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# Staging dramatic enactments to resolve conflicts in couples

## ABSTRACT

*Re-enacting an event that has triggered conflict from each partner's perspective during couples therapy, while employing one's actual partner as an auxiliary, is a distinctive, theatrical application of psychodrama that develops perspective, promotes empathy, lowers resistance to being invalidated by disagreement and points the way to novel resolutions. Each client's enactment is followed by a role-reversed encounter between the auxiliary and the character assigned the auxiliary by the partner. Post-enactment processing of video feedback facilitates collaboration and reflection by the couple. A case example illustrates the application of this method.*

## KEYWORDS

drama therapy  
enactment  
psychodrama  
couples therapy  
conflict resolution  
role play  
paired narratives

## INTRODUCTION

Within the social constructivist paradigm, mutual validation is a process that occurs whenever two people support each other's interpretation of unfolding experiences in such a way as to co-create their reality. 'Mutual validation happens at the level of meaning-creation, as the couple collaboratively interprets their unfolding experiences and co-creates their own shared view of themselves-in-relationship' (Wiener and MacColl 2012: 56). Mutual validation has been shown to play a major role in relationship satisfaction (Dufore 1999; Gergen and Gergen 1987; Levine and Busby 1993; Segrin, Hansal and Domschke 2009; Stephen 1984; Veroff et al. 1993a, 1993b).

Conversely, many couples' conflicts stem from invalidation, where power struggles escalate over which one partner's narrative is to be accepted by both

1. Anne Hale (1985: 94), recognizing these contraindications, has proposed an ingenious combination of classical doubling and role-reversal in what she termed 'paradoxical double-bonding role reversal'. To illustrate Hale's technique, male client A speaks in the role of his female partner, B, to an empty chair representing A (himself). During this process B stands alongside and slightly behind A, doubling for A as herself. This gives B considerable input to lend accuracy to A's portrayal of B (who, after all, knows B better than B herself?) and gives both partners the experience of an alliance in the task of authentically portraying B. During the process A can be directed to reverse roles with the empty chair, thus responding as himself to the character of B. Working together, A and B can now co-create an encounter between the characters of A and B that is meaningful, respectful and authentic.

as true. The experienced quality of a couple's relationship regularly suffers during the process of each partner attempting to change the other's narrative while concurrently resisting the other's attempts to change one's own. Such conflict is antithetical to any mutuality of validation, since the validation sought by each partner is perceived as invalidating the other's narrative. Inter-partner trust, morale and considerateness all become casualties of this process.

Therapists experienced in working with couples are likely to be familiar with this pattern and are frequently challenged to address two resultant tasks: containing increasing partner polarization and supplying validation to each partner that does not trigger the perception of the therapist's siding with the one validated. Among other tactics, therapists may decline to take sides by pointing out that they possess no first-hand knowledge of the incident or issue; redirect attention to the underlying emotional process of the dispute; articulate the generalized beliefs underlying each partner's position; reframe the particular episode as an instance of a historically recurrent pattern of clashing; attempt to lower client expectations by normalizing conflict as an inevitable consequence of intimacy; even (paradoxically) praise the couple for caring enough to struggle openly with their differences. While these tactics may be helpful in arresting further damage to the client couple's relationship, they seldom result in any transformation of the partners' narratives.

## **APPLYING PSYCHODRAMATIC TECHNIQUES TO WORKING WITH COUPLES**

Psychodrama has developed over the past ninety years as a clinical method of group therapy well-suited to both representing and experiencing the personal truth of an individual, termed the protagonist (Blatner 2000). The format of classical psychodrama privileges and deepens the protagonist's intensity of re-experiencing this personal truth by enlisting others to support and explore it via the techniques of auxiliary role-taking and doubling. Other group members who take these roles participate in the realization of the protagonist's phenomenology, empathizing and frequently identifying with the protagonist's experienced truth.

However, when classical psychodrama methods are applied directly in couples therapy to promote empathy and identification between partners, the privileging of the protagonist partner's experienced truth is often experienced by the auxiliary partner as an invalidation of his/her own truth. Thus, these techniques are contraindicated in couples therapy whenever polarization and projective processes between partners exceed even modest levels (Seeman and Wiener 1985). Clients in the auxiliary role who are quite capable of empathy toward unaffiliated others are often found to be incapable of accessing accurate or sufficient empathy toward their intimate relationship partners.

