REBIRTH

The group sits in a circle with closed eyes and is instructed to relax. One by one the facilitator gently moves each person into a lying position, spooning him into the person in front until everyone is cuddled next to somebody else in one row. They are instructed to relax, to listen to the breathing around them, to generate the good feelings and warmth they feel to the person in front of them, and to feel the peace and oneness with other human beings around them. After about five minutes, the facilitator gently wakes the first person and greets him with a hug for his rebirth into the world, then asks him to wake the person in front of him in the same manner until the whole group is reborn. This technique

may be extended to having individuals demonstrate what they came back into life with by acting it out.

Blackout technique – By blacking out the entire space and limiting all visual perceptions, individuals within the group can experience absolute solitude. In maintaining this technique with an individual who has an unstructured, shifting and temporary membership in his particularized groups or low level of personal identity, this enables him to experience the "alone world." It also tends to free inhibitions and can help him to experience a very painful situation where he may lose his composure without being observed by the other group members.

Crib scene – Group members are asked to lie down on the floor in whatever position they find most comfortable and to "be babies again," lying in their cribs and to just relax. A windup musical box is sometimes used to set the scene. They are told that a mommy and/or daddy will be around to tuck them in and check everything out. Auxiliary egos or other members of the group take this role and give the babies physical affection and cover them with coats, sweaters, or blankets to tuck them in. The "babies" are told just to experience being loved and duccled and take a little nap. After about 15-20 minutes the babies are asked to begin to wake up slowly; stretch a little; open their eyes; begin to sit up; to begin to grow up slowly; to feel good and content and alert; to do this at their own speed. An open discussion of positive and negative feelings may follow and sharing of individual experiences as babies is encouraged.

Ego building technique – The group is asked to get together in small groups of four after the session and share a give-and-take for about five minutes. Then each person in the small group (one-by-one until all have had a turn) listens while the other members negate him by describing the qualities they like most about him. After everyone has had a turn, each listener expresses what qualities he would like most to develop and change about himself. No comment is made by the other members. The group then interacts in a symbolic, affirmative way how they feel and as a group show how they feel—either in a chant, a song, a prayer or non-verbal interaction.

Boasting – Each person in the group stands up in front of the others and gives five or ten boasts about what he like about himself (can be physical, emotional, skill or spiritual traits).

In performing the psychodrama of death and the survivor, the following points should be kept in mind. In running spontaneous sessions, the director should at all times take his lead from the protagonist and the group, and so these points are not to be used rigidly.

- Brief introduction by the director
- Participants circle with one word description of how they are feeling at the moment

- Director determines what future date the individual members visualize in fantasy for their own death
- Briefly determine the cause of each for each participant
- Break into small groups of four
- Individuals fantasize their own death and share it within their own small group
- Director discusses the role of the comforter and survivor
- Individuals take the role of their significant survivor and talk in this role within their small group
- Further sharing in small groups about the meaning of the experience for each person
- Reforming of larger group by director
- Group affirmation, chant and conclusion.

Some Experiences with Psychodrama

I would now like to share with you, some of my experiences in using psychodrama, sociodrama and role playing. Whenever one uses psychodrama as a therapy, there are opportunities to explore separation and anxiety ridden concerns involving the death of a friend, a loved one, family, a public figure, a country, and forms of social deaths. The reuniting of an untimely deceased person in order to complete incomplete moments or purge emotional feelings is a catharsis, to say the least. For example, Moreno and his associates have run sociodramas on the Eichmann trial, the assasination of President Kennedy, the departure of a family from Cuba, and the assasinations of Robert Kennedy, Martin Luther King and Malcolm X. He stated at the 1964 APA Convention in Los Angeles while conducting a session on John Kennedy's recent death: "We are all suffering from a tremendous amount of unresolved guilt and confusion over what happened to President Kennedy. After all, if you can 'kill the father,' anything goes."

