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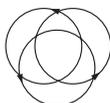
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PREFÁCIO
PREFACE

Sounding sea, bottomless sea, endless sea.

Your beauty increases when we are alone

And so deep intimately your voice

Follows the most secret dancing of my dream

That there are moments where I suspect

You are a miracle created just for me.

SOPHIA DE MELO BREYNER

A Portuguese female poet sings the sea. The same sea that Portuguese navigators crossed in the 15th century. The Romans called the Mediterranean Mare Clausum. Today even the Atlantic Ocean is clausum. Bridges were built between people. Globalization began with the Portuguese discoveries. But discovery is a eurocentric, even colonial concept. In psycological and medical science we also talk about discoveries. But what we discover is not unknown until then. Reality is a human construction. What we do is draw a new map and start new relations.

The 4th IAGP Mediterranean Conference has been held in reference to the sea. But its beauty increases also when we are together. Different cultures, different theoretical viewpoints, different people exchanged clinical experience and research results. The richness of a scientific meeting stays in the warmth we felt during the event but it also needs to be remembered as marks along the way. These marks allow us to recognize the territory. Portuguese navigators used to place stone marks in the coast they discovered. Maybe we should understand them as signs of knowledge more than an exibition of power.

The proceedings presented here can be read also as milestones in a territory yet to discover. They map a journey into the future. What we don't know is the true target of our efforts.

Different views, different ideas, different jobs. You can read about ethnic and political conflicts, human rights, the condition of minorities, mental illness, therapy. You can read about freedom, happiness, health. This we believe is the meaning of group, in human groups.

In differences we are equals.

António Roma Torres

Chair of Scientific Committee

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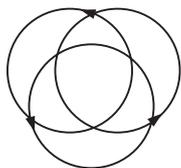
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PL
MORENO AND MANICHAEISM
ALFREDO CORREIA SOEIRO

Moreno and Manichaeism

Alfredo Correia Soeiro, Presidente Honorário da Sociedade Portuguesa de Psicodrama

At the end of the 19th century and in the first few decades of the 20th century one of the most important and sophisticated cities of the European cultural elite was Vienna, Austria's capital. It was there that Sigmund Freud became famous for the creation and dissemination of his revolutionary psychoanalytic theory. His ideas attracted a large number of people to his lectures and conferences.

In one of these well-attended talks, a young theater director and medical student publicly and unexpectedly confronted the then all-powerful creator of psychoanalysis. Astonished, the audience watched that unusual debate and the young man closed his argument by saying that he would pick up where Freud had left off. The scandal prompted several interpretations and questions from the public regarding who could be that irreverent character: an alienated, megalomaniac, arrogant, conceited or mentally ill person, or a visionary genius. The young man's name was Jacob Levy Moreno.

At that time society was for the most part religious and moralist. The manichaeist thinking which divided the world in either good or bad categories was very common. In the great religions, God and the devil were in eternal conflict and that was a very common theme in the sermons of the different churches. Priests urged their parishioners to follow the path of righteousness so they would be accepted by the divine entities and get to paradise someday, whereas non-believers would end up in eternal damnation. The sermons frightened churchgoers, but at the same time convinced them to accept the priests' words and orientation and thus be saved from the temptations of the devil. The main idea in this manichaeist reasoning is the struggle between God and the devil, aimed at securing the free will of human beings and attracting them to their respective flocks. The same religious reasoning was often used to explain mental illness as well.

On the other hand, in contrast with the theocentric thinking preached by the churches, there was a humanistic movement which stressed the responsibility of human beings for their own destiny and as promoters of social change. It was only in 1798 that Pinel, in France, ordered the removal of the chains that restrained the mentally ill, stating that they were neither possessed by the devil nor outlaws, but just sick.

Beginning in the last decade of the 19th century Freud, the father of modern psychotherapy, proved in his psychoanalytic theory that mental illness resulted from intrapsychic conflicts rather than divine or evil powers external to the person. However, influenced by the thinking of that time, Freud developed his reasoning based on a dualistic scheme, on the clash between the antagonistic forces which he called id and superego. The id would encompass the instinctive impulses that seek pleasure at any

cost, whereas the superego, with its rigid social and moral rules, would try to restrain the id. The duel to conquer the human free will was no longer between God and the devil, but between the id and the superego.

By studying mental disturbances from a human rather than religious viewpoint, the psychoanalytic theory turned out to be revolutionary, changing the way of thinking. The first striking effect was to decrease the feeling of guilt and the fear of damnation that frightened the population. In addition, it allowed people to think and talk freely about their problems without being judged or criticized based on rigid and authoritarian rules. It was a great achievement for the humanistic thinking: the theocentric world lost its place to the importance of the human being in the universe.

Without denying the value of the achievements already in place (*I will start out where you left off*...), that young theater director and medical student was a visionary. He realized that the manichaeist scheme of id versus superego still carried traces of the old duality of gods versus demons, and that the idea of the unconscious could be accepted as a state of consciousness but not as an entity such as the ego and/or the superego. Furthermore, the numerous symbolic interpretations in the practice of psychoanalysis, although agnostic, were very reminiscent of the mysticism of religions and their symbols.

The work of Jacob L. Moreno followed a very distinctive path from Freud's. He developed the idea that the human psyche could not be reached directly, but rather by means of social roles, and the psychotherapeutic approach should be directed to these roles. He noticed that mental disturbances were for the most part due to poor role development. Based on this premise, he developed the concept of mental health and its opposite, mental illness, defining them through the concept of spontaneity. According to Moreno, spontaneity is the capacity to respond to new situations and/or to find new and appropriate responses to old situations. Spontaneous people would be mentally healthier, whereas mental disturbances would result from the lack of spontaneity.

This approach is very broad and totally distinct from the dualistic frame of psychoanalysis. Moreno developed several theater techniques as tools to work on roles, and even more specific ones geared to existential and social roles. He called his theoretical and practical approach Psychodrama, and *drama* is the word for action in Greek. The psychotherapeutic school of psychodrama deals especially with actions, and to a lesser extent with concepts and words in excess. Through the development and correction of deficient roles, psychodrama seeks results that will allow patients to respond in new and creative ways to overcome mental and existential difficulties.

In contrast with the psychoanalytic theory, psychodrama does not place much emphasis on the past. Instead, its objective is to find solutions for the conflicts of the present, and it turns itself toward the future. In Moreno's words, one response prompts a hundred questions, and one poem, a thousand heroic acts. This thinking is more in line with Charles Darwin's theory of evolution, in which living organisms are always trying to adapt to the surrounding environment and its eventual changes. For that, they must take into consideration all variables that may show up in their path. Natural selection, favoring the ones best able to meet new challenges, has been the focal point of human beings in the contemporary world, at least in most western world countries.

Moreno's first written work preceded Psychodrama, and its title was The Words of the Father. The book is a good example of Moreno's humanistic thinking: he displaces the theocentric view, the central divinity figure, and replaces it with the human being. The very interesting text is written in versicles, and in a manner quite similar to the biblical language, it begins like this: *I am the father, the God, the creator of the universe; these are my words, the words of the father*.

One of Moreno's last works published in the U.S. was Who Shall Survive, showing already in the title that Moreno was a pragmatic man, always focused on human advancement and the future. In the Portuguese translation the title of the book was completely changed to Fundamentals of Sociometry.

PO01

THE INDIVIDUAL AND THE COLECTIVE IN THE DEVELOPMENT OF RELATIONAL COMPETENCES OF YOUTHS IN A HIGH SCHOOL

REGIANE DA SILVA MACUCH

The Individual and the Colective in the Development of Relational Competences of Youths in a High School

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Summary
This article represents part of my PhD research which originally came about from the interest in understanding how individual and group attitudes could be optimized in the development process of relational competences in youths in a portuguese high school, based on J.L Moreno's Sociometric and Socio-dynamics.

Keywords: Youths, relational competences, sociometry, high school

INITIAL CONSIDERATIONS

The human being is essentially a relational being that exists and becomes a person while relating to himself and with others. For Martin Buber (1974), the meaning of the 'inter-human' cannot be found in any of the partners of a relationship, nor can it be found in the two of them together, but rather **in the dialogue between** them. As Buber pointed out, the development of relational competences occurs in the 'between' of relationships, given that no one is relationally competent by himself and that society is organized through its relational networks

Relating is choosing. Choices are fundamental in all human relations. According to Jacob Moreno (1992:720), choices are primarily of an existential order and do not require any special justification, as long as they are spontaneous and true for those who choose them. In the mid- 1930s Moreno came to a constatation which allowed him to have a glimpse over the means by which to better comprehend the social relations and the underlying psychological mechanisms, which he called Sociometrics.

Sociometrics is the interest in the comprehension of social relations (networks) existing in groups. Those relationships or bonds are expressed by signs of choice, rejection or neutrality (emotional and qualitative factors) emitted by its members. These signs can reveal a series of events that grant the understanding of the psychological structure of a group and the formations which are established between its members.

Moreno basically proposed two sociometric approaches for the analysis of interpersonal relations, one objective and the other perceptual.

The **Objective Sociometric Analysis** makes possible for identifying how each individual in the group chooses and is chosen, while the **Perceptual Analysis,** based on the Theory of Tele, allows for the understanding of the person's capacity to perceive and shows the level in which the subject objectively perceives what occurs in the situations that he/she experiences and what happens regarding other people's choices.

The concept of **Tele** can be understood as an indicator of a group's dynamic flow, necessarily implicated in communication: If communicating implicates being in a

relationship, then communicating is like relating. Tele's fundamental process is <u>reciprocity</u>. Tele decides the clarity of a bond and everything that interferes in that clarity is named by Moreno as a transference or pathology of Tele.

As a phenomenon of interaction, Tele <u>can be considered as an intra-psychic factor,</u> providing a potential telic for the individual to maintain contacts and telic bonds and, as a <u>relational factor</u> that decides the quality of the bond between two people.

The sociometrics analyses created by Moreno allow converting the qualitative data into quantitative one, by means of graphics that allow the visualization of both the individual situation and the existence of distinctive patterns of group organization, their expressions and characteristic configurations. The results of the analyses can be examined in three levels: the individuals, the interpersonal relations and the group structures.

DEVELOPMENT

Moreno considered that, whenever possible, qualitative and quantitative should be treated as one. He affirmed the need to study the social structure as a whole, as well as in parts, seeing as the vision as a whole allows for the observation of its details. (Creswell, 2010). That way, this study has developed from a mixed methodological approach (Tashakkori and Teddlie, 2003) associated to an experimental interventive investigation by means of case study (Creswell, 2010).

The youths in the investigation started school of Professional formation in 2007/2008, distributed in the 3 courses as shown in the table below.

Table 1: Distribution by age group and gender in the beginning of the courses in 2007

COURSE	Age group (between)		Gender		
	Male	**Female**	**Male**	**Female**	**Total**
Plastic Creation	17 - 27	15 - 21	5	13	**18**
Technical Creation	15 - 25	15 - 27	13	7	**20**
Interpretation	15 - 22	15 - 18	11	11	**22**
			Total	**29**	**31**	**60**

The understanding of how youths relate among themselves from the moment they start school up to graduation was the object of the study. For organization and analysis of investigation, the phases of a socio-psycho-dramatic session proposed by Moreno (1975) were used as metaphors. The results presented in this paper refer solely to the three sociometric applications realized from the professional sociometric criterion related to the group profile, "Formation of a Company of Theatre".

The evolution of choices, rejections and indifferences by the youths throughout the three **sociometric applications selected can be seen in the following graph.**
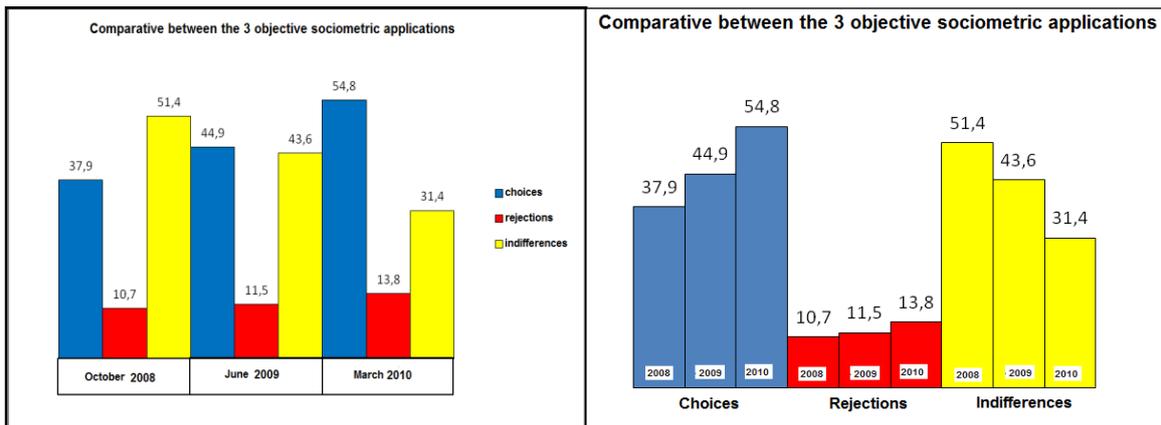
Graph 1: Comparative between the 3 objective sociometric applications (percentage values)

In the graph below we can see the evolution of the reciprocal choices of the youths within the sociometric application.
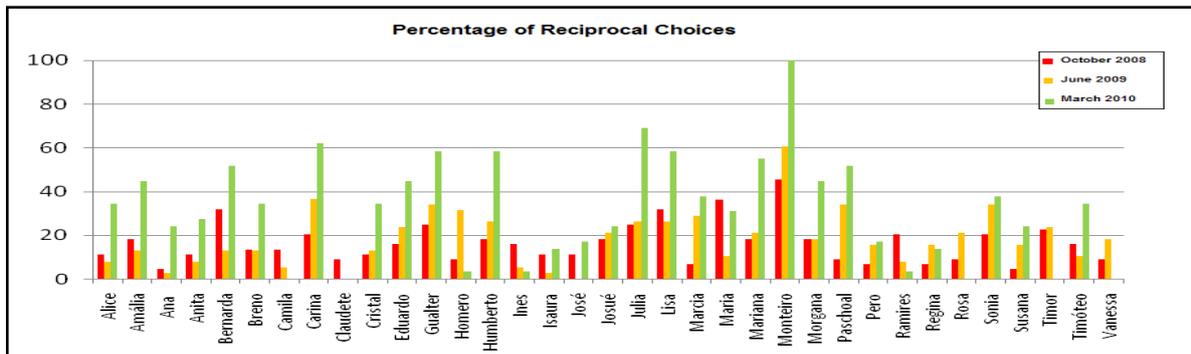
Graph 2: Percentage of Reciprocal Choices

Globally, in March/2010 the youngsters obtained good levels of reciprocal relations, well above the previous ones.

The **individual telic index** (IT) allows us to understand the level of individual adaptation regarding himself and the group in which he participates, that is to say, the identification of the telic factor of each individual throughout the 3 sociometric applications. It is calculated from the **correct individual emission-perception** indices. It is possible to see this in the graph below.
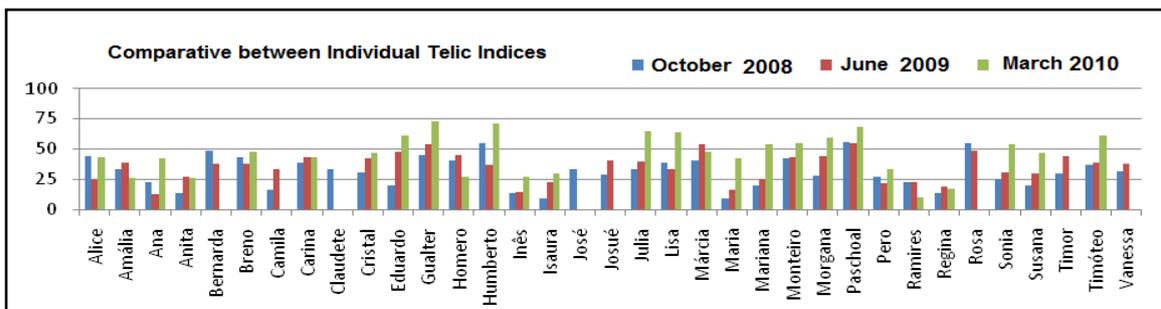
Graph 3: Comparative between Individual Telic Indices (Percentage Values)

The **evolution of individual visibility** can be seen in the following graph.
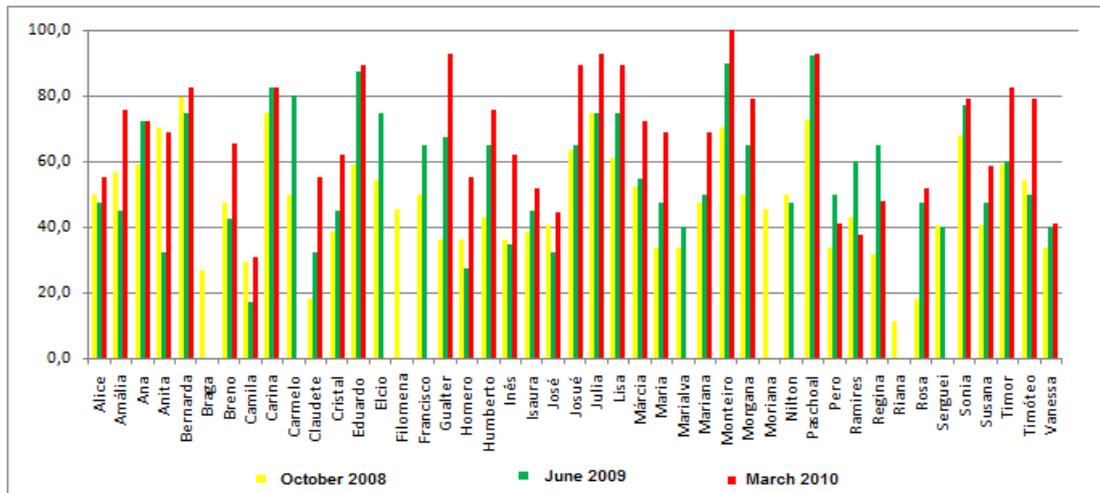
Graph 4: Evolution of the individual visibility in the group from the choices and rejections received (Percentage Values)

In march 2010, in concern with the indication factor (red colour in the graph) one can see a significant increase of youths that were indicated by over 50% of their colleagues, none were below 25%, in other words, all of the youths were considered by ¼ of the total of participants of the group. This indicates that the youths recognize each element inside the group better than inside the group in the period that corresponded to the last year of formation at school.

