

Psychodramatic Bodywork[®] Explored

Susan Aaron

Abstract

This article explores the areas in which Psychodramatic Bodywork[®] differs from classical psychodrama. These differences fall into three categories: those that I incorporated that were also being incorporated by other body-workers in the psychodrama community, those that I uniquely and intentionally created, and those that have emerged when Psychodramatic Bodywork[®] is put into practice.

A few highlights are: the introduction of the somatic double as an innovative and useful form of doubling for protagonists and auxiliary egos, identification of three meridian-based blocking styles, reduced need for role reversals, less reliance on scene setting, and maximisation of co-creation in a psychodrama.

Keywords: psychodrama, bodywork, touch, shiatsu, catharsis, intuition.

Introduction

The body holds all of our memories and emotions. It is our living journal. Within the cells, tissues, organs, muscles and bones of the body is a life story. When we disconnect from our bodies we lose access to ourselves in a very fundamental way. When we reconnect to our bodies we regain access to our essential and unique selves.

Society encourages us to disconnect from our bodies. Billboards and advertisements objectify the body and encourage us to do the same. We are schooled in a manner that teaches us to focus on the mind and devalue the body. Even in sport classes where the primary focus is on the body, the message is to ignore the body's needs, push past the pain and endure. As a result, many people live in either a place of chronic pain or a place of chronic numbness and dissociation from their bodies. Neither extreme is about living within the body or in harmony with the body.

Action methods such as psychodrama definitely help people move from their heads into their bodies, since it is bodies that move and act. However, action is not sufficient to fully and effectively access the body's store of memories and emotions. Bodywork methods can successfully enable this to happen.

After I graduated, as a registered massage therapist in 1981, I began studying psychodrama with Madeleine Byrnes and studying emotionally therapeutic bodywork with Kristi Magraw. My two teachers were colleagues and friends who were actively exchanging their methodologies with each other. Thus I was trained in psychodrama with an awareness of the body and trained in bodywork with an awareness of psychodrama. Each teacher was integrating this blend of modalities and I was absorbing the two integrations from each of them. I was truly blessed in always seeing psychodrama as an embodied modality and always seeing bodywork as integral to the therapeutic modality of psychodrama. I am the child of these two integrations and it is natural that my work would evolve into Psychodramatic Bodywork®, the name that Kristi Magraw recommended when I was ready to teach.

Psychodramatic Bodywork® is a unique combination of psychodrama and bodywork based on the meridian systems of Shiatsu, a branch of traditional Chinese medicine. By creating Psychodramatic Bodywork®, I have endeavoured to fully incorporate the wisdom of the body into psychodrama. The addition of bodywork increases the effectiveness of both modalities – a fine example of something being more than the sum of its parts.

Shiatsu is a method of bodywork that promotes the optimal circulation of energy through channels in the body, called meridians. Through touch applied to points along the meridians, shiatsu helps remove obstructions and release blocked energy. According to traditional Chinese medicine, there is an association between emotions and certain meridians (Masunaga, 1977; Hammer, 1990; Deane, 1998). By working with the appropriate meridians, it is possible to support people through emotional stress and to regulate emotional imbalances. Shiatsu techniques that involve touching numb, tense or painful areas in a safe manner have provided me with the ability to increase a person's body awareness and access to his/her body's wisdom. Over a period of thirty years, I have found that, by adding this dimension to the psychodramatic method, the speed and effectiveness of the healing methods are increased significantly. Because this combination of methods has proven to be so powerful, it is important to me to share this information with other psychodramatists.

Overview of the Article

This article explores the many areas in which Psychodramatic Bodywork® differs from classical psychodrama without the bodywork. These differences fall into three categories.

Firstly there are those practices I have integrated that are consistent with the practices of other psychodramatists who utilise bodywork with psychodrama. These include: safe touch, incorporation of shiatsu meridian knowledge and wisdom and developing a deep trust in the body's wisdom, practicing self-care and discouraging body numbing practices, dealing effectively with fear, providing proper closure for the body and actively searching for the role in which the trauma took place and releasing the emotion in that role.

The second section addresses those unique concepts and practices that I have added to classical psychodrama. These include: teaching about emotional expression by concretising on a continuum the full range of each emotion from barely expressed to fully expressed, the somatic double, somatic doubles for auxiliary egos, working with a skilled team of assistants to facilitate simultaneous action sharing during a drama, and recognising blocking styles and teaching how to effectively incorporate this knowledge into the psychodramatic method.

The third section addresses those characteristics and effects of a psychodrama that emerge when the director is trained in Psychodramatic Bodywork®. This list includes fewer role reversals, magic maximised, multiple sympathetic cathartic expressions during the psychodrama, reduced need for scene setting, exposing the sociodramatic or universal significance of the drama and co-creation maximised.

I will briefly describe each of these areas in order to illustrate and highlight the specific qualities of Psychodramatic Bodywork®. In my examples, I have changed the names of clients in order to ensure confidentiality.

Contributions by Psychodramatists who have combined bodywork with Classical Psychodrama

The qualities that are discussed first are those that I have incorporated that have also been incorporated by other psychodramatists who are bodywork pioneers in this field. We each have incorporated these techniques in our own manner. It feels important to acknowledge the presence of the network of bodyworkers (Carswell & McGraw, 2001; Ridge, 2009; Shu, 2003) who are collectively and individually bringing their knowledge of the body into the psychodramatic method. In this paper I will focus on how I am incorporating this knowledge into the system I developed and named Psychodramatic Bodywork®.

Safe Touch

While touch is not normally a significant component of the psychodramatic method, it can be a very effective tool in healing. Touch is controversial because it has a history of misuse. I incorporate touch in Psychodramatic Bodywork® only after I can guarantee that all touch involved is safe touch and that the outcome is for the benefit of the protagonist as well as all those involved in the psychodrama. Together the director and protagonist create a word or phrase such as, "Stop it, I mean it" that the protagonist can use to indicate that he/she is not simply expressing feelings, but actually wanting the touch and/or action to cease. Because it's not always possible to speak when triggered or regressed, the protagonist will also be offered the option of a specific physical signal that will stop all touch.

To guarantee safety, I require that the director and the assistants are all trained in Psychodramatic Bodywork® and follow the *Guidelines for Safe Touch in a Therapeutic Environment*. (See appendices A and B.) They are thoroughly trained in emotional release techniques and can comfortably facilitate anger, sadness and fear releases in a safe manner when required. Because they have experienced these releases themselves, they can proceed with sensitivity, skill and clarity even in delicate situations. Permission is always asked before touching. The participants are given full permission to accept or refuse offered touch.

These guidelines are essential to this work as they provide the necessary safety to ensure that touch will only be used in a respectful and supportive manner. Because we are dealing with the body and employing touch, it is essential for everyone's safety that these guidelines are adhered to by everyone offering Psychodramatic Bodywork®. It is a fundamental foundation of the work.

Incorporation of Shiatsu Meridian Knowledge and Wisdom

Shiatsu is an ancient healing art based on meridians. Meridians are like little rivers of energy that flow through the body. When all is well, this energy network flows easily with each meridian supporting the others. When there is tension or stress of any sort, it is as if someone built a dam across one of the rivers of energy and blocked the flow. This in turn affects the other meridians. By applying the correct pressure on a meridian system we are helping the energy network of meridians return to a state of balance. Each meridian has many purposes. By understanding the role of each meridian in the body's functioning, we are able to influence the body to move towards balance and healing. Sometimes that shift helps a person to release previously unexpressed emotions that were held tightly within the body cells, tissues, muscles, bones and organs. At other times that shift allows for a level of vulnerability and receptivity to the process that was unavailable in the past.

