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Psychodrama and Therapeutic motion Pictures

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Beacon House, 1945

PSYCHODRAMA MONOGRAPHS, NO. 11

PSYCHODRAMA AND THERAPEUTIC MOTION PICTURES

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INTRODUCTION

Shakespeare and the Psychodrama

The new concepts which the psychodrama has brought to the drama and the theatre can be strikingly illustrated by reflecting upon the attitude which Shakespeare, the dramatist of Hamlet, might have had if faced with a real test. Let us imagine him for a moment, sitting at the desk in his Stratford home, inspired by the story of Hamlet, the Prince of Denmark, which he found in a history book. He is brooding over it, making notes for a new play, of scenes and dialogues as they come to him. Suddenly he is interrupted by a knock. He opens the door, an unexpected visitor stands there.

The stranger: Are you Shakespeare, Dr. Shakespeare? My name is Hamlet.

Shakespeare: Hamlet, Prince of Denmark?

Hamlet: It is I. I am in great distress.

Shakespeare: What has happened, Prince?

Hamlet: I just walked by the palace. The moon was shining and I saw my dead father's face staring at me, as true and real as you are standing there. It spoke to me.

(For a moment Shakespeare does not know where to turn. He is, after all, the Shakespeare of the sixteenth century.)

Shakespeare: You may be the real Hamlet, but I do not need you. The play is practically written. I need an actor for the title role.

But let us imagine Shakespeare reborn at Stratford, in our time, sitting at his desk again. He stares at the stranger, drops the history book and throws his script away.

Shakespeare: That is exciting.

He moves towards the man before him.

Shakespeare: Pardon me if I touch you. It is you. You are real.

He walks up and down and suddenly seizes Hamlet's arm.

Shakespeare: Tell me, Hamlet, you saw your dead father with your own eyes?

Hamlet: Yes, Shakespeare, just before. It shook my mind and I am in great distress.

Shakespeare: Was he standing on the ground?

Hamlet: No sir, he was posed in mid-air.

He moves to show him the spot. As Hamlet does so he realizes that Shakespeare's study is really a stage.

SHAKESPEARE: How did he look?

HAMLET: Bigger than I ever saw him, seven feet tall. And then he shrank and when I tried to touch him he was gone.

SHAKESPEARE: Did you speak to him?

HAMLET: No, he spoke to me twice. His voice was gentle at first, then it became like a warning. As I speak of him I feel that he is following me here.

SHAKESPEARE: See, Hamlet, we are not alone. Some of my friends are here, men and women.

HAMLET: My father pursues me again. Help me, Shakespeare.

SHAKESPEARE: I could help you better if I could see your father myself and talk to him as you have seen him and talked to him. Maybe some of the men who sit here can envision the part of your father.

An old man in the front row of seats moves up the three steps towards Hamlet.

SHAKESPEARE (to Hamlet): You tell him how your father looked and how he acted, where he stood and what he said.

HAMLET: I can't, it's impossible. It's so hard to remember. (Talking to the old man, an auxiliary ego): First he was kneeling, his head was bowed, like this.

Auxiliary ego watches Hamlet carefully. He tries to imitate him, he kneels and bows his head.

HAMLET: Not like that, man. My father bowed and he did not bow. He looked down and still he looked at me. You are a poor actor. (Hits him.) Now I remember how it really happened. Get up, man, maybe another man can try.

Another auxiliary ego moves up to the stage.

HAMLET: As I was walking by the palace thinking of my mother's treachery I heard someone calling my name. He was sitting on a ladder.

The ego climbs up on a ladder.

HAMLET: On the top rung of it.

Ego moves to the top.

HAMLET: It was leaning towards a column of the palace so that I could not see but the right side of his face. One eye was half closed.

Ego turns head away, eye half closed.

HAMLET: The moon was shining just above him. My father moved his lips as if he were trying to speak.

Ego moves his lips as if trying to speak, but unable to.

HAMLET: And then my father shouted "You are the King of Denmark", three times.

AUXILIARY EGO (raises his voice and shouts at Hamlet three times): You are the King of Denmark.

HAMLET (angry): His voice was not like that. It was gentle, but strong. It had power and majesty. I cannot bear it, please stop.

SHAKESPEARE: Oh, Hamlet, why don't you show me yourself how it was. You were there and you know your father so much better than these strangers do.

Hamlet takes the part of his father. He climbs up the column, his head rises over the palace and his voice begins to roar over the countryside.

HAMLET (as his father): You are the King of Denmark.

SHAKESPEARE: What is it? Why do you tremble, Hamlet?

HAMLET (as himself): I just heard my father's voice. It came from there.

SHAKESPEARE: From where?

Hamlet walks up to a higher level of the stage.

HAMLET: Here, in this corner, about eleven feet away from where I stood. It was like a whisper.

HAMLET (as his father, in a low voice): Call the people of Denmark to arms.

HAMLET (explaining): Then he turned around like this.

HAMLET (as his father, turns around, shakes his fist, knocks on the door of the palace): Call the people of Denmark to arms and kill the traitors.

SHAKESPEARE (interrupting): Is that what you want—to kill?

HAMLET (taken by surprise, dropping the mask of his father; as himself): Death to the new King and the new Queen!

HAMLET (again as himself, suddenly turns to Shakespeare): I want to see my mother. Bring her to me.

An ego comes upon the stage and acts the mother, Hamlet acts in the role of Hamlet.

Scene between Hamlet's mother and Hamlet.

Then Hamlet asks for his stepfather, the new King. An ego takes his part.

Scene between the new King and Hamlet as his father.

Then Hamlet takes the role of his stepfather as he makes love to his mother.