Moreover, the willingness of protagonists to accept doubling offers or role-reversed renditions of themselves from their relationship partners is considerably more stringent and qualified than from unaffiliated partners. The same doubling statement, uttered with identical tone, is more likely to be challenged or rejected by the protagonist if the speaker is a partner that the protagonist perceives as hostile, indifferent, untrustworthy or having ulterior motives at variance with the best interests of that protagonist. Similarly, a performance of oneself by one's role-reversed partner is frequently perceived as a disrespectful caricature, further complicating the therapist's task of promoting psychological safety and collaboration.<sup>1</sup>

## APPLYING DRAMATIC ENACTMENT TO WORKING WITH COUPLES

The method presented in this article extends the use of psychodramatic techniques to a drama therapy format that permits the therapist to titrate better the degree of aesthetic distance (Scheff 1979) experienced by the partners.<sup>2</sup> What is distinctive about the method presented here is that clients are also recruited to participate actively as auxiliaries to their partners in a theatrical realization of their partner's phenomenology, but of an event that they themselves participated in from their own, contrasting, perspective. The method has been developed over the past ten years in the course of the author's clinical practice of couples therapy and has been presented at four professional conferences (Wiener 2008, 2011; Wiener and Van Horn-Greene 2009a, 2009b). In essence, the method consists of scripting and enacting both partners' versions of the same conflict-inducing event, with each partner taking the successive roles of author, director and actor. Post-enactment processing becomes an opportunity for the couple in conflict to engage in both deconstruction and reconstruction as part of a collaborative effort to re-story the conflict.

### A TYPOLOGY OF PAIRED NARRATIVES

Many conflicts couples bring into therapy are presented as power struggles over which each partner holds the 'truth' regarding some account of events in their relationship. When dyadic relationship partners' narratives of salient events are compared, they appear to fall into three categories: *consensus narratives*, where partners agree on the facts,<sup>3</sup> and hold consonant meanings regarding the event; *intersecting narratives*, where partners agree on the facts yet disagree on meanings regarding the event; and *parallel narratives*, where partners disagree both on facts and meanings. Consensus narratives do not produce conflict and are attended to only when there are expectations of conflict.

Table 1 below compares parallel and intersecting narrative pairings with respect to some features of clinical interest.

Features	Parallel narratives	Intersecting narratives
Source of conflict	Mutual invalidation of the other's assertion of 'facts'	Dispute over (a) interpretation of, and (b) salience of agreed-upon facts
Likely underlying sources of unhappiness with partner	1. Perception of other as untruthful  2. Experiencing invalidation for that which supports/justifies one's own feelings/actions	1. Perception of other as unsympathetic to own feelings, values  2. Not getting expected validation of/support for one's self-image (NOT negative characterization alone)
Probable emotional reactions to invalidation Likely maneuvers upon being invalidated by partner	Incredulity; anger; resignation  Disputation; devaluation of partner's capacities/motives	Hurt; anger; demoralization  Disputation; devaluation of partner's benevolence

Table 1: Comparative features of parallel and intersecting narratives.

2. A director's skilful use of various techniques used in psychodrama (e.g. warm-ups, role-reversal, doubling, etc.) functions to vary the aesthetic distance experienced by all present in the session.
3. It would be more accurate to label such 'facts' as 'truths', as they are assertions that also convey personal meanings. To illustrate the distinction, A and B might both refer to the fact that an 8-ounce glass contains 4 ounces of water with their contrasting truths: for A, the glass is half full; for B, the glass is half empty.

4. 'Polarization' is a noun referring to the process whereby members of a system each become more extreme or intense as a result of their interaction with one another. Polarization is synonymous with the earlier yet less familiar term 'schizogenesis' (Bateson 1972). Thus, in a couple, one partner may become successively more domineering and the other successively more submissive, moving to extremes in diametrically opposite directions ('complementary schizogenesis'), or, as when both partners escalate in making increasingly dire threats during an argument, becoming more extreme in the same way or direction ('symmetrical schizogenesis'). 'Polarize' is polarization's verb form.