The early practitioners of this method studied the relationship between emotions and meridians. They passed this information along so that we now have access to this knowledge. By employing this information we are able to recognise what the body is trying to say to us when we have pain or discomfort in certain areas of the body. For example the liver meridian and gall bladder meridian have a very close relationship with anger. This information helps us a great deal when we are working with protagonists who need help getting in touch with suppressed anger. The gall bladder (G.B.) meridian runs

down the side of the neck. If a protagonist is rubbing the side of his/her neck unconsciously in the area of the GB meridian while speaking about boss related problems, then the director would be alerted to the possibility that there is unexpressed anger at the boss. By knowing the meridian systems and the emotions that they relate to we can help the protagonist understand what the body is trying to say through the variety of symptoms that are being presented.

Another example involves the kidney (KI) and bladder (BL) meridians. These two meridians have a very close relationship with fear. A pregnant protagonist named Peggy was experiencing a pain at the bottom of her foot on the Kidney #1 meridian point. She was being very brave about the upcoming birth and not allowing herself to be in touch with any fears. The director recognised that her body was possibly giving her a message that she had unexpressed fears. After she addressed her fear directly the pain disappeared. Earlier, she had tried to tell us that her right shoe was too tight as an explanation for the foot pain. Peggy had a good laugh when her shoe magically fit her foot again after the fear was addressed.

It is important to remember that shiatsu is a very complex art and I have used simplifications mainly to illustrate a point. There could be many reasons for pain or discomfort in certain body areas.

Developing a Deep Trust in the Body's Wisdom, Practicing Self-care and Discouraging Body Numbing Practices

In general

It is common practice for people to use various prescription and non-prescription drugs as well as alcohol and nicotine to help numb body sensations and symptoms. These numbing activities extend beyond substances to processes that take various forms from exercising, surfing the web, watching television to overeating. Sometimes body numbing seems to be a necessity for functioning in the world and if used with this awareness, it can get us through challenging times. Mostly however, this body numbing takes us unnecessarily further from the body's wisdom and understanding. By seeing body pain and discomfort as a surfacing of body wisdom, we can start to include the body as a partner in healing rather than as an annoying source or container of pain. In this way, we can consider every single body pain as a message that we can work with and learn from. As Hammer (1990, p. 5) states, "Both psychology and Chinese medicine regard a symptom as a signal of unattended, underlying issues and not as a disagreeable phenomenon to

be eliminated. Symptoms are opportunities to examine one's life, to reconsider one's values and habits, to re-evaluate one's personality and relationships, to expand awareness and to change."

For example, it is common practice to reach for pills to 'get rid of' a headache. In the intermediate level workshop of Psychodramatic Bodywork® we examine several common headache patterns and what they indicate. For example, a headache involving the Triple Warmer meridian (T.W.) typically starts at the neck and moves up both sides to form a cap at the top of the head. The head feels as if it is being constricted in a vice-like grip. This headache could indicate that a blocked memory is ready to surface or that the protagonist is dealing with the issue of perfectionism. Having this information during a psychodrama could help a director greatly.

Because our society has a strong bias in favour of suppressing symptoms, it often takes a lot of courage to stay with the exploration. I am not denying the importance of having a medical diagnosis. I am however encouraging an attitude of curiosity and self-empowerment when it comes to body discomfort. The medical profession can serve as an ally in supporting our processes but it does not have the full answer and is not the sole source of body wisdom.

This attentiveness to the various discomforts of the body naturally leads to an increased level of self-care, another underlying principle of Psychodramatic Bodywork®. When we take all of our messages seriously, we are not as likely to override the wisdom of the body and turn to numbing activities.

Self-care begins with observation. Here are some questions that are helpful in this journey.

- When do I find myself engaging in body numbing activities?
- What happened before I found myself craving food, alcohol, exercise etc.?
- What am I feeling in my body now?
- What support would I need for me to be able to feel those symptoms?
- How does this numbing practice enable the unhealthy blocking style that I have used as a survival method? (See the section entitled 'Recognising blocking styles and teaching how to effectively incorporate this knowledge into the psychodramatic method' for further clarity.)

The following are some examples in which students of Psychodramatic Bodywork® were astounded and delighted as their chronic body pains disappeared when they ceased their body numbing activities and explored

the source of their symptoms. "Physical symptoms improve when we pay attention to underlying emotional issues." (Carswell, & Magraw, 2003, pp.63-64). For example, Max had chronic back pain and thought everyone lived like that. He began doing fear releases in psychodramas where he explored the terror of his sexual abuse history. He no longer has any low back pain. Donna had chronic painful headaches that had her flat on her back for several days every month. By exploring and expressing her deep childhood grief at the early and unexpected loss of her mother in a series of psychodramas, she became headache-free in a remarkably short period of time. Claire had struggled with over-eating. She began exploring her relationship with her overbearing, narcissistic mother. In a series of psychodramas, she expressed her anger at her mother and found that she was able to slowly and gradually lose weight and feel better about herself. She felt strong and empowered and confident in a way that she had not felt before.

For the director

As a director, I stay committed to maintaining aliveness in my own body and to practicing self-care. This puts me in a better position to totally trust my intuition and body messages. For instance, if I feel suddenly tired in the role of director, and I know that I have no personal reason for this occurrence, then I can recognise this symptom as a message from my body about the psychodrama. The protagonist is likely to be experiencing fear, since I know that sudden fatigue is related to unexpressed fear. I can proceed with confidence knowing that my body is giving me information that I can creatively bring to the drama from my role. See the section on somatic doubling for further clarification.

Dealing Effectively with Fear

Many people have a limited understanding of fear. Fear is the most misunderstood emotion. People often mistake fear releases for serious medical conditions like seizures. There are very few role models who will admit that they are indeed frightened. There is a myth that if we deny fear, then we will function more effectively. This may be accurate on a short-term basis (as in bracketing), but denial is ineffective in the long term because it leads to a backlog of repressed fear.

Expressing fear in a healthy way involves shaking, shivering, jerking, or generally surrendering to the movement of the body. The eyes are in "peripheral vision mode" and are not focused on specific objects. If open, the eyes look glazed or unfocused; they could also be closed. The sound that

accompanies a fear release is a piercing, high-pitched scream. The need to empty the bladder often accompanies a fear release. A frightened person will literally not hear, so a director will have to speak loudly and clearly. Questions raise anxiety in a frightened person; firm, clear directions lower anxiety. Thus when facilitating a fear release it is important for the facilitator to be directive (e.g., "Look at me. Nod your head for yes if you hear me."). Feeling cold and experiencing a drop in body temperature also accompany fear. Sometimes the words "frozen" or "paralysed" will be used to describe the inner experience of fear. Appendix C has a more complete list of possible signs and symptoms of unexpressed fear. Many items on the list are very common symptoms that people learn to live with, often without ever realising that they have a possible connection to unexpressed fear. Levine (1997, p.29) describes it this way. "Her legs started trembling...She let out a bloodcurdling scream...she began to tremble, shake and sob in full-bodied convulsive waves."

Here is an example of dealing effectively with fear in a psychodrama by employing bodywork. Carol was a protagonist in a scene in which she discovered her father's body after he committed suicide. She was constantly inclined to dissociate throughout the drama and the person supporting her (the somatic double as described in a later section) spent most of her time pressing on meridians to help ground Carol who was experiencing many of the symptoms of unexpressed fear. She was cold, had trouble hearing, had sweaty palms; her eyes kept glazing over; her heart would start to palpitate; she kept feeling weak and struggled with staying on her feet. Her body had been carrying the shock of that moment since the incident. Understandably, she had denied her fear at that time so she could fulfill her role of oldest daughter, taking care of the rest of the family. With her somatic double's help, she was able to stay present as she moved towards the scene of finding her father. The powerful repair experience for her was having loving support and encouragement to express her true fear response at the moment of discovery. I have been present for many fear-based psychodramas where the director, the protagonist, the auxiliary egos, and the audience were all in a fog-like place. This is a very common response to fear and dissociation. People may manage in the moment to avoid experiencing their fears, but unexpressed fears remain lodged in the body waiting to be expressed while subtly revealing themselves as various somatic symptoms. As Levine (1997, p. 19) states "Traumatic symptoms...stem from the frozen residue of energy that has not been resolved and discharged; this residue remains trapped in the nervous system where it can wreak havoc on our bodies and spirits." If I, as a director, had not dealt with my own fear issues in advance of directing this drama, I too could easily have spaced out or dissociated and therefore not have been able to keep Carol present.

