R. V. Peavy,
University of Victoria.

# DRAMATIC THEMES IN CONTACT THERAPY (CT)

## Theory

When an individual seeks counselling or therapy, it is because in some way his life is not working. He may not be as successful in his work or in his marriage as he would like to be. He may feel isolated, or confused or disturbed. He may seek more meaning than he now has in life, or he may simply want to "grow". His distress may be mild: "I'm just dissatisfied"; or profound and expressed as panic, despair, anxiety and body pain.

An individual who seeks help hopes that his life will become more liveable. Typically, the individual seeking help is not able to clearly state just how his life is not working. He is certain that something is wrong, lacking, unmanageable, or whatever, but can only vaguely say what is wrong. What a client is clearest about often turns out to have little or nothing to do with the core of his difficulty. Indeed, what a client is clearest about at the onset of therapy frequently turns out to be at best a tangent and at worst a brilliantly executed resistance or defense.

Everyday living takes place at home, in school, on the street, and at work. For the most part, in everyday living a person is only dimly aware--of himself, of his relations with others, of what he is doing, and of what it is that troubles him. His life is a cliché--vague and repetitious. We can say that in everyday living what one does is what one usually does. Further, how one does what one is doing is how one usually does it. Daily living is habitual and obscure; the "taking for granted"

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process is predominant. One is fixated. X and Y do not see and contact each other as they _actually_ are. In everydayness an individual's concrete, vivid awareness of others and of the objects in his environment has withered away, leaving only dim recognitions and fixed expectation.

Karl Duncker[1], an experimental psychologist, has formulated the principle of _functional fixity_. In essence, this principle says that when we become accustomed to perceiving, or using, or explaining an object, event, or idea in a given way, we become _fixed_ on this particular usage and cannot then see other possibilities. In other words, habit rigidifies and narrows one's horizon of possibilities.

The philosopher Wittgenstein[2] has observed that our perception of concrete reality blurs under the press of habit and the passage of time. Some individuals blur to the point of "losing" the world. Yet in a most fundamental sense our lives rest on our concrete, vivid living _contacts_. To lose clear contact is to lose the sense of life. This drift away from clearly experienced contacts with one's self, others, and the environment--leads to isolation, confusion, disturbance, disability. These are the very states which bring individuals to therapy. The individual in these disfunctional states is not clearly aware of the obvious, he has lost touch with "where in the world he _actually_ is".

Somehow the individual must be assisted to _rediscover the obvious_; to _contact_ the actual. In order to transcend confusion or isolation or disturbance one must be compelled to take a "new look" at the habitual and the obvious and to _notice_ those "aspects of things which are...hidden because of their simplicity and familiarity (Wittgenstein, 1972, §. 129)."

By gaining a fresh look, one can again get in touch with the concrete, vivid reality needed to make life work.

A principal goal of therapy, then, is to bring about a "new look". This new look is one which vividly grasps the immediate concrete reality which is "at hand", but has been lost from sight through everyday living. Therapy must somehow nudge the individual out of his "functional fixity" so that he can perceive a greater range of possible lines of action. Therapy is a context for replacing habit with an alertness to possibility. Through therapeutic work the individual can differentiate and integrate his experiencing into every greater clarity. Therapy itself, when effective, is forward movement in life from vagueness to clarity, from habit to possibility and from possibility to actuality.

There are endless forms of therapy, each with something to be said for it, each with flaws. For our discussion, we can examine therapy with an educational motif rather than a medical motif and refer to this therapy form as contact therapy (CT). The over-all goal of CT is to move participants toward renewed contact: getting in touch with themselves, getting into contact with others and contacting their objective environment. One of the distinguishing features of the human being is that he is capable of diverse and complex learning throughout his life span. His entire life is a process of learning. For this reason if for no other we are justified as seeing therapy as an educational process in which individuals outgrow, transcend, and learn their way through obstacles and move forward in a life of contact. As Martin Buber put it: contact is the primary word of personal education.

