

# Psychodrama, Sociometry and the Transition from Self-Loathing to Self-Love

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## Abstract

This article is an overview of Moreno's developmental process and the potential for shame to be triggered in an individual, if it is distorted. The author further explores sociometric and psychodramatic techniques, as well as insight about the 12 Steps of Alcoholics Anonymous, and offers an explanation based on Moreno's theories and psychodrama perspective as to the reasons for the effectiveness of such techniques for treating shame. Practical tips regarding how to use sociometric and psychodramatic exercises in the healing process are also included.

**Key words:** *shame, heal, psychodrama, addiction, Moreno's Developmental Process*

## Introduction

Self-esteem is acquired by traversing the developmental process in a healthy way. Distortion of this process – due to such things as parental absence as a result of addiction, mental illness, death, divorce, etc, in a family system – however, can lead to the development of shame. Moreover, shame is rooted in a lack of adequate doubling, coupled with too much negative mirroring. Through the use of psychodrama's triadic system of sociometry, psychodrama and group psychotherapy, clients can be effectively reparented, re-navigate the developmental process, and heal.

As John Bradshaw writes, we can heal shame by “externalizing the voices in our heads...these voices [that] keep our shame spirals in operation...doing exercises to stop our shaming voices and learning to replace them with new nurturing and positive voices.” This is exactly what we can do in psychodrama:

identify those old voices; those negative introjects and replace them with positive ones. In so doing, we can help clients move from self-loathing (shame) to self-love (self-esteem).

Experiential therapy involving the use of sociometric explorations and full psychodramatic enactments, increases the awareness of the behaviour and dynamics resulting from shame, thereby allowing for the healing process to begin (Dayton, 1990; Dayton 2005; Fuhlrodt, 1990). Even simple exercises such as the Magic Shop and its variations (Blatner, 1988; Wilson & Goldman, 1991) have become a standard tool in action-oriented therapy. Sobriety Shop in particular, with a focus on the exchange of personal qualities that contribute to addiction for qualities that assist abstinence, can help clients to let go of roles that are no longer working, and step into new ones as they traverse the path of recovery (Rustin, T.A. 1993).

Shame comes from a variety of places: parents, religious groups, schools and peers and society. In a dysfunctional family, shame is pervasive. Sharon Wegscheider-Cruse (1989) talks about 3 “rules” in an addicted family system: “Don’t Talk, Don’t Trust, Don’t Feel”. The message that a child gets growing up in that kind of environment is to not exist. The child learns that she can’t trust others or herself; she can’t trust her reality because, rather than being doubled and validated, it’s constantly questioned and invalidated and, as a result, she can’t trust her own feelings, or those of anyone else around her.

Therefore, she questions herself, looks outside of herself constantly for the “truth,” rather than her own truth, and often chooses to just shut down. The child copes in the only way she knows how – by questioning her own feelings. Moreover, because those feelings are questioned by her caretakers ultimately she can lose any sense of who she is as a person.

In their discussion of shame vs guilt, Fossum and Mason (1989) distinguish between the two in the following way: “Guilt is...the feeling of regret one has about a behaviour that has violated a personal value.” When one can realize they’ve done something wrong, they can reassess and reaffirm their value system and make amends for the action. On the other hand, “Shame is a matter of identity, not a behavioural infraction.” It is the feeling that I am bad at my very core and that I have to apologize for my very existence. “The possibility for repair seems foreclosed to the shameful person because shame is a matter of identity...there is nothing to be learned from it and no growth is opened by the experience because it only confirms one’s negative feelings about oneself.”

Most clients begin harming themselves and/or neglecting themselves (through addiction, codependency, etc) due to a core feeling of shame, which is typically acquired by growing up in an addicted or dysfunctional household. Add to that the shame of simply having the problem with addiction and/or self-harm to begin with, and the behaviour and shame now become joined at the hip. Early on in the process, most of these clients begin to recognize that they tend to treat themselves differently from other people, and that realization brings on even more shame. The worse the problem gets, the more the shame escalates, and then the more the clients want and need to hide in their behaviour and hide from their own shame. Many clients have identified a shame spiral that occurs for them: she feels ashamed so she hurts herself in some way, then she feels ashamed that she's hurt or neglected herself, so she hurts or neglects herself some more in an effort to deal with the shame. In order for the client to break through that cycle, she must be willing to not only stop her negative behaviour, but also to address her issues of shame, because that's what lives at the core of her struggle.

In JL Moreno's language, when shame occurs, it is because the child has not received adequate doubling, and therefore, has no sense of self. As a result, the child will constantly be looking outside of herself for validation. That dynamic, coupled with negative mirroring by the primary caretakers convinces the child that she is wrong at her very core.

These early stages of the developmental process are vital to the child's – and later, the adult's – ability to differentiate “me” from “not me”, to have a clear and solid sense of who she is, from both the inside and the outside. Let us now look at the way this process “was supposed” to occur, and what happens when that is not the case.