From the **individual's point of the view**, and from the facts obtained in the sociometric application, it was possible to identify the relative sociometric position that each youth had within the group or their **Sociometric Statute.**

Out of the total number of youths, 15 had a stable sociometric statute throughout the application, and were, in general, the most chosen or most rejected ones. The other youths flunctuated between 5 categories proposes by Coie, Dodge and Coppotelli (1982). For 2 youngsters there was a positive change, from intermediary they moved to popular and for 3 there was a change from controversial to popular throughout the applications. For 4 youthts, their status changed from intermediary to refused, that is, their status in the group moved back during the course of the applications

From a **group point of view,** the group structure can be understood in accordance with the indications that were emitted in the sociometric applications: predominance of neutralities (colour yellow) indicates a **simple** structure in the group; predominance of choices (colour blue) indicates a **positive complex** structure; Predominance of rejections (colour red) indicates a **negative complex** structure. In the following image, one can see the evolution.
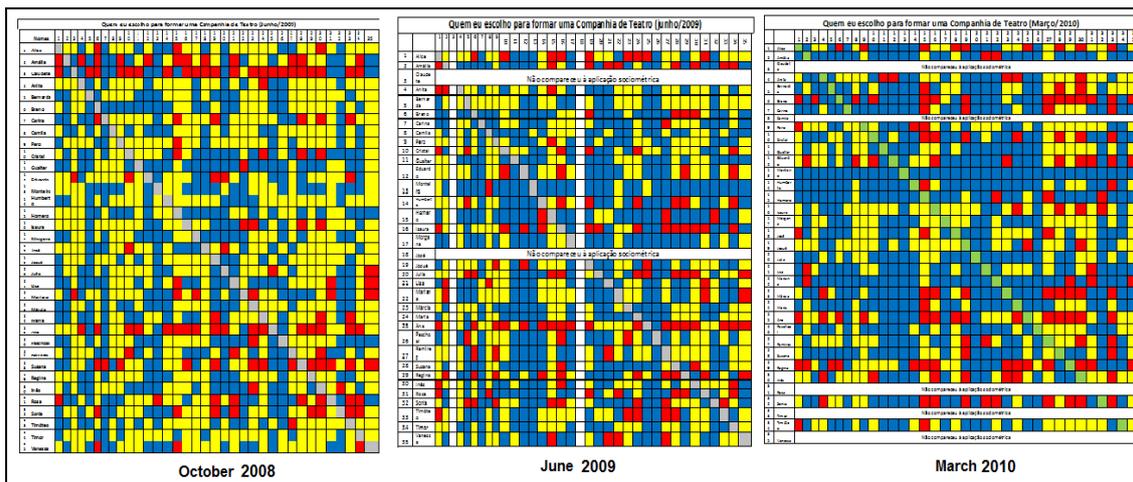
Figure 1: Sociometric Matrices (Generated in an Excel Spreadsheet)

The group telic index (GTI) is obtained by the sum of the individual indices, divided by the number of possibilities, allows us to understand the amount of Tele that the group as a whole throughout the sociometric applications.
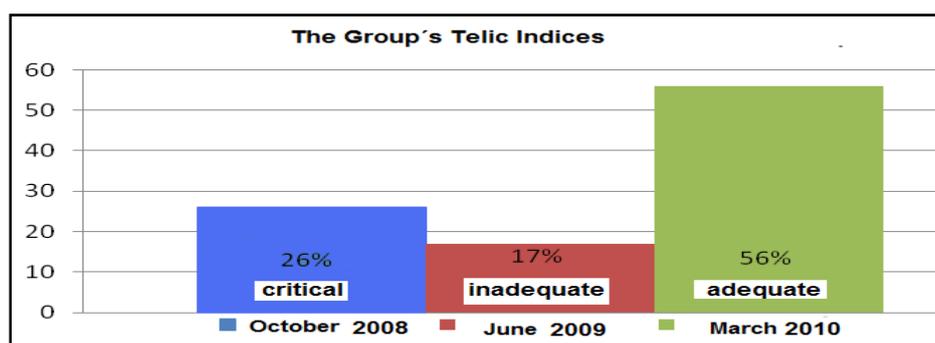
Graph 5: The Group's Telic Indices

Throughout the applications the telic index varied from critical (higher concentration of group transferential relations), to inadequate (tense group dynamics) and afterwards adequate (positive group dynamics), according to the Bustos (1979) classification.

FINAL CONSIDERATIONS

The paths lived by the youths during the on-the-job training in the school investigated accumulated a range of learnings and knowledge much more widespread than only the intended technical training. The socio-professional matrix that was built on the intense game-procedure between the individual and the group referenced, frightened, plotted against, challenged and promoted the experience taken from learning how to relate. Much more than the professional preparation, the times and the spaces experienced by the youths in the school were times and spaces in life.

The search for autonomy while a private, singular, and unique individual and while public, plural, and collective individual was constantly entwined, and operated simultaneously between the development of the youths and group. Getting involved in the interpersonal relations occurred within the inter-subjectivity and complexity of the

journeys experienced. During the personality development procedure of these youths in the school, the group of pairs allowed for the identification game, the sharing of secrets and experiences that were essential for the formation of the identity of each one.

Feedback exercises as self-evaluations and those done by others aimed to promote a meta-analysis or opinion, in order to promote the learning and consequent development of the relational competences. The restitutions of the results obtained in the sociometric application between the youths and between myself and the youths served as aids in the identity construction procedure and in the development of competences to relate to themselves and with the others.

The obstacles and elements potentiators of the development of relational competences were answered while the relational transferences were identified by the youths as the non-healthy part of relationships and crystallized, cultural conservations (Moreno, 1984) such as the obstacles to the group's development, and the evolution of the youth's capacity for emission-perception, as well as the development of the telic condition and group cohesion as potentiating elements of those competences.

The sociometric methodology showed itself capable of objectively uncovering the underlying structure and dynamics between the individuals and the group, confirming its efficacy today, even though it was created in mid-early 20th century. Thus, by identifying the sociomatrix, sociograms and sociometric statutes, the specific objectives of the study were set up as conditions for the contribution of Sociometrics for the grounds of knowledge on interpersonal relations.

The development of the youth's capacity to emit and perceive and the way to offer and receive feedback helped in the articulation between the collective and individual attitudes. These elements became essential for the monitoring of the individual's and group's evolution within the group in the search for collective and singular autonomy.

Seeing themselves and others in the relational game broadened each youth's capacity of communicating and learning, as these same possibilities were boosted. As two sides of the same process, the autonomy-differentiation and cooperation-integration cannot and should not be exclusive within themselves.

Moreno was a man ahead of his time, and today his sociometric proposals, among others, can be revisited and reconsidered in light of new possibilities, seeing as they continue current and relative to modern context.

The sociometric applications are efficient approaches for the understanding of relational dynamics and are constituted on the grounds of solid knowledge for the investigation and the development of preventive pedagogical intervention strategies in the school.

The relational competences are based on the social evolution, seeing as, among the basic needs of the human being, are essentially the factors of being loved, cherished, recognized, accepted, and part of a group.

I consider that the creation of a "protected space-time" in school where the youths can develop their competences for relating with themselves and others through a "qualified adult" supervision that offers them a continent, in the psychological sense of the term, and gives them back up, support, is indispensable in today's world, thus enabling the development to flow healthily and coherently.

One needs to consider that the development of relational competences is a phenomenon-process that requires   adaptive competence and coping with the experiences of choices and rejections faced with the events-phenomena of life and

challenges of being faced with oneself and others, mediated by time and space, whether in school or outside. The visualization of a society in which youths are able to be recognized in relation to what concerns them, "implies not only a transformation of society's structure plan, but also in the small groups and individual" (Milan, 1976: 120) seeing as the condition of being and living in the world and with the world is what makes us humans, be it in a real or virtual environment.

If we wish for a truly transforming education, we should think of creating spaces for experimentation, training and reflection about the development of relational competences inside and outside the school, as well as expressing the condition of youths as subjects of their time and space. As Jacob Levy Moreno, I also believe that by developing the spontaneous-creative capacity of the human being to communicate and live together, we will have the necessary conditions to continue evolving as humans.

Upon the reflection on the idea of Edgar Morin (2000) when he says that education today needs to promote principles of strategy which permit individuals or groups to face the unpredictable, the unexpected and the uncertain. is the certainty that all the information, each experience, was not external, neutral, or dispelled in the air: it was inter-subjective and self-referential, in other words, the knowledge was always two-way: The youths learnt about their relations and so did I, And, we learn us learns, in the incessant dynamics which is life.

REFERENCES

Buber, M. (1974). Eu e tu (Me and you). São Paulo: Centauro.

Bustos, D. (1979). O teste sociométrico: fundamentos, técnica e aplicações (The sociometric test: fundamentals, technique and application). São Paulo: Brasiliense.

Coie, J. D., Dodge, K. A., Coppotelli, H. (1982). Dimensions and types of status: A cross-age perspective. Developmental Psychology, 18, 557-570.

Creswell, J. (2010). Projeto de pesquisa: método qualitativo, quantitativo e misto (Research Project: Mixed, quantitative, and qualitative approach). Porto Alegre: Artmed.

Macuch, R. (2010). As dinâmicas relacionais na escola secundária e o desenvolvimento de competências relacionais em jovens (The relational dynamics of a group of youths in a professional high-school and the development of relational competences. Ttese de Doutoramento em Educação. Universidade do Porto, Portugal.

Milan, B. (1976). O jogo do esconderijo. Terapia em questão (The hideout game. Therapy in question). São Paulo: Pioneira Editora.

Moreno, J. L. (1992). Quem sobreviverá? Fundamentos da Sociometria, Psicoterapia de Grupo e Sociodrama (Who will survive? Fundamentals of Sociometrics, Group Psychotherapy and Sociodrama). Goiânia: Dimensão. Volumes I, II e III.

Moreno, J. L. (1975). Psicoterapia de grupo y psicodrama (Group psychotherapy and psychodrama). México: Fondo de Cultura Económica.

Moreno, J. L. (1984). Teatro da Espontaneidade (Spontaneity Theatre). São Paulo: Summus Editorial.

Morin, E. (2000). Os sete saberes necessários à educação do futuro (The seven items of knowledge necessary for future education). São Paulo: Cortez.

Tashakkori, A., Teddlie, C. (2002) Handbook of Mixed Methods. London: Sage.

PO04

GROUP PSYCHOLOGICAL WORKSHOP: A PLACE TO DISCOVER, FIND A NEW MEANING FOR AND INTEGRATE BIOPSYCHOSOCIAL ASPECTS

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Group Psychological Workshop

A place to discover, find a new meaning for and integrate biopsychosocial aspects

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Abstract

The Workshop was held at the Youth Center of Casa Clamor Cavanis NGO to meet the demand for local juvenile psychological assistance due to the existence of a socially vulnerable and risk population. We have started a group with 15 youngsters who suggested themes based on their conflicts, distress, ambivalent feelings, denials and resistances. The group acts like a mirror and reflecting them allowed them to recognize themselves. They expressed the values, limits, principles, rights and duties that form their subjectivity, which will have an impact on their personal and collective history. The image they have of themselves and of the Other was built through their mother or caretaker's look. The Workshop's goal was achieved and the dialogue made it possible to create and respect forms of expression, limits, socialization, empathy and solidarity. These youngsters did not know and did not believe in another form of relationship. It was possible to find a new meaning for their experiences and feelings.

Key words: dialogue, reflection, recognize, risk/vulnerable population

Introduction:

The initial Project intended to prevent teenage pregnancy. The demand turned up to be different and, thus, the Group Psychological Assistance Workshop has become a place for the awareness of the self and the Other. It was possible to set forth the difference between ideal and real, speaking and listening have been practiced assuming the pres-

ence of more than one person, someone spoke and the Other would listen, the discussion opens room for the practice of dialogue.

As we are born, we find ourselves in the middle of a family and a society which belong to a specific culture, in a specific period of history. Thus, we receive values, rights, principles, standard and duties which will be present in the constitution of our subjectivity and naturally influence the formation of our personal and social story and how we relate to the Other.

As we establish relations, we show that we are connected to someone, David E. Zimerman, rightfully teaches us that "the first bond developed in any human being existence consists in the newborn baby inter relation with its mother...or with some replacement figure of her". (Zimerman, 2010)

So, the human being has its personality developed by three founding factors, being the result of the bio-psycho-social factors interaction.

We know that the human being is the only being in relation who needs another human being to take care and protect it in the beginning of his/her life. Its physical and psychological conditions are of absolute dependence, helplessness and impotence towards its development, and this dependence decreases and subsequently within a safe child development, may reach relative independence.

The care provided to a child may take place with good continence, or sufficiently good or insufficient towards his/her needs and anguishes, and as he/she receives and becomes aware of them, and starts the mnemic record of such initial affective experiences which will become part of his/her life.

We have to point out that failures may happen in such initial first relation, and this will imply the possibility of an affected and fragmented emotional development.

Such failures may or may not be corrected by the mother, generating , in such baby, feelings of safety and of being loved or if the failure is not recognized and corrected, neediness takes place. According to Winnicott, the processes of individual maturity need a facilitation environment so that they can take place.

The child also experiences in its development the gratitude and the frustration that the mother or caretaker impose. Thus, the infant who lived only the Pleasure Principle, gets in touch, by means of specific frustrations, with the Reality Principle.

The image which the child build of itself, can only be erected by the mother´s or caretaker´s face, mainly by the invested look quality and how this child receives it.

Such look became a mirror and enabled reflection, self awareness and, the child touches itself, developing as a human being. According to the psychoanalytical approach, it is from such initial representation of body ego that the mnemic record starts as well as the child´s primitive emotional development.

Such body ego initial image will fragment later and after that the secondary identifications will take place, the particular characteristics of such self. All the same, the child which started its development during the oral stage advances progressively through the anal, phallic, latency and puberty stages.

The problem arises when the human being uses primitive, regressive defense mechanisms, and can only deal with difficulties by means of them. When responding in an improper way to adverse situations, it is shown a fixation in some stage, what prevents a normal development in the other stages.

All individuals search for a way of reliving the full satisfaction experience, to be satisfied immediately, experiences which they lived in the beginning of their lives in the first relations with the mother figure.

The informal relation with such youngsters at Casa Clamor Cavanis motivated us to think, plan and develop this Group Psychological Assistance Workshop, in order to reach the possibility of transforming silence, violence, conflicts, discussions, physical or psychological abuse experienced by some of such youngsters and so many other risk situations and exposures which have always been present in the physical and social environment in which they started and continue their psychological and physical development.

It was possible to listen to their questions, support their verbal or gestural aggressive reactions, their conclusions, uncertainties, partial or erroneous knowledge, information based on beliefs; they would talk about the soul pains, the abandonment, the difficulty of translating suffering into language, which deserves a differentiated listening and attention. During the work development with such teenagers, a therapeutic setting has been established, as well as the possibility of developing bonds has been outlined.

Learning about dialog, remembering secrecy, respect and understanding, enabled the rise of different ways of thinking and expressing limits, socialization, empathy and brotherhood. Such youngsters, at start, did not know and disbelieved other ways to relate. It was possible to find new meanings to their experiences and feelings.

We thought of this Workshop step by step, i.e., the service starts in the Group social introduction, mixing interesting topics with the human being global development. Eleven services have been scheduled in the first semester and fourteen (14) in the second semester.

1st service - Social introduction: We started with the Group member introduction of the therapeutic setting.

For a better integration which enabled some relaxation, we asked everyone to sit on the floor and hold a string roll and started the session. Each member who introduced him/herself, would be given the string roll he/she would wind it in his finger, introduce him/herself, pick a person and throw the roll, and so on until all Group members introduced themselves.

We asked them to keep the string around their fingers, and asked them to observe the web that made, we talked about secrecy, dialog, limits, respect, understanding, difficulties, topics, rules, etc.

The resistance was obvious, most of them simply stated their names, only two young girls, one of which was pregnant, talked a little more.

They requested us, for the next service, to talk about the difference between love and sex.

2nd and 3rd services – Difference between love and sex: The topic of these services was the difference in meaning of the words *love* and *sex*.

The work was presented in Power Point, and it was approached and discussed:

Love: Platonic, child, motherly and fatherly love, passion, etc.

Sex: we inferred concerning male and female gender.

Difference between sex relation and pornography.

Make love or have sex?

Both topics caused embarrassment at first, little by little they said they had no one at home to talk to, whatever they knew they had learned in the streets, just a few correct information arose, as most of the information was contradictory or erroneous, hot discussions. It was possible to note the different: languages, concepts, points of view, con-

dom use and contraceptive pills and sexually transmitted diseases. Despite different thoughts, it is possible to listen and talk, exchange information.

4th and 5th services – Psychological development and symbiosis:

We go through a path before and after the conception, considering a successful pregnancy and the birth of His/Her Majesty, the Baby. The mother, the father and the family who bear a new being, imprint on this little individual the hopes and characteristics which provide a feeling of belonging to such group. The baby is inserted in a symbolic network.

The baby has a function in the family's imagination and has its first identity defined by it: name, last name, preferences, obligations.

The symbiotic stage understanding with the possibility of mother or caretaker starting the baby´s introduction to the world.

How can the initial experiences damage or contribute with the development of this new member in this family?

At first, they did not show much interest. But, when a young woman, a little ironic, asked whether that was only fiction or could really happen to someone, the Group woke up.

It seems that they did not believe they had lived that possibility, that some day they were taken care of. It was possible to state that, for us to be all in that place, always on the same day and time, it was because someone took care of us, fed us and introduced us to the world, helped us to develop as individuals, i.e., the mother or caretaker.

There was mobilization, discomfort, distrust, hard feelings, harsh words and the contradictory feelings were obvious. Few referred to a continent mother or caretaker.

The feeling contradiction lived by such youngsters points out the "simultaneous presence, in the relation with the same object, of opposed trends, attitudes and feelings, fundamentally love and hate" (Pontalis, 2001).

We pointed out the existence of an ideal mother, a real mother and an internalized mother;; we approached the fact that we learn to be mother/father with other mothers/fathers or equivalent figures, some said that their mothers said they "would not do like their mothers or stepmothers, but they did" and "that they got angry when they said they did everything just the same".

So, the silence which arose was slowly replaced by words, sentences. They showed how difficult it was to be able to think of, develop and put into words such hypothesis, they had to be introduced to the world in a delicate and continent way.

The language used was clear, with open sentences, talking about possibilities and hypotheses, not questioning or judging the emotions and feelings arisen, inviting them to think and reflect about this way of relating.

6th and 7th services - Mirror stage: In this service it was possible for us to develop the mirror stage, the image I have of myself was only possible to be built by the invested and received look from the mother or caretaker. Such look was the mirror and enabled knowing and touching, developing me as a human being.

In such services, the youngsters seemed less distant, but the affectation was present, the reasoning and comparisons showed the abandonment, rejection, low self-esteem feelings, expressed the lack of connection between the family members, said that the dialog in their homes was "beatings" and, as one of the attendees said: "they call names I cannot say here".

It was possible to follow the youngster dialog evolution, the experience exchange and the desire of some, whenever they constitute their families, to "be the opposite they have now".

8th service - Session using mirrors, silver and gold laminated paper, white sheet of paper, glue and crayon.

With such materials and remembering the mirror stage, they should look at the mirror just once, as long as it takes, draw a self portrait of this stage and next, make a frame with the laminated paper.

At the end, we asked them to choose a single word to describe their feelings.

One young man refused the mirror, drew the self portrait, made the frame and gave one name, sadness. He did not want to share.

Another young man looked twice at the mirror, and only by the end of the service he drew his self portrait. His word was hate and did not want to share.

The other group members participated of the session. But only two young women managed to expose how the process was and pointed out the main difficulty, which was looking at themselves in the mirror, realizing that "the first time I looked, I did not

know but now, brother, there is a lot" and the other young woman said "I never thought, like, you know, I just looked to get tidy".

After each service, we arranged a moment for those youngsters who wanted to talk privately, to be able to put it into words, develop new emotional significations.

