

The clinical place common to psychoanalysis and psychodrama

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Abstract

The discussion on the article questions psychoanalysis and psychodrama about the possibility to recognize a clinic and unic place beyond the difference of the processings. So psychodrama is presented in the ability to promote the reworking of any clinic situation with the aim to reactivate in another clinic contest what was not told and seen of the previous situation.

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I would like to discuss a methodological problem which I am going to formulate in the following way:

- Can there be a common method between two fields of clinical experience as different in nature as psychoanalysis and psychodrama? Can we spot a common *clinical place* where both these procedures occur?
- Can we trace back the above-mentioned difference to some excluding logical processes that became constitutive of these two forms of clinical research? Could we argue that psychoanalysis and psychodrama present themselves as *technically* diverging insofar as each of them *methodically* excluded something it shares with the other and which, nonetheless, it is part of its *peculiar* and characterizing experience?

The “Apeiron” School offered me the opportunity to practise a very effective research procedure in an area of experience which somehow allows a second (or higher) order clinical elaboration. We are speaking of *elaborating again through psychodrama a particular moment of any authentically clinical situation, thus obtaining the result of reactivating, in a further clinical context, what remained unsaid/unseen in that previous situation*. We may take a fragment of a psychotherapeutic session, or of a group therapy one (say, a psychodrama session), but also of a simply medical or psychoanalytical session...What was a real clinical situation because of the presence of the patient, becomes in his absence, when properly dramatized and “acted”, the *symbolic clinical place*.

This further reality, which recalls and dramatizes the encounter with the patient, thus enabling us to start reading again the unconscious “associative chain”, is fundamentally a clinical reality. Nonetheless, its value becomes methodological. We are speaking indeed of *an interpretation of interpretations*.

With the foregoing words, I referred in a rough manner to a set of problems concerning, in my opinion, the *method of clinical research*. When we do clinical science we find ourselves submerged in a clinical space-time which presents itself again and again and historically develops by continuously *writing out* and *reading again* the *text* of the clinical narration. This process never finds a secure end. It may prove disappointing to believe that it can result in a theory or in a fixed formulation. Before experiencing psychodrama, I had not understood that the above-mentioned clinical text is very similar to a *play script*. Clinically speaking, all the verifications we can think of amount to resuming the interpretation of previous clinical *acts* and to discovering that they are always allusive and full of expression. This is to say that they are somehow scenic.

We will be confronted then with a *critical clinical scientific research*.

The particular experience we are referring to could be named “clinical check-up psychodrama”.

The output of the research varies according to the expectations of the clinical researchers who take part in it. We must note that the participants have some difficulties in dispensing with the notion of “supervision”, this pedagogical and anti-psychoanalytical concept. It has been even more difficult for us to become researchers insofar as clinicians, that is, as parts of the clinical process further involving us and producing a new clinical context where the previous ones are reinterpreted. As a matter of fact, the therapist is entirely included in the vicissitudes of the *case*. *The case does not coincide with the patient as an individual*. The latter is absent and beyond any possible check-up. *The case is the clinical encounter itself* or, in other words, *it amounts to that symptomatic set of events whose unconscious consequences are essential to the further clinical act, still active and “speaking” in it*.

What follows is intended to provide the reader with a rough idea of how the routes of traditional psychoanalysis can converge with those followed by psychodrama, so long as they are critically rethought. Those who are ready to acknowledge the primacy of the methodological-ethical position in every kind of clinical procedure may be induced to criticize what in the psychoanalytical tradition is referred to as “technique” or “setting”. It is exactly at the methodological level that the difference between psychoanalysis and psychodrama becomes uncertain or, at least, questioned. While the differences between those two apparently diverging techniques were being pointed out in shaping two separate clinical fields, thus setting up an hypothetical psychoanalytical professional conscience against a psychodramatic one, we were led by experience to notice the presence and the unifying function of psychoanalytical interpretation in both fields. To the extent that the following remarks are regarded as coherent, the reader will be ready to accept the following assumptions:

(A) *The essence of the psychoanalytical clinical procedure is a matter of method, not a technical one* and (B) *the unifying methodological investigation resides in an interpretive process*.