5. When there are other participants (as occurs in family therapy) these others may function as witnesses to these enactments and be invited to function at times as a reflecting team.

In practice, this typology is seldom 'pure', as intersecting narratives presented in treatment will often include some emerging 'facts' that are in dispute, particularly when, in the process of recounting their versions, the couple becomes more polarized.<sup>4</sup> Also, even a fairly polarized couple that manifests parallel narratives will agree on some general and/or peripheral 'facts', such as who was present, where an argument took place, etc.

Working with both types, the therapist stages the couples' contrasting versions of the same core story according to the presented reality of each partner, who takes the successive roles of author, director and actor in that enactment.<sup>5</sup> The other partner, supported by the active coaching of the therapist, attempts to render faithfully the assigned role and interpretation offered by the directing partner. Once the scene ends, both partners leave the stage, return to their social roles and verbally process the just-concluded enactment. In this post-enactment processing, both become comparatively more distanced in their critiques of the scene just enacted and are guided by the therapist to reflect on the just-staged experience of living inside the other's reality.

This article will feature working with a couple displaying intersecting narrative conflict. The treatment of parallel narrative conflict utilizes the same enactment process, although differences between these two types emerge in: (1) the depth to which each partner's narrative is elicited; (2) the emotional energy present in the enactment of narratives; and (3) the way post-enactment processing is handled.

## CASE EXAMPLE

The example used in this article is that of a cohabiting heterosexual couple, although the same analysis and interventions may be adapted to resolving conflict with any other interacting persons or social systems. The case of Adam and Kerry is a composite that draws on similar ones from the author's couples therapy private practice. Throughout the description of the case, the author's commentary appears *in italics*.

Kerry and Adam, who had been living together for just under two years, entered therapy to address a few seemingly unrelated problems that had surfaced into awareness recently. While none of these problems alone appeared serious enough to threaten the continuation of their relationship, their cumulative effect was eroding their mutual trust and good will.

When the couple came to their third session following the Dinner Party incident described below, both were visibly agitated. Interrupting each other repeatedly, both tried to present their own version of this recent event. When the therapist invoked the previously-established rule of taking turns speaking, each presented their version without verbal interruption from the other, albeit with frequent disqualifying head-shakes and facial gestures by the non-speaking partner. The gist of their narratives follows.

*In Adam's version*, while they were still at home, Adam had calmly reminded Kerry of the time, yet Kerry had refused to hurry. They got to the event noticeably late, missing dinner. Other guests had made remarks implying that the couple was characteristically late again. Adam was embarrassed and apologized to the hostess, taking responsibility for their tardiness.

*In Kerry's version*, while they were still at home, Adam had rudely pressured Kerry to leave even though Kerry had made it clear she was readying herself as quickly as possible. When they got to the party, no one seemed to notice their lateness, as they got there after the main course but before

dessert was served. In apologizing to their hostess, Adam had blamed Kerry for making them late.

Table 2 below summarizes the couple’s narrative features.

While the therapist decided to focus in-depth on this ‘late-to-the-party’ event, a number of others would have served as well since the couple’s dynamics were very similar to those of other incidents in which their narratives clashed. To place their positions in the context of their larger narrative frames, the therapist elicited the following, fuller account:

*In Adam’s version*, Adam was impatient with Kerry making them late, although he was fairly restrained in expressing his impatience. He resented Kerry for being so insensitive to his discomfort at them arriving, late again, at a social engagement. Adam’s pressure on Kerry stemmed from his frustration at being unable to get Kerry to be considerate, both to their hostess and to Adam’s reputation. Kerry was deliberately allowing the time to elapse to show that s/he was too important to be punctual, a trait she got from her snobbish mother. The joke the guest had made about their characteristic lateness embarrassed Adam, who did not want to be thought arrogant by ignoring the stated time on the invitation. Adam’s apology to their hostess was an attempt to prevent the hostess from feeling insulted. In apologizing, Adam saw himself as accepting responsibility for both of them even though he was sure he would have been punctual if attending alone. By mentioning Kerry’s greater need for preparation time, Adam was exonerating her reputation in the eyes of the hostess. In both this incident and at other times, Adam was working to maintain the good social standing of the public face of their relationship, despite Kerry’s undermining conduct.