9th service - Emotional development: The responsibility knocks on our door. The Workshop intended to counsel the youngster as to its constitution, feeling and emotion understanding, possibility of choosing, prevention as solution, information by means of open and candid dialog, enabling that their doubts, insecurities, anguishes, beliefs, ignorance, dreams and fears could be expressed clearly and respectfully.

10th service – Life flag session, with the following materials supplied: color pencils, pieces of white paper, crayon, water-colored pen.

As the name of the session says, we asked them to make their flag, putting in it their goals, experiences, dreams, all they wished, as it stood for the past, the present and also the future of every one.

There was a mobilization, some did not even know what a dream was. How could they do that?

The future also caused disruption, one said "I did not think yet, don´t know if I´ll be alive", he showed himself unavailable to think of what was being asked and explained, we witnessed the avoidance defense mechanism, very usual among such youngsters, they change the subject.

11th service – At first, an activity was forecast for the Workshop semester end. But, as we could not close the last service session, we thought that the possibility of a free service could be beneficial.

In fact, the anguishes and contradictory feelings arose with all strength and thus it was therapeutically possible to close the Workshop this semester.

> The teenagers open a space to:
>
> Awareness of the Self and of the Other
>
> Joint reflection possibility
>
> Life stories with a new meaning
>
> Dreaming possibility

> Not being the group spokesperson anymore
>
> Hope of looking at themselves in the mirror
>
> I am just a daughter
>
> Forgiveness, etc.

At the end of the semester, the Workshop happened in a free and open way. Always trusting it is by means of a transparent, true and simple dialog that the best means of communication takes place.

Final considerations:

It was possible, through the services, for the youngsters to learn to express, understand and find a new meaning for their life stories.

The meetings intended to promote a greater contact with the way of being and with life story of every youngster , who could express according to each activity developed an in an orderly way, how they dealt with their daily emotions and anguishes, incurring from their development, thus generating a greater group interaction.

The services will take place every fifteen days with duration of one hour and fifteen minutes each.

The topics approached will be current and interesting to the groups, e.g., love relationships, respect, psychological and emotional development, drugs, sex, limits, dialog performance, changes, listen and be listened to, rules, religiousness and other subjects brought by each group members.

The services will have twenty sessions in average, and may be expanded to thirty sessions, depending on the group demand. The approaches used will be the psychoanalytical and systemic, observing the specific fitness of each theory.

The material used will depend on the session which will be performed in the group to enable the development of the topic to be approached.

Varied materials will be preferably used and will always be available for free use, according to each attendee's interest and will, e.g. paste paper, painting, cutting, drawing and graphic material.

Finally, the possibility of transforming what was not said into said; what cannot be said into language.

Bibliography

Abraham, K. (1970). *Teoria Psicanalitica da Libido.* Rio de Janeiro: Imago Editora Ltda.

Betty Joseph. (1992). *Equilibrio Psiquico e Mudanca Psiquica.* Rio de Janeiro: Imago Editora Ltda.

Freud, A. (2006). *O ego eos mecanismos de defesa.* Porto Alegre: Artmed .

Levisky, D. L. (2009). *Adolescëncia Reflexoes Psicanaliticas.* Itatiba/SP: Casa do Psicologo.

Mahler, M. (1982). *O processo de separacao-individuacao.* Porto Alegre: Artes Medicas.

Nasio, J. D. (1997). *Licoes sobre os 7 Conceitos Cruciais de Psicanalise.* Rio de Janeiro: Jorge Zahar Editora.

Pontalis, L. e. (2001). *Vocabulario de Psicanalise.* Sao Paulo: Martins Fontes.

Sapienza, B. T. (2004). *Na presenca do sentido.* Sao Paulo: Paulus.

Winnicott, D. W. (1975). *O Brincar & a Realidade.* Rio de Janeiro: Imago Editora Ltda.

Winnicott, D. W. (2006). *Os bebês e suas maes.* Sao Paulo: Martins Fontes.

Zimerman, D. E. (2010). *Os Quatro Vinculos.* Porto Alegre: Artmed.

Quoted works

Winnicott, D. W. (1975). *O Brincar & a Realidade.* Rio de Janeiro: Imago Editora Ltda.

Winnicott, D. W. (2006). *Os bebês e suas maes.* Sao Paulo: Martins Fontes.

Zimerman, D. E. (2010). *Os Quatro Vinculos.* Porto Alegre: Artmed.

PO11

LUDOSOPHIA IN THE EDUCATION OF CLASSIC BALLET FOR A GROUP OF CHILDREN AND RESIDENT ADOLESCENTS IN POPULAR QUARTER IN THE CITY OF BELÉM OF PARÁ-BR

ALEGRIA SORIA

Ludosophia in the education of classic ballet for a group of children and resident adolescents in popular quarter in the city of Belém of Pará-BR

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Abstract: Experience where the ludosophia - science of the playful one - consists a paradigm in addition in the didactics of the education of classic ballet developed with children and adolescents resident in a popular quarter of Belém of Pará - Brazil. The author is formed in Pedagogy and long experience as pupil of ballet in recognized schools in São Paulo (in infancy) and in Belém, that had provided to abilities techniques to it. The formation in Pedagogy and the studies and research on the playful one had indicated the interest in introducing in the education of the classic ballet a methodology of the pleasure. The experience occurs in the developed voluntary work in program of university extension of the Universidade Federal do Pará and as technique in art education in a Center of Social Assistance of the city. The work is shared with pupils of Social Work, with familiar of the children and the adolescents and dressmakers of the proper community.

Keywords: ludosophia; classic ballet; teaching / apprenticeship

1 Introduction

The Ludosophia as science considers what the pleasure it is basic to the balance of the human being, favoring criticism, person in charge and compromised socially. in the dynamic one human, favoring the critical formation, responsibility and compromised socially. in the dynamic one human the playful it can to make possible the subject his way itself of thinking and to carry out activities what they develop his body and his mind.

Second Huizinga (2003) in his work Homo Ludens, published it shears first time in 1936,the modern age it denied the homo ludens present in the play, in the bets, in the joy and in the pleasure, for to give priority the reason (homo sapiens) and the work (homo faber).

Homo Ludens it is considered one of the works very important in the philosophy of the history in the century XX, taking the dimension cultural I eat a process in history of man, what it learns to build through his necessities of his ideas and wishes establishing a system of communication advanced from his body of his skills that allow him to give

out gestures, dances, sounds, corners executed like demonstration of feelings and emotions as, sadness, prayers, pleasure in relation with the nature.

The contributions are countless for the reflection on the playful thing from the Ancient Age up to the Contemporary Age. Sócrates (Greece - 470 to. C - 399 to. C) it was understanding that the culture should be developed in the pleasurable form, more spacious for guarantee of better life and of mental strengthening for the citizenship - " (...) the free man((eleútheron) must not learn any study servilely. Hard labor carried out by the body in nothing makes the worst body; nevertheless, no study forced (bíaion) it remains in the soul. " (Sócrates apud Krenz, 2010)

In the contemporaneousness the French philosopher Edgar Morin while negotiating on her Education sees the classroom like a heterogeneous space where the relation of the newspaper commentaries the forms of thought, of psychological, cultural, social aspects of the human being how also the diversity, properly biological, mental, psychological, affectionate can to develop interpersonal complex knowledge's. With that, the education mission it would carry out his purpose of human preparation that applies for it not only rationalism, but the affection, the playful thing, the imaginary thing – " (...) in the being I humanize, it development of the knowledge rational-

empirical- technician never it cancelled the symbolic knowledge, mythical, magic or poetic." (Morin, 2003)

2. Dances: the most ancient art

Dance, the most ancient art and the first one beginning with the birth very times while arriving in the space of institutional apprenticeship it stops being an amusement for the artist himself in formation.

In the end of the century XVIII, Noverre, was the first one to argue what the ballet he was not a mére divertissement. Perhaps his followers have exaggerated in understanding of the ballet as work and – in of ludic, a they separated t least for them principal subjects of the art: the ballet dancers the ballet dancers. In the history of the ballet Noverre it was preoccupied with the formation of ballet dancers in the time in what debt the Industrial Revolution the emphasis it was given to Homo sapiens and Homo ludens since it well remembers Huizinga (2003).

In the century XIX what them pumps of tip they are introduced in ballet and very schools of formation they are created and if they consolidate Russian, Italy, France and England and in century XX Cuba , United States and China.

No doubt many professionals stand out and excel at art, but there are many who give up and eventually linking the art of dancing classical ballet with greater capacity to endure some suffering or to be immune to the pain of the world as poetry Ciranda da Bailarina of Chico Buarque de Holanda:

Procurando bem / Todo mundo tem pereba /Marca de bexiga ou vacina /E tem piriri, tem lombriga, tem ameba /Só a bailarina que não tem /E não tem coceira /Verruga nem frieira/Nem falta de maneira (...) Medo de subir, gente /Medo de cair, gente /Medo de vertigem / Quem não tem? (...) Só a bailarina que não tem /Sala sem mobília /Goteira na vasilha /Problema na família/ Quem não tem? (Holanda, 2010)

3. Report of experience of teaching of Classic Ballet for children and resident adolescents in the district of the Guamá.

E ao amanhecer do século 21, dispomos de muitos artistas e pesquisadores dançando a realidade do Homem, se preocupando com os sinais dos tempos e desenvolvendo métodos para integrar - mundo, Homem, dança e educação - tendo a certeza que este seja o único caminho contra o conformismo para as coisas que ainda virão. (Verderi, 2008)

The ludosophia – science of the playful one – sets herself up as a break of paradigm the education of the teaching of Classic Ballet that I am developing, from 2005, with children and resident adolescents in the district of the Guamá.

My formation in Pedagogy contributes effectively to the revision in the method of teaching Ballet, which I had like pupil in recognized schools of Sao Paulo (in the childhood) and of Belém, which provided me technical skills, without which I might not carry out the experience here registered.

The formation in Pedagogy and the studies and inquiries on the playful thing indicated me the interest in introducing in the teaching of the classic ballet a methodology of the pleasure. The experience there takes place in the work volunteer whom I develop in the Program Luamim of the Universidade Federal do Pará as technique in art education in the CRAS-Guamá – Centre of Reference of Social Assistance. The work is shared with pupils of Social Work of the UFPA, with the relatives of the children and adolescents and dressmakers of the community itself, what appear very creative in the production of the fashion magazines you do not punish for the classrooms and presentations, principally in the sense of carrying out the best possible inside the material concrete conditions of the children and his families.

The objective to provide technical skills in the classic ballet and artistic sensibility .é reached with the overcoming of obstacles made a list to the insufficient infra structures in the installations and of situations made a list to the personal and social reality itself of the children and adolescents. The dressmakers' identification in the community itself for the production of fashion magazine, the location of spaces for presentations in the district itself, the solidarity and the joy of the discovery of rights in the wheels of conversation after the presence of movies, eating popcorn, the dynamic ones of group with subjects on friendship, companionship and mutual respect ease the necessary demand of physical flexibility, coordination, posture, etc. Being also a cultural tool, I thought important that the children had information's on the origin, the history of the dance and of the classic ballet.

I began in a public school with children, administering only a classroom during the week. It was using the space of the room of the teachers that finished producing conflict since, in the intervals of his classrooms they had not the available space to rest and to be prepared to give continuity to his tasks. In spite of hamper I could become involved with the pleasure of those 20 children who had never done ballet, who whose information on above-mentioned alone art they took as what they saw in programs of

television and whose information on above-mentioned alone art had doubt if, since they were Protestants, they might become involved with dance. To use the technique of the Royal Ballet, which I was learning in the school, it was removing everything so that the children did not fight. Working with children in situation of vulnerability I could learn to deal with situations of physical and verbal aggressiveness between colleagues.

The work shared with a student of the Social Work of the UFPA, who was accompanying the classrooms of the children and was developing also activities as: dynamic, drawings, between other playful forms, besides direction to the family it was always basic so that I leaned over on the work of finding forms that were stimulating the children to remain in the project of pleasurable form. As initiation, this period was of great reflection and apprenticeship with the group – my first experience of teaching of ballet. Besides the questions connected with the technique it was before children in situation of social vulnerability and in a space without infra structure adapted.

I had conviction of which the experience was turning out to be positive, for the enthusiasm of the children and of his persons in charge. Then, because not to do a public presentation?

I began to do meeting with the persons in charge of the children, to explain them on the necessity of a fashion magazine for presentation. There was no mother who could sew, but they all knew some dressmaker in the community itself. Besides what, between the mothers, there was the one who was making pumps from cloth. In this period the project Luamim had no resources nor sponsorship. I had offered to teach classic ballet and, then, she was a pioneer, since the project had gained public recognition with other workshops of art and in activities of inquiry. With the support of the mothers, of the dressmakers of the district and, principally, motivation of the children there was public presentation in the UFPA. Subsequently, the project Luamim received resources of the university itself and the classrooms started to be carried out in the CRAS-Guamá that has an infra structure a little better than the foregoing school.

In the CRAS-Guamá with the project that today is Luamim Program, I started to administer workshops of ballet for children and adolescents. There were already in the CRAS-Guamá several other workshops as capoeira, karate, music between other arts. The space what they destined to the classrooms of ballet was shared in the same time-table with the group capoeira! I would establish agreements with the instructor so that none of the workshops was damaged.

I deepened the methodology of the pleasure while it was advancing in my studies on ludic in the course of Pedagogy. The children grew and I saw that someone became adolescents and, obviously, other experiences would be demanded me. However, these small ballet dancers know that they want to keep on dancing and many people having more and more conscience of the necessity of facing the problems that happen inside his homes themselves.

In 2007 the Program was awarded a prize with Cultura Viva, of the Ministry of the Culture as one of 120 better initiatives between them almost 3000 registered ones in that year.

In the beginning of 2010 I did contest to work as art educator in the CRAS-Guamá. Being approved I enlarged the work what it was already carrying out before with only 20 children in the program Luamim. At present, I continue as volunteer of the Luamim and do workshops of classic ballet for 40 children and adolescents registered in the CRAS-Guamá.

Some children and adolescents have histories of complex problems of relationship in the family and / or in the school, in the studies, even so there are registers of solidarity and fondness not alone between the children themselves and adolescents as of his families as the case of the child who was living in a shelter and it was taking to the classroom of ballet the violence and other bad customs. It received help of the mothers themselves of other children and adolescents and direction of the Social Work. In the end of the year of 2008, when I prepared them for presentation of the ballet A Sleeping Beauty, the mothers joined to finance the complete fashion magazine so that she did not stop sharing of that moment. When we left it in the shelter she was so emotional that it reported everything us what was happening in the shelter where she was the only child. The confession gave rise to measured of the Social Work for which it links, today, it has been adopted.

At present, some pupils are being already directed to other schools with infra structure when it was adapted so that they can have bigger means of professional formation. One of these pupils joined the Luamim Program for the workshop of theater and then the ballet, demonstrating great skill, standing out of the rest.

4. Conclusion

As too many dances, the classic ballet is the form of freedom and so it will be able to be administered. It is necessary that we always advance with the help of someone, who supports us and who thinks I make positive. If the pupil is sure it to be in a safe environment he will feel more calm and his efforts will be bigger for the development of the apprenticeship.

I think about an ideal, creative school and liberator not alone for the pupil, for the teacher who admits the possibility of exchange of knowledge's in the educational relation. However, this ideal needs concrete conditions that do not obstruct his

realization, in other words, appropriate rooms, with hygiene, finally organized environment, which unfortunately is still not fact our country. It is important recognize the capacity which children and adolescents in situation of vulnerability have to give positive answers when they find a teacher who does not leave what his dreams knock down due to unfair reality. While the child and together with his family they begin adolescent to discover his potentialities become stronger to demand his rights.

To recognize the playful thing as straight it wraps also the recognition of duties, since the ludic in the education does not mean without compromise with the technical competence.

So, the great challenge is in as it will make the Ludosophia effective in the formation of the teacher of Classic Ballet, of form to enable it you do not punish in the theory, but in teaching practice. Little much has been studied on what to look in this way to explain and in order that to secure a quality formation to the teachers, which the treatment to be dispensed to the practice of teaching, which the constitutive elements of the teaching, what practice to importance of the construction of the teaching identity orientated by the criticism, creativity and opening for the new.

I understand that the plan of competence in the sense of learning to consider and to be positioned is a way for resolution of problems and necessities that give sense to the work of a teacher, who needs to have balance to be necessary with his pedagogic functions: to transmit contents and skills, to teach and to learn, to contribute to the construction of the human being to the practice of citizenship, to the collective life, to the performance of the social functions, to the practice of the social justice, equality and respect to the social differences.

I understand that a more human, more peace-loving and loving world will result from the acquisition of knowledge's and you know what make a list of theory

and action in such a way that it is possible analyses so much the ways of oppression how much of release.

I have the conviction of which the Ludosophia as paradigm in the teaching of the Classic Ballet demands bigger investigation to develop pleasurable instruments to the process of teaching and apprenticeship.

5. References

Huizinga, *J. Homo Ludens* (1971). São Paulo, Perspectiva: EDUSP

Morin, E. (1986). *Para sair do século XX.* Trad. Vera Azambuja Harvey. Rio de Janeiro: Nova Fronteira,.

Soria, A. e Andrade, A. (2010)..*Ludosofia e a formação do Professor: Estudo na Escola Estadual de Ensino Fundamental "Prof. João Renato Franco".* Belém, Escola Superior da Amazônia. Trabalho de Conclusão de Curso. Digitado.

Sites

Holanda, C.B.de. Ciranda da Bailarina. Disponível em letras.terra.com.br › C › Chico Buarque. Acesso em 30 de outubro de 2010

Krenz, A. *Jogo e Educação na República de Platão*. Tradução de Charles Feldhaus (supervisão de tradução de Marco Antonio Franciotti) http://www.bu.edu/wcp/Papers/Educ/EducKren.htm. Consulta em 06 de março de 2010.

Verderi, É. *Historia da Danca: Alguns fatos relevantes da danca no tempo*. Disponível em biodance.blogspot.com/.../alguns-fatos-relevantes-da-dana-no.html, Acesso em 20 de junho de 2008

PO13

ATTACHMENT AND PSYCHOPATHOLOGY: PARENTAL PSYCHOEDUCATIONAL GROUP FOR PREMATURE CHILDREN

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Attachment and Psychopathology: Parental Psychoeducational Group for Premature Children

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Abstract

Aims: First, to compare mothers of premature children with mothers of term children relative to their attachment and psychopathological emerging traits. Notwithstanding, the central objective of the study is to construct a therapeutic intervention for parents of premature children - Parental Psychoeducational Group. *Method*: Administration and analysis of Adult Attachment Scale and Brief Symptom Inventory. *Results*: Differences were found in the styles of attachment - mothers of premature children are more likely to develop a Preoccupied Attachment style and mothers of term children are more likely to develop a Secure Attachment style. In terms of indices of psychopathology there were no significant differences found. *Conclusion*: From these results it is possible to create a Parental Psychoeducational Group for parents of premature children with the purpose of developing an appropriate attachment relationship, as well as improving the stimulation level of the child's development and autonomy, taking into account the internal models dynamic of the mothers.