Closure for the Body

Sharing is a very powerful way of closing and completing what has been opened during a psychodrama. However sharing by itself is not always enough to close and ground the body. Sometimes it is necessary to employ one or more of the following grounding techniques (Aaron, 2003):

- Action Sharing (sharing that includes a short action piece)
- Heart Sandwich
- Palpating the Triple Warmer meridian
- Palpating the Kidney and Bladder meridians
- Holding Kidney meridian #1 points at the bottom of the feet
- Holding Gall Bladder meridian #14 points on the forehead
- Meditation techniques
- Listening to music that is calming and comforting

These techniques ensure that the protagonist, the auxiliary egos, and the audience are all grounded in their bodies before leaving the safety of the group. According to Carswell and McGraw (2003, p.76) "People feel closure when they return to a parasympathetic state, but when past fearful experiences intrude they may find it difficult to change from the fight-or-flight state to the rest-and-digest state ... It is important to relearn the skill of changing out of flight-or-flight states into calmer ones – to learn closure, just as we need to learn spontaneity."

Often a very strong physical connection is spontaneously co-created among the participants by the end of the psychodrama. This enables them to safely give and receive touch. Occasionally the sharing process will take place in what looks like a 'puppy pile'. This is a powerful bonding and grounding experience. It is also important that those who do not want to participate in this manner are supported to stay true to themselves and not feel pressured to experience more touch than their comfort levels allows.

All those who are comfortable giving and receiving touch will settle into this group. Those who are more reticent will often gravitate to the members of the assisting team who might represent increased safety for them regarding touch, or choose to touch their own bodies in the areas most appropriate for their own experience of grounding.

Actively Searching for the Role where the Trauma Took Place and Releasing the Emotion in that Role

Sometimes we are not aware of the true source of our body-held pain or unexpressed emotions. It is easy to assume that what we are experiencing in our own body is our own. For example, if Alice has an angry mother and a terrified father, it might be natural for her to assume that the terror that she is feeling in her body is her own terror at living with an overbearing husband. If, however, she is encouraged to release fear in her father's role, she might discover that much of the fear that she thought was her own was generational fear that she had absorbed from her father. Doing fear releases in her own role will free her body only to a limited degree. Doing fear releases in her father's role might significantly impact her journey if much of her unexpressed fear is generational in nature. Therefore it is important to role reverse Alice into her father's role and in that role, enable her to address and release that fear that lives within his body. That will free Alice when she returns to her own role, to experience the fear that is only hers and not the generational fear that she had previously absorbed and thought was her own. According to Schützenberger (1998), "We may have no choice in having the events and traumas experienced by our ancestors visited upon us in our own lifetime."

As director I explain to everyone that if you release the body trauma in the role in which it was experienced, then the body memory can be released and will not be passed down to the next generations. Jane's psychodrama, which is fully related in two later sections – 'Reduced need for scene setting' and 'Exposing the sociodramatic or universal significance of the drama' – provides an excellent example of the effectiveness of this technique. In that psychodrama, we had to work back a few generations to Jane's great-grandmother to discover the source of Jane's repetitive dream of being gang-raped in the forest. The account also describes the effect on the group members as they worked to enable the fear held by Jane's great-grandmother to be released.

Contributions of Psychodramatic Bodywork® to Classical Psychodrama

The qualities that will be examined next are those that I intentionally created and teach as Psychodramatic Bodywork® in the introductory, intermediate, advanced and graduate levels.

Concretising on a Continuum the Full Range of Each Emotion, from Barely Expressed to Fully Expressed, as a Teaching Tool

The expression of each of the three main emotions, anger, sadness and fear, span a continuum from barely expressed to fully expressed. In the introductory level workshop, (Aaron, 1990, revised 2010) we demonstrate these continuums in action so that everyone can see the manifestation and natural progression of each emotion along its continuum. It is possible to help someone express feelings at a depth that matches his/her inner experience. For example, a protagonist might be in a great deal of grief, but not know how to give expression to this grief because of family prohibitions that limit the expression of sadness. Likewise someone in fear might appear to be laughing uncontrollably without recognising this behaviour as a fear-based response near the barely expressed end of the fear continuum. Everyone is naturally inspired to move along the continuum by an inner desire to evolve and heal. I explicitly teach how counter productive it is to push anyone down the continuum by being impatient or demanding that the process continue at a faster pace. Each person is accepted and respected wherever he/she is located on the continuum at each moment.

When people move down the continuum they increase the amount of sound that they produce. At the beginning of the continuum is the constriction of that particular emotion and usually little or no sound is produced. One of the best ways to ensure that we do not express an emotion is to block the sound that accompanies the emotion. It is also true that one of the best ways to heal from blocked expression is to encourage the opening of the voice channel and encourage making sounds. In the early stages people are invited to mock up the sound and the expression as a way of role taking. Eventually the sound and the physical expression are naturally joined together for a complete healing. Without the sound, the throat chakra remains stuck and the healing is incomplete on a body level. It is possible for others to make sound on behalf of someone who is unable to produce sound for a variety of reasons. We do this frequently. The sounding of others is very inspiring and helps normalise the production of noise.

Joy is the fourth major emotional category. I do not have a demonstration continuum for joy. I find that when people are able to appropriately express anger, sadness and fear, they regain their lost spontaneity and are able to express joy with ease.

The Somatic Double

It is extremely helpful to have protagonists as fully present to themselves as possible in order for them to derive the most benefit from their work in the psychodrama. In Psychodramatic Bodywork® I have incorporated the use, when appropriate, of what I have named the somatic double. The somatic double stays with the protagonist for the duration of the drama in the standard double position just like the traditional double. This double provides the usual inner voice option for the protagonist. Here is where the difference begins. The somatic double also provides constant safe physical touch. The double will, with permission, keep touching the protagonist on the kidney area on the lower back or over the heart chakra area in the middle back. The somatic double might also provide pressure along a specific meridian depending upon what is needed. This constant physical contact has many significant purposes and is what makes the somatic double unique.

It can be a powerful form of grounding. The purpose of this grounding is to help the protagonist stay present in his/her body (where all of the feelings are held) and keep him/her from dissociating. By keeping the strong connection to the body the protagonist is then able to recognise emotions as they surface and express them.

This touch provides the somatic double with a strong physical connection and consequently, a deeper level of attunement with the protagonist. Because of this, the somatic double often senses, on a physical level within his/her own body, emotions or sensations that the protagonist is feeling and can creatively offer this information to the protagonist, either with words or with the sound of the pain or emotion that is being felt.

The somatic double can also help the protagonist deepen his/her cathartic experience by applying specific body touch on the appropriate meridian systems. This allows the protagonist to release the depth of emotion that is appropriate for the scene that is being experienced. Without this meridian work, a protagonist might have to revisit the same or similar scenes on several more occasions to complete the emotional release that was created by re-experiencing the scene psychodramatically. In this way the somatic double helps the psychodrama to be complete at the cathartic level.

In addition to the protagonist-chosen somatic double, it is also possible for a somatic double to emerge spontaneously from the audience. During the course of a psychodrama, there might be one or more audience members

who unexpectedly feel body symptoms on behalf of the protagonist. The director can then decide (in consultation with the protagonist) if these spontaneous somatic doubles are to be incorporated directly into the psychodrama by being brought on to the stage to represent a manifestation of specific aspect(s) of self. The director might also decide to leave the spontaneous somatic doubles in the audience. In either case, the spontaneity of group members' body responses contributes to the general maximisation of the protagonist's experience through their role as spontaneous somatic doubles.