## **Moreno's Developmental Process**

Moreno's model of the developmental process (Figure 1) begins with the double stage (1st universe), which occurs from birth and stretches to approximately 9 months of age (Moreno JL, 1977). Moreno described this stage as the first universe, because in this stage, the child experiences the world as all about her. By being seen and understood through the compassionate care of a parent, she begins to develop an internalized sense of self. This stage sets the child's foundation for all relationships. The benefits of doubling are evidenced in the research of Ainsworth, et al (1978):

*Secure attachment resulted when a child was hugged when he wanted to be hugged and put down when he wanted to be put down. When he was hungry, his mother knew it and fed him. When he began to tire, his mother felt it and eased his transition into sleep by tucking him into his bassinet. Whenever a mother sensed her baby's inarticulate desires and acted on them, not only was their mutual enjoyment greatest, but the outcome was, years later, a secure child.*

Double	<p>Birth – 9 months old          First Universe          No separation between child and parent          Oneness and unity          Internalized sense of being seen and understood – learned through compassionate care of parent          Sets foundation for all relationships          Establishes trust or mistrust</p>
Mirror	<p>9 months old – 2 years old          Breach of 1st Universe          Supplies information from outside not necessarily congruent with inner voice          Sensitive mirroring can provide a safe crossing from self to larger group – helping to understand how we are perceived by others          If mirroring is harsh, it distorts this pathway          Separation occurs          "You are separate from me but I still have effect on you (your dramas)          E.g. I cry and you come feed me"</p>
Auxiliary	<p>2 years old +          Individuation occurs          Helps child gain awareness of other as separate from his own needs          Stage of entering into world having internalized sense of self and sense of reflected self – taking secure awareness of self into world          "You are separate from me and you have dramas that have nothing to do with me"</p>
Role Reversal	<p>Ability to change roles – requires self to be complete enough to stand in self, step into shoes of other and then return to self          Ability to experience self from role of other; to look back at self from other</p>

**Figure 1. Moreno's Developmental Process – Based on the teachings of Robert Siroka**

The mirror stage, which occurs from 9 months to approximately 2 years of age (Moreno JL, 1977), is considered a breach of the first universe. In this stage, the parent supplies information from the outside world to the child that is not necessarily congruent with her inner voice. In this stage, the child begins to make the transition from the self to the larger world. It is as though the parent holds up a mirror to the child to help her get a sense of herself. The mirroring can be positive, "What a beautiful picture you've drawn."; negative, "Why are you so stupid?" or neutral, "You have blue eyes." If mirroring is sensitive, the child will make a smooth transition from self to others; if it is harsh, this pathway is distorted and filled with shame and doubt [we will address this dynamic more thoroughly when we explore the unhealthy developmental process]. The mirror stage begins the process of separation. The child begins to understand that the other is not a part of her, but has not reached the point where she can accept that other people have dramas of their own that might have nothing to do with her. She understands she is separate from mother, but has not begun to individuate.

Negative mirroring is necessary: it's a way we learn right from wrong, and it teaches us that we have an effect on other people. When negative mirroring is called for, however, it is important that the parent has already adequately doubled the child. When a parent doubles before mirroring, the child has an underlying sense of safety and love, so she can hear it better, and lessen the risk of personalizing it. For example, "You know that I love you, Tammy, but you did a bad thing hitting your younger brother."

The auxiliary stage begins after 2 years of age and, according to Moreno does not have a finite ending point (Siroka, 1994). In this stage, individuation occurs; the child crosses the bridge from self to the larger group and the world at large, having gained an internalized sense of self through the adequate doubling and mirroring of the parent. She learns that mother is separate from her and has dramas that have nothing to do with her. For example, if the child has had adequate doubling and mirroring, when Mommy comes home from work angry, the child does not immediately assume that it's her fault.

The role reversal stage was not assigned a definitive timeline by Moreno (Siroka, 1994); yet it is one of the most important aspects of the developmental process. Moreno believed that in order for us to survive in the world, we need to develop the ability to step into the role of the other (Moreno, 1953). In this stage, the child gains the ability to change roles with the other and then come back to self, except this skill requires the child to have enough

sense of self and her role in the world to stand strongly in herself, step into the shoes of the other, and then return to the self. It entails experiencing the role of the other and then looking back at the self from that place. It is through role reversal that we can gain insight into the feelings of the other and our effect on others, which is an essential skill in all relationships.

The final stage in Moreno's developmental process is that of the encounter. In this stage, there is reciprocal role reversal. Moreno described this experience as follows:

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 place them instead of yours  
 Then I will look at you with your eyes  
 And you will look at me with mine.

(Moreno, 1914)

*Invitation to an Encounter*

## Distortion of the Developmental Process Leading to Shame

*"We all have it. Shame is universal and one of the most primitive human emotions that we experience. The only people who don't experience shame lack the capacity for empathy and human connection."*

(Brown, 2012)

When shame develops, it is due to a break in the developmental schema. Shame occurs due to inadequate doubling and too much negative mirroring. As a result, the child does not get a healthy sense of self, and since this happens in the earliest parts of the developmental process, the child's ability to move out of the world of self into the world of other is distorted and stymied. As Dozier, et al (1999) state, "Having a history of chronic misattunement with one's caregivers predisposes people to have difficulties managing negative emotions later in life."