Health Care Provided to Premature Children

Among the main objectives of health care provision, we find the promotion of parental involvement and the provision of quality care in order to ensure the health of

the mother and the baby (Bialoskurski, Cox & Wiggins, 2001). In order to verify this mutual involvement from both parents and therapeutic team, it is crucial to maintain a good relationship between them. The most common problem related by mothers concerning health care provision is the difficult communication with the therapeutic team, which in turn results in lack of information, crescent stress levels e the creation of psycho-emotional barriers that hinder building an early relationship with the baby (Bialoskurski et al., 2001).

Maternal Experience of Having a Premature Child

Mothers deal with and cope with this life event in a peculiar manner when compared to mothers of term children. Thus, this experience can be characterized in three distinct moments. The first one considers the experience of pregnancy and the birth of a premature baby: the pregnancy is frequently described as difficult and problematic since the beginning, being often experienced as a pathological process, and the fact that parents have to deal with the child's hospitalization not rarely produces feelings of anger, guilt, anguish, sadness, fear and hope. Birth produces an impact throughout the family network, triggering changes in daily routines, often emerging difficulties in the couple relationship (since the conceived child isn't the one idealized). The second one refers to physical care of the premature child at home: the discharge is the most wanted and also the most feared moment for parents, once they are now responsible for the baby's safety (and not the therapeutic team). For mothers, these babies need to receive a special care, being more difficult to look after and doubling the work (interfering with daily habits and routines). Finally, the third moment is associated with the premature child's infancy: socialization begins in the family, mostly with the mother, who pays special attention because of her perception that the child needs to be treated differently. With the entrance to school, good results are highly valued because parents have the idea that the child might have neurological problems and the positive results that the child presents are a good prognostic for parents. One of the main difficulties felt, both by parents and children, is school adaptation (Gaíva & Ferriani, 2001).

The separation of mother and newborn due to hospitalization is a "violent" event for the mother as well as for the child, which may interfere in the child's development and in maternal competence (Sales et al., 2005). Through an investigation, it was possible to conclude that, contrarily to the researchers' expectations, premature infants who are not the first baby of the couple are perceived as more vulnerable than the firstborn. This can be explained by the fact that mothers who have had a term child born earlier, perceive

their premature child as the most threatened and vulnerable than mothers who have less basis of comparison (Allen, Manuel, Legault, Naughton, Pivor & O´Shea, 2004).

In a study of the stereotype of prematurity, it was concluded that mothers of premature infants tend to be influenced by it, which is constituted by a set of negative beliefs about the child, which could later be associated with undesirable behaviors or outcomes of children (Stern, Karraker, Sopko & Norman, 2000). Along with that, mothers of premature infants tend to classify their babies as smaller and less pretty, using immature toys and games (Porter, Stern & Zak-Place, 2009). These mothers tend to talk less and to look less to the child and to characterize the child as more passive, indifferent and difficult in their interactions (Nicolaou, Rosewell, Marlow & Glazebrook, 2009).

Some studies suggest that in women who have experienced a premature birth, there is a tendency to show themselves as more immature and vulnerable, to have a greater number of negative feelings associated with pregnancy, investing little in pregnancy, with a greater concern about the labor and birth (Botelho & Leal, 2007).

Psychopathologic Traits in Premature Child's Mothers vs. Term Child's Mothers

In a study by Fraga, Linhares, Carvalho and Martinez (2008) it was verified that 43% of mothers had anxiety-state and 21% had trait anxiety. After hospital discharge and at the end of the first year of the baby's life, 7% of mothers had state anxiety and 14% had trait anxiety (Fraga et al., 2008). After the premature child is born, it is common the presence of a "primary maternal concerns", referring to obsessive thoughts and repeated verifications in the child (Nicolaou et al., 2009). It can also lead to increased anxiety and may lead to an overprotected parenting style (Affleck, Tenn & Rowe, 1980, cit in, Borghini, Pierrrehumbert, Miljkovitch, Muller-Nix, Forcada-Guex & Ansermet, 2006).

Mothers of premature infants appear to have a greater tendency to be more anxious and reveal higher levels of stress in the early days of childhood, but these factors tend to reduce with time (Lau & Morse, 2003). In the same study, there are significant differences between mothers of premature infants and mothers of term children, with regard to anxiety, anger, stress, arousal and quality of relationship, indicating that mothers of premature infants have over high levels of stress, more negative mood and lower quality of relationships with their partners (Lau & Morse, 2003). The results of this study indicate that these higher levels in premature infants' mothers tend to decrease with time, which means that mothers of preterm and term tend to have similar

values (Lau & Morse, 2003). Other features that are often present in mothers are the feeling of hopelessness, helplessness, inadequacy, low self-efficacy, worry, fear and guilt (Lau & Morse, 2003; Porter, Stern & Zak-Place, 2009). Some studies show that the personality of the woman who had a preterm delivery would mainly have a psychopathic character (Botelho & Leal, 2007). The same authors concluded that there were no noticeable signs of depression or anxiety in their sample of premature infants' mothers and also the absence of psychopathology in the premature' mother, considering them psychologically adjusted.

Attachment of Premature Infants' Mothers vs. Term Infants' Mothers

According to Bolwby (1980) attachment is a primary system, i.e., it is present since birth (Mendes, 2002). As attachment behavior, one can understand every child's behavior that has the function or consequence of creating or maintaining proximity with the mother or the one who replaces her (Bolwby, 1980, cit in, Mendes, 2002).

From the perspective of the stereotype that surrounds the premature birth, mothers generally have more positive responses in the face of labeled term children than labeled premature children. Despite this, it is interesting to note that the mothers of term children have more stereotypes about the condition of preterm birth than mothers of preterm infants, since the latter, along with the interaction they have with the child, may counteract the stereotypes. Another difference found in these two groups was that mothers of term children tend to use more touch with their children than mothers of premature infants (Stern et al., 2000).

Concerning the parent-child dyads which begin their relationships under stressful circumstances, they can continue to have more relationship difficulties than full-term dyads of children (Borghini, Pierrehumbert, Muller-Inx, Forcada-Guex & Ansermet, 2006). Premature birth is also associated with longer stays in the hospital, which is thought that might interfere with the considered appropriate attachment relationship (Feldman, Weller, Leckman, Kuint & Eidelman, 1991, cit in, Borghini et al., 2006). Several studies suggest that the styles of interaction between dyads of preterm and term are different (Brown & Baseman, 1980, cit in, Borghini et al., 2006). Through a study by Borghini et al. (2006), it was concluded that at six-month-old of the child, mothers of premature infants appear to have a type of attachment more insecure than the term infants' mothers; however, this discrepancy tends to attenuate with the child's growth and development.

Psychoeducational Groups

The main goals of psychoeducational groups, in this case of mothers of premature infants, are to improve the emotional state of mothers, thereby improving their adaptation to the context of hospitalization and to nursing and medical procedures (Viana, Maia, Ramos, Mendes & Guimarães, 2005). Given that the mothers of hospitalized premature infants suffer a severe emotional shock, this can be mitigated by the formation of groups in which mothers have common characteristics, in this case the fact that they were mothers of premature infants (Viana et al., 2005). These groups may allow to promote of a better communication between mothers and the health professionals team; to promote mutual help among mothers, facilitating a positive outlook (where possible) of traumatic events in order to be promoted the development of adaptive coping strategies; to facilitate mother-infant interaction; to facilitate the use of the family's emotional resources; and to alert about negative emotions and feelings, as shown in the study of Viana et al. (2005). Ulterior, in this study by Viana et al. (2005), mothers were asked about the groups that they have been enrolled to, 6 to 8 months after hospital discharge of the premature baby, and they reported feelings of self-confidence, support, personal development, referring to the support group as a positive experience.

Methodology

Aims: This study aims to characterize and compare mothers of premature infants with mothers of term children, with regard to the relationships with others and even psychopathological emerging traits.

Sample: The participants of this study were 30 premature infants' mothers and 30 term children' mothers. The sample of premature infants' mothers was collected in Child and Adolescent Psychiatry Department of the Oporto' Hospital Center [Departamento de Pedopsiquiatria do Centro Hospitalar do Porto]. For the sample of term children' mothers, the information was collected on the Schools' Grouping of São João da Madeira, in the Kindergarten of Fundo de Vila. For the premature infants, these are mostly female (N=17), with the remaining being male (N=13). With regard to children born at term, most are also female (N=16), with the remaining 14 being male. One can see that the minimum age in premature infants is 18 months and a maximum is 71 months. Analyzing children born at term, it can be stated that the minimum age stands at 33 months and the maximum is located in 73 months.

Material: In order to collect the required information, there were used two scales: *Adult Attachment Scale* (Adult Attachment Scale / EVA; Collins & Read, 1990; Canavarro, 1995) and *Inventário de Sintomas Psicopatológicos* (Brief Symptom Inventory / BSI; Derogatis, 1982; translated by Canavarro, 1999).

The **Adult Attachment Scale** (AAS) assesses how individuals feel about the emotional relationships they establish with others. The scale consists of 18 items in which response options are presented in the form of Likert scale of one to five (1 – No characteristic of me to 5 – Extremely characteristic of me). The scale allows to group items into three dimensions which were: Anxiety (which refers to the degree of anxiety felt by the mother, related to interpersonal aspects of fear of abandonment); Comfort with Closeness (which refers to the degree to which the individual feels comfortable with closeness and intimacy), and finally, Trust in Others (which refers to the degree of confidence that individuals have in others, as well as the availability of them when necessary). Based on these three dimensions, it is possible to classify individuals into four attachment styles: Secure, Anxious, Off/Absent, Frightened (Canavarro, Dias & Lima, 2006).

The **Brief Symptom Inventory** (BSI) assesses the degree to which each psychopathology trait affected the individual in the last seven days. The inventory consists of 53 items in which response options are presented in the form of Likert scale from zero to four (0 – Never to 4 – Very often). This instrument assesses psychopathological symptoms in terms of nine symptomatology dimensions and also three global indices, which are summary assessments of emotional disturbance. The dimensions assessed are: Somatization, Obsessions/Compulsions, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, and Psychoticism. The three global indices are: General Symptom Index, Positive Symptom Total, and Positive Symptom Index (Canavarro, 1999).

Results

Data was analyzed through an Informatics Software, *Statistical Package for Social Sciences* (SPSS) – version 18.0 for Windows.

Adult Attachment Scale`Items Analysis

Table 1 - Results of the Adult Attachment Scale where significant differences were found

Items from Adult Attachment Scale	Premature Children' Mothers	Term Children' Mothers
2. I do not worry about being abandoned.	No characteristic of me	Uncharacteristic of me
4. In relationships, I often worry that my partner does not really love me.	Uncharacteristic of me	No characteristic of me
6. I am comfortable depending on others.	Uncharacteristic of me	Characteristic of me
9. I am somewhat uncomfortable being close to others.	No characteristic of me	Uncharacteristic of me
11. I want to merge completely with another person.	Characteristic of me	Uncharacteristic of me
12. My desire to merge sometimes scares people away.	Very Characteristic of me	Characteristic of me
13. I am comfortable having others depend on me.	No characteristic of me	Uncharacteristic of me
14. I know that people will be there when I need them.	Very Characteristic of me	Characteristic of me
15. I am nervous when anyone gets too close.	No characteristic of me	Uncharacteristic of me
16. I find it difficult to trust others completely.	Characteristic of me	Uncharacteristic of me
17. Often, partners want me to be closer than I feel comfortable being.	No characteristic of me	Uncharacteristic of me
18. I am not sure that I can always depend on others to be there when I need them.	Uncharacteristic of me	Uncharacteristic of me

Through the presented results (Table 1) we found minor differences between the two samples, however after a more detailed analysis, and focusing on items that showed significant differences in the AAS scale, our results are consistent with the literature, in which it is known that mothers of premature infants require a greater involvement of social and familial network. This means that mothers of premature infants do not feel so difficult to be dependent on others, they worry about the fact of being alone and that their partners worry about them. In this way, and grouping the items in the various dimensions of the AAS it is possible to conclude that the dimensions with the highest score were the "Comfort with Closeness" and "Trust in the other" in mothers of preterm infants. These dimensions are characteristic of individuals with a Concerned Attachment type, meaning that they have difficulty trusting others and fear the

possibility of being abandoned. Thus, it can be concluded that no significant differences with regard to attachment in preterm infants' mothers and term children' mothers. The mothers of term infants have a higher prevalence in the dimension "Trust" and smaller in dimension "Anxiety" which points to the Secure Attachment type.

Brief Symptom Inventory`Item Analysis

Table 2 - Results of the Brief Symptom Inventory in which significant differences were found

Items from Brief Symptom Inventory	Premature Children' Mothers	Term Children' Mothers
5. Trouble remembering things.	Never	Seldom
7. Pains in heart or chest.	Never	Seldom
10. Feeling that most people cannot be trusted.	Seldom	Frequently
13.Temper outbursts that you could not control.	Never	Seldom
14. Feeling lonely even when you are with people.	Never	Seldom
16. Feeling lonely.	Never	Seldom s
27. Difficulty in making decisions.	Seldom	Frequently

Contrary to what would be expected, mothers of term children have higher rates of psychopathology than mothers of premature infants (Table 2).

Discussion and Conclusion

From the analysis of the items whose differences were significant, we can perceive the profile of premature infants' mothers, fitting the profile of Concerned Attachment, while term children' mothers have a profile that fits in Secure Attachment. The results obtained in the *Adult Attachment Scale* (AAS) corroborate the study of Borghini et al. (2006), which concludes that the discrepancy that might exist at birth, between attachment types of premature infants' mothers and of term children' mothers, tends to alleviate with the child's growth. After studying BSI, it was found that mothers of term children have more psychopathological traits in relation to the mothers of premature infants; this may possibly be associated with the elapsed time between birth and the administration of these scales, which points to a decrease in anxiety over the course time. This is confirmed by the studies of Lau and Morse (2003), who concluded that the anxiety in premature infants' mothers tend to decrease. These results also corroborate the studies of Botelho and Leal (2007), who concluded that in general there is an

absence of psychopathology in premature infants' mothers but, on the other hand, there is the need for psychological adjustment.

In this sense, psychoeducational groups are of the utmost importance for the prevention of psychopathology in mothers and children, promoting an adequate development and tailored to the needs of the child and to a type of attachment. These groups could focus on two distinct moments. The first time occurred when the child is prematurely born and would have as main objective the provision of emotional support to mothers, also focusing on child health care. In a second phase, one would think of a group for mothers of children from one year old. This group would have a more psychoeducational component, since the risk of health complications would already be exceeded in order to promote greater autonomy of the child.

References

Allen, E., Manuel, J., Legault, C., Naughton, M., Pivor, C., & O´Shea, M. (2004). Perception of Child Vulnerability Among Mothers of Former Premature Infants. *Pediatrics, 113*(2), 267 – 273.

Bialoskurski, M., Cox, C., & Wiggins, R. (2001). The relationship between maternal needs and priorities in a neonatal intensive care environment. *Journal of Advanced Nursing, 37*(1), 62 – 69.

Borghini, A., Pierrrehumbert, B., Miljkovitch, R., Muller-Nix, C., Forcada-Guex, M. & Ansermet, F. (2006). Mother's attachment representations of their premature infant at 6 and 18 months after birth. *Infant Mental Health Journal, 25*(5): 494-508.

Botelho, T. M. & Leal, I. (2007). A personalidade da mãe prematura. *Psicologia, Saúde & Doenças, 8*(1), 129-144.

Canavarro, M. (1999). Inventário de Sintomas Psicopatológicos. In M. Simões, M. Gonçalves & L. Almeida (Eds.), *Testes e Provas Projectivas em Portugal* (Vol. 2). Braga: APPORT/SHO.

Canavarro, M., Dias, P., & Lima, V. (2006). A Avaliação da Vinculação do Adulto: uma revisão crítica a propósito da aplicação da *Adult Attachment Scale-R* (*AAS-R*) na população Portuguesa. *Psicologia, 20*(1), 155 - 186.

Fraga, D., Linhares, M., Carvalho, A., & Martinez, F. (2008). Desenvolvimento de Bebés Prematuros Relacionado a Variáveis Neonatais e Maternas. *Psicologia em Estudo, 13*(2), 335 – 344.

Gaíva, M., & Ferriani, M. (2001). Prematuridade: Vivências de crianças e familiares. *Acta Paulista de Enfermagem, 14*(1), 17-27.

Lau, R. & Morse, C. (2003). Stress experiences of parents with premature infants in a special care nursery. *Stress and Health, 19*, 69-78.

Mendes, I. M. (2002). *Ligação materno-fetal*. Coimbra: Quarteto.

Nicolaou, M., Rosewell, R., Marlow, N., & Glazebrook, C. (2009). Mothers´ experiences of interacting with their premature infants. *Journal of Reproductive and Infant Psychology, 27*(2), 182 – 194.

Porter, J., Stern, M., & Zak-Place, J. (2009). Prematurity stereotyping and perceived vulnerability at 5-months: Relations with mothers and their premature and full-term infants at 9-months. *Journal of Reproductive and Infant Psychology, 27*(2), 168 – 181.

Sales, C. A., Vrecchi, M. R., Mikuni, P. K., Ferreira, E. A., Andrade, V. C. C., Godoy, A. V., Lopes, N. A. G. & Zanoni, A. C. N. (2005). Vivenciando a facticidade em dar existência a filho prematuro: compreensão dos sentimentos expressos pelas mães. *Acta Scientiarum Health Sciences, 27*(1), 19 – 23.

Stern, M., Karraker, K., Sopko, A., & Norman, S. (2000). The prematurity stereotype revisited: Impact on mothers´ interactions with premature and full-term infants. *Infant Mental Health Journal, 21*(6), 495 – 5049.

Viana, V., Maia, T., Ramos, M., Mendes, F. & Guimarães, H. (2005). Apoio psicológico às mães no Serviço de Neonatologia do Hospital de São João – Porto. *Arquivos de Medicina, 19*(3), 91 – 96.

PO23

FAMILY THERAPY FOCUSED ON ATTACHMENT THEORY

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Family Therapy focused on Attachment Theory

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Abstract

Related to "the strange situation" Ainsworth found that nonverbal expression of infants' representations was very useful in therapy. The systemic model integrates different types of information using specific techniques. *Aims:* Starting from a case study, we propose the integration of the theoretical basis of Attachment Theory in infants with little language, with active interview techniques from the systemic model on problematic families. The "here–and–now" nonverbal communication may be the core of the treatment. *Method:* We described the case of a boy with 33 months after his mother´ suicide, with an insecure/disorganized attachment and a development delay. The focus is on the context of the familiar group at present. *Results:* At the end of 10 sessions of therapy, they presented a positive evolution: better development level and the use of different attachment' strategies and behaviors. *Conclusion:* By the integration of the theoretical foundations of the Attachment Theory with active techniques of interview from the systemic model on families with very young children may be a very useful and successful way of change.

Family Therapy focused on Attachment Theory

The Attachment Theory

Individual differences in the organization of attachment behavior observed in infancy and childhood (Ainsworth et al., 1978 cit in. Cassidy and Shaver, 2008) reflect accommodations of the child´s attachment behavioral system to characteristic qualities of the interactive environment provided by the attachment figure.

Mary Ainsworth, with "the strange situation" experiment, found that little children with little or no language transmitted their representations, which from the therapeutic point of view is enormously precious. The systemic model introduces a new integration of these information and also specific techniques that can be applied in very little children.

Child and Family Therapy

What can a family therapist do in a consultation with little children?