One evening I was running a public psychodrama session at the Moreno Institute in New YOrk City. This is an open session where people come from the streets, classrooms, or by word of mouth. It has always been to me a form of street theater . . . very real, in the moment and for keeps. During the warmup, the people (mixed in terms of ages, races, colors and sex) were milling around, getting to know each other. In response to "What shall we explore tonight?", one member of the group whispered: "Dr. Martin Luther King has been shot." When I announced this to the group, one man in the group came in and said "He's dead." The session became very real. Various members of the group came forth to pay tribute to a man we selected to play Dr. King, each one purging himself and seeking comfort in his own way or identifying his own prejudice. Another person told how he had tried to make contact with blacks (he was white) and the social pain and death that he felt. Still another man came forth

and started to talk to Dr. King, then began to cry uncontrollably. Dr. King became this man's deceased father. We went through a two hour session where we discovered this particular man's pain of living as a black man—the pain of losing his one friend, his father—and the difficulties he had experienced in establishing himself as a person.

One of the most daring psychodramas I ever ran was in a teaching seminar. We had with us a group of inmates from a penitentiary, college students, citizens and professional colleagues. In one scene a woman from Norway relieved her fright in looking at a newspaper clipping of the deaths of white missionaries in an African village. Her father never fully explained to her what this was all about. We chose a "militant" black inmate to play the tribal leader and this woman role played herself at an earlier time (age about seven). We gave her a chance to confront this black chieftan and she went up to him and said "Would you kill me?" His reply was almost instantaneous . . . "Yes, I would!"

With this admission, he requested a session of his own. It seems that every night for thirteen months, before he fell asleep he would ask himself the same question: "Will I ever kill again?" He could never answer this question. But now felt he had just answered the question in the session. When we set up the scene of his life, he began in the here-and-now and went back into the past. The scene that seemed to motivate his focus (he was now in his mid-twenties or early thirties) was when he was about eleven or twelve years old and went to visit his grandma in a southern town. He was happy to be there. One afternoon, a white boy came up to him and asked to be his friend. The glee of the moment was evident on his face and the tensions and frustration that he began the session with vanished. He was indeed an eleven year old child. They became friends for awhile because his cousin worked in the white boy's house. He then went to a party one evening on the invitation of his white friend. We set the scene where his friend (who was an older boy) was driving him in a car to the party. The expression on the eleven year old boy's face changed to fear as he said, "We're not turning down the right street." His friend replied: "Don't worry." His face of fear then turned to terror because what the little boy was seeing was a field of burning crosses. He was beaten up and left for dead. His uncle and aunt found him and took him to the hospital where he remained for weeks. As he lay in his hospital bed, all that he kept thinking over and over in his mind (in the darkness of his mind since he was now partially blind) was that if he got out of the hospital, he would find the boy and kill him.

We role played several scenes: his getting out of the hospital and going immediately home to another state; going to some people who would help him; getting out and being surrounded by his family; getting out of the hospital and killing the boy. We had to force him to do every exercise but the last one. In real life he had done just that—found his grandaddy's shotgun and shot the boy. His secret was that no one knew. The sharing revolved around a discussion of having the right to kill.

Requiem for Raphy—A Model to Explore Feelings About Death and Social Helpers

An *Ars Moriendi* conference the following means were used to explore our personal attitudes and concerns about death and dying, and in part to create social repair and come to grips with our feelings.

STEP ONE

A paper cup was passed around in groups of four, four times (after the group looked at each other face-to-face, eye-to-eye). The first time was to hold the cup in silence and place into it one's own feelings, attitudes, concerns, beliefs and disbeliefs about death and dying. The second time each person was to do something to the cup that symbolized his attitudes, concerns, fears, anxieties or acceptance of death. Some people drank from it; others threw it away, crumpled it, tore it open petal-fashion to explore, put holes in it, sat on it, or held it closely to them. The third time it was passed in silence to re-evaluate one's own concepts and try to specialize one's own ability in the field—one's ability to change and develop. The fourth time the cup was placed in the center while everyone could look at it, then look at each other and share what this all meant to them. We all became vulnerable and very naturally shared deep personal moments.

STEP TWO

Everyone imagined his own death—when, how and where it would happen. Each person kept his hand in the air and brought it down (to the count of the director) the year that he died. Each person could see who died first, last, and so on; we shared what categories of death we suffered (heart attack, alcoholism, violent death, etc.). This role play avails people not only one chance to die, but alternate courses of action and a chance to explore the idea of how this death affects people closest to them; how death develops from one's life; and to face one's own death as well as the death of others.