*In Kerry’s version*, Adam’s impatience at Kerry had an aggressive, hurtful quality. Adam was using their lateness as a pretext for berating her for some other fancied shortcoming. Being late was no big deal among friends! In fact, Adam was taking after his own rigid, compulsive father, who prided himself on his punctuality and looked down on anyone who arrived even a few minutes late. The joke the guest had made about their characteristic lateness showed that other guests at the party were relaxed and nonjudgmental rather than offended. Adam’s apology to their hostess was his attempt to distance himself/herself from the supposed wrongness of their lateness by putting the blame on Kerry. This was embarrassing to her as it revealed their discord as a couple to their friends when they should have been putting on a united, harmonious social front. Kerry’s cheerful, outgoing personality was the main reason they were invited to parties in the first place.

<b>Agreed-upon ‘facts’</b>	<b>Adam’s version</b>	<b>Kerry’s version</b>
Adam spoke to Kerry regarding the time, asking her to hurry	Adam had calmly reminded Kerry of the time	Adam had rudely pressured Kerry to leave
Kerry acknowledged that they would arrive late	Kerry had refused to hurry	Kerry was readying herself as quickly as possible
The couple arrived late	People noticed and minded their lateness	No one seemed to notice or mind their lateness
Adam spoke to the hostess about their lateness	Adam took responsibility for their tardiness	Adam had blamed Kerry for making them late

Table 2: *Contrasting realities in Adam’s and Kerry’s accounts.*

*'Differences in meaning' understates the degree to which Adam and Kerry live by contrasting narrative frames. Each partner's narrative features a contrast between self as well-intentioned and partner as thoughtless, inconsiderate, self-centered and out of touch with some important aspect of social reality. In these portrayals of the relationship, each partner is resisting the disagreeable task of adapting to the unhelpful actions of the other and is disheartened that the partner is unappreciative of one's own efforts on behalf of the relationship. Thus, each is disposed to excuse self and blame the other when discord arises.*

The therapist explained that, in their present frame of mind, further efforts to convince one's partner to alter his/her account of the event would be both futile and demoralizing. 'All of us,' he went on, 'have our own reality that we expect our intimate partner to share. We get upset when we discover that others have a different reality that they won't change and even expect us to agree with theirs. Fighting doesn't change anyone's reality, it just results in unpleasantness that leads to negative feelings about our partner.'

Instead, he proposed, both might gain a different perspective on both their own and their partner's reality by staging separate enactments of what happened according to the reality of each partner. 'When we act events out, we go beyond some limitations of verbal description and experience more fully how the other person experiences events that we know only from our own viewpoint.' At this point, the therapist picked up a rectangular box of facial tissues from the coffee table in front of the couch both were seated on and held it at eye level, with the square end facing Adam and the oblong side facing Kerry. 'What shape do you see?' he asked each in turn. 'A square,' said Adam. 'A rectangle,' replied Kerry. 'Well,' said the therapist, rotating the box so that the square end now faced Kerry, 'your answers are different, but you're describing the same object, only from different perspectives. That's a demonstration of what I'm saying.' Both nodded slightly, indicating understanding.

Signaling the end of the session, the therapist said: 'We'll do the staging at our next session, for which we'll need two hours. With your consent, I'll make a video recording of the enactments and we devote part of the session at the end to view and comment on these. Also, I have some homework for you – each of you is to bring a download of a piece of instrumental music that reminds you of the mood/state of mind you were in before the fight you had at home. Oh, and don't let your partner overhear or know what music you're bringing.' *The use of background music for the scenes helps anchor the emotional mood for the protagonist and conveys that mood to the auxiliary partner.*

At the beginning of the next session, explaining the process of staging each one's version of reality, the therapist asked the couple to join him at the other end of the office. 'We're going to have each of you create the scene the way you remember it. At the end of both enactments, we'll go back to the couch at the other end of the room and process what happened.' Gesturing at the part of the room they now stood in, he continued, 'This is our stage. When you're here, you're actors in a play and when you return to the couch you're Adam and Kerry again. Kerry, let's start with your version. You'll be the author, director and also the actor playing the Kerry character in the play, only she'll have a different name than you. What would you like to name her?' 'Janet,' Kerry replied. 'OK, and what's the name of Janet's partner?' the therapist asked. 'Frank,' Kerry said, after a short pause.