For example Vivian was exploring all of the addictions that she engaged in as a way of disconnecting from herself and her needs. As she listed the addictions, various audience members spoke up about experiencing specific body pains that were not present in them before the drama began. As director I was able to incorporate all of the spontaneous somatic doubling from the audience. This was most helpful to the protagonist who was numb in her body. The pain that was felt by the various audience members was a guide for her to return to a body that was full of sensations and begin to leave the body numbing practices of her various addictions.

Somatic Doubles for Auxiliary Egos

In many psychodramas, some or all auxiliary egos are invited to have a somatic double to support them and help them stay fully in their bodies. This supporter is either picked by the auxiliary or approved of by the auxiliary after spontaneous offers of support from the audience or the assisting team.

Many times the auxiliary ego will space out and dissociate if the role being played is a fear-based role. When the somatic double helps the auxiliary become fully grounded and present in the role, the auxiliary ego is able to express the emotions that are deep within the role. This often gives protagonists a richer experience and, as a result, helps them deepen their emotional responses. For example, Mary was in the scene with her father, telling him how much she longed for a connection with him. The person playing the role of the father was responding with the appropriate words, but the physical and emotional response was very reserved. The somatic double was able to work with the auxiliary ego's heart and lung meridians and help him get in touch with his sadness in the scene. He was able to cry and hold Mary and bring a deeper level of authenticity to the scene. During the processing Mary told us that she had been a protagonist in a very similar

scene in the past, but this time, she truly felt a profound change when her father cried and held her. She felt the difference in her own body. She felt complete. The person playing the role of father also felt that he had received a powerful healing experience. He would have loved to have said those things to his own daughter and felt that somehow he would be able to do that for himself in the future.

Another example took place during Hillary's psychodrama when Evelyn was chosen to play the role of her sister. In her own life, Evelyn was struggling with being emotionally authentic with her twin sister who was in the process of slowly dying from a prolonged illness. In the auxiliary ego role of sister, Evelyn received support from a somatic double to express deep anger, sadness and fear. These feelings were all accurate to Evelyn's personal relationship with her twin sister although the content was different. By staying in the role, receiving support from her somatic double and having her own deep emotions, she was able to not only contribute greatly to Hillary's drama, but also receive healing for herself.

Working with a Skilled Team of Assistants to Facilitate Simultaneous Action Sharing During a Drama

Because the work is body-based it can sometimes evoke deep emotional releases of anger, sadness and fear. These feelings surface from the body when we enter into the events or situations where the trauma/upset originated.

I work with a group of trained assistants (composed of students in the process of completing their practicum days and/or graduates) who are able to recognise when anyone in the psychodrama (protagonist, auxiliary ego, audience member, director) is having unexpressed feelings that are moving to the surface and needing to be released in a safe and healthy manner. These assistants are skilled in facilitating releases, are aware of the guidelines for safe touch, and know how to touch the body in a sensitive and skillful manner to best help the person they are working with. This means that everyone involved in the drama can have an experience of moving out the body pain that is evoked during the psychodrama. (See the section on 'multiple sympathetic cathartic expressions during the psychodrama' for further clarification of how this is done safely). No one has to wait until the sharing at the end of the drama to express a personal connection with the protagonist and the psychodrama. Again, individuals are always able to refuse offered touch.

We know that if the protagonist is selected through a choice in action, he/she is the group's choice and as such, holds the common concern of the group. Allowing everyone in the group to release the emotions evoked by the drama tends to maximise that understanding and contributes to a sense of belonging. I have worked in a variety of communities and have found this to be true in each situation. The Canadian First Nations communities that I have worked with are an excellent example of this. I will often see extended families within the group. We have had mothers and daughters, husbands and wives, ex-husbands and wives, cousins, aunts and uncles all in the same psychodrama group experience. Because the traumas of sexual abuse, wife beating, residential school trauma and spiritual abuse are common to so many of the participants, the dramas provide a cathartic body healing for everyone. All have permission to express their own pain during the course of the drama, either in auxiliary ego roles or as audience members. If I did not have the trained assistants available, I would be in the unethical and untenable position of opening people to their deep body pain and then failing them by not supporting them through the completion of the process. I feel very committed to all of the participants in a group. By having trained assistants, I am able to safely offer this deep emotional healing process.

Recognising Blocking Styles and Teaching How to Effectively Incorporate This Knowledge into the Psychodramatic Method

When a person experiences a certain traumatic event in which it is unsafe to express and release his or her feelings, the body responds by developing a survival technique specific to that particular trauma. Certain life traumas affect us in such profound ways that our bodies decide in their wisdom that the healthiest path is to block the integration of the traumatic event, block the expression of feeling, and sometimes block the memory of the event. The degree of the blockage presented is an indication of the depth of trauma suffered by the person. This blocking technique is often termed "resistance" by therapists; however, it is important to see it as a positive function of the body and not to judge this response negatively. By recognising which blocking style the protagonist is using, it is possible to direct him/her more effectively and provide deep healing on a body level.

There are three blocking styles that are taught at the intermediate level workshop (Aaron, 1991, revised 2009) of Psychodramatic Bodywork®. These three styles are related to three specific meridians which have the ability to block, control or suppress feelings. The three meridians are referred

to in the following ways. The initials G.B., S.I. and T.W. are frequently used instead of the full names Gall Bladder, Small Intestine, and Triple Warmer meridians, respectively. I have also created two names for each meridian that begin with the meridian's initials to suggest the functions of that meridian in the two states, harmonious and disharmonious. When these meridians are in harmony, they have powerful connecting and building functions. When these meridians are in disharmony, they have blocking, controlling, and suppressing functions.

- Gentle Boldness is the name of the G.B. meridian when it is in a state of harmony and General Big controller when in a state of disharmony.
- Strong Identity is the name of the S.I. meridian when it is in a state of harmony and Sweet Innocence or Stunned Invisibility when in a state of disharmony.
- Trusting Wholeness is the name of the T.W. meridian when it is in a state of harmony and Total Wall when in a state of disharmony.

When we call upon the body to block, suppress, or control our feelings, we invite specific meridians to act in a manner that is contrary to their harmonious nature, and they must function in a state of disharmony to survive the trauma. By learning to match specific traumatic experiences with the particular body responses that they invoke, we can help to recover a person's natural healing release response and to move them toward the harmonious state.

While we are focusing primarily on the capability of these three meridians to block, control, or suppress as a result of disharmony arising from trauma, it should be noted that this is only one of their many functions. Each meridian has a rich and multi-functional nature, and a full study of these intricate roles is beyond the scope of this article.

A person who uses the first blocking style, G.B., avoids sadness and vulnerability and often misuses anger to push people away. In Teegarden's (1984, p.91) words "The Gall Bladder Meridian is like an important and upright official who excels by his decisions and judgment..." When directing this protagonist, it is important to create enough safety so that he/she can bypass initial angry responses and go directly to vulnerability. If the protagonist stays with the defensive emotion in the traumatic situation that is being re-enacted, then he/she will not get the full body healing that is craved and will not reach the genuine spontaneity that is being made available in the scene. The entire group is left with a frustrated or congested experience because the deep sadness remains to be released. The unexpressed grief is felt in the bodies of

everyone present and there is an unconscious felt-sense of dissatisfaction that is hard to bring to consciousness but is present nonetheless.

A person who uses the second blocking style, S.I., uses confusion and a collapsed presentation to disconnect from personal power, self-knowing, entitlement, and anger. He/she will often have easy access to sadness and fear. When directing this protagonist, it is important to recognise the collapsed state and call him/her into a place of true, grounded entitlement. This protagonist is likely to be unaware that others in this situation might feel anger. This would be 'new' information. Role training would be very helpful during the course of the drama, in order to help access the anger and entitlement that were too scary to own in the past. If this protagonist is not directed into anger, he/she would likely cry through scenes that were truly anger-provoking and would also not reach the genuine spontaneity that is being made available to him/her in the scene. The audience members would be left feeling the unexpressed anger as low-grade frustration, irritability or annoyance without necessarily understanding the reason why.