The exposition of this new clinical experience will unfold in two steps, approximately corresponding to (A) and (B). I will mention them in order to provide the reader with a scheme which will be taken back into consideration after having outlined the clinical account which follows:

A) *The psychoanalytical interpretive "work" is critically reconsidered within the psychodrama.* A clinical event involving a dream is staged during the psychodrama. More precisely, to activate the psychodrama I chose the fragment of a session involving the elaboration of a dream, taken from an analysis which has been interrupted by the patient. It is therefore a matter of interpreting a complex set including a dream, some phantasies and the transference process. This set is now expressed through a dramatization where it will also end up being put into words. In other words, this set is now *extracted from the record, from the trace of the unsaid-never said*, in order to be deciphered.

It is like telling for the first time the story of that "case", that is to say, of that apparently concluded clinical encounter, but it is above all like discovering that same story as *still unfolding*.

B) It becomes clear therefore how an *exclusion* from the reading of the associative chain has imposed a splitting structure to the course of that previous analysis. This structure is *now* detected and recognized as an *excluding plot* intervening again (though very hard to be spotted) in the present psychodrama. To put it in a more simple and charming way, it *now* happens that the person I choose from the group to act in the psychodrama says words hinting at the *unveiling of a developing plot*: words amounting to a complaint and resounding those *once* precluded to the patient of the interrupted analysis, as in an unconscious repercussion. This is the key event of the clinical check-up psychodrama.

The way has thus been cleared for the interpretation of the entire apparatus of that old analysis, *insofar as this latter is presently dramatized, and it represents itself*.

In the first section of this paper (A), I will focus on the *historical* aspects which are peculiar to any type of clinical process. That old psychoanalytic act was developing in time assuming the form of an extremely complex sentence which nobody could find again, neither those who were directly involved in it. But that sentence is recorded in a text, or a transcript, and it can be regarded as the prompt copy of the psychodrama in which it is unexpectedly read, as if on a stage where we go back to the unfolding psychoanalytic *act of telling*. In section (B), instead, I will consider the matter from a *structural-synchronical* point of view, which is, if I am right, typical of psychodrama. The oneiric data must present themselves again in the performance and a scenography must be dismantled in order to be deciphered as the hidden and legible intention in the prompt copy. *Speaking of and representing in this way the psychoanalytic session as if it were a scene*, the psychodrama group tries to bring the dream (together with the session during which it was told) back to the "plastic work" of the unconscious language which originally produced it as a representation-exposition (*Darstellung*). If the words uttered during the session constituted the

“matter” displayed for the interpretation of the unconscious, *the psychodrama now finds its object of interpretation in a scenography, not only the oneiric one but also the one belonging to the psychoanalytic session itself, not as a past event but as something which is presently dramatized*. In this way, the psychodrama can “give voice” to the “unsaid” of the session which remained, as a trace or a plot, in the folds of that scenic situation involving analyst and patient.

What game are we playing?

The term “game” has definitively entered psychodrama terminology, while in psychoanalysis its usage is generally restricted to child analysis. Actually, the sequency of sessions hosts a game of significant which starts from the reading and deciphering of that trace or prompt copy which binds the (apparently two) actors of the psychoanalytic scene. At every step these latter get more (or less) involved in it through their manifest and latent speaking.

In psychodrama, this scenical game becomes evident and is thematized, while it remains implicit and latent in classical psychoanalysis.