Usually most family therapies are conducted with language and we usually put special emphasis upon it, but if we have little children and if we actually need to work with them, we must improve new therapy techniques. Children have unique and special needs. They are limited in what they can directly verbalize in a family therapy setting. We need to find other representational ways to communicate with them.

Pretend Play Dramatization: Each family member selects a toy to represent them. Usually it's a doll, a stuffed animal or a puppet. The family members can "look on" at what the puppets are doing. Dramatization is similar to "enactment" (e.g., Minuchin & Fishman, 1981) which gets the family to do something.

The Metaphor is another technique we can use with young children. The metaphor can become a shared representational vehicle continuously undergoing development and variation, like a musical motif (Carole Gammer, 2009).

Systemic Art Techniques are an excellent means for giving voice to young children in a family therapy; drawing and painting can be used to serve family´s exchange. This technique allows the child to speak directly to his/her family members, since it's easier to reveal things going on his/her mind.

Play is another technique that helps the parents and the child to strength their relation. Both can build new means of mutual recognition and the child feels nurtured. There are advantages to having other family members present during the play session, because the more systemically we work, greater is the positive impact.

Finally the use of video-supported Intervention: A video of the family members interacting with each other is made and the therapist watches it with one or more family members. The film can be done by the family at home or by the therapist. The processes and situations observed provide an opening for discussions (Carole Gammer, 2009).

Case Study: A 33 months-old boy came with his father to family therapy; they live together with a little brother 12 months younger. The parents had infertility problems and when the first pregnancy finally resulted, the mother started having psychiatric problems and she was interned. After the baby birth, she got pregnant again; when the newest son was 6 months old and after various suicide attempts, she died. The father and sons lived for 6 to 8 months with their grandmother and finally they come to their house and they have a maid during the day. The boys stayed with their maternal grandmother 2 days a week, but the communication between grandmother and son-in-law was inexistent since the mother's suicide. At the first consultation, the father got a new girlfriend. Jasmin was a little boy who showed less age than he got and looked fragile; he presented some difficulties in fine and gross motor skills and showed no attachment strategies, since he called "mother" indiscriminately. Father and Jasmin were on the first and second sessions, and in the subsequent session, Amélia (the girlfriend who lives now with them) came too. Play and dramatization with animals were the most employed techniques and, in the dramatizations, Jasmin usually ends with a dramatic end ("the baby doesn´t wake up because he was dead"). We asked the family to film some domestic scenes (e.g., meals, bedtime…) and we discussed it with the family.

At the end of 10 sessions we were able to see that there was a preferential relationship with the father and Amélia (who Jasmin started to call "mother") and Jasmin motor difficulties diminished.

References

Cassidy, J. & Shaver, P. R. (2008). *Handbook of Attachment Theory, Research, and Clinical Applications.* New York: The Guilfford Press.

Freeman, J., Epston, D. & Lobovits, D. (1997). *Playful approaches to serious problems. Narrative Therapy with Children and their Families.* New York: W. W. Norten & Company.

Gammer, C. (2009). *The child´s voice in family therapy: a systemic perspective.* New York: W. W. Norten & Company.

Hughes, D. A. (2007). *Attachment- Focused family Therapy*. New York: W. W. Norten & Company.

Mills, J. C. & Crowley, R. J. (2001). *Therapeutic Metaphors for Children and the Child Within.* London: Brunner/Mazer Publishers.

Oppenheim, D. & Goldsmith, D. F. (2007). *Attachment Theory in Clinical Work with Children*. New York: W. W. Norten & Company.

PP01

SPIRITUAL NEEDS OF PORTUGUESE UNIVERSITY STUDENTS AND TEACHERS

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Due to their characteristics, professional and academic settings are frequently considered appropriate settings for the implementation of biopsychosocial interventions, universal or not (e.g., Kelloway & Barling, 2010; Yeager & Walton, 2011).

Even though doubt remains regarding the adequacy/utility of group spiritual interventions (Meneses & Miyazaki, 2008; Tarakeshwar, Pearce, & Sikkema, 2005), scientific research, psychotherapeutic practice and even informal conversations suggest adults' spiritual needs are not (fully) met, with implications for their quality of life.

In fact, if spirituality is difficult to define and assess, its relevance is growingly recognized by the scientific community, namely in the context of chronic patients' quality of life, health and disease indicators (Bento, Meneses, & Lopes, 2006; Costa, Meneses, & Pimentel, 2009; Fleck & Skevington, 2007; Giovagnoli, Meneses, & Silva, 2006; Meneses, 2006; Meneses et al., 2011; Moreira-Almeida & Koenig, 2006; Mount, Lawlor, & Cassell, 2002; Pedro et al., 2010; Pinto & Pais-Ribeiro, 2007).

Actually, there are authors arguing for the integration of spiritual/religious dimensions in psychotherapy, which calls for more research in this area (Peres, Simão, & Nasello, 2007). The same is true in other professional areas, like nursing (Cox, 2003). Nevertheless, "there are few researching the use of religion/spirituality in clinical interventions" (Panzini & Bandeira, 2007, p. 133).

Regarding (predominantly) healthy subjects, Alexander W. Astin, Helen S. Astin, and Jennifer A. Lindholm began, in 2003, a longitudinal research project focusing on the role higher education has in the students' spirituality (Astin, Astin, & Lindholm, s.d.). This is particularly important since there are evidences suggesting that spiritual beliefs and religious participation are related to university students' academic performance (Walker & Dixon, 2002). Therefore, it seems important to stimulate university students' spirituality (cf. White, 2006).

In this context, it is worth mentioning the work being developed by the World Health Organization, namely the work regarding the World Health Organization Quality of Life-Spirituality, Religiousness and Personal Beliefs (WHOQOL-SRPB), "a transcultural study to develop a measure that assesses in which way spirituality, religion

and personal beliefs (SRPB…) are related to quality of life… in health and in health care" (Fleck & Skevington, 2007, p. 147).

In terms of definitions, "*spirituality* raises questions regarding the meaning of life and of the reason for living, not being confined to some types of beliefs or practices. Religion is defined as the "belief in the existence of a supernatural power, creator and controller of the universe that gave mankind a spiritual nature that continues to exist after the body's death". *Religiousness* is the extension to which an individual believes, follows and practices a religion…. *Personal beliefs* may be any beliefs or values that an individual has and that form the basis of his/her lifestyle and behaviour" (Fleck, Borges, Bolognesi, & Rocha, 2003, p. 448).

Administering the Portuguese version of the WHOQOL-SRPB to university students showed that these students were more homogeneous regarding Awe and more heterogeneous regarding Faith (Meneses, Miyazaki, & Pais-Ribeiro, 2010a).

Meneses, Miyazaki e Pais-Ribeiro (2010b) also found university students to give quite heterogeneous answers to the WHOQOL-SRPB, even though the results were, in general, positive. They identified statistically significant correlations between quality of life scores and all WHOQOL-SRPB facets, except Connection; two facets (Strength and Faith) did not correlate with all quality of life scores. I.e., they discovered a risk profile and a possible area of intervention (SRPB).

With another sub-sample of the present study (216 university students), Meneses, Miyazaki, and Pais-Ribeiro (2010c) found, once more, generally positive results and a considerable heterogeneity in the scores of the WHOQOL-SRPB; minimum possible values were reached in half the scores; maximum possible values were reached, at least, by one of the participants; regarding three of the scores, the sample mean was bellow the mean point of the scores. Based on their results, the authors concluded that an intervention for university students focusing Hope (and, to some extent, Peace and Meaning) may increase their self-efficacy, with a potential positive effect on their success (academic, etc. – cf., e.g., Bandura, 1982).

But the scientific study of spirituality does not rely solely on the SRPB concept (cf., e.g., Fetzer Institute, National Institute on Aging Working Group, 2003). As a matter of fact, Panzini and Bandeira (2007) stress that, in the context of spirituality/religion/religiousness, one of the concepts that has been showing relations with health and one of the most frequently studied is religious/spiritual coping.

Additionally, research has been confirming that stress and coping are very important concepts to consider when studying university students and teachers. In fact, research shows considerable levels of stress in these groups (e.g., Aguiar, Vieira, Vieira, Aguiar, & Nóbrega, 2009; Calais et al., 2007; Contaifer, Bachion, Yoshida, & Souza, 2003; Santos & Júnior, 2007; Sorato & Marcomin, 2007). Therefore, coping is essential, since it can be defined as "the set of cognitive and behavioural strategies used by individuals in order to deal with stressful situations" (Panzini & Bandeira, 2007, p. 128).

"Older and also current texts only mention religious coping, even though they are frequently also referring to spiritual coping (both complementary and frequently used together)" (Panzini & Bandeira, 2007, p. 129). Religious/spiritual coping can be defined as "a search for significance in times of stress in ways related to the sacred" (Pargament, 1997, cited in Pendleton, Cavalli, Pargament, & Nasr, 2002, p. 1).

"In times of crisis people translate their general religious orientation into specific methods of religious/spiritual coping. The specific methods of coping have the more immediate and most proximal implications for health" (Fetzer Institute, National Institute on Aging Working Group, 2003, p. 43). Consequently, theorists have presented a number of mechanisms to clarify the relation between religious/spiritual coping and

health and well-being (cf. Fetzer Institute, National Institute on Aging Working Group, 2003).

In this context, the aim of the present study is to assess the spiritual needs of Portuguese university students and teachers.

Method

A total of 251 students (74.5% females; 92% single; age: M=22.84, SD=5.38, 17-50) and 79 teachers (69.6% females; 72.2% married/co-habiting; age: M=41.89, SD=9.99, 29-82) were assessed, using a Socio-demographic and Clinical Questionnaire and the WHOQOL-SRPB (Fleck et al., 2003).

The Socio-demographic and Clinical Questionnaire, developed for the study, comprises 14 questions: 8 close and 6 open questions.

The WHOQOL-SRPB, with 32 questions focusing quality of life aspects related to spirituality, religiousness and personal beliefs and a 5 points *Likert* scale, gives 8 scores/facets (each one with 4 items: Experiences of awe & wonder, Faith, Inner peace, Spiritual connection, Spiritual strength, Wholeness & integration, Hope & optimism e Meaning & purpose in life): higher scores represent better quality of life (Mental Health: Evidence & Research, Department of Mental Health & Substance Dependence, World Health Organization, 2002).

After all the necessary authorizations were obtained, the research protocol was self-administered. Even though all participants remained anonymous, the protocol was administered individually to teachers (in the absence of the researcher) and in groups to students (in the classroom, in the presence of the researcher).

Results

Considering the WHOQOL-SRPB facets (1-5; medium point=3), three indicators were calculated for each group: mean, standard deviation and percentage of scores below 3 (cf. Table 1).

Table 1. Participants' Spirituality, Religiousness and Personal Beliefs (N=330)

	Students (*N*=251)			Teachers (*N*=79)		
	M	*SD*	% scores <3	*M*	*SD*	% scores <3
Spiritual connection	2.47	1.08	61.7	2.75	1.22	49.4
Meaning & purpose in life	4.07	.69	6.5	4.16	.59	2.6
Experiences of awe & wonder	3.64	.64	12.1	4.03	.61	3.9
Wholeness & integration	3.59	.68	14.4	3.84	.58	3.9
Spiritual strength	2.91	1.01	45.3	3.38	.90	23.1
Inner peace	3.36	.77	22.0	3.54	.66	11.4
Hope & optimism	3.79	.74	12.9	3.84	.58	5.2
Faith	2.73	1.11	49.0	2.87	1.16	42.3

Table 1 shows a considerable heterogeneity in the responses given by both groups. Nevertheless, the teachers' means were always higher than the students' means. Spiritual connection was the facet with the lowest mean score in both groups and the highest (teachers)/second highest (students) standard deviations. Similarly, Meaning & purpose in life was the facet with the highest mean score in both groups and the third lowest standard deviation in both groups. Spiritual strength and Faith had notoriously high standard deviations in both groups, with high percentages of scores below 3.

Conclusions

Although there is still no (Portuguese) normative data for the WHOQOL-SRPB, considering the maximum and minimum possible scores, one concludes that both samples reported spiritual needs.

Once again, a considerable heterogeneity in the responses was found, this time not only in university students (Meneses et al., 2010a, 2010b, 2010c), but also in university teachers.

Baring in mind the results obtained with subsets of the present sample, one can suppose these results have implications for the samples' quality of life (Meneses et al., 2010b) and self-efficacy (Meneses et al., 2010c).

Consequently, the data supports the development of (a) spiritual intervention(s) at the university, targeting not only students, but also teachers.

Acknowledgements

References

Aguiar, S. M., Vieira, A. P. G. F., Vieira, K. M. F., Aguiar, S. M., & Nóbrega, J. O. (2009). Prevalência de sintomas de estresse nos estudantes de medicina. *Jornal Brasileiro de Psiquiatria, 58*(1), 34-38.

Astin, A. W., Astin, H. S., & Lindholm, J. A. (n.d.). *A national study of spirituality in higher education: Students' search for meaning and purpose.* Acedido a 26 de Junho de 2010, em http://www.spirituality.ucla.edu/findings/

Bandura, A. (1982). Self-efficacy mechanism in human agency. *American Psychologist, 37*(2), 122-147.

Bento, A., Meneses, R. F., & Lopes, A. (2006). Qualidade de Vida e Espiritualidade na Polineuropatia Amiloidótica Familiar. In N. R. Santos, M. L. Lima, M. M. Melo, A. A. Candeias, M. L. Grácio, & A. A. Calado (Orgs.), *Actas do VI Simpósio Nacional de Investigação em Psicologia* (CD-ROM, Vol. VI, pp. 104-120). Évora: Departamento de Psicologia da Universidade de Évora.

Calais, S. L., Carrara, K., Brum, M. M., Batista, K., Yamada, J. K., & Oliveira, J. R. S. (2007). Stress entre calouros e veteranos de jornalismo. *Estudos de Psicologia, 24*(1), 69-77.

Contaifer, T. R. C., Bachion, M. M., Yoshida, T., & Souza, J. T. (2003). Estresse em professores universitários da área de saúde. *Revista Gaúcha de Enfermagem, 24*(2), 215-225.

Costa, M., Meneses, R. F., & Pimentel, F. (2009). Bem-estar espiritual de mulheres com neoplasia da mama. In C. Sequeira, I. L. Ribeiro, J. C. Carvalho, T. Martins, & T. Rodrigues (Coords.), *Saúde e qualidade de vida em análise - IV Congresso Saúde e Qualidade de Vida: Livro de Actas* (pp. 172-181). Porto: Escola Superior de Enfermagem do Porto - Núcleo de Investigação em Saúde e Qualidade de Vida.

Cox, T. (2003). Theory and exemplars of advanced practice spiritual intervention. *Complementary Therapies in Nursing and Midwifery*, 9(1), 30-34.

Fetzer Institute, National Institute on Aging Working Group. (2003). *Multidimensional measurement of religiousness/spirituality for use in health research: A report of the Fetzer Institute/National Institute on Aging Working Group*. Kalamazoo, MI: Fetzer Institute.

Fleck, M. P. A., Borges, Z. N., Bolognesi, G., & Rocha, N. S. (2003). Desenvolvimento do WHOQOL, módulo espiritualidade, religiosidade e crenças pessoais. *Revista de Saúde Pública, 37*(4), 446-455.

Fleck, M. P., & Skevington, S. (2007). Explicando o significado do WHOQOL-SRPB. *Revista de Psiquiatria Clínica, 34*(Supl. 1), 146-149.

Giovagnoli, A. R., Meneses, R. F., & Silva, A. M. (2006). The contribution of spirituality to quality of life in focal epilepsy. *Epilepsy & Behavior, 9*(1),133-139.

Kelloway, E. K., & Barling, J. (2010). Leadership development as an intervention in occupational health psychology. *Work & Stress, 24*(3), 260-279.

Meneses, R. F. (2006). Espiritualidade na óptica da Psicologia da Saúde. In I. Leal (Coord.), *Perspectivas em Psicologia da Saúde* (pp. 203-230). Coimbra: Quarteto.

Meneses, R. F., Miyazaki, C., & Pais-Ribeiro, J. (2010c). Preditores da auto-eficácia de estudantes universitários portugueses. In L. S. Almeida, B. D. Silva, & S. Caires (Orgs.), *Actas do I Seminário Internacional "Contributos da Psicologia em Contextos Educativos"* (pp. 612-619). Braga: CIEd - Centro de Investigação em Educação Instituto de Educação da Universidade do Minho.

Meneses, R. F., Miyazaki, C., & Pais-Ribeiro, J. (2010a). Correlatos da espiritualidade, religião e crenças pessoais de estudantes universitários portugueses. *Psicologia, Saúde & Doenças, 11*(S1), 44.

Meneses, R. F., Miyazaki, C., & Pais-Ribeiro, J. (2010b). Estudantes universitários: Perfil sócio-demográfico, de espiritualidade, religiosidade e crenças pessoais associado a pior qualidade de vida. *Psicologia, Saúde & Doenças, 11*(S1), 74-75.

Meneses, R. F., Pais-Ribeiro, J., Pedro, L., Silva, I., Cardoso, H., Mendonça, D., et al. (2011). Relações entre percepção da gravidade da doença e espiritualidade em seis doenças crónicas. In *Livro de Textos Integrais do II Congresso Luso-Brasileiro de Psicologia da Saúde e do I Congresso Ibero-Americano de Psicologia da Saúde* (CD-ROM, n. p.). São Paulo: Associação Brasileira de Psicologia da Saúde e Universidade Metodista de São Paulo.

Meneses, R., & Miyazaki, M. C. (2008). Group spiritual intervention: A literature review. In *Abstract book of the XVI World International Family Therapy Association's Congress "Transformation and globalizations: Family therapy in the 21st century"* (p. 94). Lisbon: Universidade Autónoma de Lisboa, Associação Portuguesa de Terapia Familiar e Comunitária & Sociedade Portuguesa de Terapia Familiar.

Mental Health: Evidence & Research, Department of Mental Health & Substance Dependence, World Health Organization. (2002). *WHOQOL-SRPB Users Manual: Scoring and coding for the WHOQOL SRPB Field-Test Instrument*. Acedido a 26 de Junho de 2010, em http://www.who.int/mental_health/media/en/620.pdf

Moreira-Almeida, A., & Koenig, H. G. (2006). Retaining the meaning of the words religiousness and spirituality: A commentary on the WHOQOL SRPB group's „A cross-cultural study of spirituality, religion, and personal beliefs as components of quality of life'' (62: 6, 2005, 1486–1497). *Social Science & Medicine 63*, 843–845.

Mount, B. M., Lawlor, W., & Cassell, E. J. (2002). Spirituality and health: Developing a shared vocabulary. *Annals of the Royal College of Physicians and Surgeons of Canada, 35*(5), 303-307.

Panzini, R. G., & Bandeira, D. R. (2007). *Coping* (enfrentamento) religioso/espiritual. *Revista de Psiquiatria Clínica, 34*(Supl. 1), 126-135.

Pedro, L., Pais-Ribeiro, J., Meneses, R., Silva, I., Cardoso, H., Mendonça, D., et al. (2010). A importância da espiritualidade na percepção de saúde, doença e qualidade de vida em indivíduos com esclerose múltipla. In I. Leal, J. Pais Ribeiro. M. Marques, & F. Pimenta (Eds.), *Livro de Actas do 8º Congresso Nacional de Psicologia da Saúde* (CD-ROM, pp. 529-534). Lisboa: Istituto Superior de Psicologia da Saúde.