*Framing the enactment as a theatrical 'play' in which clients function as 'actors' playing 'characters' with invented names follows the principle of Displacement*



(Wiener and MacColl 2012: 60) whereby the heightened aesthetic distance achieved loosens clients' habitual investment in over-familiar reactions associated with their real-life identities. When in the role of auxiliary/actor, such displacement lowers a client's resistance to accepting coaching and direction from their partner who is functioning in the author/director role.

The methods of the interventions described below are those of classical psychodrama, with the crucial difference that the enacted event is one in which the auxiliary participated in real life as the partner of the protagonist. A major challenge for the auxiliary partner is that s/he is required to play his/her character in a manner significantly different from what s/he remembers s/he did and felt during the event that is being simulated.

'All right, Kerry, let's set the scene for Janet and Frank. Where does this take place?' the therapist asked. As is typically done in the transition from warm-up to the action phase of psychodrama, the therapist/meta-director directs Kerry to concretize the enactment by choosing the spatial features of the stage, using rudimentary props such as chairs, perhaps a small table, designating boundaries for rooms, etc. Kerry indicated the location of the doorway into their bedroom, placing two chairs for her chair and dressing table a few feet from the 'doorway'. 'Show us Janet at the start of the scene,' asked the therapist. Kerry, sitting in one of the facing chairs with her back to the doorway, mimed looking into a vanity mirror in front of her and applying cosmetics to her face [The therapist now began to play Kerry's 'pre-fight music' softly]. The therapist next had Kerry leave the chair and stand to one side, asking her questions about Janet's mood, concerns and expectations of the dinner party she's preparing herself for. 'Janet is upbeat, not in touch with any concerns and is looking forward to a pleasant evening at the party,' Kerry reported.

At this point, the therapist turned to Adam, who had been an onlooker to the process described thus far. 'You'll be asked to play Frank the way Kerry describes him,' he explained, adding that 'the challenge is to focus on faithfully rendering the character of Frank while not allowing your memory of what you experienced as Adam interfere.' The therapist asked Adam if he understood and agreed to follow these instructions; Adam assented [The therapist now turned off Kerry's 'pre-fight' music]. The therapist now asked Kerry to describe Frank's mood, concerns and expectations of the dinner party to Adam, instantly correcting any references to how Kerry and Adam behaved in the remembered event. Kerry began, 'Frank, you barge into the bedroom, demanding that I-' 'Demanding that Janet,' the therapist corrected. '... demanding that Janet stop primping and leave right away,' she finished. 'Show us how Frank says and does that,' prompted the therapist. The following scene ensued, with Kerry playing both the Janet and Frank parts solo, as described below:

### **Kerry's scene: At home before the party**

Frank (barging across the threshold angrily): Are you ready now? We should have left fifteen minutes ago!

Janet (turning to face him, speaking soothingly): I'm going as fast as I can. I'll need only a couple more minutes.

Frank (shouting): Dammit, we're gonna be late again!

Janet (smiling reassuringly): Sweetie, I'm almost done.

6. Kerry and Adam had unwittingly replicated the practice of 'provoking a performance' used by acting teachers and theatrical directors, although the therapist made no mention of this to them.

Frank (judgmentally): You're doing it again! We never get anywhere on time!

Janet (in a soothing tone): Relax, honey, it's OK, no one else will really mind.

(Frank storms out, head down, muttering angrily. Janet slowly turns back to the mirror and resumes applying make-up.)

After witnessing this play, Adam was invited to take the role of Frank in another performance. After each of Frank's speech turns the therapist called 'freeze!' and invited Kerry to step out of her role as Janet to offer corrective feedback to Adam's performance. Although Frank had accurately repeated the scripted words, Kerry was not satisfied with his tone in delivering Frank's lines, which tone she said was insufficiently intense and angry. Only once, when Adam became reactive to being corrected for the second time, did his performance as Frank satisfy Kerry. *As he reported later in the post-enactment processing, at that moment he had gotten angry, but as Adam reacting to Kerry's correction, not as Frank.*<sup>6</sup>