Doubling can be inadequate in two different ways: the parent can double "incorrectly", not reflecting the child's true feelings, – "You're not sad, you're just tired" – so she believes her feelings are not correct (in the double stage, the child needs reassurance that her feelings are valid) or there is simply not

enough doubling due to addiction, depression, etc, and in this case, the child feels invisible

Children have an innate desire to attach to their primary caretakers. If they are allowed to attach, they develop a sense of self, feel safe and secure in themselves and in the world. If they are not allowed to, they become clingy and anxious, don't develop trust in the universe, don't develop an autonomous ego and end up feeling a great void inside. That internal void is something many addicted/codependent clients speak of – feeling like they have a hole inside them that needs to be filled. And so they fill it with drugs, alcohol, food, caretaking, etc.

Inadequate doubling in an addicted household is incredibly common. Moreover, a key component in the propagation of the disease of addiction is the need for the caretakers to withhold the truth from themselves and others, i.e. denial. So when Mom shows up to the school play drunk and the child is feeling shame and anger, often the non-addicted parent (i.e., the chief enabler) discounts the child's feelings or tells the child that her feelings are not appropriate. Because the primary motivation for the addict and the chief enabler is to minimize what's happening regarding the addiction and/or pretend it's not happening at all, the child's reality gets denied. In this way, the child doesn't receive adequate doubling and therefore questions her own ability to identify and express her feelings and understand the world around her. She learns to look outside herself to others to define what she's feeling. This eventually manifests as codependency. Figure 2 shows the main characteristics of developmental distortion.

The developmental process is further distorted when there is too much mirroring or little or no mirroring at all. In a healthy upbringing, there needs to be a balance of positive, negative and neutral mirroring. If there is too much mirroring, especially if there has been inadequate doubling, the child further learns to look outside of herself to be defined. Moreover, if there is an imbalance of mirroring and it is mostly negative, the child will always be observing herself from a place of judgment. If the child is being defined by the other, and we accept that there has to be attachment before one can separate, then proper separation cannot occur. As a result of a lack of sense of self and too much negative mirroring, shame develops.

If there is limited or no mirroring from the parent – due to addiction, narcissism (auto-tele) or depression, for example – the child will anxiously be looking

Double	<p>No trust in the universe</p> <p>No sense of safety</p> <p>No internalised sense of self</p> <p>No development of autonomous ego</p> <p>Feeling a void</p> <p>Search to go back to womb (addiction gives that sense, even if only for a time.)</p>
Mirror	<p>Always observing self from judgmental place</p> <p>Can only define self through others, leading to codependency</p> <p>Proper separation cannot occur</p> <p>Have to attach to someone/thing before you can separate</p> <p>Shame develops</p>
Auxiliary	<p>Proper individuation does not occur</p> <p>Child never learns that others have dramas that have no connection with him/her, so she/he feels responsible, thus leading to development of shame and codependency</p>
Role Reversal	<p>Happens prematurely because the person doesn't have the ability to hold onto self while stepping into the role of the other – abandons self/develops into codependency</p> <p>Take on role of "Super Double" – trying to teach other how to double self "I'll stay with you to help you get it right", then gets stuck there.</p>

**Figure 2. Distortion of Moreno's Developmental Process – based on the teachings of Robert Siroka.**

outside of herself to be defined and feeling the void of her lack of self. This often leads to an overemphasis on the other and an attempt to manage and control. If the child cannot individuate and separate, she begins to believe that it is "all about her" and be filled with grandiosity. She has no other reference point because she's stuck in the double stage.

In order for the auxiliary phase to be complete, true individuation must occur. It is a critical phase in separating "me" from "not me". A child's ability to do this depends upon the caretakers around her, as she doesn't have the ego strength to do this on her own. However, if the child is not adequately doubled and mirrored, she never integrates the concept that others have dramas all their own that have nothing to do with her, thus always thinking that everything is her fault and living in shame or grandiosity: "If Mommy is having a bad day, it must be my fault". The ability to discern that Mommy has dramas in her life



that do not include or pertain to her is not in the child's frame of reference. If this process does not properly occur, the child stays stuck in the belief that the world revolves around her and ultimately feels an overdeveloped sense of responsibility. This lack of individuation is a classic symptom of codependency and is rooted in shame. In other words, if you have no sense of yourself then you require someone outside of you to define you.

Moreover, a premature auxiliary phase does not allow for an adequate connection. This is a common occurrence in addicted families, for example, where children are born into the role of auxiliary: they are parentified and end up doubling their parents instead of vice-versa. As a result, when the child grows up, she ends up choosing people she can't attach to and that she can be codependent with, i.e. be the caretaker in the relationship and forget her own needs.

