



CONCRETIZATION IN PSYCHODRAMA WITH SOMATIZATION DISORDER

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Like most other action-oriented and expressive therapy approaches, psychodrama takes an interactional ontology view of the body-mind question, viewing mind and body as two of many interacting aspects of the same whole reality. What appears to be mind from one perspective appears as body from another. According to this view, the interaction between psyche and soma is a reciprocal process. This has more than theoretical relevance. Because not only can the mind influence (and jeopardize) healthy biological functioning, and somatic illness cause psychological distress, treatment must include both sides of the spectrum. Practitioners who focus on the mind use mental imagery and awareness techniques to achieve some kind of cognitive restructuring whereas practitioners who focus on the body use bioenergetics or other physical techniques to achieve some kind of catharsis.

Psychotherapists* have long recognized that striving for both release and integration will be more effective than emphasizing only one of them. This view is congruent with that of Weiner (1974) who altered Freud's dictum: "Where id is, there shall ego be," to "where mind (or body) is, there shall body-mind be" (p. 48). On this basis, psychodrama is constructed to set into motion a careful combination of emotional, cognitive, interpersonal, imaginary, behavioral and non-specific healing forces in patients with various mental disorders (Kellermann, 1992).

Since the pioneering "studies on hysteria" by Breuer and Freud (1895/1974) one hundred years ago, it has been well recognized that hysterical somatization symptoms can be eliminated in relatively few hypnotic sessions. Experience has shown that such

disorders seem to respond favorably to cathartic reconstruction of past traumatic experiences within a suggestive relationship. The fact that psychodrama is based on these principles makes it an ideal choice for such ailments. However, except for an early paper on hypnodrama (Moreno & Enneis, 1950), some psychosomatic cases presented by Leutz (1985) and Lisk (1982) who reported relief of respiratory ataxia as a result of concretization and amplification of pains, I could not find reports describing psychodrama as the major treatment modality for these disorders.

In what follows I will present a brief case report of the psychodramatic one-session treatment of a psychogenic pain disorder in order to illustrate the powerful interactions between mind and body and body and mind that can be stimulated through the use of physical techniques in action-oriented and expressive therapies. Specifically, the present case study attempts to show how the technique "concretization" may play a part both in the onset and in the removal of somatoform symptoms.

As its name implies, concretization refers to a technique in which the director asks the protagonist to translate abstract feelings into tangible and manifest bodily expressions. For example, protagonists who diffusely talk about feeling blocked may be encouraged to concretize that feeling through delineating an actual block in their body. Another concretization technique is to ask the protagonist to sculpt an imaginary picture of the sense of being blocked, for example depicting the feeling of being locked-up within a shell. Such techniques are used to focus, intensify and maximize concealed emotional states and thus make them more accessible for therapeutic working through.

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Unfortunately, however, concretization is sometimes used without sufficient consideration of its dynamic implications and clinical consequences. Practitioners who fail to recognize the complex psychosomatic and somatopsychic processes involved in any single psychodrama—the mind affecting the body and the body affecting the mind in powerful and often mysterious ways—risk inflicting harm rather than healing. Especially when dealing with hysterical and highly suggestive individuals, symbolic physical interventions should be used with greatest care. As described in the following case presentation, some protagonists may take the concretization literally and unconsciously translate it into a “real” physical ailment.

A Case of Psychogenic Pain Disorder

A young, non-assertive, single woman, Eva, complained of pain in her chest. That psychological factors were etiologically involved in her pain was evidenced by the absence of any organic pathology and the fact that the pain had started suddenly as a result of a clear environmental stimulus. As a matter of fact, the pain had started as a result of an open psychodrama session in which she had once joined and volunteered as the protagonist.

The basic theme in that session had been presented by Eva as “a feeling of paralysis in all areas of my life,” resulting in low self-esteem, inhibitions and periods of depression. The first scene depicted this sense of paralysis as if Eva had been locked up within a shell, unable to break out. In subsequent scenes, Eva re-enacted connecting significant situations from her childhood, such as lying next to her mother in her parents’ bedroom without moving so as not to wake her mother, and later listening with awe to her parents quarreling. The feeling of paralysis was further elaborated in a kitchen scene in which Eva expressed feeling a subtle but constant pressure from her mother. These re-enactments revealed an inner conflict between suppression and expression, which blocked any spontaneous outlet of aggression. Instead, it was turned against herself, making her paralyzed and immobile. At this point in the session, the director suggested that Eva concretize her block through an auxiliary who would then represent it. A male auxiliary was chosen and instructed to apply physical pressure on a spot over the upper left side of Eva’s chest, above the heart region. After a brief struggle with the “block” (represented by the auxiliary male group

member), Eva burst into tears and was urged to push him off.

The director seemed to assume that, by doing this, Eva would overcome her feelings of paralysis. However, instead of resolving the conflict and reducing the pressure, the intervention resulted in the development of a full-blown psychogenic pain disorder that gradually increased in severity, persisting for seven months. The exacerbation of the pain seemed to have had symbolic significance, apparently related to the unresolved conflict that had been reinforced by the physical pressure applied. The session ended without closure and the group members dispersed.

