

'Welcoming the Other': psychodrama in an acute inpatient unit

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Abstract

Objective: In this article, the author uses the leitmotifs inherent in a critically acclaimed film and in the philosophy of Emmanuel Levinas as a backdrop for discussion around how we encounter the humanity in the Other and its particular relevance for psychiatry. She proceeds to describe the existential underpinnings of psychodrama and demonstrates how she has been directing a psychodrama group, *Theatre of Life*, which has been operating for well over a decade within a public mental health system, acute inpatient unit. Through the ensuing discussion, she illustrates how the humanistic ethic of *welcoming the Other* is actualised in the *'here-and now'* of the psychodrama group psychotherapy process.

Conclusions: A thematic analysis derived from group-members' evaluation of each session illuminates their felt sense depicting the ethic in action.

Keywords: psychodrama, encounter, humanistic ethic, Levinas, acute inpatient unit

In Philippe Lioret's critically acclaimed film *Welcome* (2009),¹ he depicts the plight of cross borders and the fate of French citizens who help these individuals. The title, though ironic in its noun meaning, for certainly such individuals are indeed *not* welcome, is commanding and redolent in that it induces in us the need to re-examine to what extent we are willing to be human and humane towards the *'other'* – this distant or remote *'other'* – an unknown, foreign entity yet one who is a member of society and the human species, with universal yearnings that transcend social class, gender, ethnicity, age and abilities.

In Emmanuel Levinas' philosophical concept of *'welcoming the Other'* (1969),² he refers to honouring the Other, in all their *'otherness'*, embracing them in the totality of who they are – "the stranger, the widow, the orphan, to whom I am obligated" (p. 215). Herein, he invites us to see people as they really are and as they think of themselves, surpassing any ideas we may have of that individual. As Levinas poignantly states, it is a "non-allergic reaction to alterity" (p. 47).

What if anything, do a French director's and a French philosopher's constructs of *'welcoming'* have to do with psychodrama, let alone leading a psychodrama group in an acute inpatient unit, one may ask. Everything!

The notion of *'welcome'* and the act of *'welcoming the Other'* as depicted by Lioret and espoused by Levinas refer to something more than just the social decorum of

cordiality and polite hospitality. At the epicentre of their premise is the humanistic ethic of how we greet, receive, accept, meet and prize the humanity in the Other in the face-to-face encounter of everydayness of life. It is this deep revolutionary welcoming that underpins the provenance and maxim of psychodrama as illuminated in *Invitation to an Encounter* – a poem written by Jacob Levy Moreno in 1914,³ founder of psychodrama, group psychotherapy and sociometry:

INVITATION TO AN ENCOUNTER

A meeting of two: eye to eye, face to face.

And when you are near I will tear your eyes out

and place them instead of mine,

and you will tear my eyes out

and will place them instead of yours,

then I will look at you with your eyes

and you will

look at me with mine...

(abridged, from *Einladung zu einer Begegnung*)

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Moreno's fundamental principle of 'encounter' calls for a radical engagement not just as mere corollary but as a living ethos. There is no room for detached observation for both 'healer' and 'healed' are reshaped if not transformed constantly by the alchemy of coming together as people in the '*here-and-now*' – not as 'some case', 'some illness', 'some it'. It asks us to examine how we relate to our own existence as well as the existence of others and how we honour, celebrate and restore humanity in each other. Moreno believed that we each have a moral responsibility in the healing, growth and evolution of another human being. From what we know from neuroscience, we are all connected and wired on every level of our existence for developing connections.⁴

So much about psychiatry centres around pathology, diagnostic nomenclature, psychopharmacology and formulaic treatments, so much so that the intricate maladies of an individual's soul and more importantly, the human being, that is, who they are as a person gets lost in translation. Through welcoming the Other with a non-derisive, ahistoric stance we welcome them back into human connectedness and kinship; they in turn will undoubtedly internalise this mirror and come to be more welcoming of themselves and aspects of their own 'otherness'. Actualising this tenet in the work with people in the present is the heart of the method that is psychodrama as exemplified in Moreno's role-concept which he makes central to personality development. According to him, a role has three components – thinking, feeling and action – and develops from a relational context. In essence, the concept of role is practical and aimed at helping people reflect and change their own beliefs about themselves allowing them to describe their feelings and behaviours from more than just a few basic drives or mental mechanisms. Role theory thus celebrates a non-jaundiced, hopeful and potential-laden view of humanity.

The group: '*Theatre of Life*'

For well over a decade now, the author has been leading a psychodrama group, '*Theatre of Life*', in an acute inpatient unit – the only kind to date within a public mental health system in Victoria, if not Australia. The group is an open group and meets twice weekly for an hour and is an integral part of an individual's inpatient care and recovery. Group membership is open to all – clients, staff, and students. Staff and students who choose to attend the group come in a learning capacity as well as to experience first-hand what it is like to participate in a psychodrama group. It also provides an invaluable opportunity for this cohort to be present with clients in a novel way and vice versa, abolishing distinctions between 'them' and 'us'. The working premise of this group is that above and beyond the contextual roles we have, we come together in this group as *people* first:

- We all have a capacity to learn from each other and to grow individually and collectively.