Psychodrama, which is a *group* psychoanalytic act, is thus able to highlight that the *associative chain* is trans-subjective in its realization. It (the associative chain) takes place within a collective process full of “links” through which the alternate reading and writing of the prompt copy *interpreted* in any form of psychoanalysis can unfold. If we conceive this process as repeated in time we must conclude that:

- *psychodrama is constitutive of any sequence of clinical acts;*
- *any psychodrama derives from a preexisting one;*
- *any psychodrama reads and deciphers this previous clinical plot;*

So we are now confronted with the apparent materialization (here and now) of our psychodrama’s underlying plot:

Something unusual happens. During this clinical check-up psychodrama, which has been played among fellow therapists, the Colleague I chose to play the role of A. V. communicates to the audience a feeling she experimented during the action. She confesses that she felt compelled and immobilized to such extent that she now needs to complain and feels the exigence of a “compensation”.

How come that the choice provoked the protest of the person affected by it?

How come that now what was concealed and omitted stimulated such a protest by somebody who does not even try to keep her distance from the clinical event in course? It seems that the choice stroke her as a *damage* and an *abuse* – as it suggests the use of the word “compensation”...

I think it was exactly the unsaid, that is, something constitutive of the psychodramatic technique, to provoke *this time* a complaint. That Colleague of mine questioned the operation of exclusion and abuse which is always immanent to a choice.

My patient A. V. was not in the position to complain: all he was able to do was to interrupt the analysis after his long-term collusion. His unconscious complaint was

excluded. On the contrary, the complaint of somebody who has been given the possibility to reply after her involvement in the psychodramatic event bursts out and overcomes this exclusion.

The complaint unveils and denounces the discourse underlying the psychodrama. It is the reciprocal of the complaint which had to be excluded for the psychoanalytic setting to be set. In the situation of that old analysis, the question that should have burst out would have gone like this: “What the hell is going on behind my shoulders?”

As far as I know, such a protest is very unusual in psychodrama. Who has ever seen, before this instance of clinical check-up psychodrama, somebody protesting for being chosen according to the rules of psychodrama itself and forcing the person who set the play into admitting the *arrière-pensée*, the hidden purpose, the unsaid, in other words the plot underlying his choice? Should not we regard all of this as the result of an operation of unmasking which unveils the “exclusion-from-saying” which is always latent when entering the “psychoanalytic tunnel” or when setting up the apparently neutral psychodramatic scene?

Actually, the person who suggested the clinical narration (from which the check-up psychodrama is derived) encountered different interpretations of the tunnel appearing in the dream. I purposely chose the perverse type, the one involving the tunnel of the anomic collision/collusion. The act of evocating the law and the symbolic debt of the damage makes the interpretation of the tunnel symbol change function in the group.

The news is that *we can ask for an account of both the “diabolic” plot and the reason why the tunnel was built in such a way.* We can state this by a very simplistic (and a bit silly, to say it all) aphorism: *the reason of a good tunnel*, starting from the moment we get into it, *is its way out.* As a consequence, somebody unusually decides to announce the act of getting out by asking for a justification of the “choice”: “Why did you choose me? Were you proceeding by exclusion? What was the reason behind the exclusion?”

The person of the group who was once in the position of choosing/selecting/excluding has now to confess his embarrassment when it comes to revealing *all* the hidden reasons which determined his choice as clearly as he told himself.

It is noteworthy that psychodrama technical rules allow something impossible in psychoanalysis, that is to say, the act of mobilizing and selecting the subjects constituting the group by ordering them to play a given role. But, to a closer look, traditional psychoanalysis proves in no way inferior, insofar as it performs its passing to an uncontrollable act once for all, simply by fixing the conditions pertaining to the so-called “psychoanalytic contract” – those instituting the setting – which will never be analyzed or questioned.

The rules of psychoanalytic psychodrama state that such a kind of directing action is required on account of psychodrama’s aim of highlighting the ghost-like scenery through an unavoidable scenic/clinical act.