About seven months later, Eva participated in a group therapy congress in which the person who had played the role of “pain” also was present. When she saw him in the crowd, her pain immediately increased in intensity and she tried to avoid him at all cost. As the pain became almost unbearable, and her physician had assured her that there were no organic reasons for her pain, Eva decided to sign up for a one-day psychodrama workshop, which I directed together with a female colleague, in order to re-embark on her unfinished therapeutic journey.

In this “correcting” session, I was careful to let Eva take the role of the “pain” first and show in action its location, intensity and spread, as well as the symbolic messages it conveyed. A male auxiliary was chosen by Eva to be the “wrongly inflicted” pain and was put in role as an “amoeba-like” monster she could not control. Again, Eva was urged to confront the monster and work through some of the intra- and inter-personal issues it represented. After some physical struggle with the monster, which ended with Eva victoriously sitting on him, we were able to correct the early misconception and embark on the real struggle for independence. This time, however, Eva chose a female auxiliary to play her original, as yet undistorted, pain, conveying the symbolic message of critical demand, which later became a stand-in for her mother. This ambivalent relation was further concretized by tying a string from the “pain in her chest” to her mother, connecting them to one another like an umbilical cord.

At this point, I was faced by the task of guessing and filling in what Eva had offered me in the shape only of hints and allusions. Focusing on her conflictual relation to her mother and helping her to clarify her needs of self-determination and separation seemed to be a primary task. As a working hypothesis, the pain was thought to reflect an unconscious conflict

evolving as a form of symbolic self-punishment for her independency needs. However, because of her intense guilt feelings for not being a "good enough daughter," this conflict could not be directly confronted and I therefore chose to use an indirect suggestive technique, rebuking the auxiliary mother for making Eva feel guilty, telling her that Eva had the right to live her own life. When the auxiliary mother agreed to this, Eva looked visibly relieved and we made a point of cutting the symbolical tie to symbolize her inner separation from mother. In the final closure scene she presented herself as a bay tree in full blossom.

In the follow-up interview one month later (and in continued telephone conversations), Eva reported that she had been free of her chest pains ever since the session. She had been able to talk to her mother without feeling guilty and, strangely, her mother had also become more understanding toward her.

Discussion

The first psychodrama apparently stirred up deep-seated conflicts in Eva involving childhood dependency and hostility. Having been exposed to unusual stress, both externally from her mother and internally from her superego, she became blocked or "paralyzed" in a conflict between reacting to frustration by hostile outbursts and suppressing that expression. The "pain of the heart" suggested ambivalent feelings of loving and being loved, a conflict that became reactivated when the director used physical pressure with good intentions but in a highly abusive manner. As a contrast, the subsequent session was more protective and sensitive to the protagonist's own need for self-determination. Though the substitute outrage by the director toward the auxiliary mother was certainly not a part of the classical procedure (Kellermann, 1992), it clearly had a beneficial effect in relieving some of the guilt in Eva.

As described in this case study, a common problem in psychodrama, and perhaps in all short-term therapies that are based on immediate understanding, focusing and active intervention, is the possibility of misinterpretation. Such failures in comprehending the underlying messages and latent meanings of what is manifestly communicated (perhaps through physical symptoms) may stem either from insufficient empathic skills, from a general lack of psychological knowledge or from possible "blind spots" and coun-

tertransference issues that contaminate or impair the therapist's sensitivity. In order to avoid such misunderstanding, psychodramatists need to develop a suitable balance between "Socratic ignorance" (minimization of knowledge presupposition) and a trust in their intuition, experience, and knowledge of universal psychological processes. However, considering the fact that practitioners often are faced with the difficult (or impossible) task of reading protagonists' body-mind in an almost telepathic manner, and that protagonists need to find their own channels for self-expression, perhaps the expectation of immediate and correct interpretation is exaggerated.

The assumption regarding the relationship of concretization techniques to the onset and removal of somatoform symptoms may be regarded as a provocative one. Naturally, other alternative explanations could be given, suggesting that psychodrama can help to secure therapeutic effects through a multitude of influences, including the release of stored-up affects, exploration of interpersonal relations, the experiential and cognitive learning through doing, the active use of play and imagination, the behavioral communication through action language, and especially non-specific curative forces (Kellermann, 1992). These general, but not less powerful aspects of healing, influence the outcome of psychodrama in mysterious ways. For example, being first emotionally stimulated through suggestive age regression and then invited to participate in the healing ritual of cutting the symbolic umbilical cord to her mother, Eva was helped to make a profound symbolic transition in her life.

Surely, however, this is not an unusual case of a hysterical somatization disorder treated with suggestion. Although symptomatic relief in such patients can be achieved quite rapidly, the basic personality problems associated with the hysterical disorder will require a considerable period of reconstructive therapy (Wolberg, 1977, p. 867). More important are the fundamental technical (and ethical) questions this case raises regarding the use and misuse of physical pressure within the methodological frameworks of the expressive therapies. Apart from drawing attention to the positive potentials, it is my hope that the present case report may also be a reminder and a caution of the possible negative effects that can be achieved as a result of such techniques.

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