The therapist then set up an empty chair role-reversal between Adam and Frank, with the therapist doubling for Adam to bring out his reactivity to 'being trashed' by Kerry's portrayal. Kerry was asked to observe but not comment. Adam reproached Frank for being so out-of-control; Frank replied that Kerry had scripted him that way, so that she was to blame. As Adam's double, the therapist then told Frank that he had done a good job of carrying out Kerry's directions, an interpretation that Adam accepted. Frank and Adam then agreed that Janet's seeming sweetness and innocence was a provocative tactic to enrage Frank. *As Kerry had scripted Janet as she saw herself, the therapist judged that there was only marginal further benefit in enacting a corresponding Kerry-Janet role reversal.*

Following the same procedure, the therapist next warmed up Adam to setting his own scene. Adam chose the names 'Hannah' as Kerry's character and 'Peter' for his own. He kept Kerry's choices for the physical space. When the therapist asked him to show Peter at the beginning of the scene, he paced back and forth on the far side of the threshold, glancing repeatedly at his wristwatch. The therapist beamed Adam to the edge of the stage area and interviewed him to elicit Peter's mood, concerns and expectations of the dinner party he was about to go to. 'Peter is tense, concerned about getting there embarrassingly late and is hoping no one at the party notices their tardiness,' Adam stated [The therapist then began to play Adam's 'pre-fight' music softly].

Using the same format as before, the therapist turned to Kerry. 'You'll be asked to play Hannah the way Adam describes her,' he explained, adding, 'the challenge is to focus on faithfully rendering the character of Hannah while not allowing your memory of what you experienced as Kerry interfere.' Kerry said she understood and agreed to follow these instructions. The therapist now asked Adam to give directions to Kerry on how to play Hannah's mood, concerns and expectations of the dinner party, standing ready to correct any references to Adam or Kerry's behavior in the remembered event. Adam instructed Kerry, 'So, you—Make it clear "you" means "Hannah",' the therapist interrupted. 'So Hannah, you're sitting over there putting on lipstick, moving very casually.' 'Show us how Hannah says and does that,' prompted the therapist [The therapist now turned off Adam's 'pre-fight' music]. The following scene ensued, with Adam playing both the Hannah and Peter parts solo, as described below:



### **Adam's scene: At home before the party**

Peter (calmly): Are you ready now?

Hannah (glancing over her shoulder, annoyed): I'll just need a few more minutes.

Peter (points to his watch, pleadingly): We're gonna be late!

Hannah (patronizingly): Back off, will ya? I'm almost done.

Peter (sorrowfully): We never get anywhere on time!

Hannah (turning her back to Peter and attending to her make-up, speaking condescendingly): Relax, nobody else minds when we get there.

In parallel with Kerry's enactment, the therapist next had Kerry, directed and coached by Adam, play Hannah in another performance. After each of Hannah's lines the therapist called 'freeze!' and invited Adam to step out of his role as Peter to offer corrective feedback to Kerry's performance. Only on the last line, when Hannah was to play being overtly condescending, did Kerry balk, appealing to the therapist that 'this was so not like her'. The therapist reminded Kerry that she was performing Hannah, not herself, and that actors are sometimes cast as villains, not always heroes. After this, Kerry played it 'over the top', uttering Hannah's 'nobody else minds' with overt scorn for Peter's concerns. When the therapist checked with Adam as author/director as to whether this was an acceptable delivery of the line, Adam hesitated, then asked for a repeat performance of the last pair of lines. After the repeat, he coached Hannah to 'tone it down', as his Hannah, though irked by Peter's worrying, still felt caring and respect for him. The therapist then had Peter play both characters again to model the more nuanced performance he saw as authentic; Kerry was now able to perform Hannah to Adam's satisfaction.

In the empty chair role-reversal that followed between Kerry and Hannah, the therapist actively doubled for both Kerry and Hannah. The interaction between Kerry and Hannah was contentious, with Kerry advocating forcefully on behalf of Peter's feelings and Hannah insisting that Peter 'had it coming' for his disapproving attitude toward her. To bring their protracted struggle to temporary closure the therapist, doubling for each of them, proposed 'agreeing to disagree', which Kerry in both roles accepted.