When this distortion in the developmental process occurs, what results is what Louise Lipman (2000) calls premature role reversal, or "the Super Double". When the codependent role reverses, she is overly concerned with the other. She asks herself, "How is he feeling? What is he thinking? Is he okay?" Due to the dysfunction (the lack of good enough doubling and mirroring), she can't hold on to herself and step into the shoes of the other because she doesn't have a good enough sense of herself in the first place. Yet codependents do it all the time, and the core problem is that they get stuck there, doubling the other, trying to get it perfect ("Super Double"). They abandon their own needs, wants thoughts and feelings – in essence, themselves – to role reverse with the other person to meet his needs. If the other person feels "okay," then the codependent can feel "okay".

## **Healing Shame through the Psychodramatic and Sociometric Process**

Shame is rooted in anxiety, and inhibits spontaneity. Therefore a goal of working with shame-based people is to lower their anxiety and raise their spontaneity. Moreno defined spontaneity as the ability to come up with a new response to an old situation or an adequate response to a new one. (Blatner, 1988b). Moreno's philosophy regarding adequacy – as opposed to believing we need to be perfect – works to limit the development of shame as well.

Moreno was an optimist. He believed that at any time in a person's life, if she were adequately doubled, she could repair developmentally and heal. To heal

shame, we must clinically begin with repair work through doubling. Our work as clinicians is to help the client to develop a sense of self from the inside, through doubling, and match her insides and outsides through balanced and appropriate mirroring, and auxiliary work. Moreover, through the psychodramatic process, we can help clients to separate out the shamed parts of themselves, identify the source of that shame and release it, often generationally. Only when these prior steps in the developmental process occur can someone truly role reverse.

## Sociometry

The process of healing shame is a “Catch-22: the last thing a shame-based person wants to do is to become visible and reveal her shame.

*“Vulnerability is the last thing I want you to see in me,  
but the first thing I look for in you.”*

(Brown, 2012)

But of course, the only way to heal is for the shame to be brought out into the light, by honestly sharing feelings without being judged, and eventually by being doubled adequately and mirrored positively by others. A first step in this is to lower anxiety and raise spontaneity through sociometry.

*“By the crowd they have been broken, by the crowd shall they be healed.”*

L. Cody Marsh (Blatner, 1988b)

Sociometry can be an effective tool in helping clients find their doubles, or be found by their doubles. If the sociometric criteria are shame-related, then finding a double who can understand that feeling of being a mistake can begin to help reduce the shame a client feels inside. Moreover, by having her insides validated in general, the client can begin to build confidence in sharing what she’s feeling inside, without feeling terrified that she’s going to be judged. Clients will often say, “I didn’t know how I was feeling until I heard someone else speak.” It is through the sociometric choices, and the sharing that accompanies it, that others allow us to tune into our own feelings. In addition, sociometry can allow clients to begin to unfreeze feelings. Examples of this might be the following:

### **Spectrograms:**

*I know exactly what I’m feeling most of the time... I have no idea what I’m feeling most of the time*

*I felt understood by my family as a child... I felt misunderstood by my family as a child*

*I never feel like I'm a mistake... I always feel like I'm a mistake*

In this way, clients can begin to identify what it is that they're feeling and get a "reality check" from others that they might be feeling the same way. Early on in the process, most clients need to be given the language of feelings: they've been shut down for so long that they don't even have the words to describe them. If they can't put it in words, it can be helpful to invite them to tell you where they're holding the feelings in their body, or to make a sound that would capture it.

In the beginning stages of recovery, our work as clinicians is to help clients learn to receive doubling – to "feed" them what they are so hungry for – a sense that they are okay just as they are. However, it needs to be done slowly, with an awareness of how much "feeding" a client can tolerate. When an anorexic has been starving, you don't force feed her a huge meal all at once because she and/or her body will reject it. She can only take in small bites to start with.

Many clients come into treatment not being able to receive doubling; because their shame runs so deep, as Terrence Real (1997) says, they can't "metabolize love." With one client, her goal for her first year in group was to be able to say, "Thank you" when she was complimented, rather than minimizing by responding with, "Oh, it wasn't that big of a deal" or by pushing it away with a comment such as, "Oh, it was nothing."

On the other hand, if there's been "overfeeding" in the development process, chances are it was inadequate doubling due to a parents' inability to see or let go of their child. These clients are often too compliant and will simply repeat what has been doubled for them without tuning in to their own truth. That skill will need to be taught, and watching the client's body language can be a key to sussing this out. In some situations, when a client has simply repeated what has been said in the doubling, I'll stand behind her and double, "No matter what anyone doubles, I'll repeat it." There could be a number of reasons why she would just repeat what's said – she wants people to like her; she's afraid of hurting someone's feelings; she has no idea what she really feels, etc – but this technique will allow the client to be challenged, without shaming her. It will allow her to actually stop and truly tune into what's right for her, and then phrase it in her own words.