Scene between Hamlet as the new King and the queen, Hamlet's mother.

Then he asks for Ophelia. A young girl, an ego, takes her part.

Scene between Hamlet and Ophelia.

Thus, step by step, the psychodrama of Hamlet grows as if out of nothing, before our eyes. We see many versions of Hamlet and more than one Ophelia. However, the outstanding thing of this production is that we do not see Shakespeare, the playwright and producer who meets the actor and rehearses the role of Hamlet, but a real Hamlet meets a real Shakespeare. As the madman becomes real, Shakespeare too, has to remove his

mask of the playwright and the private personality comes to the fore, a man with his own anguish and strivings, shortcomings and ambitions. It is a production of real people, real Shakespeares struggling with real Hamlets. And the egos who come to their rescue are not just actors, but friends and connoisseurs of Hamlet's world to which they try to give flesh.

At first glance it seems as if this were a new departure in the drama, a sort of synthesis between the theatre and the insane asylum, between drama and psychiatry, a sort of Shakespearean psychiatry. But on deeper consideration we find that it is not a new way of the drama, but rather a return to its status nascendi, the drama traced back to its primary source. Long before the playwright can write a "Hamlet" and a cast of actors entertain a crowd of theatregoers with it, there have been thousands of living Hamlets, Othellos and Macbeths. They came into the history books from life. And it is from the books that the dramatist took them. But the psychodramatist meets them *before* they come ino the books. He meets the real Hamlet and the real Shakespeare, now and here, on the stage of the psychodrama.

The Therapeutic Drama

An analysis of the dramatic literature of all ages, radio scripts and films would show a division in several categories, the category of the entertaining drama, the category of the esthetic drama, and the category of the social, (religious, moral, educational) drama. But one category would be missing—at least in a pure form—the *therapeutic drama*. Psychotherapy as an exclusive aim of the drama has never been attempted. The literature carefully sieved, will show that fragments or even large parts of many dramas and films might be considered as therapeutic if they could be cut off from the rest. But tied up as they are with other parts they render the total picture doubtful therapeutically, if not confusing and anti-therapeutic. From this point of view even the best psychological dramas of Shakespeare, as Hamlet, Macbeth, Othello, would not stand up to psychodramatic requirements. The Shakespeares, Ibsens and Calderon de la Barcas can not be blamed for this shortcoming. Their plays have been written for purposes other than therapy, as for instance, esthetic appreciation or morale, which may provoke in the audience heroic and noble, as well as morbid, childish and anti-social attitudes. Thus the acid test of whether a dramatic work is therapeutic or not depends upon whether or not it is capable of producing catharsis in special types of audiences, or whether it is capable of warming up each member of the audience to a better understanding of himself, or a better integration of the culture in which he holds membership. In principle it is possible that a playwright may produce a drama which unconsciously would meet cathartic aims. Except for such accidents, it stands to reason that the therapeutic drama form has to be cultivated consciously and systematically like any other form of art or science.

There is an argument which we must dispose of first, before elaborating on the idea of the therapeutic drama. That is, that good drama is entertaining, beautiful *and* therapeutic at the same time. If it is beautiful it must *eo ipso*, produce catharsis and what is fine and beautiful is always the best entertainment. Far be it from me to deny the great beauty there is in Othello, and that it has, in parts, the seed of great catharsis. But certain parts, as for instance, the scene where the colored Othello kills the white Desdemona, are bound to produce in certain audiences, feelings which are the very opposite of catharsis. Obviously, what is true about as great a

dramatist as Shakespeare, is much more true about the legion of mediocre playwrights, radio and film script writers. However, the regular production is not our concern, it should be left to its approved specialists. But a psychodramatist on the consulting board of film production agencies might render good service, especially to agencies which are engaged in the production of films for children and adolescents.

Therapeutic motion pictures,* film or television, the selection of conflicts, the construction of plots, the choice and training of cast, must be made in accord with psychodramatic principles. But the medium of the film adds factors which are absent in a psychodrama session. The latter is a one-time event for a one-time audience. It aims to be of cathartic benefit to the actors and the audience alike. The therapeutic motion picture is a repeatable event and of cathartic benefit to an audience only. It is however able to appear simultaneously and successively before innumerable audiences. The focus of a psychodrama session is an immediate and singular audience—in the therapeutic motion picture attention is concentrated upon yet invisible, future audiences. The psychodramatic director works in continuous interaction with the audience, analyzing action not only as the stage production requires, but also as the rising and falling of the emotional atmosphere of the audience requires comment. Another technical difficulty arises from the medium itself. Only a few of the informal, spontaneous actions and inter-actions of the psychodrama lend themselves to photography. Inadequate picture-taking may easily turn the most spontaneous acting into a distorted and artificial portrayal. The psycho-technical problem is therefore how to produce a film so that it approximates as far as possible the atmosphere of spontaneous acting, and how to construct the film so that it gives the audience the illusion of direct communication with itself.