A person who uses the third blocking style, T.W., uses dissociation. If the protagonist dissociates when becoming fearful, then a director can expect dissociation to some degree when the protagonist is asked to re-enter a trauma scene. This information can help a director decide if it is even appropriate for this protagonist to enter the scene at all. He/she could look from the mirror position and have the somatic double help with grounding techniques. The other option is for the T.W. protagonist to enter the scene with the somatic double employing bodywork to keep him/her present. Doing a fear release at this time is another important option to help clear the body of the terror that is still being held from the original experience of the trauma. There are very specific bodywork techniques that help clients stay grounded. A complete list is found in the *Understanding and Releasing Fear* DVD (Aaron, 2003). It should be noted that facilitating a fear release requires very specific skills and cannot be undertaken safely without training and experience. If this protagonist is not kept grounded, then he/she will move through the drama in a somewhat dissociated state and not fully receive the healing benefits that the scene offers. Those present would likely be left in a somewhat dissociated state as well, because of the unexpressed fear. This could be experienced as fatigue, feeling chilled or disconnection from the drama.

When T.W. clients stay dissociated and re-experience traumatic scenes they can be re-traumatised. When not fully present to receive the surplus reality

experience, the body and psyche will be left with the fresh experience and memory of the trauma rather than of the repair. This is why it is so important to recognise dissociation and offer grounding.

In Jane's psychodrama I employed this understanding of blocking styles. This particular protagonist protects herself with her easy access to her anger (G.B.) and dissociation (T.W.). This provides an apparent protection to her feelings of deep grief and loss within the situation. Although it would certainly be appropriate for anger to be present in this drama, it would not afford the greatest healing for Jane. She needed to go deeply into her fear and sadness in order to release herself from this particular trauma. If I had gone with her first impulse to be angry I would be colluding with her blocking style and not giving her the healing that her body required.

She was very willing to go with the fear and sadness that surfaced and experienced a huge shift in her body during the course of the drama. The anger would have given her a sense of unrealistic power and the dissociation would have cut her off from the deep terror and pain within the body. By applying bodywork to help her stay with her body and not dissociate, while supporting her fear release and grief, we helped her move the trauma out of her body in one full psychodrama experience. If she had stayed with the anger and dissociation, she would have had to return to this scene to attend to the deeper layers of fear and grief.

In Sally's case, I employed my understanding of the blocking styles as well. She had the flu and I knew that she blocked in the G.B. style. I believed that by working with her while she was physically ill, we would have easier access to her vulnerability and could maximise the experience of receiving, which is something that Sally, at that time had a very hard time doing easily.

When directing co-protagonists in encounters (the classical Morenian technique of facilitating two people in conflict), the blocking styles are a wonderful resource. For example, an encounter between an S.I. and a G.B. will be very different from an encounter where their blocking styles are the same. It will be an education for the G.B. to recognise the need to patiently allow sorting time for the S.I., who is considering various thoughts and ideas in order to discover his/her truth, which is often buried in familiar confusion. The G.B. will characteristically want to rush in to fix the problem. This behaviour creates more problems since the S.I. will feel disempowered by that action and the G.B. will have reinforced the false belief that once again, he/she is responsible for fixing everything. The S.I. protagonist will feel great relief learning that directly expressed anger doesn't frighten the G.B., but

actually increases the strength of the connection and reduces the possibility of disconnection and abandonment. The S.I. will often be surprised to discover that the G.B. was keenly aware of the S.I.'s anger even when he/she was unconscious of that emotion in his/her own body.

An encounter between two G.B.'s works more smoothly if the director knows that the challenge is to create enough safety for both protagonists to move beyond their fierce defense into their vulnerabilities. Likewise an encounter between two S.I.'s will work more effectively if the director knows that the challenge is to create enough safety for the co-protagonists to find and name their own truths and not get lost in accommodating or collapsed positions. An encounter between two T.W. protagonists is more likely to be productive if the director is aware that both protagonists are bringing a great deal of fear to the encounter. It is helpful if the director is able to help ground both of them so that they can stay fully present for the exchange of words and opinions.

A psychodrama director can be even more effective if he/she is aware of his/her own blocking style. For example if a G.B. director has a history of not going to his/her own vulnerability, he/she might not recognise that the protagonist needs to cry. Or, if an S.I. director has easy access to his/her vulnerability but struggles with entitlement and anger he/she might allow a client to cry and not be aware of the true, underlying need to assert the truth and express anger in the scene. Also a G.B. director might not know that an S.I. protagonist needs time and support for sorting and discovering the truth that is truly his/her own. An S.I. protagonist will classically be compliant and agreeable and will not give the director explicit clues that he/she might need something different from what is being offered. A T.W. director who has not dealt with his/her own unexpressed fear might not be able to stay fully present while directing a T.W. protagonist.

Knowledge of blocking styles is also very helpful for the clients/protagonists. If they know that they have a tendency to block in a certain manner and that this manner does not serve them in their healing journey, they can watch out for this pattern themselves and avoid spending time and energy engaging with blocking energy unnecessarily. This is a very self-empowering experience and it consistently and dramatically speeds up the transformation process.

For example, if Alice knows that her first line of defense is to be helpless, sad and scared when she is truly angry with someone, she can begin to recognise and defuse this ingrained pattern. Likewise, if Sally knows that she instantly feels an angry response when she is deeply hurt, she can begin to recognise this spontaneous defense pattern at work and take responsibility for shifting her focus from anger to vulnerability. Similarly Max, who survived his traumatic life by dissociating, needs to understand that when he believes himself to be relaxed and calm, he is actually presenting the world with his dissociated state. He needs to learn to recognise dissociation in himself so that he can begin to ask himself “What am I afraid of and what triggered me?” and use his own answers to propel himself forward on his healing journey.

Emerging Qualities

After several years of working with Psychodramatic Bodywork®, I, along with my students and graduates, started noticing that psychodramas directed by someone trained in Psychodramatic Bodywork® differed in several significant ways from classical psychodramas. Those differences are described with examples below.

Fewer Role Reversals

The improvisations produced in role by the auxiliary egos tend to be very authentic and amazingly accurate because the auxiliary egos and the protagonist are all being supported to be fully in their feelings and in their bodies. This helps move the drama more quickly and often fewer role reversals are required. Of course the director watches the protagonist very closely to see if the improvised statements that are being offered are a fit. The protagonist’s somatic double would also be in a position to indicate through verbal doubling if the words are not resonating on a body level. So there are several checks and balances in place to insure that the high level of spontaneity in the auxiliary ego roles serves the drama and the protagonist.

When the body gives clues that we are able to read and respond to, then we do not necessarily have to depend on dialogue to the same degree. The body often speaks in a very powerful manner. If we listen to and understand how to interpret these messages using the shiatsu framework, the drama often progresses very quickly.

Magic Maximised

In this section I am using the word magic to refer to the wondrous, the unexpected, the delightful, the synchronistic, the amazing, the miraculous, and the uncanny.

Magic seems to be an integral part of the psychodramatic experience. Directors often feel this when they 'intuit' something during the course of the psychodrama that they have no conscious way of explaining. Auxiliary egos experience it in role when they find themselves speaking from the role with a deep sense of 'knowing' that what they are saying fits the role that they are playing. Many of us have experienced the magic through 'tele', when we are picked for a role that is a perfect mirror of our own life story. Magic seems to be one of the many trademarks of classical psychodrama.