### **VIDEO FEEDBACK AND POST-ENACTMENT PROCESSING (PEP)**

Moving back to their initial seating at the other end of the room, the therapist played back the video segments in the order they were made. At the end of each segment the therapist asked Kerry and Adam to report on what they noticed and what was different from what they expected to feel. The prevailing mood throughout the PEP was reflective and collaborative, lacking the polarizing interchanges of the previous week's session.

*Video feedback not only provides clients a valuable perspective to supplement their own recent memory but also increases their aesthetic distance, facilitating introspection and receptivity to other points of view.*

#### **• PEP of Kerry's scenes**

Kerry's comments focused on how unruffled she, as Janet, appeared at Frank's agitation and pressuring of Janet. 'Of course, I was in control and knew what

to expect,' she added. Adam noticed how Frank was punitive in berating Janet, wondering if Kerry realized how much influence Kerry had in activating that side of him. While not endorsing Frank's ill-humour, Adam owned that his anger was sometimes right below the surface, suppressed with considerable difficulty. As it came out later, Adam prided himself at keeping his temper in check.

• **PEP of the Adam–Frank role reversal**

Adam interpreted his initial confrontation of Frank as his 'gallant' side, coming to protect Kerry (not Janet, he made clear, as he felt no gallantry toward her) from being mistreated. The other side of this was the accord he reached with Frank over how the naive-seeming Janet was covertly provocative to them both. Apparently, to Adam, Frank's anger was justified if deliberately provoked. Kerry reported she felt 'touched' that Adam had stood up for her; she expressed gratitude that Adam kept his 'Frank-ish-ness' out of their relationship most of the time.

• **PEP of Adam's scenes**

Kerry again brought up how Hannah was so different from the way she saw herself and was dismayed that Adam had created Hannah to be uncaring and scornful. As she went on, it became clearer that she felt hurt and troubled that Adam, for whom she felt deep affection, could view her in that light. Adam admitted that Hannah's character was not how he saw Kerry, pointing out that he had himself re-directed the staging of the final couple of lines to tone down Hannah's negative, dismissive treatment of Peter's feelings. He now saw that he had constructed Hannah as someone whose responses justified his/Peter's long-suffering frustration with Kerry's indifference to his feelings surrounding lateness. Correspondingly, he had made Peter into a victim in order to make it easier to keep his temper in check. Ironically, it was clear that, despite Adam's efforts to present himself otherwise, Kerry showed her awareness of the aggressive side of Adam in her construction of Frank.

• **PEP of the Kerry-Hannah role reversal**

Adam was moved to tenderness toward Kerry by the replay of this scene, as previously he had not experienced Kerry 'taking his side'. For her part, Kerry was no longer conflicted about the position taken by Hannah; she decisively disavowed the legitimacy of 'paying Adam/Peter back'.

*Directing and enacting one's perceived truth has the somewhat paradoxical effect of heightening awareness of the constructed nature of one's own truth. Clients initially approach the task of staging their version of the critical event with eagerness, confident that the self-evident coherence of their soon-to-be enacted memory will overcome their partner's denials and objections. However, in the course of giving directions and directing performances, a client often becomes more aware of how the concrete staging of an event and the interpretation of roles entails choices that are not matters of fact but may be constructions. Once the initial frame of certitude is compromised, clients are more receptive to alternatives proposed by the therapist and even by their partners.*

*It may be added that the specific enactment of a remembered event requires invention beyond merely following the memory 'script' of the event, as was discovered by the early Gestalt Psychologists working on memory (Bartlett 1932). Memory*

*of events, it turns out, is a highly selective process, structured more around emotionally salient narratives than specific data. Occasionally, a therapist's meta-direction of the client's stage directions during the enactment, asking for specific details, may result in the client becoming considerably less certain of how events unfolded than s/he was at the beginning.*

7. Richard Chasin and his colleagues (Chasin, Roth and Bograd 1989) have developed a similar application of psychodrama in family therapy to the construction of 'reformed past' scenes.