*“Being seen and understood can help shift people out of disorganized and fearful states.”*

(van der Kolk, in Porges, 2012)

Through adequate doubling and mirroring, rather than continuing to believe the messages that were given to them by their primary caretakers, clients can develop an accurate perception of themselves, from the inside and the outside.

Sociometry is also a great indicator of how one is being viewed in the world. Shame-based people have gotten highly skilled at covering up and convincing the world that they're fine inside, even when their inner world is crumbling.

*“Perfectionism is not about healthy achievement and growth. Perfectionism is a defensive move. It's the belief that if we do things perfectly and look perfect, we can minimize or avoid the pain of blame, judgment and shame.”*

(Brown, 2012)

Mirroring through sociometry can also help clients break through grandiosity because tele will allow them to be chosen and get mirrored appropriately, and start to come out as the real person that they are. When a shame-based person is chosen sociometrically, it can be a powerful shame-buster – an indication from a mirroring place that she is worthy.

For example, a client who was highly chosen for an action sociogram question, “Choose someone who could play the role of the part of you who has the ability to make decisions,” admitted that she didn't feel as though she had that role inside of her. By group members seeing her that way, the sociometry allowed her to start to match her insides with her outsides. It gave her information about how she presents herself to the group (as having it “all together”) vs how she's really feeling inside. By experiencing her surprise at being chosen, it allowed her to reveal her vulnerability, get honest about how she was feeling inside, and break down her false presentation in the group and in the world. This client's *modus operandi* had been to look fine even when she was in terrible pain and in need of help. By allowing the group to see the “real her,” she could start to show herself to them and in other places in her life.

Sociometry can also help break through isolation, which is a major component of shame. Moreno believed it was our responsibility to bring in the isolate (Moreno, 1953) rather than allow her to be “left out in the cold”. Shame-based

people come into treatment believing they are worthless and hopeless. Sociometry allows them to be chosen for criteria that can empower them. An example of this would be to ask an action sociogram question like, "If you were lost, choose someone who could help you find your way out." It allows them to be mirrored in a safe environment and get a better sense of their insides vs their outsides, and then build enough trust to reveal themselves a little more each time.

While sociometric questions that focus on mirroring can also help clients to lessen their shame, it needs to be explored slowly so that it doesn't shut clients down. Clients can also begin to work through their indecisiveness and claim responsibility for their choices through action sociogram questions such as:

- 1. Put your hand on the shoulder of the person in the group who could best understand a negative voice you carry around in your head?*
- 2. Put your hand on the shoulder of the person in the group who could best understand what it's like for you to receive positive feedback.*
- 3. Put your hand on the shoulder of the person in the group who could best understand what it's like for you to receive negative feedback.*

Many clients have difficulty making decisions because all of their decisions were made for them, or because any decision they've ever made was judged or criticized, leaving them frozen to assert their own feelings and choices. By asking clients to choose in the moment, they are "forced" to make a decision and make it known by their choice. It can be healing for a client to make his own decision about where he wants to stand on a spectrogram, or place his hand on his choice for an action sociogram criterion, and not have anyone tell him he's made the wrong choice. By educating clients on the dynamic of changing warm-up, it gives them permission to change their mind, without shaming them. So if after hearing someone else in the group share why he's placed himself in a certain spot on the continuum, and a client moves, he won't be chastised for changing his mind, but rather encouraged for honoring the change in his own warm-up.

Sociometry and psychodrama can help addicts and codependents work through the shame-based issue of asking for help and also of struggling to acknowledge their own ability to make choices. For most people dealing with addictions, especially if they are adult children of addiction (ACOAs), they've gotten the message that asking for help is not okay. Psychodrama "forces" the protagonist to ask for help, even in the process of asking group members to be auxiliaries. Often, protagonists early on in the process will ask, "Who wants

to play this role?” when choosing auxiliaries in a drama. Since tele is so important, as director, I won't allow a protagonist to defer the choice, but I will allow her to ask for volunteers and then use her tele to choose someone amongst those who have volunteered. In this way, she is encouraged to ask for help by choosing and is supported to tune into her own innate ability to make the choice that is right for her.

Many addicts have shame about their history of not following through on decisions or commitments. In a woman's group, one recovering addict woman was working through just this issue. When an action sociometry question was asked “Who could you support in moving into a new role in her life?”, all the group's energy came to her. She sobbed as she felt the support, especially because it was new behaviour for her to receive any support in her life, and to be heard when she had taken the risk to ask for it. Within two months, she had been able to make the major change she had been working towards, and six months later, the change is still being sustained.

## Social Atom Repair

If a client has been raised in a shame-based family, for all intents and purposes, she will need to be reparented, that is, to walk through the developmental process in a corrective manner this time around. As my colleague Suzie Jary says, the psychodramatist is in the role of “social atom repairman” (Jary, 2010). In so doing, she can develop a sense of self – her true self, not the façade she has been presenting to the world to survive – and get a realistic understanding of how she is perceived in the world. Moreover, she will come to see the culturally conserved behaviours that she created to survive in a dysfunctional environment (and that served her at that time), and can begin to develop new, more spontaneous and appropriate roles in her life.