Pendleton, S. M., Cavalli, K. S., Pargament, K. I., & Nasr, S. Z. (2002). Religious/Spiritual Coping in Childhood Cystic Fibrosis: A Qualitative Study. *Pediatrics,109*(1), e8.

Peres, J. F. P., Simão, M. J. P., & Nasello, A. G. (2007). Spirituality, religiousness and psychotherapy. *Revista de Psiquiatria Clínica, 34*(Supl. 1), 58-66.

Pinto, C., & Pais-Ribeiro, J. L. (2007). Construção de uma Escala de Avaliação da Espiritualidade em Contextos de Saúde. *Arquivos de Medicina, 21*(2), 47-53.

Santos, A. F., & Júnior, A. A. (2007). Estresse e estratégias de enfrentamento em mestrandos de ciências da saúde. *Psicologia: Reflexão e Crítica, 20*(1), 104-113.

Sorato, M. T., & Marcomin, F. E. (2007). A Percepção do professor universitário acerca do stress. *Saúde em Revista (Piracicaba), 9*(21), 33-39.

Tarakeshwar, N., Pearce, M. J., & Sikkema, K. J. (2005). Development and implementation of a spiritual coping group intervention for adults living with HIV/AIDS: A pilot study. *Mental Health, Religion & Culture, 8*(3), 179-190.

Walker, K. L., & Dixon, V. (2002). Spirituality and academic performance among african american college students. *Journal of Black Psychology, 28*(2), 107-121.

White, S. R. (2006). Spirituality and the intellectual development of college students: The new leadership challenge in higher education. *International Electronic Journal for Leadership in Learning, 10*(13). Acedido a 26 de Junho de 2010, em http://www.ucalgary.ca/iejll/vol10/white

Yeager, D. S., & Walton, G. M. (2011). Social-Psychological Interventions in Education: They're Not Magic. *Review of Educational Research, 81*(2), 267-301.

PP13

GROUP BEHAVIORAL CHANGE AND LABORAL STRESS: MEDICAL HYPNOSIS TO RAISE INTERNAL RESOURCES

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Group behavioral change and laboral stress: medical hypnosis to raise internal resources

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INTRODUCTION

We have often noticed through what has been published in the media that stress has been considered the worst evil in our times and this has been confirmed by current studies on mental health (CAMELO; ANGERAMI, 2008). It has been a constant concern to create specific conditions to soften this factor in a work environment. We have observed that infinite times the failures, the difficulties in the relationships and the low outcome of the teams are related to subjective and intersubjective issues that interfere in a work environment (CASTILHO, 2007; YALOM; LESZCZ, 2006).

When worked in groups, stress has the advantage of reaching a higher number of people who exchange experiences and support each other. The group activity allows the above mentioned difficulties to be mobilized from reflexive and self-transformation exercises. Thus, not only the facilitator uses his therapeutic expertise but also the group is able to offer a fresh look at the issues presented through each one´s self-management resources.

This article is about a project that has been carried out at Unicef-Rio de Janeiro, which uses Ericksonian group medical hypnosis. Our goals are to facilitate the identification of stress triggers with easy-to-use tools, increase the resources of each participant and, based on experience exchange, enable the reformulation of self-limiting beliefs.

We present the group process carried out with collaborators from UNICEF- Rio de Janeiro. The group consists of 15 people, at most, attending one-hour sessions on a monthly basis. The formation of the group is spontaneous. In each meeting the participants are provided with exercises that lead to a state of deep relaxation through medical hypnosis (ZIEG, 1985). Once the state of disconnection of vigilant attention is reached and focused attention (consciousness) is awakened, the facilitator uses metaphors that allow the discovery of existing resources. In the end the participants are brought back to the state of alert, keeping the new quality achieved. Next we have the opportunity to discuss the issues raised, allowing a review of limiting beliefs.

So far we have identified the following results: the group is a place for catharsis and ellaboration of conflicts and the reflexive work has helped in the perception of their own resources, in the inner transformation and behavioral change. Thus, the use of group hypnosis proves to be an efficient tool to identify and work through the stressful events of everyday and professional life.

ABOUT STRESS

We can observe that nowadays work is a major generator of stress. Although we may believe that certain aspects are of intimate nature, we undoubtedly notice its direct interference both in health and in the work environment. Many times, this environment does not promote individual resources, as its main focus is centered on the company's goals.

We understand that stress is a general state of physiological stress of different origins and maintains a direct relationship with the demands of the environment and should it disrupt the internal balance of the subject, it can bring illness and absenteeism as a consequence. The stress, from the physiological point of view, is a primitive pattern of reactions that prepares the body for fight or flight. According to Selye (1956 apud PEREIRA; ZILLE, 2010), the stress was appropriate in the early days of its existence. Today, when the worker has to adapt to the demands of companies, often prolonged in its continuity, it creates an imbalance between the demands of work and environmental and personal resources to deal with them. With this, we are sure that stress is presented as a problem for each worker, for society and for the company as well and, accordingly, it deserves care and attention of everyone involved, for the maintenance of organizational health and general well being. We can cite the various types of work stress, also called occupational stress: eustress; distress; overload (Selye, 1956 apud PEREIRA; ZILLE, 2010): chronic (Couto, 1987 apud PEREIRA; ZILLE, 2010); or acute; occupational (French, 1983 apud PEREIRA, ZILLA, 2010).

It is considered that disfunctional stress represents a physical / emotional imbalance in the individual, preventing him from interacting naturally in his work environment. According to Rossi; Perrewé, Sauter (2008), among the aspects of stressors in the workplace we can include: work organization, excessive work overload, unhealthy working conditions, abusive relationship between supervisors and subordinates, interpersonal stress, moral harassment, lack of feedback, inadequate resources and function conflict (Couto, 1987 apud PEREIRA; ZILLA, 2010).

After having identified the stressors we need to create strategies to cope with them in the workplace.

Strategies for coping: Actions and cognitive reevaluations of problem-solving; avoidance actions and reassessments; Inclusion of physical exercises, sports, dance or relaxation.

It is of great value to increase individual resources for coping with stress, with the intention of reducing its effect on workers, their personal lives and society. We therefore suggest the inclusion of Ericksonian hypnosis in a medical group work, as a source of relaxation and reflection. This is one possible strategy, aiming at behavioral change.

ON GROUPS

Group therapy, since it was introduced in the 1940s, has undergone a series of adaptations in order to adapt to changes in clinical practice (Yalom; LESZCZ, 2006). Surely, we found several techniques to deal with this work, but we have realized that "the mechanisms of change are limited and are remarkably similar in different groups. Therapy groups with similar goals and seem to be vastly different in external

appearance, can be based on identical mechanisms of change. (YALOM; LESZCZ, 2006, p.27).

It is important to signal that the cure for it is a myth; what we can say is that one seeks to change perceptions and behavior, and, as a consequence, bringing personal growth. A truly powerful therapy group, in the first place, is the interpersonal interaction in the here and now, in which patients interact freely with each other, helping them identify and understand what goes wrong in their interactions, facilitating the change of maladjusted patterns (YALOM and LESZCZ, 2006).

The interactional focus is the engine of group therapy. Therapists who are able to mobilize them are better equipped to make all forms of group therapy, even if the group model does not emphasize or recognize the centrality of the interaction.

It was during the 60's and 70's that encounter groups became popular. Undoubtedly they had great influence on contemporary group therapy, through their ingenuity, knowledge, research attitude, sophisticated leadership and training technology of their pioneer leaders. According to Yalom; Leszcz (2006), "encounter group" is a crude and inexact term that covers a wide variety of forms and has many nicknames: training groups, human relations groups, groups of sensory awareness, among others. It is essential to be aware of the differences between the group therapist and the leaders of the encounter groups so that the protocol of each group will be preserved, thus allowing the achievement of better results.

Castilho (2007) calls Corporate Groups the activities of the Awareness, Individual Development, Interpersonal Development, Conflict Management, Transactional Analysis Groups, etc.., which are structured at the company´s request.

There are numerous variables of great importance, such as issues related to power, mind games, ways of communication and how information reaches the participants and which information will require attention, care and also a very long period of experience in the companies, so that the facilitator can act with clarity and fairness, allowing for their effective contribution. It is therefore important to be aware when caring for certain groups that are worked within the company.

It is very important that the facilitator is clear about his position in the Group. His role will be of a "detective". A detective who is aware of the clues, who can help each one to find, for themselves their own values, truths, beliefs and who will also to try new alternatives for the solution of existing questions.

It is essential we can be clear that Interpersonal Development and Therapeutical Groups are different in nature. In Interpersonal Development Groups, their leaders are more flexible, experimental and distinguish themselves more. They are considered more realistic and similar to the participants, except for their knowledge and skills which facilitate group members to learn how to diagnose and solve personal and interpersonal problems through feedback.

Given what was presented above, we highlight the group´s proposal we work with, which is identified with the emphasis on interaction, being a resource for transformation, coupled with the use of Ericksonian hypnosis.

ABOUT HYPNOSIS

There are still doubts and prejudice about hypnosis. Nowadays we know that it is a serious technique with therapeutic applications, proven in several areas of health.

The scientific hypnosis starts with Mesmer, German doctor of the eighteenth century, who postulated the existence of an animal magnetism. James Braid (1795-1860) shapes the term hypnotism, from the Greek hypnos, sleep. It induced the trance by fixing one eye to a point above the eyes. Charcot, Liebeaut, Pavlov and Bernheim also worked with hypnosis in the nineteenth century.

Only a little later, in the twentieth century, there is Milton Erickson (1901-1980), considered the father of modern medical hypnosis. It was he who legitimized hypnosis so that it would no longer be the "court jester" in the solemn halls of orthodoxy.

Freud (psychoanalyst), Fritz Perl (gestalt therapist), Joseph Wolpe (behaviorist) and Eric Berne (transactional analyst) also knew about hypnosis, but abandoned it, as they dedicated themselves to promoting their theories of personality and change.

Erickson invested in therapeutic hypnosis, because he realized that it helped to promote rapid changes in the patient. He distanced himself radically from the classical induction, in which the therapist imposed suggestions to a passive subject. His method, on the other hand, emphasized the resources the patient brought with him and interacted with the active cooperation of the patient. Ericksonian Hypnosis is used for therapeutic response, always encouraging the patient to provide his own potential for self-help (Zieg, 1985).

Milton Erickson stated that each person has within himself learning skills and resources to get what he needs for each moment of his life and the function of the therapist is to just bring them up by creating experiences. Erickson introduced naturalistic methods and he understood that the trance is experienced personally by each one of us.

Therefore, a definition is difficult because each one will live in his singularity. Thus, each patient should receive a special and unique induction for himself, allowing each one to become his own inductor, since induction is an art that can be learned from the outside, but always having in mind that cure comes from inside out from the one who wants to be cured. In this sense, medical hypnosis by Milton Erickson´s naturalist medical hypnosis is a process of communication and interpersonal influence, in which the hypnotherapist allows the patient´s subjective experience to be reviewed.

According to Zieg (1985), Erickson believed that hypnosis, teaching and therapy are a process of solicitation, resource development and aid for people to be able to combine their resources in a new and efficient way. One can say that initially hypnosis was considered a technique with which the hypnotist was able to cure (BAUER, 2000). Later, one realized that it would require the interaction of both, and finally one recognizes that the cure comes from within the one who wants to be cured.

Understanding hypnosis better: It is not sleep. It is a stage prior to sleep. The person is focused to a certain degree of awareness and is able to answer questions because he is relaxed from a physical point of view, but is mentally alert. It is a state of focused attention (conscious), in which changes in the perception occur and, in a deeper level of trance there is a disconnection of the vigilant attention. It can be induced via relaxation, but not all relaxation is hypnosis. It is not therapy. It is a tool. It is not regression but it

can be used for this purpose. It has no side effects. No one does or says what he does not want. Its central point is the setting of goals.

About the Technique: According to Adler (2010), the method uses unconscious languages, such as tone of voice, rhythm of speech and breathing, look and body posture to induce and maintain states of trance, allowing the person to be in contact with the hidden features of his personality. Caution and responsibility are necessary just as in any other work.

Advantages: It facilitates changes (it changes limiting beliefs into supportive beliefs). It reduces stress. One learns to connect with his inner resources. It develops creativity. It increases self-esteem. Number of sessions is reduced. For Erickson, hypnosis is a state of susceptibility to suggestion, and has the effect of changing sensory and motor skills in order to trigger a proper behavior (Zieg, 1985). Others feel that this is an altered state of consciousness and perception, in which consciousness and unconsciousness can be focused at therapeutic suggestion. For the American Psychological Association, the definition of hypnosis, in 1993, is a procedure during which a health professional or researcher suggests that a client, patient or individual will experience changes in sensations, perceptions, thoughts or behaviors.

In practice, according to Bauer (2000), hypnosis would be the absorption of the subject´s attention: attention would be focused through induction or self-injunction, absorbing the attention of the conscious mind. This would give opportunity to the unconscious mind to manifest itself through hypnotic phenomena. The person then experiences a different state of consciousness, with the conscious mind focused and partially alert, while his unconscious mind tries various ways to express the riches of the unconscious.

Hypnotic Trance: Promoting a hypnotic trance means to communicate something that the other will be able to understand, and for this we use communication strategies. It is a state between awake and asleep. You need to "put to sleep" the consciousness a little because it is there where criticism and resistance are often present.

There are several types of trance: we consider the medium trance the most efficient one for suggestion.

When the person goes into a trance his conscious mind gets absorbed, the unconscious mind is released, enabling hypnotic phenomena to appear. We can clearly see a picture of physical signs that show a state between awake and asleep. However, this will not keep the person from interacting verbally in case it is required.

According to Erickson, "The induction and maintenance of trance serve to promote a special psychological state in which patients can re-associate and recognize their inner complexities and use their own capabilities to manage them according to their life experience"(Zieg, 1985, p.35).

In order to get good results, the motivation and the needs that the client brings with him, as well as a good rapport with the therapist are extremely important. Thus, associations stimulated by technology, aiming at problem solving, have resulted in changes whose merit goes to the patient and not to the therapist. This awareness reinforces the idea that the patient already brings within himself the resources to solve the issues that come up in his life.

Post-hypnotic trance suggestion: These are small hints given at the end of the process, which will help the patient in the changes he wishes to make in his daily life.

Metaphor: allows each individual to make his own interpretation of what was said. It helps to connect himself to his own inner resources, which will allow new associations to the issues raised and, consequently, choices that best fit his current needs.

Its use has been widespread throughout human history because ir is a language that is closest to the unconscious. Freud once said that "thinking with images is closer to the unconscious than thinking with words."

Its use is advantageous because it does not confront resistance, as might occur if one spoke directly, and it is much easier to keep cases, stories, songs than logical interpretation.

Creating metaphors. Be creative; change according to the individual; include details that have to do with the person. For example, describe the pet, the child, with your patient´s details; include the idiosyncratic details; put emotion in your speech when you emphasize your patient´s values in the story; use the words of your patient, especially the metaphorical words; do not only follow my suggestions. These are just some possibilities (BAUER, 2000).

Technique: Next we will present the way we will develop the technique of hypnosis based on a technique by Milton Erickson Group in a group proposal.

The preparatory phase aims to establish a positive attitude of trust, esteem and acceptance (rapport) during the initial interview. This permits a therapeutic alliance to be established. It is a harmony in the communication when one realizes that the model of the patient´s world is essential and helpful. From this therapist-client partnership, a new standard of therapeutic reference is created. It is therefore vital that the client trust the therapist.

In general, our limitations are learned. The therapeutic interaction creates, in an ideal way, a universe of phenomena that permit you to explore, at the most, your own potential and also new possibilities for each issue. What is fundamental is that the therapist has a well-developed ability to observe and to get along, because during the process, he must be aware of the limitations brought by the patient from the source of the problem and signal new possibilities that will help him review and reformulate the signalized issue. In hypnotherapy, there is a spontaneous game of openness and change both in mental structures and belief systems, making it easier to give up feeling and behavior patterns which are nowadays limiters of personal development.

To close this discussion but not the contents of this theme, we note that there are several strategies; however, we have not found in any of them the possibility of using the Ericksonian hypnosis technique as a tool for coping with group stress. Dealing with it is very simple and, when used with theoretical knowledge and respect for the individuality of each subject, it can bring, through deep relaxation and revision of beliefs, changes in behavior and reduction of stress.

ONTHE PROCESS

The project started from a personal observation. We realized, in the office, that Milton Erickson´s hypnotic technique was already being used as one more tool in individual

therapeutic work. Such practice greatly accelerated the revision process of truths and beliefs as well as it increased the connection with their real values and facilitated the discovery of new possibilities for the issues that had been experienced as problems before. This led me to think of the advantage of being able to use it in a broader context. I took in consideration my several years of experience working with groups, when I worked as an institutional analyst, to dedicate myself to create and carry out this proposal.

Once I had defined what the proposal would be like, I took it to the project manager at the offices of UNICEF in Rio de Janeiro, who proposed to develop this program of stress reduction from ericksonian technique.

The group is voluntary. We have collaborators from all segments of activity participating in it.

Arrangement: The participants are comfortably accommodated in a circle, the light is dim, there is no interruption, and phones are off.

Theme: The theme is chosen acoording to the company´s demand or by suggestion of the facilitator in light of observations made. The theme is inserted from a metaphor created by the facilitator or through chronicles, poems, songs or stories adapted for children. It is important to note that this is not a therapy group but it ends up being therapeutic work.

Functioning:. When everyone is comfortably accommodated so they can achieve the necessary relaxation, they are asked to close their eyes and from words transmitted by the facilitator, they are conducted to focus the attention on their own breathing. This guided attention can last from 3 to 5 minutes or a little more, if necessary, so that the relaxation begins. At this point, the facilitator observes the group. If appropriate, he initiates the hypnosis technique through specific induction, leading the group to a deeper relaxation.

We call this condition hypnotic state. Once the desired state is reached, the interpretation of metaphor is made. The facilitator must see that all the participants are in a relaxed state altogether, but also active and alert.

Closing: Closing the induction is done after finishing the reading of the metaphor. Then, the facilitator smoothly leads each one at his own time, to return to the state of alert.

After everybody returned to the alert condition, they are given some time for comments and discussion of what they felt and experienced throughout the work.

While some of the participants report spontaneously, others offer their personal experience to the question raised or even the participant himself states that during the trance he was able to discover new ways to what initially appeared to be a problem.

Reports on the group's experience: We bring here the reports of the members of the group developed at UNICEF, over a year ago, which were requested in order to reflect upon the effects. Only authorized accounts will be described below. Even so we have decided to bring them with no personal identification, only with gender identification, F (female) and M (male). Thus, we can see by the comments that several points raised over the theoretical work, have been confirmed in practice.

As it had been said, we are all the time subjected to the beliefs that hypnotize us. According to F3, Milton Erickson´s hypnotic work allows you to "de-hypnotize yourself" of ancient beliefs, opening new possibilities for a better living. Metaphors are also cited by F2 as an agent of broad-spectrum in reducing stress as it is capable of acting within and outside the workplace. The importance of the facilitator establishing a good rapport with the group is also highlighted by F1, F2 and F3, generating greater freedom and confidence within the group.