The Drama-situation and the Role-process

A drama setting can be a conventional theatre, a radio theatre audience, a film theatre audience, a television theatre audience, and last but not least, a theatre for psychodrama and spontaneity. It may be useful to repeat here the interpretation which the psychodramatic theory has given to theatrical experience. It views the total situation as a subjective-objective process. It does not overemphasize one phase of it, for instance, the experiences of the spectator at the cost of another phase, for instance, the experience of the actor, the experience of one individual spectator at the cost

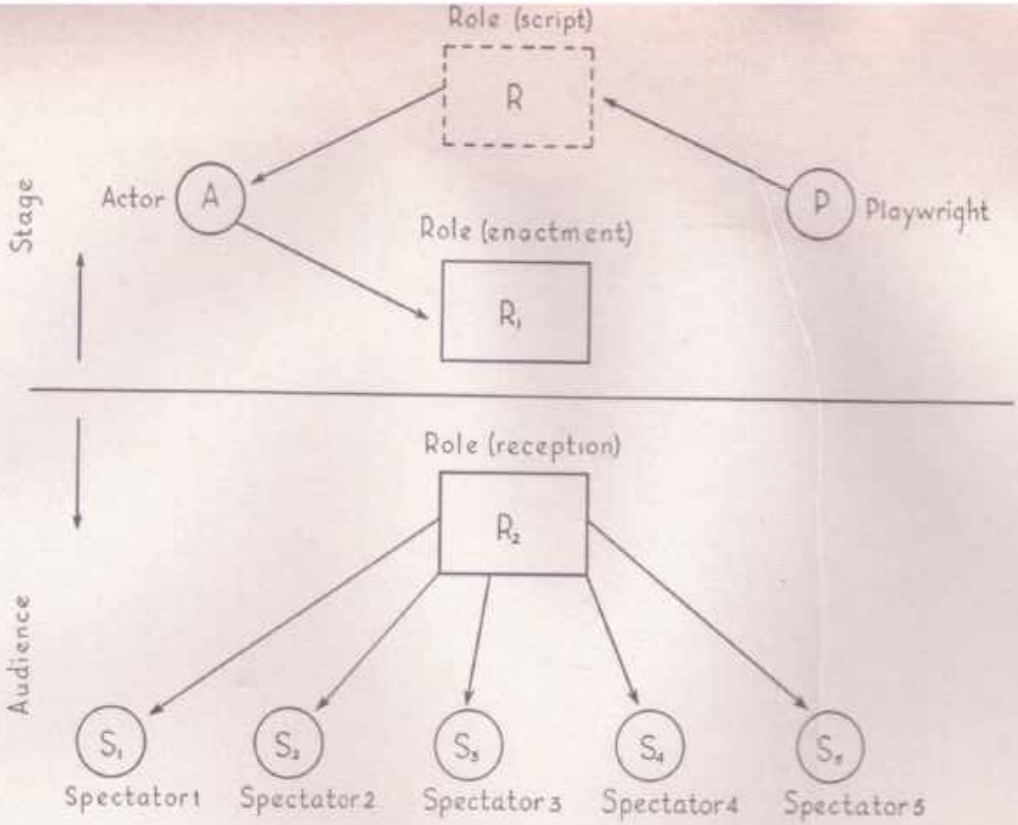
*I suggest that we use for this new type of motion picture a special phrase—therapeutic motion picture, therapeutic film, or psychodramatic film.

of all other individual spectators composing an audience, the experience of one particular audience at the cost of other audiences, the experience of one individual actor at the cost of another individual actor, or all actors interacting in a production. It does not overemphasize the verbal process in a production at the cost of the action process. It does not overemphasize the role experience of the actor at the cost of the private experience he has had himself as a real person and it does not overemphasize the private, past experiences of a spectator as a real person at the cost of his experience as an audio-ego[1] living through the enfoldment of a dramatic production. It is obvious therefore, that it is not satisfactory to explain the highly involved process of the theatrical situation by unconscious identification. This oversimplifies that which is taking place to a degree which becomes misleading. The past and deeply subjective experiences of an individual spectator may exert an influence upon his attitude at the moment that he sits in the audience. But what happens to the subject as he *lives through* the drama passively and actively is better answered if we consider every spectator as an embryonic playwright and as an embryonic role-player and if we relate him to the objective structure of the theatrical situation to which he is exposed.

It has been one of the basic errors of psychoanalysis to draw from *one* situation, the psychoanalytic situation, conclusions in regard to *other* situations which, because of their different structure, require a different type of interpretation. The drama situation has a structure of its own. The structure of the setting has two sides. The one side is the production on the stage—whether a stage drama, a motion picture drama, or a radio drama—the production is an *objective* phenomenon, tangible and concrete (it is not the subjective incognito mask of the psychoanalyst who is at times to a patient like the ink-blot of the Rorschach test). The *production consists of roles* borne by certain actors in a series of situations, of a plot which brings these role-carriers to conflicts and to their solution. (It is not just the enigmatic face of an analyst listening to a patient's complaints.) *The audience egos,* or short the audio-egos, *react to roles,* to King Lear, Othello, Electra, or Hamlet, and to an actual setting into which all these roles are interwoven. An objective determination of what these role-materials are to which the audio-ego reacts, is easily possible. The written play, the film and the phonograph make them accessible. Because of this objective background the actual reaction of an audio-ego to these roles can be submitted to the following inquiry: how is it

[1]A term coined by Abraham L. Umansky, see "Psychodrama and the Audience," *Sociometry,* Volume VII, No. 2, 1944.