When a client enters treatment, it is important to determine not only what therapeutic work she can tolerate based on where she is on her healing journey, but also where she is in the developmental process. Shame based people enter treatment struggling to accept positive mirroring and more often than not cannot receive doubling either. They tend to push away any positive connection as it feels unfamiliar and undeserved. If they feel like they are worthless, why would they allow someone else to view them as worthy?

*“The greatest casualties of a scarcity culture are our willingness to our own vulnerabilities and our ability to engage with the world from a place of*

*worthiness...the one thing we have in common is that we're sick of feeling afraid. We all want to be brave. We want to dare greatly."*

(Brown, 2012)

Language is very important when it comes to doubling, and when a client corrects what's been doubled, it can be a very good sign. If she has been overly compliant for a long time, this is the first sign that she's connecting with her own insides, and has the capacity to sort out what's true for herself. This is an indication that she's been adequately doubled, and is developing a healthier sense of self, which is what doubling is meant to do. If, on the other hand, a client tends to replicate what her primary caretakers did to her by rejecting doubling, she can potentially send the message to the group that they'll never get it right, and they'll most likely stop trying. An important piece of work for this type of client would be a drama about why it is so hard to receive doubling. What would the risk be? What is the fear of accepting it?

Most addicts come into treatment suspicious and guarded.

*"The pain of shame is enough to trigger that survival part of our brain that runs, hides or comes out swinging."*

(Brown, 2012)

This is what makes it even more imperative that we double clients before mirroring them. To mirror a client by saying, "You sound angry" will only serve to put her guard up even more. However, by doubling the addict – either from behind her, or across the room (which I do early on in treatment to allow the client to warm up to me and the idea of doubling), it gives her permission to have her feelings of anger, rather than further shaming her. An example of doubling from across the room would be, "If I were in your shoes, I might be angry at my parents for sending me here. Does that fit for you?" The client can then accept, reject or change the statement to whatever fits for her.

Over the years, I have developed the habit with individual clients of doubling throughout most of the session, as a way of assuring them that I am listening. So if a client is talking about a struggle with her partner, and having difficulty verbalizing it, I might say, "It's really challenging for me to not get angry at her, and to just stay calm." If that is an adequate doubling statement, the client often just says, "Yes, it really is," and will carry on with describing her struggles without even noticing that I've doubled her. In this way, I am joining with her and giving her permission to speak her truth.

Adequate doubling and positive mirroring, by both a director and the group, will allow the protagonist to transcend from the self and reach the auxiliary stage. Through this separation and individuation, the client will be able to transcend her self-centredness, her belief that “It’s all my fault” or “It’s all about me”; “I’m everything” or “I’m nothing.” As the saying in Alcoholics Anonymous goes, “We’re like ego-maniacs with an inferiority complex.” At her core, the alcoholic/addict has low self-esteem, and so she compensates for that by being grandiose and expecting the world to revolve around her. What that character defense is really about is the fact that she has had inadequate doubling and mirroring, and so she has never gotten out of that first universe.

As Lewis, et al discuss in *A General Theory of Love* (2000), one must attach before she can separate. In the early stages of recovery from addiction, we are asking clients to separate from what has been the only consistent thing in their lives – their addiction, codependency, etc. Initial attachment to the therapist, group, and 12-Step meetings is a healthy replacement for the intense loss they have suffered, and we now know that it also activates the pleasure centre in the mid-brain (Linden, 2011), allowing them to feel a sense of connection and attachment with themselves and others. If these clients “keep coming back”, as they say in the 12-Step fellowships<sup>1</sup> (Alcoholic Anonymous, 2001; Wikipedia), and get doubled and positively mirrored, they will naturally begin to separate and individuate.

Auxiliary work further promotes this. By allowing addicts to play roles in other people’s dramas, they begin to understand that not everything revolves around them and can then relate that to themselves and others more effectively. For example, in a drama, the protagonist chose a recovering addict in the group to play the role of an addict in his drama. Through the playing of the role, the auxiliary had a strong catharsis, recognizing the effect that she had had on those around her during her own active addiction. Within the safety of the group, she was able to experience her shame and sadness about what her addiction had compelled her to do and how it affected others, and was able to share it with a loving group that would not judge her for it, but rather, who would support her in her catharsis. In addition, in the sharing, as the

<sup>1</sup> The Twelve Steps were originally proposed by Alcoholics Anonymous (AA) as a method of recovery from alcoholism. The set of guiding principles was first published in 1939 outlining a course of action for recovery from addiction, compulsion or other behavioral problems. It was then adapted and became the foundation of other twelve-step programs. The process involves:

- admitting that one cannot control one’s addiction or compulsion;
- recognizing a Higher Power that can provide strength;
- examining past errors with the help of a sponsor (experienced member of AA);
- making amends for these errors;
- learning to live a new life with a new code of behavior;
- helping others who suffer from the same addictions or compulsions.



protagonist heard the auxiliaries share about their own shame, it served to lessen his shame. There was a sense of “Oh, you have that, too? Then maybe I'm not so bad after all.” The sharing served as doubling for the protagonist and the drama served as doubling for the auxiliaries and the group.