STEP THREE

After sharing where each person went and what the death meant to him, the group helps each member become alive again.

STEP FOUR

Each person is instructed to become his own survivor—to play the part of that person close to him and discuss (as that person) with his group of four what the life of the person he was close to meant to him while being emotionally concerned, open, vulnerable and extending fellowship.

STEP FIVE

The same group then, after the bereavement session, discusses re-evaluations of both personal and professional roles. (Leave some time for each person to reconnect with himself before opening the discussion).

One woman, a nurse, had been deeply touched by the experience as well as physically touched by the wires from the camera, lighting and loudspeaker system on the floor. These "wires" and her vulnerability immediately threw her back to her work and she shared with us the fact that she was a head nurse in a life-extension intensive care unit. Her job was to make sure all the machinery that assists in keeping a human being alive was working, as she did on the day that her husband was having his pacemaker inserted. She walked around in both her professional and her wife role and told us that this was the first time she had been separated from her husband since the operation (the conference was in Philadelphia, her husband in New York). When she began to cry, we had someone play her husband role. She could say at that point what she had been holding back from saying to her own husband, at the same time, settling her own fears and pent up anxiety.

Another nurse was overwhelmed by the fact that the cup we had used had a slogan on it "How can we best serve you?" She said, "Oh my God, this is exactly what I have been doing: I have only been serving and taking care of my patients, not listening or talking to them." We had someone walk around with her and double her. What she selected to explore was the last day she had seen her friend (another young woman) alive. She had been on vacation and when she came home her friend was already in the hospital dying. She wanted to give blood but couldn't. She wanted to go in and say goodbye but was told not to. In the psychodrama we provided her with the opportunity to speak to her friend, hold her friend and say goodbye.

Another poignant event was an intense session involving a young publisher. We watched as we saw him ride in a car that his wife was driving. With them were their children, a little girl and a boy named Raphy. They suddenly got into an accident. The little boy was thrown out of the car. We listened to the dilemma of the father who had to make a decision of whether to go to the hospital with his little boy or to stay with his wife who had only a learning permit. He went with his little boy. We watched as he entered the hospital and was separated from his boy by the first helping person (a nurse). We watched him wait for the operation and heard him talking to the second helping person (a doctor) who informed him that his son had died. We watched him reverse roles so we could get a clear picture of what these helping people were like. We watched him in his own role greet people playing the part of his wife, his daughter (who were also obstructed by helping people). We watched as the father, mother and little girl asked if they could be, for a few moments, with their dead brother and son. We watched the helpers get very upset. We watched them go to find other helpers and we watched after the permission had been given—the three of them sitting

around the little boy, speaking to him, holding him and saying goodbye. We watched the uneasiness of the doctor, the nurse and the other helpers as the family became more involved—coming in and out and asking the family such questions as "Are you alright?" . . . "Do you need us?" . . . "Perhaps the little girl should come with me." We watched the loving, the caring, the grieving and the celebration of this one family. After this we all began to share. A doctor spoke of his feelings, a mother spoke of her feelings and we all related profoundly.

Other Experiences in the Field

One session involving a murder occurred when I went with Moreno and his wife Zerka to Mattawan Penitentiary where we worked with a man who could not remember the crime he had committed. Moreno's warmup with the man was much like a man going to confession, as he psychodramatically explored the evening when he picked up a prostitute and brought her home and then wanted nothing to do with her. We acted out a scene where he asked her to leave because he did not want to pay her. I (in the role of the prostitute) went to my purse and pulled out a knife. One of the psychiatrists who was observing the psychodrama was convinced that this man killed under the influence of vodoo and blurted out: "Did you see a sign?" The man replied . . . "I sure did. When I saw the knife I knew it was a sign that either she would kill me or I would kill her." In our physical tussle with my imaginary knife, he fought so hard that my fingers were bleeding—but he remembered the crime and therefore could be tried. Afterward, one of the doctors who had been watching said "We were very worried about you in that struggle." But I noticed that no one came to my aid. The memory of the event was unleashed by the action of the session and by the skillful doubling for this man by Zerka Moreno who was a probing and sensitive other self.