• I found it very good and I enjoyed the leader. (F1)

• Personally speaking, it helped me a lot to learn how to control my anxiety on my trip to work. I thought about the stories, I visualized them and did the process of self-relaxation. At work, the stories were always consistent to what we needed to hear. Many times they fit in like gloves. They always matched our daily situations. It is a meeting with our inner self. And we need to have this moment. I would like to emphasize that the work facilitator was very wise in her answers and she always led our questions to our real world. She always placed us within the reality of our daily lives (F2).

• The Ericksonian hypnosis sessions that Betty Papelbaum carries out in the Rio de Janeiro office are des-hypnosis sessions in the sense that they get me out of the routine, release me from the strict roles roles imposed by the workplace, and give me opportunities to find new ways of relating myself. For the UNICEF office in Rio de Janeiro, where we have a very small staff and a huge amount of work, meetings with Betty are moments when I feel cared for (...) and this makes me feel good. (F3).

M2 shows us how the old prejudice in relation to hypnosis needs to be overcome. M3 and M4 show that the group space allows its members to expose themselves with greater confidence, which facilitates reframing the questions raised through the exchange of experiences, thus leading to a better relationship in the work environment.

• The proposal of this study, as it is presented involving the word "hypnosis" was a bit scary, but it also aroused curiosity. (M2)

• The relaxation technique (meditation itself) applied affects exclusively the personal universe of each one individually. In a direct way, the impact on the group takes place during the conversations and exchange of testimonies as follows. As individual experiences are quite different, not always further conversation generates collective identity. But people expose themselves; they meet each other in rather unusual ways. They get in touch with each other´s personal dimensions, which would remain hidden if it were not for the exercise shared during meditation. (M3),

• It has helped me to overcome situations that used to wear me out. I also think it has made me get closer to a few colleagues. It is quite possible that the work has also approached other people, and thereby has contributed to improve both the atmosphere at work and team cohesion. But it is difficult to set an exclusive cause- effect relationship between what happens in the group and the practices of shared meditation. Many other factors affect the group and can have a positive impact as well. Either way, the work certainly helps - and continues to contribute positively, directly or indirectly (indirectly, as a bounce in the group of transformative individual experience that opens new horizons) for the functionality of the team (M4).

M1 confirms that, from deep relaxation (hypnosis), you can more easily get in touch ith your own inner resources.

w•By participating in these meetings, I have learned that within us there are many paths we can follow to find more balance, more wisdom and more inner peace. What is hard is finding these paths. The meetings have shown me how to do it and, surprisingly, they have also shown me how easy it is to find them. (M1)

FINAL CONSIDERATIONS

To close this reflection, but not the contents of this vast subject, we would point out that this is an ongoing process and needs to be further studied. It has been structured along the work itself and we believe that the opportunity to use it in other companies will allow some necessary adjustments to be made to consolidate its real dimensions and possibilities.

We present and discuss the proposal made by finally bringing some positive testimonials. More research needs to be done to prove the effect of the use of group medical hypnosis. Here, we bring a clinical approach which, from the words of some participants, indicates that it is possible to work stress in the workplace. In the future, with its closure, this experience may be analyzed as a case study, helping other groups to be implemented.

BIBLIOGRAPHICAL REFERENCES

ADLER, Stephen Paul. Hipnose ericksoniana: estratégia de comunicação efetiva. Rio Janeiro: Quality Mark, 2010.

BARLACH, Lisete; LIMONGI–FRANÇA, Ana Cristina; MALVEZZI, Sigmar. Conceito de resiliência aplicada ao trabalho nas organizações. Revista Interamericana de Psicologia, v. 42, n. 1, pp. 101-11, abr, 2008.

BAUER, Sofia M.F. Hipnoterapia ericksoniana passo a passo. Campinas/São Paulo: Livro Pleno, 2000.

CAMELO, Silvia H.H. & ANGERAMI, Emília L.S. Riscos psicossociais no trabalho que podem levar ao stress: uma análise de literatura. Revista Ciência, Cuidado e Saúde, v. 7, n. 2, pp. 232-240, Abr/Jun, 2008.

CASTILHO, Áurea. A dinâmica do trabalho de grupo. Rio de Janeiro: Qualitymark, 2007.

IMERJ. Hipnoterapia e abordagem ericksoniana. (Apostila) Instituto Milton Erickson do Rio de Janeiro, 2007.

INAP. Hipnose e auto-hipnose. (Apostila) Instituto de Neurolinguística Aplicada, 2005.

MIGUEL, Fabiano K. & NORONHA, Ana Paula P. Estudo da relação entre inteligência emocional e estresse em ambientes de trabalho. Avaliação Psicológica, v. 8, n. 2, pp. 219-228, ago., 2009.

PEREIRA, Luciano Z. & ZILLE, Giancarlo P. O estresse no trabalho: uma análise teórica de seus conceitos e suas inter-relações. Revista Gestão e Sociedade, v. 4, n. 7, pp. 414-434, Jan/Abr, 2010.

ROSSI, Ana M.; PERREWÉ, Pámela R.; SAUTER, Steven L., (Orgs.). Stress e qualidade de vida no trabalho: perspectivas atuais da saúde ocupacional. São Paulo: Atlas, 2008.

YALOM, Irvin D. & LESZCZ, Molyn. Psicoterapia de grupo: teoria e prática. Porto Alegre: Artmed, 2006.

ZIEG, JEFFREY K. Vivenciando Erickson: uma apresentação da pessoa humana e do trabalho de Milton H. Erickson. Campinas/São Paulo: Livro Pleno, 1985.

Betty/Portugal-16/06

PP16

DEVELOPMENT OF A GROUP INTERVENTION FOCUSING ANXIETY AND DEPRESSION: THE EXPERIENCE OF A UNIVERSITY CLINIC

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Development of a group intervention focusing anxiety and depression: The experience of a university clinic

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The aim of the present paper is to present the development of a group intervention in a University Clinic.

1. Contextualization

The Group Intervention Unit (Unidade de Intervenção em Grupo - UIG) of the Psychology's Pedagogical Clinic (Clínica Pedagógica de Psicologia - CPP) of the Fernando Pessoa University (Universidade Fernando Pessoa - UFP) was created in the academic year 2010/2011, after authorization by the UFP Rector (21/7/2010), and is cited in the new CPP Regulation (September 2010).

This Unit was created due to the identification, by the CPP staff, of some cases/situations that could benefit from group intervention. Another main reason for its creation was the possibility to develop psychological development promotion activities, target to individuals/groups with lower chances of spontaneously looking for the CPP.

After its creation, and by indication of the CPP Director, the Unit's Coordination defined the following contextualization and aims:

Contextualization: Throughout life, people may encounter a set of more or less problematic situations. To (better) deal with them group psychological intervention may be more effective than individual intervention. Therefore, the CPP offers the community not only individual sessions, but also group sessions, after a careful and individualized analysis of the motives for psychological intervention.

Aims: The group sessions are intended to support clients in their self-knowledge process, in the development of several skills (e.g., communication skills, stress management skills), in the identification and development of interpersonal resources, in problem solving, and in the adjustment to difficult situations/crisis.

In this context, the UIG strives for a lifelong and close collaboration with other CPP Units and other UFP Clinics (and other community resources).

Consequently, even though some staff members contributed less to the Unit's 1st year activities (e.g., by presenting suggestions during the staff meetings or via e-mail, observation and feedback regarding group sessions, etc.), the UIG staff encompasses the entire CPP staff. It is worth mentioning that some students/trainees had no previous experience with group intervention (cf. older curricula) before being involved in the Unit's activities.

It is also worth stressing that planning and implementing group sessions, like individual sessions, requires needs assessment evaluations (of the (potential) group members), implementation/process evaluations, client satisfaction evaluations, and results/efficacy/outcome evaluations (cf. Illback, Zins, Maher, & Greenberg, 1990; Meneses, Miyazaki, & Pais-Ribeiro, 2010; Rojo et al., 2002). This can be done using a broad array of more or less formal/traditional assessment techniques. Additionally, careful record keeping (sessions' planning and implemented session's descriptions) is also a central element to a good practice (cf. American Psychological Association, 2007; http://www.agpa.org/guidelines/ethicalpractice.html).

2. Initial activities' organization

In the beginning of the academic year, the summary information of all the cases of the CPP was analysed, in order to find some shared core needs. After that, all CPP staff members were asked to give their opinion regarding:

a) the adequacy of including the pre-selected clients in a standard assessment prior to the integration in a therapeutic group. It was stressed that group sessions did not necessarily require for the end of individual sessions. Staff members were also asked to speak their minds regarding the cases they were accompanying (if any);

b) the minimum assessment protocol (proposed after obtaining all the necessary authorizations); and

c) the existence of other clients (not previously identified based on the summary information) that could benefit from group intervention.

At that time, staff members were asked if they were interested (or not) in having an active role in the UIG team (in this and/or other projects).

Meanwhile, the UIG Coordination developed a summary form for group sessions and made it available to the staff, for analysis, feedback, and subsequent use.

3. Anxiety/Depression Group (Adults)

Main aims

Due to the shared core needs and the difficulties encountered when trying to identify a minimum number of group participants with similar scheduling possibilities (cf. initial psychological assessment), the original plan of running two groups (one for clients with depression symptoms and another for clients with anxiety symptoms) was substituted by the organization of a single group encompassing clients with depression and/or anxiety symptoms. Nevertheless, the staff considered this was not the ideal solution (cf. Manes, n.d./2003).

In this context, after formal psychological assessment of the potential group members, the Anxiety/Depression Group (Adults) was organized in order to support its members in the development of skills necessary to better cope with their life circumstances (and future challenging situations), as a mean to decrease their anxiety/depression symptoms.

Staff and process

The project was initially developed by a large team (all the authors of the present study, i.e., all CPP staff members that reported interest and availability to, actively, participate in the project, that was the first project of the UIG).

All these team members contributed to the selection of relevant references and/or intervention techniques and/or made the initial psychological assessment, necessary to refer clients to the group, and gave their opinion regarding the assessment protocol developed and proposed by UIG Coordination.

This protocol was organized as a script listing all the points that should be considered in the 1st and, if necessary, 2nd assessment sessions (e.g., informed consent, aims of the session, confidentiality (in general and regarding information shared in the group), payment, when/how to introduce the structured interview topics and administer the questionnaires).

Data gathered during the standardized assessment was introduced in a SPSS database, developed by the Coordination, making it possible to do a quantitative assessment of the intervention's efficacy.

The information gathered in the assessment session(s) was (also) organized into individual reports that were included in each client's file.

Latter, two of the staff members became responsible for leading the sessions, under the supervision of the Unit's coordinator (before each session – planning –, after – session's assessment - and during the sessions, using the one-way mirror – cf. Bennett-Levy, 2006).

Implementation of the group intervention/Results

The 1st session took place on the 13th May 2011 and the 5th, and last, session (of the academic year), the 30th June 2011. The sessions lasted between 90 and 120 minutes.

A total of 4 clients were integrated in the group, but not all were present in all the sessions, as can be seen in Table 1, which summarizes the sessions.

Table 1 - Summary of the group sessions

Number /Date	Partici pants	Aims	Strategies/ Techniques	Notes
1st/13-05-2011	3: A., S., I.	- To present participants and facilitators to each other; - To establish the group's rules; - To establish the group's aims; - To increase participants' (scientific) knowledge on anxiety; - To obtain the participants' individual opinion of the session.	- "Self-portrait" (Manes, n.d./2003); - (Adapted) brainstorming (Gonçalves, 1993), questioning, reflection, reformulation (Leal, 1999), and writing of the rules; - "The signs of the hand" (Jares, n.d/2007); - Psychoeducation for anxiety (cf., e.g., Bäuml, Froböse, Kraemer, Rentrop, & Pitschel-Walz, 2006; Donker, Griffiths, Cuijpers, & Christensen, 2009) - projection and discussion of the main characteristics of anxiety and distribution of a hand-out; - Logbook (Monteiro, 2007).	- Participants reported experiencing the focused symptoms; they were heterogeneous regarding self-exposure. - It was not possible to cover depression (cf. plan).
2nd/20-05-2011	3: A., S., T.	- To link the present with the previous session; - To integrate the new participant; - To increase participants' (scientific) knowledge on depression; - To improve participants' self-monitoring skills; - To obtain the participants' individual opinion of the session.	- Summarizing the content of the last session (cf. Culley & Bond, 2004); - "Self-portrait" (Manes, n.d./2003) – new participant; - Psychoeducation for depression (cf., e.g., Bäuml et al., 2006; Donker et al., 2009) - projection and discussion of the main characteristics of depression and distribution of a hand-out; - Use of a self-monitoring form – rationale and filling in (cf. Gonçalves, 1993); - Logbook (Monteiro, 2007).	- Participants' ease and thoroughness in filling in the form were heterogeneous. One participant asked to complete the task at home (homework – Perry, 2008).

Number /Date	Participants	Aims	Strategies/ Techniques	Notes
3rd/03-06-2011	2: A., T.	- To explore the content (and process) of the self-monitoring form (problems' characterization and resources' identification); - To increase participants' stress management skills; - To obtain the participants' individual opinion of the session.	- Analysis of the self-monitoring form + psychoeducation + resource activation (Flückiger, Wüsten, Zinbarg, & Wampold, 2010); - Muscular and visualization relaxation training with music (cf. Lipp, 1997; Silva & Sousa, 2010) – rationale and distribution of a hand-out (script for homework – Perry, 2008); - Logbook (Monteiro, 2007).	- Relaxation levels were heterogeneous (participants/techniques). - One participant presented hostile observations regarding the other participants (even the absent ones).
4th/20-06-2011	1: S.	- To explore problem situations and promote effective coping; - To increase participants' stress management skills; - To obtain the participants' individual opinion of the session.	- Exploration (Leal, 1999) of the problem situations, coping strategies used and alternative coping strategies + resource activation (Flückiger et al., 2010); - Muscular relaxation training (with mattress) + homework (Perry, 2008); - Logbook (Monteiro, 2007).	- Based on past experience (visualization), the participant had low expectations regarding relaxation, but the results were very positive; she also reported the use of strategies focused on previous sessions. - Due to the number of participants and time spent on relaxation, interpersonal communication was not explored (cf. plan).

Number /Date	Participants	Aims	Strategies/ Techniques	Notes
5th/30-06-2011	1: T.	- To explore problem situations and promote effective coping; - To increase participants' stress management skills; - To obtain the participants' individual opinion of the session.	- Questioning reflection, and clarification (Leal, 1999) regarding problem situations, its causes, and possible coping strategies + resource activation (Flückiger et al., 2010); - Muscular relaxation training (with mattress) + homework (Perry, 2008); - Logbook (Monteiro, 2007).	- The participant was very pleased with the result of relaxation (even better than in the previous session). - Considering the session's dynamics, participants' re-assessment with the initial protocol was not carried out (cf. plan).

It should be stressed that this group will continue in the next academic year.

4. Conclusion

The CPP staff members (and other first, second, and third cycle students) that had the opportunity to observe one of the group sessions (using the one-way mirror – cf. Bennett-Levy, 2006) gave very positive feedback.

The team responsible for the project is, in general, satisfied with the process and results, even though it is generating several ideas to optimize the group.

References

American Psychological Association. (2007). Record keeping guidelines. *American Psychologist, 62*(9), 993–1004.

Bäuml, J., Froböse, T., Kraemer, S., Rentrop, M., & Pitschel-Walz, G. (2006). Psychoeducation: A basic psychotherapeutic intervention for patients with schizophrenia and their families. *Schizophrenia Bulletin, 32*(S1), S1–S9.

Bennett-Levy, J. (2006). Therapist skills: A cognitive model of their acquisition and refinement. *Behavioural and Cognitive Psychotherapy, 34*, 57–78.

Culley, S., & Bond, T. (2004). *Integrative counselling skills in action* (2nd ed.). London: Sage.

Donker, T., Griffiths, K. M., Cuijpers, P., & Christensen, H. (2009). Psychoeducation for depression, anxiety and psychological distress: A meta-analysis. *BMC Medicine, 7*, 79.

Flückiger, C., Wüsten, G., Zinbarg, R. E., & Wampold, B. E. (2010). *Resource activation: Using clients' own strengths in psychotherapy and counseling*. Cambridge, MA: Hogrefe.

Gonçalves, O. (1993). *Terapias cognitivas: Teorias e práticas* [Cognitive therapies: Theories and practices]. Porto: Edições Afrontamento.

Illback, R. J., Zins, J. E., Maher, C. A., & Greenberg, R. (1990). An overview of principles and procedures of program planning and evaluation. In B. T. Gutkin, & C. R. Reynolds (Eds.), *The handbook of school psychology* (2nd ed., pp. 799-820). New York: Wiley.

Jares, X. R. (2007). *Técnicas e jogos cooperativos para todas as idades* [Cooperative techniques and games for all ages] (A. Gregório & M. C. Ferro, Trans.). Porto: Asa. (Original work published n.d.)

Leal, I. P. (1999). *Entrevista clínica e psicoterapia de apoio* [Clinical interview and support psychotherapy]. Lisbon: Instituto Superior de Psicologia Aplicada.

Lipp, M. E. N. (1997). *Relaxamento para todos: Controle o seu stress* [Relaxation for all: Control your stress] (3rd ed). Campinas: Papirus.

Manes, S. (2003). *83 jogos psicológicos para a dinâmica de grupos* [83 psychological games for group dynamics] (2nd ed.; J. J. C. Serra, Trans.). Apelação: PAULUS. (Original work published n.d.)

Meneses, R., Miyazaki, M. C., & Pais-Ribeiro, J. (2010). Qualidade dos cuidados de saúde: Enquadramento, definição e relevância de alguns indicadores [Health care quality: Contextualization, definition and relevance of some indicators]. In A. F. Pinto de Almeida (Org.), *Contextos da Audiofonologia* (pp. 241-264). Porto: Edições Universidade Fernando Pessoa.

Monteiro, M. M. (2007). *Área de Projecto - Guia do aluno - 12º ano* [Project Area – Students' guide – 12th year]. Porto: Porto Editora.

Perry, W. (2008). *Basic counseling techniques: A beginning therapist's toolkit* (2nd ed.). Bloomington: AuthorHouse.

Rojo, V. A., Jiménez, E. G., Flores, J. G., Clares, P. M., Rodríguez, S. R., & Santero, J. R. (2002). *Diseño y evaluación de programas* [Programs' design and evaluation]. Madrid: Editorial EOS.

Silva, I., & Sousa, M. (2010). *Ensina os teus músculos a relaxar: Truques para aprender e brincar* [Teach your muscles to relax: Trics to learn and play]. Porto: Edições Universidade Fernando Pessoa.

A PSYCHODRAMA TRAINING MODEL – THE EXPERIENCE OF DPSEDES, SÃO PAULO, BRAZIL

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Sedes Sapientiae Institute is an institution well known in Brazil by its work in the areas of mental health, education and philosophy. There is a commitment to analyze and answer to social context demands for the construction of a society based on principles of solidarity and social justice. The Institute is a philanthropic institution that has been an important center of post-graduation in different theoretical approaches in psychotherapy. It has a Psychosocial Clinic for group and individual psychotherapy among other activities.