Transcending from the self to the other is the goal of the auxiliary stage. A history of inappropriate attachment as an adult can be directly connected to a history of inadequate doubling and mirroring as a child. As we've already established, you can't separate unless you've already attached. I have worked with countless ACOA's who have a long-standing pattern of choosing unavailable partners. It manifests as an unmet act hunger – the need to be doubled, positively mirrored and loved in a way they weren't by their primary caretakers. One client said, “I've been in the same relationship for 10 years: the names and the faces have changed, but I'VE been in the same relationship.”

Role reversal is a goal in psychodrama: to have enough sense of self to be able to step into the role of the other and then step back into one's own role. When shame has been at the core of a person, her ability to role reverse appropriately will take a great deal of time and work to develop and master. It's imperative to remember that the client must do the therapeutic work from her own role and acquire a true sense of self before she will be able to role reverse. In the psychodramatic process, often clients will be asked to role reverse in the course of the drama and will not be able to tune into the role of the other. This is a great diagnostic tool to evaluate where the client is in her process of developmental repair.

Role reversal also requires the ability to be mirrored, but it is a mirroring of self by the self. It is one of Moreno's greatest therapeutic gifts because it allows us to see ourselves through the role of the other and understand that we are not “islands”, but that there is nothing is smaller than two (Taylor, G., 1996).

## Exploring Shame in Action

*“Any treatment that expands creativity and has a different outcome can heal.”*

van der Kolk

Psychodrama offers clients the unique opportunity to re-experience, undo and redo their developmental process. Through psychodrama, the origins of

shame can be rooted out, the feelings connected with it can be unfrozen and expressed, and the shame – which is often generational – can be given back to those who gave it to them. Moreover, in a safe and supportive environment, group members can role train or “try on” new behaviours. Role training can be utilized and a client can play the same scene over and over again in the safe environment of group, which allows her to practice, with the help of the group.

Through sociometric exploration, we can help the group in their warm-up to their issues of shame. Here is an example action sociograms that can help move the group in that direction:

1. *Who could play the role of someone in your life who adequately doubles(d) you?*
2. *Who could play the role of someone in your life who inadequately doubles(d) you?*
3. *Who could play the role of someone in your life that you longed to have double you?*
4. *Who could play the role of someone in your life who mirrors(ed) you positively?*
5. *Who could play the role of someone in your life who mirrors(ed) you in a way that was shaming?*
6. *Who could play your voice of shame?*
7. *Who could play the part of you that knows the truth?*
8. *If you were to do a drama, who in the group would play a role?*

It is important to note that different directors have different ways of the group sharing when it comes to sociometry: some have the group share out loud on a regular basis; some have them share individually. It's especially important when working with shame-based clients to be sensitive to what might be difficult for them to share out loud in front of the entire group. Many times, it is through sharing it individually in the sociometry that the client can break through her shame enough to be able to share it with the entire group and/or put the issue forward to do a drama.

Another option leading to a drama might be a timeline. Invite the group members to walk a timeline and stop at a time in their life when they were:

*Adequately doubled*

*Inadequately doubled*

*Positively mirrored*

*Mirrored in a way that was shaming*

For some protagonists, once they have been chosen to work by the group, just the process of the walk and talk at the beginning of the drama can warm up tremendous shame.

*“Defenses were intended by nature to be situational rather than chronic.”*

(Bradshaw, 1988)

However, with many clients, shame has become a chronic defense. The protagonist is not fully in the psychodramatic altered state in the early part of the walk and talk and, despite being chosen by the group to work on this issue, in that moment it is just her alone on the stage with the director and her shame. I will often stop the action and ask for a show of hands from anyone else in the room who can identify with the feelings the protagonist is struggling with. Invariably, a number of hands will go up which allows the protagonist to be doubled in her feelings, thus reducing shame and allowing her to move forward with the drama. If she is still struggling, I can ask group members to come classically double her, to reassure her that she's not alone.

If the protagonist is still too overwhelmed with shame, it helps to concretize it. The protagonist can choose a member of the group to play shame and we can dialogue with it. Often, just concretizing it and allowing an auxiliary to hold the shame allows the protagonist to do the work. Sometimes, the work becomes about the drama with that shame and how to overcome it, or to find a way to “tuck it away” long enough to become vulnerable in a drama despite it.

Many shame-based protagonists struggle with their work because they're afraid that the group is bored, or that they're wasting the group's time. It can help to have the protagonist stop the action of the drama and make eye contact with the group, to reassure her that they're still with her. If this isn't sufficient, group members can classically double the protagonist, or we can return to the dialogue between the protagonist and her shame, to help her begin to overcome that relentless voice that tells her that she's not enough.