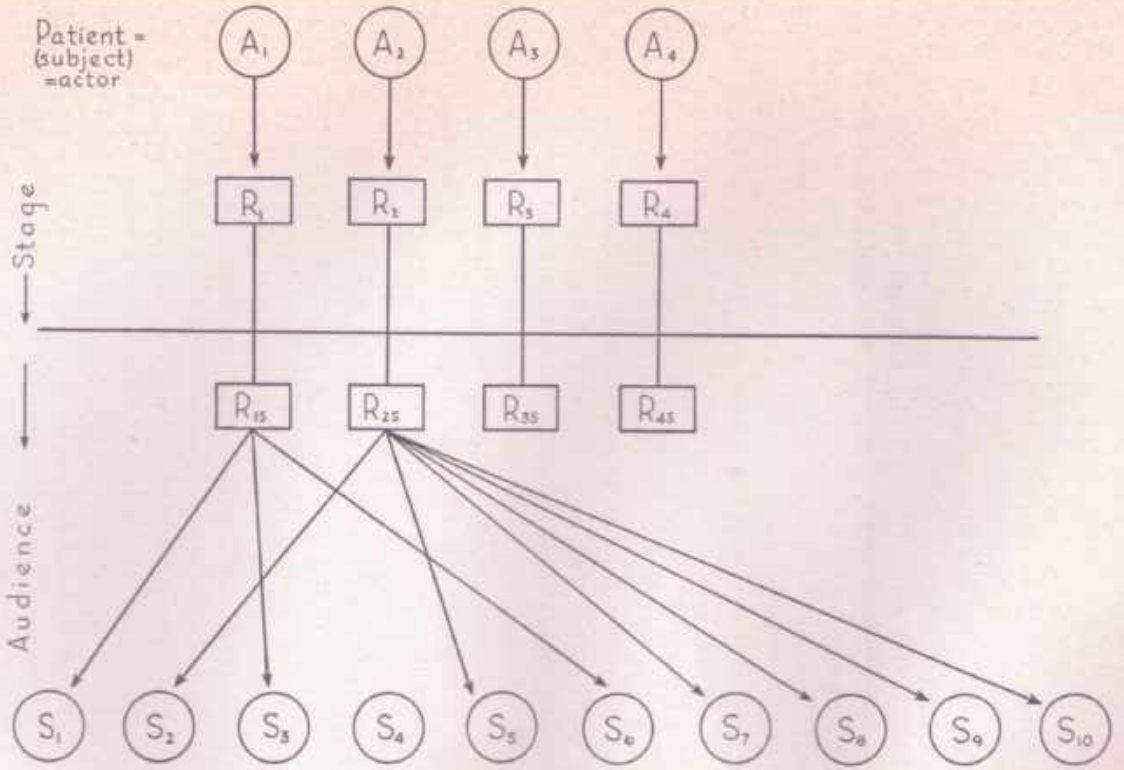
possible that a spectator who has never been a Hamlet, an Othello or a King Lear can relate himself to these roles, enjoy and profit from them? The first person who had to deal with Hamlet, Othello or King Lear as they appear on the stage, was their playwright, Shakespeare. How then was it possible for him, Shakespeare, to create a Hamlet or Othello without having been one in actual life? We know that he, by way of creativity, warmed up to these roles in a spontaneous creative fashion, using in the production every possible type of experience he can draw from, private, social as well as imagined elements, stirred up by the spontaneity factor. The results are super-real and even super-human roles, a cohesion, integration and unity of production which is hardly possible in real life. The very shortness of the drama, in one to two hours portraying the history of a person or of an entire nation, indicates by itself the *irreality* and the *ahistoric* character of the event. We know that it is impossible for an author to produce a Hamlet for instance, out of a private vacuum. He must have this role and any similar role in some *minimum* stage of development which he can blow up by means of the s. factor (the warming up process) to super-human magic proportions. The actors proceed similarly to the role-creator himself. They cannot reproduce roles which have never been in them as however remote an experience. They can react only to roles with which they themselves have been pregnant in a minimum state of development. But just as there is a *minimum productivity* of roles in an actor, there is a *minimum receptivity* of roles in a spectator. The playwright has worked these roles out far beyond the point to which they are developed in a spectator. He, the spectator could never have developed them by himself to the vision Shakespeare pictured on the stage, but he can easily warm up to the version of Hamlet or Othello offered by the playwright. In a spectator every role, private or collective, must have at least a minimum degree of development in order that he may have a perception for a parallel role process taking place on the stage. However, this embryonic experience in the spectator is wholly inferior to the super-human, integrated and gigantic expression to which it has been carried by the playwright and the actors. What powers enable him to jump to such heights with such little investment of his own to work with? One of these powers is the s. factor (spontaneity). The spectator undergoes a process of warming up, the production on the stage operating as a mental starter. There is sufficient of the role in him to accept this starter. The rapport is established, the rest he gives in to, like a follower to an authority, and the more increased his receptivity is, the easier it will be for the role to carry him from stage to stage until the climax is reached. It is obvious, however, that the greater the productivity in the role creating of a spectator is towards a version of his own, the less will be his receptivity to any version



ROLE PRODUCTION AND ROLE RECEPTION IN A LEGITIMATE THEATRE

The diagram describes how the Role passes through several stages from the playwright P to the Role in the script R, from the script to the actor A, and from him to his presentation of the Role R_1 on the stage before the audience. In the moment of presentation before the audience the Role, R_2, enters the stage of reception, not for the purpose of evoking reproductivity as in the actor, but passive receptivity. An indefinite number of spectators or audio-egos as S_1, S_2, S_3, etc., are absorbing the Role content. The Role is diagrammed in equal dimensions on the script-level, the enactment-level and the reception-level in order to indicate the identity of its content in each phase. It is the collective portion of the Role **within** the actor and **within** every spectator which explains their affinity to a particular Role-conserve portrayed on the stage. It is due to the private Role-differential in every individual that the collective Role portion can be integrated and connected with the deeper private self.

The creation-level in statu nascendi is missing in a legitimate theatre.



PSYCHODRAMA

The creation-level in statu nascendi, is the chief event in a Theatre for Psychodrama.