### **CULMINATING SCENE: REFORMING THE PAST**

The therapist now proposed to Adam and Kerry that they were ready to construct a reformed scene that encouraged them to co-construct a shared reality of how the event might have been handled.<sup>7</sup> The therapist first mediated a consensual account of the facts that omitted the characterizations of the scenes each had constructed and both had enacted. He then repeated back to the couple the following account, which was acceptable to both:

Adam and Kerry were getting ready to attend a dinner party outside their home. Adam, who was ready to leave first, asked Kerry to hurry. Kerry replied that she was preparing to leave as quickly as possible. Kerry did speed up but completed all her personal preparations. They got to the party after dinner but while dessert was still being served. One other guest had made a humorous remark about the couple's habitual tardiness. Adam apologized to their hostess for their lateness, mentioning that Kerry had needed a lot of time to prepare for the event.

#### ***Reformed scene: At home before the party***

When all had moved to the other end of the office and the stage had been set in the same way as before with the two chairs, the therapist asked both partners to close their eyes and 'channel' their own characters from their own first scene. That meant that Kerry was focusing on preparing to play 'Janet' while Adam was concentrating on preparing to play 'Peter'. 'Now, allow yourself to be receptive to meeting your "better" partner and having a loving encounter within the scenario we just agreed upon.' The therapist reminded the couple to include the other's character name in each spoken line; the following scripted scene ensued:

Peter (calmly): Janet, are you ready now?

Janet (turning to face him, speaking soothingly): Peter, I'm going as fast as I can. I'll need only a couple more minutes.

Peter (points to his watch, pleadingly): Janet, it's really important to me that we're punctual. But it looks like we're gonna be late!

Janet (smiling reassuringly): Peter, Sweetie, I started too late for that, but I'm almost done.

Peter (sorrowfully): Oh Janet, we never get anywhere on time.

Janet (in a soothing tone, rising from her chair and squeezing his hand briefly): Sorry, Peter. If it helps, I don't think anyone else there will really mind.

The scene was rehearsed as scripted, once without interruption save where the therapist prompted the clients with their corrected line on two occasions. The therapist next had Adam and Kerry repeat their scripted performance as Peter and Janet, which went substantially the same the second time, and then

return to their seats on the couch at the other end of the room. *While the clients were well aware of playing themselves on one level, it was helpful to maintain some distance by playing the scene as Peter and Janet. That way, had Kerry and Adam fallen back into a polarized dynamic, the therapist could have attributed the conflict to problems between their characters and worked on these in further 'rehearsals'.*

Kerry remarked that playing this scene had indeed made her feel more generous and loving toward Adam. She now empathized with Adam's dilemma even though she distanced herself from any personal negative judgment over tardiness. Kerry pointed out that she was capable of punctuality 'when it counted', such as getting to her job on time. Adam, in a wondering tone, conceded that this was so; he had not previously connected this fact to their issue. Since it mattered to him, she declared, she would do better in future with social punctuality. For his part, Adam reported liking the manner in which Kerry had apologized to him.

As Kerry started to object, the therapist interrupted to point out that 'sorry' has two distinct meanings: 'I sorrow for you' and 'I apologize to you'. The therapist helped them clarify that Kerry had meant the first, while Adam had heard the second. Adam seemed subdued at hearing this, but brightened when the therapist pointed out that Kerry's expressed caring feelings toward him likely indicated a deeper caring, one that had greater value for their relationship than the momentary contrition of an apology. Adam went on to state that he would rather they be on time from now on, but that second best would be not feeling so angry at Kerry if he knew she really sympathized with his unhappiness. At this point, the therapist directed the session toward the process of constructing an agreement between them in which Adam would propose a timeline leading up to their arrival at future social engagements and Kerry would agree to meeting timely benchmarks for her personal preparation.

Two sessions later, the couple came in laughing over another, relevant event. Even though they had planned out their schedule and Kerry had met her time benchmarks, they had run into traffic and were late arriving at the concert performance they had tickets for. 'But you're both laughing; what's different about this time?' the therapist asked. 'Well, we're fine with each other,' Adam replied. 'I started to be down on myself for not having taken traffic into account, but Kerry got me over it. The main thing is, we're on the same team, dealing with life together.' Kerry smiled, adding, 'Adam got over his upset really fast – even though we missed the first part of the music, we had the best time going out in months!'

*Adam and Kerry's positions and sentiments had shifted considerably from the beginning of their treatment, when each held the other as responsible for their relationship problems. The enactments permitted each to shift his/her narrative from an oppositional stance that invalidated the other to one of mutual validation.*

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