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Monodrama is effective in short, focused counselling sessions

## Focused monodrama

### “Time(a) Time”

*“A limited framework where the psychologist feels the clock is ticking, and the workings of the clock are stretched to their limit by the patient and their problem.”*

It is often the case with psychological counselling that clients arrive with a concrete problem. The starting point derived from the initial session with the client sets the overall dynamic and defines the possibilities of assistance; the test interpretation and patient response to it assess the opportunities for providing help. This is achieved by the therapist’s presentation to the patient of the unconscious background of their problems, and by careful reading of the patient’s response. This mental frame does not absolutely get to the focus of the work, but does remain within the therapist’s mind and directs the working process. Within this article it is explained how monodrama technique can form the basis of future deeper therapeutic work. Monodrama technique can solve patients’ specific problems and with this successful foundation further therapy work can progress. The solving of the named problem is not a replacement of therapeutic work, but done in preparation of it. In this case study, monodrama technique delivered to the patient in a concrete way visibility of the underlying conflict behind the problem with which she could then move forward with a greater self-understanding.

Timea is a 28-year-old woman who came to me for counselling and help for her anxiety of giving presentation. Whenever she gave presentations her voice trembled and this gave her anxiety during and before the presentations. In our initial telephone conversation to arrange the first counselling session her voice was quiet, and trailed off at the end of sentences to such an extent that I found it difficult to catch her name. She asked for the earliest possible appointment. *(From this I sensed her urgency to get help.)*

For her first counselling session she arrived on time and her stride and posture were balanced; she glided into the room. She was approximately 165 cm tall with black hair done up in a tight bun. She wore a colourful blouse and white trousers. In contrast to her colourful clothing her skin was pale. Her handshake was gentle but sure, with polite distance. She sat straight and upright, facing me but angled a little to the side, with legs crossed and hands clasped together resting on her lap. My impression was of a very well-educated woman sitting opposite me behaving in a way she believed was appropriate to the situation. I could also sense her tension and performance anxiety. (*Countertransference?*) Certainly it is not easy for anyone to sit in an unknown situation where there is no anchor point.

Originally on the phone she had spoken a little about her problem, but now I asked her to explain exactly what she needed help with. She told me she had been working for three years in an international environment where she regularly had to give presentations to large and small groups of socially high positioned people. Three months ago, and seemingly without reason, whenever she started publicly speaking her voice started to tremble. This was accompanied by the anxiety that the same thing would happen when she next needed to publicly speak again. She did not understand or know why this was happening to her. The problem had happened a lot since the first time it had occurred to her and, although the voice trembling itself only lasted five to ten minutes on each occasion, the situation was causing her a lot of anxiety. Unfortunately, given that her work involved a lot of public speaking she felt this problem was not casting her in a good light professionally. She would like to be free of this anxiety. Before coming to me she had only talked to her husband and parents about the problem. Her husband advised her to “Take it easy!”, and her mother suggested going to a psychologist for help. Timea attributed the problem to the fact she was not in the habit of giving presentations, and needed to develop her technique and rhetorical skills, so that she wouldn’t have so much anxiety. If she could be more self-confident then her voice wouldn’t tremble. She was uncertain why the problem had started three months ago. The only link she made was that prior to this point she had only moderated presentations not actually given them. Now she was the speaker with an audience of listeners giving feedback and response. There had been times when she had given presentations without audience interaction and her voice hadn’t trembled. However when Timea had given a presentation at a university auditorium with rising tiers of seats, despite there being no audience interaction, her voice had still trembled. She thought maybe this was due to there being no one in the audience she knew. She was used to being aware of knowing where the people she personally knew in an

audience were sitting and directing her presentation to them. However, this technique also hadn't helped reduce her anxiety recently. She had begun to notice people in the audience not paying attention to her, shaking their heads, talking among themselves and these things further reduced her concentration and made everything worse. *(Try to look for something which you can hold onto, a good object. If the object is calming then it is a good object, and if it increases anxiety it is a bad object. Holding? Looking for safety? Early mother-child line?)*

When asked to tell me a little about herself she said she lived with her husband who was currently looking for a new job, so for the last half a year she'd been the money earner and they'd used up their savings but this was not a problem. They wanted to start a family but this to be done in harmony with their careers. She didn't want a situation again when she had a miscarriage, so this is why it was important to create a stress-free environment; which coming to a psychologist was a part of. Timea has Crohn disease which means she has to pay a lot of attention to herself. *(There is a body of psychological and medical literature which gives a psychosomatic background to this illness. Voice trembling is independently a psychosomatic symptom as well. "Inflamed" from stress [Hungarian phrase]: she has diarrhoea or trembling voice. This somatisation suggested we need to supplement verbal technique with other techniques as well.)*

When asked why she chose to get help now she explained that in two weeks' time she would have to give a presentation to one to two hundred high-profile people about a project she had led for one and a half years. She wanted to ensure that her voice didn't tremble when giving this important presentation and that she wouldn't worry about this happening.