- We can all be agents of therapy for ourselves and each other assisting in another's growth.

Whilst there is a clear leader of the group, who is also both the therapist and psychodrama director facilitating the process (author), the hallmark of a psychodrama group is in its embodied philosophy: egalitarianism, service, courage, openness, compassion and a kind of informality where official hierarchies are reduced if not even non-existent. Group numbers over the span of the decade have varied anywhere from 1–15. The structure of the group follows a classical psychodrama session: warm-up, action and sharing. Even individuals considered to be 'contact impaired' can be 'reached' through the various therapeutic dimensions inherent in the method as psychodrama works with people in the '*here-and-now*' whatever their level of function.⁵ Sometimes, it is enough, as referred to in psychodrama as *adequate*, for an individual to show up and simply be present – this in itself is a bold and life-affirming act!

Goals of '*Theatre of Life*':

- To assist us to understand how we are relating in the '*here-and-now*' so as to find more satisfying ways of being in relationship with self and others.
- To heal and repair our intrapersonal (inner/private) and interpersonal (social/public) worlds (e.g. rigid, isolated and stereotyped ways of being and relating) thus providing a corrective emotional experience.
- To develop and strengthen the best that is within ourselves (i.e. healthy progressive roles), enabling us to live more fully, with increased vitality, spontaneity and creativity.
- To provide a 'rehearsal for living' (role/spontaneity-training) – e.g. anticipated situations in which we wish to function with greater flexibility and immediacy.
- To celebrate a greater sense of freedom and possibility in the way we view ourselves and others.
- To build a healthy group culture and sociometry by building relationships in the '*here-and-now*'.
- To restore our creative genius and reinvest power in ourselves.

At the end of each session, all group members are invited to write their response to a simple question, '*What is your experience of this group today?*', on individual sheets of paper. These are collected by the author and kept as practice-based evidence as well as ongoing quality improvement. The quotes below are from approximately 50 group members' grouped under themes identified through thematic analysis, illustrating the ethic in action.

- o **Healing:**
“great way to explore and work through difficult, painful issues”; “can express myself completely and safely without fear or craziness attached”; “invaluable in the healing process”; “felt much better than before I entered the room”.
- o **Connectedness:**
“Communal”; “made me feel like I was a part of something”; “felt in touch with people in the group”; “many of the problems that are encountered in the group seem relevant to me and a help in my condition”; “very helpful to talk with another as people”; “became part of the group in a completely equal fashion of sharing”; “helped me understand that I am not alone in the world and to not be afraid to confide in my peers”; “important to not isolate”.
- o **Unconditional positive regard:**
“Non-judgemental”; “I can be myself”; “felt heard, understood and seen for who I am, not my mental illness”.
- o **Humanising:**
“Made me feel that I matter, I am a human being, not just my disease or illness”; “felt alive; to be able to laugh in the group”; “always feel welcome”; “more joy today”; “warmth from being in the group”.
- o **Empowering:**
“Self-affirming”; “self-empowerment”; “heart-warming”; “rewarding”; “engaging”; “hopeful”; “motivating”; “energetic”; “insightful”; “enlightening”; “helped me see myself and others from different perspectives”; “changed my way of thinking and feeling”; “helped me prepare myself for important events - tribunal; family meeting”.

And,

“breakthrough group...important to keep it going to help us”.

After each session, the author conducts a session analysis using a written description and/or appropriate role assessment charts and diagrams to record the following: description of key moments in the group; role systems; role development; interventions made; intra-role and inter-role relations in the group; and functioning as director.

Progress notes are written in individual inpatient admission files and discussed accordingly with the rest of the treating team. Ongoing clinical supervision is held on a fortnightly basis along with an ongoing commitment to personal process work.

A definition of terms common to psychodrama as used in this article can be found in the glossary section of the author's book, *Pieces of eight: stories of encounter and tele*.⁶

Conclusion

The author is often asked two questions: (i) how it is that she has continued to withstand leading a psychodrama group within a medical model for such a lengthy period of time; and (ii) how does she begin each session? The author's response to the former: a curiosity and genuine interest in people and how they lead their lives; providing a relationship in which healing, repair, growth and change can happen; a deep belief in the actualising tendency, what Moreno calls the '*creative genius*' that is intrinsic in us all; being with people as relational beings beyond constructs of 'psychopathology'; a reminder of one's own strengths and vulnerabilities; and the privilege of witnessing and companionship a *Soul in action* – these are what sustain her to keep leading '*Theatre of Life*'. And to the latter question, the author's response is, she simply says:

Welcome!

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Disclosure

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