Psychoanalysis seems to ignore (perhaps through denial?) its scenic/clinical moment, which is the one where the scenery involved in the dream and the person's clinical act (in the sense of acting/representing - *Agieren*) coincide. Maybe it ignores that, by excluding the encounter of Analyst and Patient's looks, it acts in accordance with its own absolute relation with *what is susceptible of being looked at?*

Both methods have to do with the *unmasking of the plot*. Perhaps, this means that they are part of the same methodology. To unveil the conflictual tensions by composing them: this may turn out to be true essence of the interpretive act according to Freud's lesson. In other words, psychoanalytic interpretation would amount to dismantling stages, uttering the latent words of a dream's scenario, receiving the message sent back to the reading of its *letter*.

How could I have performed the above-mentioned operations without a little psychodrama? How could psychodrama have allowed me to do so without the help of psychoanalysis?

Thus saying, we simply posited the premises for a discussion concerning the conflictual relationship existing between psychodrama and psychoanalysis. Each of them, as a partial "technique", may be obliged to acknowledge that it misses something when it refuses to come to grips with the other.

Psychoanalytic psychodrama, playing with what can be looked at and represented, is erroneously persuaded that it can exclude the scene involving a pulsional "enjoyment" by means of a set of preliminary rules.

On the other hand, traditional psychoanalysis, focused as it is on verbal interaction, is in turn persuaded that it can dispense with the visual moment, with the trace/plot which is *only* visible, thus condemning itself not to read it any more.

Maybe we are here confronted with two *methodological prejudices* opposing each other. Both clinical forms tend to deny and to hide something they can ascertain as actually happening: pulsions are alive and kicking during psychodrama, as well as the Id's writing becomes a written trace and disappears in front of the analyst's eyes, as he could find it only in the never-read visible of the scenic plot to be unmasked...

Experiencing the radically dissimulated conflict between these two clinical and psychotherapeutic options may prove rewarding. In what I called the clinical check-up psychodrama, psychoanalysis and psychodrama cannot escape a confront any more.

Whether the reciprocal – that is, an elaboration of psychodrama through psychoanalysis - is possible, is a question which I will not dare answer for the moment.

All I can say is that, so far, this symptomatic labor of mine changed my approach to psychoanalytic sessions. Now, I tend to alternate the traditional moments when the patient lies on his back with others during which he sits in front of the analyst's desk and acts in accordance with the "fundamental rule" of "saying whatever comes to his mind" while "scribbling at random" on a sheet.

We are thus back to the premise we started from. We should reject such concepts as "technique" or "setting" and replace them with the notion of a "method", at the same

time trying to conceive a common clinical place which should be able to transcend the different empirical forms of psychotherapy.

Incidentally, I would not know whether psychodrama can (or should) do away with some of the excluding prejudices which are constitutive of its “technique”. I have no authority to say something about it but, exactly because of this, I am tempted to do it. Every technique amounts, after all, to an excuse to establish purisms and prohibitions. While psychoanalysis should do away with its refusal of the visible, psychodrama could put under discussion one of its idiosyncrasies: it may admit that psychoanalysis is exactly what is needed to cope with the fact that the underlying plots necessary to establish the psychodramatic act *inevitably* imply a form of *enjoyment* by those who are in a *power position*, an enjoyment which is to be handled by means of a persistent reference to the transference interpretation. The transference mechanism is indeed omnipresent in psychodrama, where it plays a fundamental role in highlighting the fact that the scenic “material” to be interpreted never amounts to the simple dream, but it includes also the clinical situation itself, the presently unfolding psychodrama, with its burden of powers and reticences.

The scene is staged in order to *hint at Something Else*. This is the essence of the transference interpretation. This is what happens when we decipher the scenery (or when we read the literal track) and we discover that it is intentionally built as a scene, which in turn can be traced to another intention and so on.

This is what I meant when I said that psychodrama is something prior to any clinical situation: it can be qualified in such a way insofar as it hints at the *Other of speech* which is expressed in a scene displaying its intention only when it is alluded to, as Other, in the meaningful intention underlying another scene.

This is the ultimate sense of this critical clinical research. This latter *reads* the interaction of different overlapping plots: it is a game (or a puzzle) using the intersection with Another complexity in other to undo a symptomatic tie.

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