This was the point when I decided to work with monodrama technique because it would achieve the quickest result. It had been clear to me that we needed to use non-verbal techniques also when I realised that Timea's miscarriage was three months ago and she had immediately rejected my trial interpretation that her voice trembling and the miscarriage were linked. Monodrama technique in such a situation saves a lot of time because the projections can be embodied and can generate much more catchable experiences. This is particularly useful with strongly rejecting patients.

We agreed on having four sessions till Timea gave her presentation and then after this we would meet to assess her progress. I also told her we would work with monodrama technique because it would be the most effective method and that it would allow her to

understand the experience of other participants; not only her own point of view. She accepted this and we agreed the next appointments.

After our first meeting I realised that we would have very intensive sessions because 45 to 50 minutes would only allow us to make one or two steps. *(So I was in a situation where time management had to be strictly kept. It had been impossible to arrange ninety-minute sessions at a time which was convenient for us both. Later it was evident this mutual experience of urgency was counter-transference, which reappeared often within the later sessions.)*

The second time we met she was ten minutes late and had sent a message explaining she was running behind schedule. She also apologised three times when she arrived. Into the small remaining time we had to fit warming-up talk, “How are you”, etc.

She was courageously here, but said she hadn’t brought her presentation with her because there were a few points her boss hadn’t accepted yet, but that she had the whole thing in her mind. Actually we were only talking about a five-minute presentation where she just had to explain what phases the project was at. In the warm-up she repeated that she didn’t want to get into a stressful situation again where she had a miscarriage. She was waiting courageously for what would happen next in our session. I asked her to arrange the room in a way that reflected what the space where she will give the presentation would be like. On each of the four sides of the table she placed the chairs. Timea sat on one of the chairs and to her right and two rows back, she said was sitting her ex-colleague. Also to her right but sitting at the table was her ex-boss. Sitting opposite her at the table was a religious leader. To her left, sitting close by but not at the table, were two very high-positioned leaders. Close to Timea was the moderator who would pass her the microphone when the time came. Everyone was a chair except the ex-colleague because there wasn’t enough chairs so he was a doll’s house which we use for children’s therapy. In this session Timea first spoke about her own role, what type of feelings she had and why she was sitting there. (She would like to deliver the presentation well, without a trembling voice. It would be better if the presentation was an interactive panel, but as we knew it wouldn’t be. She was afraid that maybe somebody will ask her something, which isn’t likely, but is possible. If she can’t answer directly, she would try to give a diplomatic avoidance response.) When Timea played her ex-colleague’s role she said, “I always liked working with you. What a pity we don’t still work together, but I’m still your fan.” As her ex-boss Timea said, “I wish you a lot of success”. As the religious leader she said, “I

listen to you with interest”. And as the two high-standing leaders, “We listen to you with interest, but we might get an sms and have to leave; till then we listen to you with interest.” As the moderator, “Now I give the stage to Timea and listen to her presentation.” Practically we could only reach the point up to when Timea had been in each role because our time had run out. Naturally, Timea had finished the situation within her own role. Normally we would take away the objects from their roles but in this case it seemed useful to maintain them to be able continue with them next session. We had approximately one minute for some feedback and to close the session.

For her third session Timea arrived exactly on time and said the previous session had been very interesting. It had been interesting because within the role changes she had seen the other people’s point of view and this meant she saw the situation very differently from previously. She arrived to the session with her presentation material in hand because she had finished preparing it. I asked her to rearrange the room as it had been during the last session and to bring back the different roles. After this I asked her to give the presentation and when she felt her voice start to tremble, she should signal to me. Right at the beginning she signalled and said she was afraid her voice would start to tremble. Now I told her to choose an object to represent her voice trembling. Without any thought she chose the clock which was on the table. She picked up the clock and brought it up toward her neck. I then asked her to show me by role change what the voice trembling was doing with her. She started to shake the clock up and down and said “something like this”. When I asked the ‘voice trembling’ how long and from where it had known Timea, it said for three months. Earlier they didn’t know each other and its function was some kind of warning which works against Timea’s self-confidence. I asked Timea to choose her self-confidence also. She chose a book from the bookshelf. (Eric Berne: *The Psychology of Human Destiny* – “totally accidentally” from about thirty books.) As her self-confidence she said “I’ve always been in Timea’s life when she had to perform, but when the voice trembling comes I have to go”. After this we did quick role changes to every actor and I asked them individually what they could see about Timea, who was described as sitting with the voice trembling as clock held up to her neck, and her self-confidence as the book held in her left hand resting on her lap. During the role changes it appeared that no one was disturbed by the voice trembling other than Timea. Everyone said only, “I trust you, don’t worry. This is not our first time we meet this type of situation. I listen to you with interest and you will get through this.” Our time was nearly over again, so I asked Timea to place the self-confidence and voice trembling into positions where they were accepted. She placed the voice