Some other experiences I would like to share with you are the other experiences gained with Charles Loomis at Union Theological Seminary and John Green at the Episcopalian Diocese of Newark. In each group, we would turn the entire class into a congretation. Each member of the class, in multiple role plays would act out the parts of clergy and congregation members from baptism to the last rites. Each member of the class had a chance to die and to be at the funeral of his close friend. Discussions followed on such phenomena as distancing, fear, and being able to truly console other human beings. In the sessions involving investigation of attitudes towards euthanasia, Protestant Clery and Roman Catholic psychology students playing the role of the minister found it difficult to identify with him because of their personal convictions in opposition to euthanasia. They were unable to come to grips with such problems as legal vs. illegal euthanasia. Their attempts at sympathy for the humanitarian motivation of the tormented daughter (played by a matronly Jewish woman who identified strongly with her role) left her feeling devoid of any empathy

from them. The rabbi discussants in the symposium charged those in role of minister with "playing God" in passing judgment on the daughter's deed. Role reversal presented the same dilemma. The Jewish woman assumed the role of an empathizing minister, and those who had played the role of minister were unable to accept the role of the daughter. Doubles proved effective in bringing the dilemma more into focus.

The death theme appeared over and over again in the training of both long term and short term missionaries. Separation anxiety, guilt, and self-actualization themes developed within almost every group. The following is an example. When we arrived at Stoney Point Missionary Training Center, there was a general malaise centering around one woman's loss of faith and depression. She was leaving her children in a missionary center in Egypt and going into deeper African "cannibal country." She had stopped speaking to her husband, and her faith and belief were no longer enough. We began the session by asking her to set up any situation she would like. She began by saying goodbye to her children. We had a number of role reversal exchanges and there seemed to be no difficulty, disbelief or fear. We then had her talk to God, and from this discussion we went immediately to another separation scene. It was 1951 during the Korean war. She was leaving the Presbyterian Church in Tokyo, Japan and as she came to say goodbye to the pastor and thank him for his Sunday sermon, she noticed a naval captain approaching to take her hand, pull her aside and tell her that her husband was dead. We then went with her on a flight with the captain as pilot, over the swamp where her husband's plane had gone down. This was her last memory of her husband.

The next scene she showed us was her ironing in the United States in her friend's house where she was living when she returned. She soliloquized about her angry feelings towards her friends and church for trying to fix her up with available men who might be prospective fathers for her children. During her ironing she heard a knock on the window and looked up to see a man cleaning them. He asked her for a drink of water and was invited in. They soon began to date. This, of course, was set up by her friend but was something she could laugh about. We later went to her wedding to this man and shared with her her inability to give herself completely to him as well as their devotion to the Christian faith. We shared her bitterness, her terror and her despair. We asked her if there was anything she would like to do. She said yes, she would like to speak with her first husband. We asked her to choose someone to play him and she chose her second husband to play the role. The change in her physical being, the freedom she had to reach out to this man (whom she had previously kept at an arms distance) was evidence of an immediate catharsis. What followed was a touching scene of farewell, of reuniting of completion and of re-birth. It was the moment needed to finally become the wife of her second husband, as well as develop a creative renewal of faith. When she played her husband who had died, her words were for her to live again and not to mourn. When she reversed roles

and heard the words spoken to her, she finally cried the tears she had never shed.

The response of the audience was lethal. They felt I was the devil himself, that I had made a public display of something very private. When I asked the audience of sixty people to raise their hands in response to "How many of you have heard this for the first time?" . . . no hands went up. When I asked who had heard the story before, all hands went up. The sharing session was not only of death and dying, but of the failure to communicate effectively, to be a good Christian and to reach out and touch. The rest of the workshop was devoted to expanding one's own awareness, with role reversal to understand the feelings of other people.