In his efforts to get individuals into contact, the CT leader may bring to bear many different strategies: encounter, sensory and body awareness; Gestalt techniques, psychodrama, behavioral modification procedures, imagination exercises, relaxation and suggestion, and movement therapy techniques. In this essay we will be looking at the dramatic themes of CT and how the therapist functions as a director. This emphasis is not intended to minimize the importance of other strategies in CT.

A CT group can be construed as a "mini-theatre" in which a group member either enacts roles, aspects and themes of his life or else is a spectator to the life-dramas of other members. Group therapy in this form is action-oriented. Even a spectating member is vicariously doing self-therapy and is gathering more possibilities to "try out" in his own life through watching how others dramatize their lives.

A therapy group is obviously removed from the daily living contexts of home, school, work and street. Since they are removed from daily living, group members reconstruct life-problems, perplexities and themes. No scripts are prepared before hand. Rather they arise through reconstruction and improvisation within the group. Thus the group is a dramatic arena, where participants improvise and act out themes from their own lives in a spontaneous and improvisationally-directed manner.

Therapeutic groups are sometimes criticized as being artificial, unreal, unnatural, since members don't "live" in therapy. Yet it is just this removal from the everyday which turns out to be an asset. By directing attention to the imaginative and action dimensions of living

as these dimensions are dramatically reconstructed in the therapy group, participants are persuaded, forced, invited, trapped into vivid recognition of the obvious concrete reality which they need for making their lives work but which they are unable to see while absorbed in the context of everyday living.

The CT therapist is a director. In a broad sense, he directs the resources of the group and of the environment so that contact-making enactments will occur. He provides safety, objectivity and teaches basic role-playing skills. More fundamentally he directs the attention of participants so that previously unnoticed elements of "what is going on here?" are brought into consciousness or awareness. A group therapist who uses dramatic or "action" methods witnesses endless variations of basic life-dramas. He directs group members in their struggles to rewrite their life-dramas through role-playing, role-reversal, role-denial; through confrontation; through psychomotor expression; through projection and identification experiments; and through use of guided imagery.

As a director, the therapist directs toward moments in which some aspects of an individual's life will spring into vivid awareness. He directs toward healing moments where fragments of an individual's being are put in touch, i.e., he directs toward mind-body wholeness. He directs toward bringing speech, movement, feeling and silence into integration, i.e., toward presence. He directs toward spontaneity or freeing of the individual, i.e., unlocking muscle tensions, releasing feelings, reducing negative affect--especially fear and guilt--and increasing the individual's range of movements, feelings, perceptions and thoughts.

In CT, the therapist bases his directing on five dynamic principles. (1) An individual sees what he believes. Another way to state this is that one sees what one wishes to see, what one expects to see, what one prefers to see, and, of course, what one attends to. The powerful determiners of perception at any given moment are: belief, preference, wish, expectation and attention. (2) What one perceives largely determines what one will do in any given situation. From this it follows that the wider an individual's range of perceptions in any given situation then the wider his range of behavioral options. (3) Effective behavior is dependent on mind-body integration and contact. Put another way, effective actions stem from unified attentional (aware) states of being in which vagueness, fragmentation, and obliviousness are minimal and contact is maximal. (4) Human life is ebb and flow. An individual withdraws from contact and moves into contact. Both directions are healthy and necessary. Just as deep, rhythmical breathing is a solid life foundation, so is mind-body extraversion and introversion necessary and healthy. In a state of psychic "ease" an individual experiences an alternation of vivid external contacts and deep, centered internal contacts. In a state of "dis-ease" the individual experiences blocks, disruptions, distractions, resistances, avoidances and lack of contact. His life movements are dimmed, blocked and out of touch. (5) While lives are actualized through behavior, they are potentiated in imagination. In imagination we are able to freely explore alternatives, take risks, and form possibilities; we may then choose or refuse to bring the possibility into actuality through acting.