People describe this experience as magical, spiritual, psychical, or simply intuitive. Those who understand this to be a spiritual experience will often give credit to spirit guides, angels, or spiritual energy for information that moves the psychodrama towards its best outcome. This information comes to us in a variety of ways: as a thought in our own mind, a vision, or a strong hunch; or, we could find ourselves speaking without knowing beforehand what we are about to say. It is not necessary to explain the experience, but it is useful to know that it is extremely prevalent in the psychodrama modality and that it can be expanded through the addition of body understanding and bodywork. In the words of Zerka Moreno (Moreno, 2000, p.18), "Once you tap into a person's psyche, you reach a dimension which is beyond subjective and objective reality. It's a kind of cosmic reality...More and more, in the better psychodramas I do, I see myself as channel, and I get guidance from somewhere, whether it is inspiration, or inspiration and intuition working together in a very specific focused way."

Psychodramatic Bodywork[®] because of its strong connection to the body tends to enhance and maximise this magic. Many graduates of Psychodramatic Bodywork[®] have noticed their increased access to magic, psychic 'knowing', strong intuition, and/or spiritual connection. I have graduates who can feel, hear and/or see energy, and these abilities help them tremendously in their work with protagonists. Many of these students remain skeptical despite their own personal experiences. Believing is not a prerequisite.

Many people are uncomfortable speaking about this area since it is not normally part of mainstream psychotherapy. But because Moreno himself brought the spiritual component into the psychodramatic method, I think that it is essential to mention this here. As Zerka Moreno (Moreno, 2000, p.28) states, "Magic and surplus reality are in the same realm. Moreno declared that spontaneity-creativity, the twin principle, is the basis of our work. Using the twins by returning to our primordial source where everything is possible, we are transported into the magic realm which can heal us."

When directors of Psychodramatic Bodywork® follow their intuition, it often takes them to places that they cannot necessarily explain. For example, Doris, a trauma survivor was the protagonist in a drama. She was alone in her room for this particular scene. I spontaneously offered her scissors and paper and asked if she knew how to make snowflakes. Doris nodded and proceeded to cut snowflakes. During the sharing after the drama, she explained that she had survived her childhood by going to her room and making snowflakes, comforted by the idea that no two were ever the same. I knew nothing of this. I have also never offered snowflake materials to a protagonist before or since.

In addition, when directing a drama I will often wait for a very long time before beginning the drama. The protagonist will be offering me his/her story, but until I feel within my own body that there is a possible starting point, I will continue dialoguing. This helps start the drama at the most effective place.

Auxiliary egos will often improvise in role, saying things that they themselves have no way of knowing, but delivering the information with an uncanny certainty. This often happens with roles where the person is deceased. Auxiliary egos will often say that they 'felt' the deceased with them, helping them with the role. Some will refer to it as 'channeling' the deceased. This enhanced spiritual connection to spirits has been consistently noticed in psychodramas where the protagonists, auxiliary egos and directors have learned through their experience with Psychodramatic Bodywork® to trust their intuition.

The auxiliary ego can also have a very strong physical response in the role. When the information in this body response is expressed it helps further the drama. In one memorable experience, I was asked to play the role of father. I had been given no information about the role but immediately started to cough uncontrollably. I was somewhat embarrassed by this sudden explosion but the protagonist calmly informed me that her father had died of throat cancer. So the instant I agreed to play the role, my body experienced the physical symptoms that the role held.

On another occasion I started hiccupping during a drama. This was a physical response that the protagonist had experienced continuously during her adolescent years. Because of my body response, she asked me to come from the audience to double her for that portion of the drama. My uncensored body response helped her identify that she needed to give her adolescent self a chance to speak.

Multiple Sympathetic Cathartic Expressions During the Psychodrama

At times dramas directed with Psychodramatic Bodywork® techniques can have the protagonists, auxiliaries and audience members releasing deep emotions simultaneously. The protagonists are supported by their somatic doubles. The pain releases of the others in the room seem to add validity to the protagonists' own personal expression and helps deepen their own catharses. It helps the protagonists to know that their suffering is widely shared and deeply doubled, beyond simple words.

The norm in Psychodramatic Bodywork® is for many people to be expressing emotions simultaneously. This adds to the depth of the drama and positively impacts the protagonist because it is managed in a very conscious and conscientious manner. For example, if the protagonist is sad, angry or scared, others will be able to express that same emotion at the same time. This is a spontaneous form of maximisation that takes place and comes from the wisdom of the body. It will often help the protagonist in two possible ways. Firstly he/she will be able to feel the true depth of the previously unexpressed emotional pain. Secondly, if the protagonist is unable to express the emotion for him/herself, then others can be spontaneous doubles of this pain to help the emotion be expressed and not continue to be buried. I call this vicarious emotional releasing and it is extremely effective.

For example when Ben was grieving his dog's recent death, he felt a great deal of shame at expressing sadness over the loss of a 'mere' animal. When others in the group were able to express their deep sorrow over the loss of their own pets, Ben was greatly relieved, felt doubled, normalised and able to move towards expressing his own pain.

Another example occurred in one of the First Nations Advanced training workshops. We were doing Roger's psychodrama about sexual abuse at the hands of the priests at residential school. He sobbed in the arms of Mother Nature (who at that time was the only mother he trusted) and everyone else in the room was being held or holding on to someone and crying. The

pain was so real and deep and it impacted everyone in the group. Roger was so happy that his group could heal with him. His passion is to help his community heal from the addictions, pain and trauma from which his people are still suffering. Roger said that the group healing experience was more meaningful to him than if the audience members had held on to their grief and waited respectfully for the sharing process.

Here is an example where the audience's spontaneity enabled the protagonist to heal at a deeper level. Molly told her story of sexual abuse for the first time. She was frozen and kept coming in and out of dissociation as she told the story. The audience members were becoming extremely agitated and upset by the amount of suffering she endured. I asked Molly if she wondered how the audience felt. She had assumed that they were angry with her and judging her for somehow bringing this upon herself. Audience members were keen to tell her that they felt angry on her behalf. This information surprised and thrilled her. I offered the audience members an opportunity to express their anger, on behalf of Molly. Instantly a long waiting line formed at the tackle dummy (the vertical tower of foam rubber encased in plastic that is our standard piece of equipment for standing anger releases). Molly got more and more present as she listened to their anger. She felt less shame and embarrassment and was able to tell more of her horrific story with renewed confidence. The next time I directed her in a psychodrama she found access to her own anger, something she had not able to do previously. She had developed a sense of entitlement through experiencing the anger of others. The audience members were able to contribute to her progress. They also got a chance to move the energy that had been building in the room during the telling of the story. This energy is felt on a body level as the entire group consciously or unconsciously doubles the unexpressed anger. By releasing anger on Molly's behalf, several people collectively shifted the energy for all.

Sometimes an auxiliary ego or audience member is deeply triggered into his/her own story and is unable to have a response that is appropriate to the needs of the group and most importantly, the protagonist. In this case, one or more assistants are able to leave the room with this person and go to another room where the release can happen in a space that does not interfere with the group's experience.

For example, in the sharing process, Betty, an audience member was in a great deal of fear. She started releasing her fear with support from several assistants. Although the remaining participants gathered closer to the protagonist, Betty's screams still interfered with their ability to hear and to focus on the sharing. Therefore Betty was taken to another room where she was free to release her emotions without having to suppress her sounds. In this case Betty only needed a series of fear releases. At another time she might have needed a mini-psychodrama to address the issue that surfaced during her fear release. The group in the main room was relieved that Betty was being taken care of and the protagonist was able to hear and focus on the remainder of the sharing. We re-integrated Betty when she returned, by giving her an opportunity to share. This process of reconnecting those who leave the room is significant for the entire group's experience of safety and completes the release process.

Reduced Need for Scene Setting

Because the work is body-based there is often less need for scene setting. The warm-up comes from the body where the memories are held. So, oftentimes the scene is basic or unstated, or not created at all.