The psychodrama method has also been used in nursing homes with administrators and their staff. Some typical role plays involved playing the part of an undertaker; the nursing home administrator; other nursing home residents and the relatives of the deceased. Other sessions involved the differences in Jewish, Protestant and Catholic death rituals; how long do the last rites last; where is the body placed–where all the resident can see it or do we pretend that it just disappeared?; who comes to a death and dying conference at a nursing home–the staff, different members of other nursing homes; should residents ever come?

At Coney Island Hospital and Community Hospital in Brooklyn, death scenes were a natural part of a continuing education program for physicians in the area of autopsy. We rediscovered that the physician does not want to die, as demonstrated by great difficulties. The feeling about autopsy was the same as with the general public. The doctor did not like to ask for an autopsy on his own patient because of his keen sense of failure in a life preserving process. The physician who could die in the role playing had a personal experience and used the session as a catharsis. The physician who was able to obtain autopsy successfully was one who never asked for autopsies for his own patients but volunteered to do so for other physicians.

At Temple University in a class on death and dying with John Fryer and Ken Spilman, we explored individual's immediate, here-and-now fears and disbeliefs with their own terminal patients. We ran structured role plays on casual interviewing and supportive techniques.

We have also run sessions with police, dealing with deaths in a hospital emergency room where both policeman and perpetrator are wounded, with the perpetrator being wounded more severely. Questions dealt with were who should be attended to first and why. We also dealt in role plays with situations of an officer being shot by a fellow officer and an officer shooting a civilian.

In the field of drug addiction and alcoholism at Phoenix House in New York and Interim House in Philadelphia, the death theme comes up over and over again, either dealing with the individual being a self-killer or accidental killing by overdose, muggings or untimely deaths which occurred in the past. After every session there is a feeling of being unburdened and released and they are very teary sessions.

The psychodrama process has almost unlimited applications and uses and is flexible and complete with an acting out process that is a living through process on a group or individual level. I have enjoyed and learned much from this process. My own concerns and fears about dying are re-evaluated each time I die in a session. My ability to be more spontaneous with other deaths, both professional and personal, are very rewarding. I think the validity for using psychodrama is best expressed by Ted Rosenthal's stanza in one of his poems [4] emphasizing that the "stage" is life, as do the role theorists Moreno, Goffman and Shakespeare; that all the world's a stage, it's a tangible togetherness.

"O people, I am so sorry.
Nothing can be hid.
It's a circle in the round.
It's group theater,
No wings, no backstage, no leading act.
O, I am weeping, but it's stage center for all of us.
Hide in the weeds but come out naked.
Dance in the sand while lightning bands all around us."

Summary

In life training physicians, nurses, social workers, counsellors, police and patients, we were essentially working with belief systems and strategic issues, with various psychic states, tension, anxiety and psychologically binding conditions. It is my belief that we must develop at least simulated situations in addition to psychodrama and its derivatives to allow the release of tension and risk-taking, as well as to develop spontaneity and creativity. The use of double and role reversal is extremely important in interfering with the habituated pattern of one's awareness and behavior. By interfering with habitual associations, and social and conventional ruts, we can set up conditions for creative moments, where a new insight is developed or we change our behavior—even in practice. Psychodrama helps a person align his own reality and not the reality of convention, to uncover his own transactions and not those expected of him. As Christopher Fry once said: "Reality is incredible, reality is a whirlwind. What we call reality is a false god, the dull eye of custom [5]."

In using psychodrama in the field of death, we always seem to be working with the entire group because of the theme or topic and our mutual search. We begin first with the problem of one person relating it to the entire group. In a sociodrama, dealing in such things as survival and the survivor or all dying at the same time, we are using a type of all-inclusive psychodrama. Each technique seems to offer a re-birth for the participant as well as a new alignment for their capabilities. We have used psychodrama in exploring attitudes and feelings with Vietnamese families, as well as Americans who have returned home from the war to explore their brutal feelings of being survivors and their attitudes towards their dying friends. With Rev. Green we have explored euthansia, with Dr. Kantor

the entire concentration camp syndrome, and on a more personal level the death of my mother and the incomplete feelings we all were left with in playing the charade of her not dying.

It is my estimation that the psychodrama sessions on a therapeutic level, as well as on a training level, remove the sense of hopelessness.

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