In summary, the five dynamic principles are:

1. Perception is a function of mental set and attention,

2. Behavior is a function of perception,

3. Range of attention and behavior depend upon mind-body contact,

4. Human ease is characterized by alternating vivid outward contact and deep centeredness,

5. Imagination is the forming ground for possibilities.

## Practical

What are sample practical activities in CT? Over the last fifty years hundreds of practical techniques and activities have developed within psychodrama[3]. Many of these can be employed to suit the demands of the evolving therapeutic production moment in CT. Three common examples are:

1. Role reversal: A becomes B: B becomes A. This promotes understanding of the other through being the other and builds self-clarification through seeing oneself mirrored by another.

2. Double: A is A and B is A. B can act out aspects of A which A cannot. B produces cues for A about A's own behavior.

3. Soliloquy: By soliloquizing on his actions, feelings and thoughts of the moment, A clarifies and structures insights, perceptions and prepares himself for future moments and situations.

Gestalt therapists[4] have likewise developed various devices for conducting therapy which complement psychodramatic procedures. For example:

1. I am that: an individual is asked to become some object in the room and begin speaking as though he is that object. Through this method he is able to project out aspects of himself which he would otherwise not be able to express.

2. Making the rounds: A: "I don't think anyone in this group likes me." Therapist: "Can you say that to each person?" A then goes around saying his statement to each person in the group. Making the rounds can be done with words, looking, hugging, pantomiming, screaming, etc.

3. Inner theatre: A experiences a split in his personality. One part of him wants very badly to marry his girlfriend, another part wants to stay at home with his parents whom he feels need him. A is directed to carry on an inner dialogue between the two "selves". The director may prompt him, or ask him to project these selves into his hands and let the hands "talk" or nonverbally express to each other. In this way "hidden" material becomes available for examination, differentiation and possible re-integration.

Movement therapy[5] also provides strategies which can be useful in CT. Movement therapy can be defined as a means of assisting individuals through movement to organize and develop a behavior repertory which satisfies their own needs and which establishes effective contact with others and with the objective environment. In the instance of an individual who is physically clumsy and experiences himself as being "off-balance" in day-to-day living, movement therapy techniques which would apply include:

A. Activity of the body which causes momentary imbalance followed by regaining balance (ballet positions, hopping games, walking in terrain requiring agile stepping).

B. Practice in balanced sitting, standing, walking.

C. Acting out improvised "off-balance" situations with an opportunity to express feelings of the moment followed by practice of sustained and balanced movements under the direction of the therapist.

Psychodrama, Gestalt therapy and movement therapy are rich inter-related sources of methodology for CT. To this we could add further examples from encounter therapy such as confrontation, verbal re-statement and constructive use of silence. The CT director/therapist uses imagin-

ation as a tool for psychological exploration of self and others. Through guided exploration of imagination any individual can create numerous possibilities for taking action which had not occurred to him before. Through imagination one extends outward into the life-space of others, and extends inward into his own personal life-space.

## Sample Session

Typically a CT meeting has four phases: orientation, warm-up, work and debriefing. The group members and director/therapist meet in a classroom-size room which is carpeted and has simple, straight back chairs. It is the aim of the therapist to create an atmosphere which can be best described as one of "serious playfulness". The members come in and stand around or sit down in two's or three's talking about various things. As soon as all have arrived, the director orients by saying "We have one and one-half hours to work. Each person get a chair and we'll form a circle." This done, everyone sits down and soon becomes quiet. After several minutes the director says: "I'd like to know if anyone has anything to bring up: problems, thoughts, anything you want to work on tonight." (Often a member will bring up a problem and the work will begin right there. Other times nothing is said and the director goes on to warm-up exercises.) Nothing is brought up so the director says, "I want you to look around the group and decide for yourself who is the person in here that you know the least about." After giving everyone about a minute to think that over, the director then says, "Now when I am finished giving you this instruction, I want you to decide on two more persons here whom you don't know very well." Next the director says,

"Now, quickly trade chairs with one of the persons you have decided on." This produces scrambling on the part of some, some resistance on the part of others. This would not be an appropriate warm-up exercise for seriously disturbed individuals.