There is no playwright P, writing a play. There is no Role-script therefore, containing the finished product. There are instead a number of individual actors, A_1, A_2, A_3, etc., each of them engaged in the production of a Role. The result is an indefinite number of versions of a particular Role, f.i., fathers, R_1, R_2, R_3, R_4, etc., instead of one father, Lear, who has been proscribed by a playwright, Shakespeare. Consequently, when this process of production is faced with an audience, there are on the reception-level too, as many versions of Role-reception as there had been versions of Role-production on the stage, R_{1_S}, R_{2_S}, R_{3_S}, R_{4_S}. The spectators or audio-egos may respond to one version with a higher degree of intensity than another. In this particular illustration S_1, S_2, S_3, are sensitive to R_{1_S}, and it can be said that they fall into the audience category A. S_2, S_5, S_7, S_8, S_9, and S_{10} are sensitive to R_{2_S}, and they can be said to fall into audience category B. S_4 is sensitive to R_{3_S}, and is said to fall into audience category C. R_{4_S} does not find any spectator who is sensitive to it and can be said to fall into the (potential) audience category D. The audience breaks up spontaneously into a definite number of groupings.

of the same role in the production, which does not coincide with his own trend of warming up. If this varying version of the same role presented before him on the stage tries to influence him to warm up into a direction which contradicts his own version, it may produce in him instead of catharsis, pain and resentment.

A spectator is capable of experiencing the role process on the stage because every role in him has two sides, a collective side and a private differential. A spectator watching a Chaplin film reacts therefore to the two portions of the role, the private person and the tramp. He may have a negative tele for the private Chaplin, a positive tele for the tramp, or he may have a positive tele for both portions of the role process. If the private life of an actor could be kept as stereotyped or as incognito as the life of the Japanese emperor, the private tele would be reduced to a minimum and the average theatre goer would know only the series of roles in which an actor takes part.

Audience Reactions

In the moment of presentation of a motion picture the production aspect of it is sealed forever. There is only one aspect which is human, changeable and in need of control, that is the audience. The audience is the patient. The study of audience reactions and audience constellations should therefore precede the production of pictures itself, as it is upon their requirements that the content of productions depend. There are significant differences between conventional theatre audiences, psychodramatic audiences, and motion picture audiences.

The audience attending a conventional drama and the audience attending a psychodrama have different attitudes. The audience attending a conventional drama, although it faces a human drama for the first time, is aware that it is up to every particle a created conserve. It expects to be entertained, moved and elevated by the drama and therefore rebukes severely any imperfection, lack of control, productivity, cohesiveness and balance of the actors which disturbs the smoothness and unity of the play. It comes to the theatre with the expectancy of a type of warming up process in the actor which is the characteristic demeanor of a cultural conserve. It has no expectancy for the emergence of the s. factor in the actor and the production. It considers, perhaps rightly, the s. factor, the ad-lib, as a faux pas or a trick, as *illegitimate* behavior and as disturbing his enjoyment. On the other hand, an audience attending a psychodrama has to develop a different attitude if it is to find any enjoyment at all. Whereas the conventional audience has a degree of s. expectancy which is zero, (we mean here the s. coming from the actor and the production on the stage in the moment of

performance—it does not welcome the s. in the actor and in the play, as it might interfere with their own s. in the experiencing of the production) the psychodramatic audience must have some degree of s. expectancy and with it a high degree of tolerance for imperfections, inconsistencies, fragmentariness and imbalances in order truly to enjoy the performance. What they experience is more painful, more lifelike, more like themselves, harder to accept because it is not always a flight from the present, but a deep penetration into its very essence, not only in content, but also in form and process. Therefore, just as the psychodramatic cast on the stage needs training, a psychodramatic audience too, needs training in the *perception of spontaneity* and s. appreciation, resulting in the saturation of audiences with the s. factor.

The average motion picture audience resembles in its attitude more nearly the conventional theatre audience than the audience of a psychodramatic session, (except of course that in the first situation only frozen images of people are seen, whereas in the second real people are acting). However, audiences attending therapeutic motion pictures must be developed more nearly after the pattern of psychodramatic audiences. The s. factor and the perception of s. must be stimulated and trained.

Although the adequate production of a therapeutic film is important it has to be realized that the main object of a therapeutic motion picture is not the production process but the treatment of audiences. The therapeutic value which it has for the patients helping in the production by having helped themselves, is small compared to the help which it should prove to millions of audio-egos. The audience is really the patient for whom the film is made, and the benefit it derives from it is the final test of the film's usefulness. It is here again that the psychodramatic method has gathered some knowledge of the audience constellations. In the conventional theatre and moving picture theatre the audience has a laissez faire form, everyone is welcome who can buy his way to a seat. But in the therapeutic theatre, just as a cast for production is essential—*the audience itself has to be cast.* The audience must be built at times homogeneously around certain mental syndromes, father-son conflicts, suicide conflicts, and so forth.

The new role of the audience in all psychodramatic procedures, whether applied to the theatre, film, radio or television, requires that the production should be carried out with a psychodramatic eye upon what a specific audience needs and what every audio-ego experiences in the course of the presentation of the film. It may be desirable from time to time to project the psychodramatic director, as he himself enters upon the stage and gives his comments in the interludes, if not in persona, at least as a voice, into the film picture itself. The voice of the psychodramatic director may therefore be inter-

woven into the total picture, the same way that he appears in a psychodramatic session, not only just commenting and analyzing and clarifying, but arousing to action, interrupting and ending, often using methods of aggression, commanding, taking upon himself several roles which form the background of the scenes themselves. It may be wiser to photograph him in crucial moments only so that his actions do not dominate the picture, since it should be dominated as much as possible by the actor-patients themselves. He should rather take the form of a therapeutic prompter, a counterpart of the playwright and producer of the conventional stage. Every therapeutic film should be tested and re-tested before special psychodramatic audiences, previous to being released to the general public of patients. Every therapeutic film, when released to the public, should be accompanied by a list of instructions for the medical director who is to present the film to an audience anywhere in the country. At present our aim should be to use therapeutic motion pictures as supplements to or starters of actual therapeutic sessions. The director should function as a sort of director of the audience, complementing the function of the director within the film, stopping the film whenever necessary, making explanatory remarks, relating it to the specific audience facing him and repeating parts as required. Such films can be used as opening up a psychodramatic session and warming up a given audience gradually, proceeding immediately afterwards with an actual session, or at least, with a discussion of the audience's own reactions. In cases where no other treatment but mass treatment is possible, therapeutic films of this kind can be shown, but always with a mental reservation that it is a flight in the dark.