I will often start without a specific location or time frame. For example, Fred was missing his lover, who was the one person he felt that he had truly loved. We brought that person on stage in the form of an auxiliary ego and began the dialogue that was not set in a specific location. We quickly dropped back to the past experience of him never receiving this type of love from his mother. This was the source of his deep longing. When we brought an auxiliary ego on stage to play his mother, he was able to see clearly that she could never be reformed enough to give love to him. He looked to see how far back in time he would have to go to find a mother in his lineage that could nurture him. We used the floor space to indicate how far back in time he was going. He chose the very opposite end of the room to indicate that we were going back many, many generations.

Another example involves the lung meridian, which has a strong connection to the emotion sadness. Sally had the flu and called to say that she would not be coming to the five-day group intensive because she was ill. I encouraged her to attend anyway and get taken care of, knowing that her flu symptoms were probably a warm-up to grief. She was held by whichever audience member was available and cried on and off the entire time. There

was neither a specific scene setting nor an explicit psychodrama contract but she was indeed a protagonist being led by her body into a very deep and powerful surplus reality healing around her past grief. She was able to share with the group some of her inner experiences after being held so lovingly by many of us in the group.

In this next example Jane was dealing with her boyfriend's inability to support her. After a short discussion it became clear that she was actually dealing with her mother's inability to connect with her. As director, I asked her in her mother's role why this was the case. She replied that her mother (protagonist's grandmother) was not there for her either, so she did not know how to be available to her daughter (the protagonist). I reversed the protagonist from the mother's role into the grandmother's role and asked the same question and got the same answer. There was an entire history of unavailable mothers. The auxiliary egos were lined up in a timeline to keep their roles clear. When I reversed the protagonist into the great-grandmother role, she experienced a very dramatic body response. She had terror in her body. She was shaking, shivering with cold, distracted, and feeling 'crazy' because of the thoughts that she was having in this great-grandmother role. The thoughts were that she was gang-raped in the forest. This was her body experience and body memory. It was very scary for Jane to share her body memory with the group for fear that we would think that she was unstable mentally or that she was making it up. Both group members and assistants affirmed her courage in exploring this issue and we proceeded to help Jane in her great-grandmother's role where much of the psychodrama took place.

This exemplifies the technique I discussed earlier in the section entitled 'Actively searching for the role in which the trauma took place and releasing the emotion in that role'.

Because Jane in the role of her great-grandmother was willing to safely re-enact (without re-traumatisation) the experience of being gang raped and release the fear from her body, she was able to release that fear for all of the future generations. All of the following generations had unconsciously carried the fear-based body memory by being dissociated from their bodies, and therefore were unavailable to their children. Jane had always had dreams of being gang-raped in the forest and didn't know why, since this was NOT her own life experience. Our natural inclination and general approach as directors, is not to put a trauma survivor back into a trauma scene. Technically, this was not Jane's trauma although she had carried it from her great-grandmother. Also, because we are offering healing with sound and movement and meridian support, we can offer a fuller release and move

the trauma out of her body and fully clear that energy that had been held there. In this way this re-enactment is not a re-traumatisation but a deep and transformative repair and healing experience.

As director I named that we were now in the forest and indicated a specific area on the stage. That was the extent of the scene setting. We did a re-enactment of Jane in the role of her great-grandmother being held down in the forest by a group of men. She was in total control of when she would be rescued and by whom. She allowed herself to warm-up to the terror with specific hands holding her down and then she requested to be rescued in a surplus reality scene as we had previously arranged. She was taken from the designated forest area to a different physical location on the stage. Here she was welcomed into the centre of a group of women. They helped her move the terror from her body. They helped her release the fear, in the role, instead of retaining and somatising the frozen experience of terror. They screamed with her and cleared her body of the terror. They nurtured her by singing to her as well as using gently loving touch.

Exposing the Sociodramatic or Universal Significance of the Drama

Our bodies represent a universal commonality; everyone struggles with physical, spiritual and emotional pain that is held and expressed through the body. We can easily identify with others as a result. Because of our focus on the body in this work, it often happens that the psychodrama takes on a sociodramatic or universal quality. The psychodrama with Jane has many examples of this occurrence, so I will continue using this example to illustrate this point.

While Jane, in the role of her great-grandmother, was experiencing healing in the circle of women, each woman in the circle was offered bodywork so that she also could deepen her experience of the role and heal her own generations through the psychodrama. Many of the women asked for and received safe touch to help them deepen their experience of the role. The protagonist benefited from the other women crying and screaming along with her. It didn't detract from her experience, but rather enhanced it. It helped her to fully and deeply release her trauma because she felt so deeply doubled.

The auxiliaries in the roles of grandmother, mother and child were all witnesses to the healing of the trauma. They were encouraged to express

their feelings during this process and were offered touch by their somatic doubles to help them deepen their experiences. Because this happened in a country that had been at war for many years, many of the women had similar experiences in their bodies and by screaming with Jane in her great-grandmother's role, they were helping to heal their own generational traumas at the same time. In this way, this part of the psychodrama was sociodramatic and offered healing to the women of this country.

The men, who had been in the role of rapists, were energetically cleansed so that they would not have to carry this heavy energy. When they returned from this cleansing, I offered them (and all of the other men present) an opportunity to be angry with the abusers in this scene and all the abusers who had come to their country during war and abused their women throughout history. All of them expressed their anger fully as the women watched.

After the men had moved the anger out of their bodies (and perhaps the generations of men's anger that they had been carrying), I invited them to step into the reformed auxiliary role of protective male energy and surround the group of women who were offering healing to the protagonist and helping her release her pain. They joined hands first facing inward and then facing outward. The women felt safer having the men surround and protect them. The men felt that they had a role other than abuser or helpless witness and they felt strong and powerful. This aspect of the drama was sociodramatic and brought a powerful universal feeling.

When the great-grandmother had fully released her fear, she was able to go to the generations of women who came after her and tell them about her experience of being healed. She explained that she had done this so that they would not have to carry her trauma in their bodies. They cried together and role reversed so that each auxiliary got to hear the healing message and take it into her body. Likewise the protagonist got to feel this in her body in the roles of great-grandmother, grandmother, mother and herself.

Because so many participants were active in auxiliary roles, there were no audience members left in this particular drama once the catharsis and healing started. If there had been, we would have also offered bodywork to them so that they could release whatever emotions were evoked for them during the drama. This incorporates the cathartic aspect of sharing directly into the psychodramatic process in the very moment of relating. It helps the audience members release their pain, it helps maximise the experience for the protagonist, and it helps shift the build-up of tension within the room.

Co-creation Maximised

As seen in Jane's psychodrama, when we speak of the co-creation of a psychodrama we refer to the seamless weaving together of the input from the director, protagonist, auxiliary egos and the audience. This is one of the special and wondrous elements of psychodrama. When we help each of these roles to be fully embodied, we maximise the contribution possibilities. The more people are connected to the wisdom of their bodies, the more effective their contributions will be to the psychodrama. Although co-creation is supposed to include the entire group present, the audience is not generally considered a significant part of this co-creation. However, with Psychodramatic Bodywork®, audience members are actively encouraged to participate in the co-creation with their spontaneous somatic doubling responses and the resulting emotional catharses. The director however is still always in control of the process, supporting, limiting and maintaining the overview. The director does not relinquish authority in this co-creation but maintains a central position watching closely to ensure that what is being offered is indeed appropriate and helpful for everyone. Without this overview strongly and actively in place, it would not be safe to invite this high degree of spontaneity and co-creation.

In Closing

Because of the powerful nature of Psychodramatic Bodywork®, it is important to know that public demonstrations at conferences etc. are modified to fit the needs of the situation. I insist on a strong foundation of trust and understanding before the method can be used in its fullness. It would be inappropriate to apply many of these powerful techniques during a conference or public workshop. In these instances the method is modified so that the participants are not opened to experiences that they may not be able to fully resolve within the time frame and the context of the public presentation.