Then the director says: "Clara, you are still in the same chair. You look like you didn't like doing what I asked you to do." Clara: "I didn't. I never like going up to a stranger and I thought something like that was going to happen." At this point, the director prompts Clara and she expresses her reluctance to do this specific exercise and expresses her generalized fear of putting herself forward interpersonally. At this point the director says, "Clara, you've given a pretty clear picture of one way you keep yourself in a box. I'd like to work with you on that. Will you work now?" Clara says "yes" and the director explains that work will begin with an imaginary exercise with everyone doing exercises. This starts the work phase. He then gives very specific directions: (timing is important)

1. In your imagination, build a picture of a room--something like a waiting room with only three pieces of furniture in it. Members are asked to close their eyes and to try to put all the details in the room. After a minute, the director asks them to blot the picture out and then bring it into focus again checking to see that the room has floor, walls, ceiling, what color it is, etc.

2. Now place yourself in the room if you are not already there. Notice how you can go in and out of the room. I want you to take the mental attitude that you have to wait about 15 minutes in the room before a taxicab arrives which you have called for. You are alone.

3. Now a stranger comes into the room. Look directly at him (or her). The stranger is not dangerous, he is a possible friend. I want you to in some way begin to interact with the stranger. Pay close attention to what you do and to what the stranger does in return. Whatever you are doing, in your imagination, exaggerate it.

Thus, the first part of the work phase is with imagination; the next will be improvised acting out. The director tells Clara to briefly describe the room she has constructed and to describe the stranger who had come into the room. Next he asks someone to take the role of the stranger (or takes the role himself) and then Clara and the other enact the scene from Clara's imagination. Again Clara is prompted to exaggerate. In quick succession then, several other members enact the scene and the director points out differences and clarifies alternative behaviors in the situation. Now Clara is directed to try several variations on her own scene. In her scene she had been reluctant and had asked the stranger what time it was but hadn't been able to go on with more interaction. Prompting her as needed, the therapist now gives Clara specific lead statements:

> "I'm sure glad you came along, I thought I was the only person in the building...."
>
> Getting up from her chair and offering the stranger (an old lady) her chair and then saying, "I see that you are by yourself, do you need help in arranging to get home?"

Finally someone else plays Clara in exaggerated form and Clara plays the stranger. The incidents in this session arose out of Clara's behavior during warm-up. The therapist directed the group through an imagery exercise and then through improvised role-playing. Most of the work was directed toward increasing possible behavioral alternatives for Clara.

Following this, various other alternative behaviors are suggested for Clara and she is <u>coached</u> through the practice of several of them. Then there is a ten minute <u>de-briefing</u> discussion and reactions to the

work phase are shared by group members. Very briefly, this gives some idea of how the director takes the group through (1) orientation, (2) warm-up, (3) work, and (4) de-briefing. Certainly not every session has a dramatic theme. Some sessions are characterized by movement and body awareness and body-contact work. Others are directed to verbal encounter and sharing.

To conclude, Contact Therapy attempts to put the person in touch with himself, with others and with the objective environment. This means alerting the individual to various aspects of concrete reality within himself and external to himself which get lost through conditioning and the passage of time. Individuals are encouraged to work in the "inner theatre" of their own imagination and create possibilities where none existed before. They are directed to enact these possibilities within the group, turning possibilities into actualities. Many therapeutic sources contribute procedures for the CT leader but three important sources are movement therapy, Gestalt therapy and psychodrama.

## References

Bernstein, Penny. Theory and methods in dance-movement therapy. Dubuque, Iowa: Kendall/Hunt Publishing Company, 1972.

Duncker, Karl. "On problem-solving." Psychological Monographs, 58, No. 5, 1945. Trans. L. S. Lees.

Moreno, J. L. "Psychodrama." In American Handbook of Psychiatry, S. Arieti (Ed.). New York: Basic Books, 1959, pp. 1375-1396.

Peavy, R. V. "Gestalt therapy and the counsellor." Accepted for publication in a forthcoming issue of The Canadian Counsellor.

Wittgenstein, L. Philosophical Investigations, 3rd edn. Trans. G.E.M. Anscombe. Oxford: Basil Blackwell, 1972.