When a client is speaking of herself in a shaming way, it can be helpful to ask, “Whose voice is that?” Often the answer is, “It's mine.” The negatively introjected voice has been in her head so long that she can't separate it out from her own voice.

*“Shame started as a two-person experience, but as I got older, I learned how to do shame all by myself.”*

(Brown, 2012)

I can then ask the client, “Well, I’m sure you didn’t come out of the womb believing that about yourself, so who taught you to think that way?” Her work will then be to separate out that negative voice and begin to replace it with a more positive one – or at least a neutral one to start. Another good option is to include a generational piece where the protagonist can concretize the origin of the shame, and using empty chairs, auxiliaries, scarves, etc, send it back from whence it came, releasing it from her own psyche.

In one drama, a protagonist was struggling with setting a boundary with her boss and learning to say no. The protagonist tried it a number of different ways, but still did not feel like she was doing it adequately. She said she didn’t have the role of being assertive inside her, so none of her attempts felt right. Moreover, she was able to say out loud that she felt ashamed for not knowing how to do it. So I asked her to step out of the role and choose 3 group members who could step in as her – one at a time – utilize their spontaneity, and offer a different response. The protagonist watched the 3 possibilities demonstrated from the mirror position, and after feeling the doubling from those demonstrations, stepped back into the scene able to assertively tell her boss no. In the course of the drama, the protagonist was able to name her shame about not knowing how to say no, reduce her shame and raise her self-esteem by getting support from group members and practicing this new behaviour. Through the action, the protagonist anchored this new behaviour emotionally and in her body, so that when the time came for her to speak up to her boss, she was able to do it.

In another drama, a recovering alcoholic protagonist encountered the negatively introjected voice of her sister. In the drama, the protagonist was able to utilize the group, in the roles of various people in her support system, and muzzle her sister so that she could speak her true feelings to her. In addition, the protagonist was able to identify and concretize positive introjects in her life, in this case, her sober support system. By role training these positive introjects through role reversal, the protagonist was grounding herself somatically and emotionally in them and then had the opportunity to reverse roles back to herself to take in and receive the love and support of those introjects. This is part of the process of quieting those negative voices, the “itty bitty sh-tty committee” that alcoholics talk about carrying around in their heads, and beginning to replace them with positive voices. In other words, replacing the shame or grandiosity with self-esteem and a sense of self-worth.

Most shame-based clients have difficulty making eye contact, which can be further exacerbated after their drama is complete when they potentially feel

overexposed. This is why the third part of the triadic system – sharing – is integral and completes the process of healing for the protagonist as it can serve as a powerful “shame buster”. Rather than being a time to offer advice, group members are asked to identify their feelings in the role and their personal connection to the drama. In other words, the group members are being asked to double the protagonist.

In early recovery, the director often has to teach clients to stay focused on their feelings rather than offering advice or suggestions to the protagonist, and in sharing, to double, not mirror. The protagonist can't receive mirroring at this time because she is still vulnerable from doing her drama. I will ask, “How does that connect in your life?” when a group member starts to give advice or analyze. It is the responsibility of the director to stop the analysis or advice-giving to protect the protagonist, but also to encourage the group members to tune into their own feelings and psychodramas that have gotten warmed up as a result of being a part of this drama.

Part of why psychodrama and 12-Step meetings work is because the addict has the opportunity to sit and be simultaneously doubled and mirrored by person after person through the sharing of their stories and can feel “part of”, rather than feeling “different”. This reduction in shame allows the addict to not feel so alone with her feelings. During the first meeting between Bill Wilson and Dr. Bob Smith [both co-founders of AA], Bob's shame-based, angry, defensive reaction was to say, “There's nothing you can tell me about my alcoholism that I don't already know.” Bill Wilson surprised him by telling him he wasn't there to talk about Bob's alcoholism, he was there to talk about his own. In that way, he doubled Bob, by sharing the core feelings of powerlessness and unmanageability that goes along with addiction, and he mirrored him, because Bob could listen to Bill's story and see himself in it. This technique of sharing from self (and doubling and mirroring at the same time) allowed Bob to let down some of his shame, feel a connection and seek sobriety. And this is exactly what we do in the sharing portion, or group psychotherapy part, of a psychodrama session.

Groups are built in two's (Taylor, 1996). When an addict walks into a group or a 12-step meeting, she is the isolate. By connecting with others, by listening to their stories and eventually revealing her own, she can start to build support, get doubled and learn to let go of her shame. She can learn to “metabolize love”, take the “warmth of unconditional regard deep inside” (Real, 1997), take in that she is lovable, and learn to live a life that is “happy, joyous and free” (Alcoholics Anonymous, 1935).

## Conclusion

Sociometry and psychodrama are invaluable tools for therapeutically re-parenting our clients through the developmental process. By offering them adequate doubling and balanced mirroring, clients can develop an accurate sense of self – from the inside and outside – and step into healthier relationships with themselves, and those around them.

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