Conversely, when the first psychodrama takes place on the third day of an introductory level workshop, participants have already understood and agreed to the guidelines for safe touch. They have been taught where they hold unexpressed anger, sadness and fear in their bodies, and how to release these emotions safely. They know the difference between blind rage and healthy grounded expression of anger. So, when someone experiences Psychodramatic Bodywork® within the training program they are experiencing the method fully.

The foundation of this work is psychodrama. I am indebted to J.L. Moreno and to all of my psychodrama trainers. In his *Canon of Creativity* (Moreno, 1992), Moreno spoke of creativity developing into and from cultural conserves. I believe that Moreno himself would be pleased with Psychodramatic Bodywork® and the way it has developed from the conserves of his own method.

References

- Aaron, S. (1990, revised 2010) *Psychodramatic Bodywork® Introductory Manual*, Susan Aaron Workshops, self-published, Toronto, Canada.
- Aaron, S. (1991, revised 2009) *Psychodramatic Bodywork® Intermediate Manual*, Susan Aaron Workshops, self-published, Toronto, Canada.
- Aaron, S. (1995, revised 2009) *Psychodramatic Bodywork® Advanced Manual*, Susan Aaron Workshops, self-published, Toronto, Canada.
- Aaron, S. (2000) *Understanding and Releasing Anger DVD*, Susan Aaron Workshops, self-published, Toronto, Canada.
- Aaron, S. (2003) *Understanding and Releasing Fear DVD*, Susan Aaron Workshops, self-published, Toronto, Canada.
- Carswell, M. A. & Magraw, K. (2003). The body talks: Using psychodrama and metaphor to connect mind and body. In J. Gershoni (Ed.) *Psychodrama in the 21st Century, Clinical and Educational Applications* (pp.63-80). NY: Springer
- Hammer, L. (1990). *Dragon Rises, Red Bird Flies – psychology, energy, and Chinese medicine*, Barrytown, NY: Station Hill Press Inc.
- Juhan, D. (1998). *Job's Body: A Handbook for Bodywork*, Barrytown, NY: Station Hill.
- Levine, P. (1997). *Waking the Tiger – Healing Trauma*, Berkeley, CA: North Atlantic Books.
- Masunaga, S. (1977). *Zen Shiatsu – How to Harmonize Yin and Yang for Better Health*, Tokyo: Japan Publications, Inc.
- Moreno, J. L. (1992). *Psychodrama, First Volume*, Beacon, NY: Beacon House, Inc.
- Moreno, Z. & Blomkvist, L. D. & Rutzel, T. (2000). *Psychodrama, Surplus Reality and the Art of Healing*, London and PA: Routledge.
- Ridge, R. (2009). *The Body Alchemy of Psychodrama*, Minneapolis, MN: Brio Books.
- Schützenberger, A. (1998). *The Ancestor Syndrome – Transgenerational Psychotherapy and the Hidden Links in the Family Tree*, New York, NY: Routledge.
- Shu, G. (2003). *Yi Shu – The Art of Living with Change: Integrating Traditional Chinese Medicine, Psychodrama and The Creative Arts*, St. Louis, MO: F.E. Robbins & Sons Press.

Teegarden, I. M. (1987). *The Joy of Feeling – Bodymind Acupressure, jin shin do*, Tokyo & NY: Japan Publications, Inc.

Appendix A

Guidelines for Safe Touch in a Therapeutic Context (Aaron, 1990, revised 2010)

1. Have a contract that includes issues of touch.
2. Educate your clients on their rights regarding boundaries and touch.
3. Encourage and empower clients to notice and speak up about touch boundaries, preferences (regarding body parts, types of touch, etc.,) and related feelings.
4. Check each time verbally until trust has built to such a point that checking can become nonverbal or assumed.
5. With new issues: go back to the contract and check for permission.
6. Establish verbal and nonverbal signals to stop touch.
7. Timing needs to be within the client's control (e.g., how long will the touching last; how long before client is ready to be touched).
8. Touch needs to be consistent with the environmental setting in which you are planning to use it.
9. Develop your own and your clients' awareness that there are different norms regarding touch (e.g. cultural). Check out your (and their) assumptions.
10. Learn to read your clients' body signals that indicate touch preferences / discomfort.
11. As therapists, we must be ever mindful that we could have unconscious or conscious agendas (e.g. sexual). We are committed to being vigilant about such motives and not acting upon them.
12. Learn about and listen to your own body signals. Don't push past your own boundaries to accommodate a client's need. Clients could be hurt by your not attending to your own signals and limits. Educate your clients on your rights regarding boundaries and touch. Be able to speak to any conflict of needs between client and therapist.
13. Apologise for and acknowledge all touch mistakes.

14. Respect the client in all stages: not wanting touch; shifting to wanting touch; and away from wanting touch.
15. Learn to bracket your own emotions. (Bracketing is a process whereby we put our own feelings on hold so that we may attend to a client's needs – with the understanding that we will set aside time in the future, in a space that is safe for us, to have these feelings and look at these issues.)
16. Develop a working knowledge of doubling, transference, and projection. Learn how to identify when you or your clients are unconsciously seeing the ghost of another or a projection of part of self. Learn how to deal with these ghosts for yourself and for your clients. Learn to recognise when you are unconsciously feeling the same emotions as your client.
17. Educate the client regarding natural body sounds and functions and emotions arising from touch (e.g. passing gas, crying, shaking, and belching).
18. Educate the client regarding quality of touch vs. quantity of touch.

Appendix B

Essential Tools to Ensure Maintenance for Guidelines, (Aaron, 1990, revised 2010)

1. Regular personal therapy that includes touch is an absolute necessity for any therapist using bodywork in her or his own practice with clients. This helps the therapist keep clear of his or her own issues while working with clients. It also keeps the therapist in regular contact with the method she or he is using so that the power of the technique is in constant view.
2. Therapists need regular client supervision sessions to get clarity on clients who are challenging. Supervision provides an arena for challenge to or confirmation of your therapeutic approach. It is very normal to find our own unfinished business intruding on our work with clients. Supervision increases safety for all concerned, so that this normal occurrence does not lead to harm. Touch supervision is essential when doing touch therapies.

Appendix C

Possible Signs and Symptoms of Unexpressed Fear, (Aaron, 2003)

- There is a general lack of vitality.
- When frightened, we feel cold and might find ourselves shivering.
- Frequent urination is a related condition.
- Bladder infections, kidney stones, and yeast infections are examples of illnesses that can relate to unexpressed fear.
- When in fear we often have difficulty hearing, excess wax build-up in the ears, ear infections, or itchy ears.
- Teeth that are rotting, weak, or even falling out completely are often related to unexpressed fear.
- Hair that suddenly falls out, turns grey/white, or changes texture, practically overnight, can be related to fear.
- Fear creates difficulties in sleeping due to night urination, night sweats, and nightmares.
- Hyperventilation, rapid breathing, and holding our breath are all examples of different forms of breathing irregularities that can accompany unexpressed fear.
- People often feel ungrounded in this state.
- Frozen, stiff, paralysed, unable to move, and/or unable to speak are all possible descriptions of someone who is holding fear in their body and not releasing it.
- Acute or chronic low-back ache/pain is a common sign of unreleased fear.
- In this state the eyes often appear either closed completely or open wide and glazed over.
- Sweaty, cold palms often accompany fear.
- Daydreaming, splitting off, spacing out, and dissociating are all very natural forms of leaving the body when there is fear and possible danger present.
- Suddenly feeling extremely sleepy and falling asleep are possible signs of unexpressed fear and a desire to dissociate.
- Phobias are evidence of unexpressed fears.
- Specific headaches that start at the base of the neck and come upward to feel like a cap at the top of the head are often related to unexpressed fear.
- Heart palpitations and panic attacks are experiences that are often related to unexpressed fear.