Production of Therapeutic Films

The idea of therapeutic motion pictures or therapeutic films struck me a few years ago. The experiment* taught me a few lessons which may be of some use in the preparation of similar experiments. It is necessary to emphasize, first of all, that a good film producer with a brilliant script on hand and an excellent cast, is not able, by himself, to know how to produce a truly therapeutic motion picture. On the other hand, it must be recognized too, that a competent psychiatrist or psychoanalyst is not, by himself, able to know how to produce one which has value. It is a new medium, a new form and a new process. It has no semblance to the interview situation

*A psychodramatic film was produced by the author in collaboration with Mr. S. Bates of Hudson, N. Y. The film was presented at the meeting of the American Psychiatric Association, in Washington, D. C., May 1935.

in a psychoanalytic office or in a psychiatric hospital. It has to consist of pictures: scenes of action, role developments, climaxes and anti-climaxes. The team of a good director with a good psychiatrist, each ignorant of the domain of the other is not a solution for this task. Each of them might bring "cliches" along, one from his experiences with filming, the other from his experiences with patients. By the same token conventional playwrights and actors should be kept out of a psychodramatic film studio. They are not only ignorant of our purpose but tempted to project cliches from previous productions into the new experiment. It is not sufficient that a film producer makes up his mind to produce a picture which has a good moral and therapeutic effect. There might be exceptions of course, but in general the productions turned out are bound to be full of flaws. On the other hand, it is not easy for a psychiatrist to translate mental syndromes into action form. He has to be a dramatist first. There is, as we know, a method of psychotherapy which has given specialized attention to this problem: the psychodrama.*

In the making of pictures a producer-psychodramatist should follow, at least in the beginning, closely the manner in which a psychodrama in the flesh is developed in a therapeutic theatre. He has to start with the premise that the therapeutic aim is primary and the medium, whether film or television, secondary. He is not to make any concessions to mere entertainment, film tricks, beautiful scenery and happy endings unless they are an integral part of the therapeutic development of the plot. He should learn his clinical psychodrama first, which will teach him that there is nothing more dangerous for the beginner than to copy the trappings of the conventional theatre and of the motion picture studio. He has to insist on the lessons which psychodramatic experience has taught to directors as well as audiences.

Principles of Psychodramatic Production

The most important task of production is the finding of a *therapeutic form* of drama which is clear-cut and can be shared by all psychodramatic motion pictures, a form which is just as consistent within itself as the esthetic drama or the cartoon. The producer—in his form-finding search—should be conscious of the factors which make a psychodramatic session therapeutic

*The psychodramatic approach to motion pictures has been in the networks for several years, but experiments like "Lady in the Dark" or "Now Voyager" are not adequate try-outs. To the contrary, they are abhorrent examples of a form of the drama neither fish nor flesh, neither entertainment nor therapy, because they try to provide both.

so that he should try to translate these factors into the film. There are three factors at work in every session: a) the action on the stage between patients and auxiliary egos; they influence in turn every member of the audience; b) the action in the audience; one audio-ego can be a therapeutic agent to every other audio-ego; as they are influenced by the action on the stage, they in turn, counter-influence the actor-patient and auxiliary egos during the stage process, in the pauses between scenes, immediately after each scene and at the end of the session, by their reactions; c) the director, he exerts his influence upon the actor-patients on the stage and the audio-egos in the audience, and last but not least, by his analysis and comments. If we would disregard these therapeutic influences the result would be that a therapeutic motion picture would appear as Hamlet does in a conventional theatre, or Charlie Chaplin's tramp in a motion picture theatre. Even if we would imagine them further adapted to therapeutic aims they would influence the audience by what we psychodramatists know as a mirror technique, which is fine, but only one of the techniques used in therapeutic drama. What we need is a Shakespeare who undergoes a creative revolution in relationship to himself and to his characters.

This brings us back to the view illustrated in the introduction. There are two Shakespeares and two Hamlets: the first Shakespeare has Hamlet as a figment of his imagination which he develops into a play to be presented before an audience at a time remote from the presentness of its creation. In this sense both Shakespeare and Hamlet are unreal. Then there is a second Shakespeare, the psychodramatic Shakespeare who meets the real Hamlet who, in turn, forces him to be real and personal himself. The latter production is in the moment and in the milieu in which they meet. Shakespeare is continuously present, he has not left the play a finished product to a producer and a cast. He is not there to make a play. His purpose is to help a poor, melancholy man. He works with Hamlet in the present. It is not a fictitious Hamlet, it is a real Hamlet, more real than the historical Hamlet. Shakespeare himself is real, more real than the historical Shakespeare, he is the playwright in his real creativity, not as a posthumous ghost, and applying his creativity to a real person. *This* Shakespeare connects one scene with another, Hamlet with Pollonius and with Ophelia, with the Queen and the King, his uncle. We see *how* he connects them and how he disconnects them. He works *with* the audience, he stops and analyzes, meditates from step to step, connects the audience before him with the actions on the stage, with the plans in his own mind, with the plans in Ophelia's mind, in Hamlet's mind, in the mind of all the players, in the minds of every spectator. We learn how this Hamlet became a Hamlet

and how this Shakespeare became a Shakespeare. It is easier for him, Hamlet, to become Shakespeare than for Shakespeare to become Hamlet. The psychodramatic process is a reversal of the normally dramatic. We, the spectators see how he *might* have become a Fortinbras. Every member of the audience may turn into a Hamlet, everyone may have his own version. But they are not only seeing a show, they are learning about themselves, about each other, and before the session ends a therapeutic way of learning has taken place which is not a dream-like experience, like the one which the conventional theatre offers, but one which is brought back and tied down to the intimate experiences of every individual spectator.