trembling onto the floor beside her and said “We know it is here but it doesn’t disturb us”, and the self-confidence she held up in front of herself. After a short concluding talk where we talked about how she felt as each role and in which role was her most intensive feeling, we said good bye and that we would continue next time.

To the fourth session she arrived exactly on time but with the appearance that she had done so with ease. Her movement and behaviour seemed lighter. Her previous over-controlled demeanour had lessened. During the warming-up session Timea again spoke about her miscarriage that had happened three months ago. She said it had been very unpleasant because her doctor had not realised she was pregnant and she had been angry with him and changed doctor. If she had known earlier that she was pregnant then she might have been able to have less work-related tasks and have been less anxious, and been able to keep the baby. Both Timea and her husband want to have a baby and feel it’s time to have start a family but she is a little uncertain how and when to change from work to being a mother. However she knows she has to soon as the clock is ticking and she doesn’t want to run out of time.

After the warming-up session I asked her to go back to the original situation of the presentation and I only gave her verbal cues. I asked her to confirm that this represented everything for all the roles; that there wasn’t anything more. There wasn’t. Now I asked to choose something as the miscarried foetus. Timea said again that in her view the miscarriage had nothing to do with the situation, but she chose a potted ivy and placed it on her left side on the table. (On a sheet of paper because we used this to signal when somebody is not in the same reality as we are.) She told me in the role change: “I would have wanted to be born, but you didn’t realize that I already exist. Never mind, I could not come, but there will come another child for you. Now it failed, but you know that time is ticking. Now, concentrate on the presentation and do not worry.” When Timea went back into her own role and answered the unborn child she said, “That’s fine, that’s right”. (She also said that it felt good — which probably suggests that the child had been embodied for her enabling an encounter between her and the unborn child in which she could respond.) Then I said, it’s hard to ignore the fact that she chose a clock as her voice trembling. At this moment, in front of our eyes, it was as if voice trembling had been suddenly and dramatically physically transformed into a clock. Timea worded it like this: “But I cannot see it as voice trembling and I can’t see voice trembling anymore, but only a clock that shows the time.” Time had appeared. In role change

as clock Timea said she was just doing her job, measuring and displaying the time. To my question asking how much time do you give Timea to get pregnant again, to decide when she wants to be a mother, the clock said it gives her three months, and that she should calm down because you definitely have this much time; and then the clock was put back on the table in its original location. Timea in her own role thanked the clock, and said good-bye to her unborn kid, she took everyone out from their roles and sat back in the patient's chair. She said that they didn't have clocks at home and she loathed to listen to them ticking, because they prevent her from sleeping and frustrate her. When I said there are digital clocks which don't tick she said, "Yes". Concerning the three months, she said that it was good to hear this from the clock because the next pregnancy starting date was told to her by the doctors (due to hormone treatments and other tests, etc.).

The fifth session was after Timea's presentation. She arrived ten minutes early (she had time in hand) so she had to wait a little bit. I saw her smile a little for the first time when she said that the presentation had been great and that many people congratulated her. Her voice did not tremble. She was able to give a fluid and interesting presentation. Naturally she was excited and she recalled her university years when she had to do her exams; because in the college which she had attended delaying exams was not possible and if someone failed an individual exam they would have to repeat the whole year. When Timea finished university, she remained alone out of her original group; everyone except her had fallen out of the group into later years. She consciously focussed that this presentation was the same as her university exams were, so she had to do it. This meant that she was able to mobilise all her resources toward successful delivery of the performance. To my question to what she thought had happened during the five sessions, she began to tell me that it had been a different situation because, for instance, to give a presentation in a university lecture hall where the students' seating rows gradually rose up and it was as if everyone was watching and this had suppressed her. (So she ignored the events of the sessions, and I ignored the fact that she distanced herself from emotions. For these reasons, she couldn't consciously link how the events of the sessions were linked with her inner change.) Then I said she was worried about having a miscarriage again and the fact that there was not much time left to start a family, and that this anxiety was able to be released here. (Disconnect the unprocessed feelings and create a symptom.) She smiled again and said that's why she was angry with herself and her doctor, because they had not noticed she was pregnant. She asked that in case there was any further problem could she contact me, and I said yes she could.