It would be a desideratum for the patient's reaction both on and off the stage, the director's reactions, the audience reactions, to be integrated into the motion picture. There will be many versions of Hamlet on the stage, they will vary with the individual patient and their problems, miles apart. There will also be many versions of a psychodramatic director, they will vary with the personality equation of the individual acting. Every psychiatrist and psychoanalyst acts in a role natural to his personality. If we could photograph them in their behavior towards the patient we will see many versions of role-playing psychiatrists. We should not deny a therapeutic motion picture audience the beneficial influence of the role-playing psychiatric director himself.

For a long time to come, until we know more about therapeutic motion picture production, a knowledge which cannot be attained but by ingenious and analytic experimentation, psychodramatic sessions will remain unreplaceable as the final arbiters of treatment success.

The Cast

The cast, following the psychodramatic pattern, can consist of: a) actual patients for whom the production of the film is a part of their treatment, assisted by a number of auxiliary egos, a type of specialized, therapeutic actors (entirely unrelated to the conventional theatre or film) who portray the complimentary roles which the patient or patients need in the course of the film story; b) a cast of auxiliary egos, assisted by so-called informants, actual patients who are suffering from mental syndromes to be enacted at the time of the film production, (or who are just coming out of this morbid experience and are warmed up to a high degree of communicability) and for whom the process of film production is a part of their treatment. It is clear therefore, that the true ground of therapeutic motion pictures is actual, lived and living experience and not fiction, however significant the latter may be otherwise. In the present experimental phase

of making therapeutic motion pictures, the first version, a cast consisting of one or two central patients and auxiliary egos, is the safest development. Gradually, a *permanent cast* of auxiliary egos, saturated with the enactment of mental syndromes, coupled with experience in production and always surrounded by actual informants, can be tried. The third version, a psychodramatic director making pictures with a staff of auxiliary egos without a jury of informants, is an extremely risky task.

The advantages of using a cast consisting of auxiliary egos and patients is that the spontaneous actualities of mental experience can be captured in the picture. The patient is not an actor, he is just tormented by a certain experience and in living through this experience, he is serving himself and as a by-product, producing the film which may help many of his fellow-sufferers. Over-acting, melodramatic effects, if they are unrelated to the situation of the subject, would be more easily avoided. Instead of following a script and a playwright, director and egos follow a patient or a subject as their guide, putting it gradually into the framework of psychodramatic methods and techniques of presentation, and this again, not in an artificial way—for the purpose of making a film—but because it is helping the patient to find himself and get relief. The disadvantages of production by this method are of course considerable. It means parting from the many subtleties and niceties of regular picture-making: to make a picture perfect and smooth, to cut it short for effect, to encourage the patient to be a good actor, following certain models, is most undesirable, in fact, destructive to therapeutic filming. The patient must be left to find himself, to act on his own spontaneous level, to warm up his own way, and to be undramatic and unesthetic if necessary. All this of course, requires far more film-tape than in conventional pictures. The film photographer has to take far more pictures and he has to develop a special ingenuity in catching the performers in key moods and key positions. Cutting and putting the best parts together is a far more difficult job in this case than in an ordinary film, but expense and skill are more than compensated by the fact that a psychodramatic film does not require the expensive and elaborate settings of conventional motion pictures. They must be simple and direct, as they are dealing with the interior of the human mind exclusively. And further, a good therapeutic motion picture would develop permanent audiences all over the world, and just like a good book, could be shown not only seasonally, but for many years to come.

The change must be borne in mind which the conventional drama had to undergo in its transition from the theatre to motion pictures. In the beginning motion pictures clung to the theatrical model but developed

gradually free forms, better suited to the new medium. A similar development can be anticipated with therapeutic motion pictures, but in the beginning the psychodramatic form of production can provide a safe anchorage from which point to start experimenting. One thing must always be remembered. Action catharsis can never be replaced by spectator catharsis. It is in all cases only a preparatory step for the former. In minor maladjustments the learning and training process provided by spectator catharsis may be sufficient—action catharsis can take place in situ, that is, in the life situation itself, initiated by the patient in the form of self-realization and self-therapy. But for a large number of subjects action catharsis must be provided by actual psychodramatic sessions which will have to follow therapeutic motion picture projections. It remains to be seen whether the therapeutic pictures will be able to *reduce* the amount of action or participation of the audio-egos necessary for catharsis. One thing is clear enough, that action catharsis remains the focal point of therapy.

The producer of a therapeutic picture must therefore bear in mind that as he cannot provide action catharsis directly, he must do the most with the spectator catharsis. Audiences are his main frame of reference, not just audiences in a generalized sense, but audiences of patients or, more broadly speaking, of subjects, special audiences because of some cultural or mental syndrome. A therapeutic motion picture studio should have therefore, patient actors and psychiatrically trained directors, test audiences which are confronted with parts of motion pictures as they are in the process of production. Their reactions to what they experience when seeing a film may guide a producer in the delicate job of cutting and editing. It must be clear that we do not mean here a preview of a picture after it is finished, but a continuous testing of a film in progress, using the subjects for whom it is meant as a jury. Such a test audience may consist of only a few persons whose sensitivity can be trained to a high degree of reliability. It may very well be that the most therapeutically effective motion pictures will be such films which do not show the end production, but the process in development itself, the status nascendi and the intermediary stages. Much of that which is cut and edited because it lacks smoothness and directness may be worthwhile therapeutically and much which is smooth and direct may only aid in the glamorous escape from the real issue. This is one of the experiences of the psychodrama form which brings the patient-actor in his nakedness and his statu nascendi and shows up the unfinished fragmentary parts of his life situation.

Summing up, two general methods of production can be differentiated: ***the patient-actor method,*** in which a patient is the chief actor as well as

chief informant, and *the ego-actor method*, in which an auxiliary is the chief actor and the patient merely the chief informant. The patient-actor method is simpler and should be the quickest way to good results in the present experimental phase of production. Of course the patient himself has to be selected among many who have the same type of problem and chosen because of two attributes: a crucial personal experience touching on all aspects of the syndrome in question, and superior dramatic qualifications. The ego-actor method requires more permanent organization of a cast, a staff of auxiliary egos who have worked with patients in some auxiliary ego parts and who have been trained in mirroring patients on the stage, using patients themselves as a check to the truthfulness of their actions. Highly sensitized egos endowed with a profound subjectivistic imitatory talent, can be used as chief actors, using of course, actual patients as informants who check every phase of their production. A particularly effective relationship found in psychodramatic work is a reversal method, that is, letting an auxiliary ego be the chief actor—the patient, the patient himself acting in a minor role, like an auxiliary ego to himself. It is probable that once studios for therapeutic motion pictures are permanent, the actors will be trained for every type of syndrome. But whatever the future developments, they should never be permitted to finish a production by themselves, without the censorship of actual informants.

Illustration of a Film Production in the Making

First Phase: A series of psychodramatic sessions are run which have chiefly one aim: to get the scenic material out of a patient, to get him to act in as many situations as are relevant to his problem, regardless of their value for motion picture taking, working on them with auxiliary egos with an eye towards determining the best possible team for a final picture cast. In this material-gathering phase careful records are made, but the photographic shots made may be only few.

Second Phase—Stage of Reconstruction

As it often happens in the course of the psychodramatic process that after a number of sessions the total development of the patient's problem is reviewed by the director and, so to speak, a "development" psychodrama is put together, the director of motion pictures, before he begins with his job of filming, should be provided with a *final* psychodrama of the subject, reconstructed by the psychodramatic director on the basis of the materials obtained in the course of treatment. In other words, the job of editing the psychodramatic material will go through two steps. The one to be done by

the psychodramatic director himself, the second by the film director who may continue the editing and cutting as the film itself is prepared. An illustration might indicate the method of procedure. A subject, John, worked out on the stage a number of situations which had great therapeutic effect, but no sequence and no growing tendency towards a climax from the point of view of the spectator. His problem was thus: after having been drafted and placed in a military camp for a few months' training, he ran away from it in a moment of confusion and was picked up and brought back to camp. Subsequently he was discharged. In one scene he showed how he walked off, in another how he was picked up and brought back to camp, in a third scene the return to his family. In the second session, however, he came forth with his visions of glorious deeds and death in battle, which he had had previous to his induction. In another scene he depicted a situation in a drugstore, being refused a large quantity of a sedative with which he contemplated to commit suicide. In a later scene he portrayed disappointment with his status in the army and clashes with superior officers, in another scene his running away from home at the age of six, landing in a police station and in a final scene his feeling of shame for his own poor background and for his undistinguished family. In a reconstruction plan for motion picture aims the psychodramatic process might open up with his hero and death visions at induction, followed up by a fit of depression after the first clash in the military camp. Next the suicidal plan leading up to the walk which he took one morning, running away and leaving behind himself, the soldier. In the last scenes he is picked up and brought back to face the military authorities. This new sequence must be carefully planned and worked out, the subject and his auxiliary egos are directed to re-enter these scenes but to give as many spontaneous versions of each of them as required. An alternative of production would be that one of the co-acting auxiliary egos is directed to give his own version of John's psychodramatic development, within the sequence established by the producer. Every psychodramatic version, in sections and in full, is at last presented before a test audience. The version which arouses the deepest catharsis is chosen.

Third Phase—Stage of Filming

The film process is the result of the coöperation of several agents: the director, the operator, the cast, the informants and the test audience. The psychodramatic composition, before it reaches the stage of filming, has been tested as to its therapeutic fitness, that is, broken up into *scenic units* and a test audience exposed to each of the units. The composition which reaches the film stage is therefore a carefully sifted product. The process

of sieving out undesirable parts should be continued during the film process itself, as it is not just the content of a script which is decisive, but the action process and the role-taking in the moment of filming. The same script might be turned by one cast into a wholesome effect, by another cast into the opposite. The informants, individuals who have experienced the mental syndromes to be portrayed, are therefore indispensable at this stage when the content of the film is irrevocably determined. They are of special importance if the cast does not consist of patients, but of therapeutic actors, auxiliary egos. The therapeutic motion picture is examined by a test audience in the different stages of its development, in the material-gathering phase before any filming is done, in the reconstruction phase when the psychodrama is structured as a whole, and in the filming stage when every part of the film is checked. The final arbiter is the test audience which is exposed to the motion picture itself, a situation which is analogous to the one for which the picture is meant. Systematic research of audience reactions to motion pictures in mental institutions as well as in the community at large will gradually lead to a better understanding of what units should be left out of a therapeutic film. In time to come we will know how many categories of audiences there are to be reached and will produce motion pictures fitting the requirements of each.

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