DPSedes – Psychodrama Department of the *Sedes Sapientiae* Institute is one of the oldest Department and Psychodrama Training Course in this Institution. It is also one of the Founders of Febrap – Brazilian Federation of Psychodrama.

In Brazil, Psychodrama training and levels of capacitation are regulated by Febrap – Brazilian Federation of Psychodrama. As one of the Federated Institutions, the DPSedes has been actively involved in these last decades in the delineation of the various levels of training and improving curricular requirements. Psychodrama training comprises a process into three levels:

- Level I - Psychodramatist: 300 hours theoretical, methodological-technical and experiential areas; 120 hours in practice (supervision); preparation and presentation of the monograph.

- Level II – Psychodramatist Trainer: 120 hours of research, direction of groups and supervision; preparation and presentation of the monograph.

- Level III – Psychodramatist Trainer and Supervisor: 100 hours of sociopsychodramatic methodology and didactic and supervision; monitorial; and preparation and presentation of the monograph.

Psychotherapy in Psychodramatic approach is mandatory for all three levels.

Today, greater diversity in trainee's professional development, in the pace of their learning, time and money availability for training and improvement have been observed. With these findings, DPSedes identified the need for an adaptation of the existing Educational Project allowing trainees participation with diversified available time, financial resources, levels of vocational maturation and different rhythms of learning, without losing educational quality. The Pilot Project *Psychodramatic Turning* was born as a learning space open to professionals looking for trainings Levels I, II and III or even for a first contact with the Psychodrama. This Project is, at the same time, an official course for continuing education and training and also as an open event.

As an official course, the trainee looking for Psychodrama training Levels I, II (Trainer) or III (Trainer and Supervisor) takes the hours defined by Febrap standards, with the possibility of choosing modules to attend. The criteria are personal, except with required disciplines to ensure compliance with the defined hours for the training level. As a registered trainee, he/she must be approved in a time that goes from one and a half year to four years, depending on the level.

Open event participants select modules for attending, among those related to their experience, drawing their route in the gridline, warming up, in their time, to start the official participation in the Psychodrama Training.

The goal of this text is to introduce this new multidimensional model of Psychodrama Training in modules, which integrates both trainees in different training levels and disciplines in common modules. DPSedes has adopted this model as a pilot project in evaluation.

Psychodrama Training: proposal to DPSedes Trainers

The morenian conception of man summons all to appropriate of their own power and not see as divine nothing and nobody, holding each one the responsibility towards the construction with the entire universe. (Moreno, 1971/1992). In an opposite direction would be the conception of man worshipping vertical models of education, where those who have more time and more learning experience necessarily teach those who have less, determining the step by step to be followed for theories and techniques learning. A more natural learning process would be a learning group of interested participants in the same theme, regardless of each one training time, under the regency of an educator with the function to allow trainees (and his/her own) latent potentialities be targeted actively for outside life. This experience would bring issues to be solved by the group making them to look for new answers to old and new problems.

However, it could be considered a limitation for integrating trainees with different training experience. At the same time, it would bring the risk of the experience turning unattractive for those who already know the given content, because they would have to resume it again. Similarly, for beginners, the debate between trainees with more training time could bring difficulties to the understanding.

Such consideration assumes that a content to be learned: depends on a previous learning, has to be worked in isolation, "each one in turn" and reinforced with exercise. Once learned, the trainee goes to use and teach it, and there is no place to (re)learning it, reaching new understanding of its operation.

But there will be any concept to be learned that always has the same meaning, regardless of the context being used?

Pierre Lévy (1999) shows that the sense of any communication emerges and is built in a context, which is always transitional, local, and dated. A word, a comment, a concept, images, sounds, odors, proprioceptive sensations, memories, affections or a new interpretation on the experience trigger a large semantic network that can modify the meaning that previously given to a proposition. Lévy (1999) makes it clear: if we take the sentence "Isabela eats an apple by its vitamins." The word apple, "eat" and "vitamins" enable networks of feelings and senses that take us to the context of eating and dietetics. If it were "the apple of discord" or the "Newton's apple", images and mental models associated with the word "apple" would be different.

From that perspective, the programmatic content of a training can be thought as a network, where we can trace multiple routes and draw multiple and branched conclusions. Each new situation for exploring a concept to be learned, there will always be able to broaden the understanding with the diversity of experiences that integrates a group of trainees, regardless of their training experience. Better than this, (re)create it to embrace more facets of the real.

Agree with such premises offers enough reasons not only to integrate trainees of different training levels, as well as to offer training in modules, whose programming will fit each trainee route.

Abandon the conception that value hierarchical systems, consequences and memories organized in ascending spiral is not an easy task, because we have been immersed in this model. It means to give distance to a tree view and to approach a rhizomatic learning.

The rhizome is a term borrowed from Botany and replaces the tree model. If the tree has a center (stem) that connect various derivations, the rhizome is a process of open branch, which does not refer to a center or core but expands into mobile and undetermined directions. The internet structure, a network of computers linked together and not mediated by a core or a central, exemplifies the principle of a rhizome. The same for encyclopedias as the Vocabulary of Psychoanalysis (Laplanche & Pontalis, 1991). (Which reader could deny how much learned by transiting, like in a game of hopscotch, by this text of Laplanche and Pontalis? And with enthusiasm, since it offers the reading journey based on reader requests?)

As said by Deleuze & Guatarri (1980/1995), one enters on a rhizome by any side, each point connects with any other, it is made of mobile directions without beginning or end, but only a way, where it grows and overflows, without referring to a unit or deriving from it.

A learning process based on such principle overcomes limitations of thought linearity, whose reality overflows from it, expanding the possibilities of phenomenon representation.

If this question is considered, taking into account the morenian concept about learning – the highest goal of learning is not content related, but development of spontaneous states – we would be more likely to understand the advantages of integrating diversity in a same class, by modules.

Valuing contents, according to Moreno (1953/2008, p. 291), favors an unproductive split in the apprentice, who turns to be as if he/she were two: one who acts and another

who thinks; one who lives with intensity, another receiving meaningless content, considering that the contents present themselves away from everyday interests and surrounding issues. Such learning process is mechanical, not giving the possibility to extend the role development intended.

Integrate content and action is the same as saying that we need to think our classes in such a way that theories to be learned come from the need to clarify the practice, a theoretical problematization or conflicting situation. From this perspective, content to be addressed is primarily related to conflict situations over how to act in a professional role, because these are the situations that are clamoring for answers, that keep the group warmed up for theoretical research and practical trials. Theories stemming from a context like this become operational. It is different from dealing with empty, meaningless contents, even if they appear to those who build a tree like educational program, magnificent mental models.

It is worth remembering that the actions to be integrated to the content are not only those linked directly to the trainee's professional practice, but also what they experience in the relationship established with their learning group. Content to be addressed comes also from the dynamics among trainees and their trainers.

We know that learning in group involves pleasure and pain, including the desire to be the most brilliant and competent – accompanied by the fear of failing in this attempt. Many times with different "clothes", these feelings start unproductive dynamics of jealousy and rivalry. They can hamper some groups to actualize their learning successfully (Féo, 2010). Such dynamics tend to remain in the background, through subtle manifestations of aggressive, or even, submissive, inferior and not potentiate behaviors.

When professionals from different levels of learning are integrate in a single learning proposal, such dynamics tend to grow. The most experienced tend avoid to express their not knowing to the less experienced, fearing no longer occupy in their minds the place of the knowledge owners (Féo, 2001). By the other hand, the least experienced may need to keep their masters on Olympus for keeping the belief that one day they will also occupy this place. Also, the security given by the maintenance of the belief that gods are close to protect them, feelings that also tend to compromise the experience. Considering that, for humans, mystery and doubt predominate in the universe, it is not an easy task, since the world is world.

A course which aims to educate and enhance the psychodramatist role is committed to favor the overcoming of this dynamic type because being a psychodramatist means fostering potency in all participants, far beyond trends of deification, but keeping everyone connected with the responsibility to construct with the entire universe. With this understanding, nothing better than keep in the learning process professionals from different backgrounds, proposing to show up their knowledge and not known, to develop the ability to make a mistake in front of those who are, were or are being their trainers or trainees. Together, when well crafted, will gain in the future the possibility of overcoming vanity, the great enemy of knowing (Féo, 1999), going on to the experience of pleasure with co-creation, of respect for each one knowledge, and gratitude.

Adding to all this, today we have the internet! The research of contents for this learning process connected with the practice was facilitated by the popularization of this globalized vehicle of communication, expanding almost to infinity the possibility of expanding the co-built learning.

With the advent of the internet, learning has happened, more and more, by means of hypertexts: kaleidoscope texts, formed by sets of information in the form of blocks of texts, words, images or sounds, whose access is through specific references known as links, with the function of interconnecting various data sets, enabling the reader to pass through a main topic of research based on his/her demand.

Hypertext, it's always good to remember, were not born with the advent of the internet, not being the only base where this model of organization of information and textual production manifests itself. (Oliveira) A curricular programming can also rely on this template.

This is the case of our proposed course in modules for the DPSedes. A course design based on the structure of a hypertext, which consists of a schedule constructed to prevent from a single direction. It reinforces the idea that the marginal has as much to offer as the central. It potentiates the production that integrates multiplicity and strengthens in the trainee the goal to be also a producer of meanings.

The claim for a course characterized as encyclopedic, open, in motion, giving access to knowledge that does not exclude but sums is the expression of a morenian vision. This "model" leads to the contestation of the established, to change fixed hierarchies leading to crisis, which is a way to intervene on the world, on reality. Therefore, a course that deals with its programmatic contents as a hypertextual text is one that aims to produce a way to see and feel things in a flexible way, extending meanings in the book page, computer screen or socionomic session to be processed. Hopefully, with this initiative, we are looking forward achieving with our trainees and trainers the beauty and breadth of the texts Hopscotch, by Julio Cortázar (1996) and Invisible Cities, by Italo Calvino (1985).

The Psychodramatic Turning Project

The Pilot Project started in 2011 is composed of monthly cycles of events which was named *Turning Project*.

It is based on two assumptions:

1.   The disciplines must be understood as pedagogical goals to be achieved, allowing retellings, enhancement, new nomenclatures, changing to modules that aggregate different disciplines in a same space time. For example, the discipline *Methodology and Didactics in the sociopsychodramatic approach*, required by Febrap for Level III, is not formally on the schedule of DPSedes courses Levels II and III. It is understood that this discipline is presented through peculiarities in the classroom management during other disciplines that are formally in the curriculum: Supervision; Group Self-Directed; and Research Seminar.

2.   A same discipline can accommodate students preparing for several Levels and in various stages of professional development through taking roles of various complexity during the classes. Thus, in Supervision Levels II and III, participants from Level II, bring their productions for Supervision aiming enhancement of the role of Trainer/ Trainee Psychotherapist. Participants from Level III take on the role of Supervisor, having their Supervisor and Trainer Psychodramatist role supervised.

At the same time, participate:

- Group A: Level I Trainees with less than 80% of the full training. They participate as audience. The focus is on experiencing the learning template.

- Group B: Level I Trainees with more than 80% of the full training. They supervise their socionomic directions. The focus is on the learning session management.

- Group C: Level II Trainees. They supervise their productions aiming to enhance the role of Trainer and Trainee Psychotherapist. The focus is on improving the session management, on session processing to generate research and didactic exemplification, and also ethical and trainee psychotherapy specificities.

- Group D: Level III Trainees take on the supervisor role to be supervised by the trainer. The focus is on the supervision management, improvement of efficient session processing to generate research and didactic exemplification, and also ethical and trainee psychotherapy specificities.

These two assumptions imply:

- The trainer's attention on giving visibility to the phenomenon of learning construction occurring in *status nascendi*, operationalizing emerging events for each role development.

- Different disciplines, from varied curricula with common schedules and goals, merging into a single module, leading to a common name to it.

Applied Method

Content systematization and repertoires to be developed and evaluated at every class and also annually, along with trainees groups from different levels of training and specialization in specific public intervention.

The classes' methodology is the socionomic. In Psychodrama there is an intervention created by JL Moreno, named Role Playing. This procedure implies that the group selects and dramatizes a challenging situation for the role they want to develop, with the goal to improve it. The selected situation can come from a fiction created by the group or some circumstance brought by one or more of its members. It can also be a suggestion by the trainer. Trainees are invited, each one consecutively, to play the role of Director.

On these occasions, identified the issues of interest to the trainee groups and trainers are explored dramatically, objectifying on the psychodramatic stage different vertices of understanding and solution of the scene. The goal is both the understanding of the problem presented and the possible interventions. Thus, professionals in training (which trainers and trainees are always) propose ways for the going on of the scene and the processing of the group production based on concepts and theories that illuminate and assign various meanings to the dramatized scene. Thus, expand kaleidoscopically the possibilities for reflection on the protagonist theme, as well as production and collaboration between people, i.e. a collective (re)construction, multidimensional, as illustrated by multidimensional socionomic Agruppaa. (Féo, 2009).

Counting with a conception of rhizomatic teaching, concepts and theories for understanding the material emerged from the scene are treated according to different

levels of understanding by participants. At this point, some clarifications about the concepts on morenian theory are necessary. These are great moments for both trainees and trainers review crystallized theories, inspired by the experience. It means that trainees in training for Trainers or Supervisors take on the role of those who have learned before these concepts (they are already level I trained), what makes them able to clarify doubts. Those who are in their first round with the content set up as the truth, the axis of the concept or theory presented will learn and will question the learning content.

Results

The evaluation axis is systematic evaluations held by a collective of trainers from different disciplines and trainees at different stages of training development. The goal is:

- Continued education for DPSedes trainers.

- Course update in keeping with contemporary demand.

- Recognition and expansion of research on common fields and boundaries between socio-educational and clinical intervention, applied with different populations and age groups.

- Theory and practice knowledge from related fields that strengthen the role in training.

- Maximization of resources of Role Taking, Role Playing and Role Creating in the learning process.

- Training Level as Psychodramatist (Level I) Trainer Psychodramatist (Level II), Supervisor – Trainer Psychodramatist (Level III) and Specialist in Clinical Psychology by the Federal Council of Psychology.

- Supervision of clinical and socio-educational practice with children, adolescents, adults, couples and family, in group or individually, as well as the role of supervisor, trainer and researcher in development.

- Improvement in processual psychodramatic interventions or one session intervention with homogeneous and heterogeneous groups

- Institutional and research projects

- Monographs, scientific articles, book reviews, essays and communications text writing for insertion into several mediums for specific or general audience

- Development of the role of Trainer, Consultant, Researcher and Supervisor in psychodramatic approach, in accordance with the training Level.

- Participation on Self-Directed Groups.

Conclusion

DPSedes train psychodramatists for more than thirty-five years, with several revisions in its Educational Project taking into account demands of contemporary Psychodrama, Brazilian society and successive evaluations of trained groups.

References

Calvino, I. (1985/1999) *As cidades invisíveis. [The invisible cities].* São Paulo: Companhia das Letras.

Cortázar, J. (1996) *Rayuela*. Edición crítica, ed. 2. In: Ortega, J. & Yurkievich, S. (Coord.). Buenos Aires: Sudamericana.

Deleuze, G; & Guatarri, F. (1980/1995) *Mil Platôs: Capitalismo e Esquizofrenia. [A thousand Plateaus: capitalism and schizophrenia].* Rio de Janeiro: Editora 34,Vol.1.

Féo M. (2010) A arte de não interpretar interpretando: A Contrução de Dramaturgias Ancoradouras na Formação de Psicodramatistas. [The art of not interpreting interpreting: building Anchor Dramaturgies in Psychodrama Training]. In: Fleury HJ, Marra MM. (Org.). *Sociodrama: um método, diferentes procedimentos*. *[Sociodrama: a method, different procedures].* São Paulo: Ágora, p. 85-102.

Féo, M. (2009) Direção socionômica multidimensal AGRUPPAA e a fé tácita no eterno retorno. [Socionomic multidimensional AGRUPPAA direction and the tacit belief in the eternal return] In: *Revista Brasileira de Psicodrama*, 17 (1), 87-104.

Féo M. (2001) O Psicodrama e a Busca da Verdade. [The Psychodrama and the search for truth]. In: Pamplona, R. (Org) *Jacob Levi Moreno: Um Homem Muito Além do seu Tempo.* São Paulo: Ágora, p.71-86.

Féo, M. (1999) Vaidade: O Grande Inimigo do Saber. [Vanity: the great enemy of knowledge]. In: *Linhas Críticas (*Universidade de Brasília). IV (7 & 8), 70-85.

Laplanche & J. Lagache, D. (1991). *Vocabulário da Psicanálise. [The vocabulary of Psychoanalysis].* São Paulo: Martins Fontes.

Lévy, P. (1999) *A inteligência coletiva: por uma antropologia do ciberespaço. [The collective intelligence: anthropology of cyberspace].* 2.ed. São Paulo: Loyola.

Moreno, J.L. (1953/2008) *Quem Sobreviverá? Fundamentos da sociometria, da psicoterapia de grupo e do sociodrama – edição do estudante. [Who shall survive? Foundations of sociometry, group psychotherapy and sociodrama – student edition].* São Paulo:Ed Daimon.

Moreno, J.L. (1971/1992) *As Palavras do Pai. [The Words of the Father]* Campinas, SP: Editorial Psy, 1992.

Oliveira, J.M.A. *O hipertexto como imaginação do currículo. [Hypertext as the imagination of the curriculum].* Campinas/SP: Unicamp,
http://www.anped.org.br/reunioes/27/gt12/p121.pdf)

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EXPERIENTIAL GROUP PROCESSES IN GRADUATE TRAINING OF PSYCHOLOGISTS: THE CASE OF "EXPRESSIVE THERAPIES" AND "GROUP PSYCHOTHERAPIES" AT THE UNIVERSITY OF ÉVORA

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Experiential Group Processes in Graduate Training of Psychologists: the case of "Expressive Therapies" and "Group Psychotherapies" at the University of Évora

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ABSTRACT

The training of Psychologists tries to promote the psychological understanding of the human functioning, the development of evaluation, analysis and intervention competences and, at the same time, to provide for the development of personal and interpersonal competences, crucial for the professional praxis.

Our question is how to promote in the academic context this personal and interpersonal development of the students in order to achieve the necessary competences they need to the work in this area.

In this paper we will reflect on the authors' experience of teaching two curricular units of the 2nd Cycle level of Psychology Course and on a qualitative study designed to deepen the understanding of how the experiential component of these courses is experienced by students.

Our paper will report on the specificies of students versus teachers' perceptions of the experiential activities and the development of personal and interpersonal competences. Furthermore links between the type of perceptions and the nature of the methods used in each curricular unit will be discussed.

INTRODUCTION

The debate about what are the competencies required to practice as a psychologist has led to the development and definition of a common european standard (European Diploma for Psychologists) and a clarification and specification of the competencies in different areas of practice (Lunt, 2002).

Following this perspective, educational requirements and, more specifically, the academic curricula contents can be used to infer whether psychology students are obtaining the knowledge and the skills necessary to a future practice as professional psychologists.

The psychologists' graduate training aims the psychological understanding of the human functioning, in order to promote general abilities of goal specification, assessment, development, intervention, evaluation and communication in accordance with the designed list of professional competences and profile (Lunt, 2001). But, at the same time, the education of psychologists should provide for the development of personal and interpersonal competences that are crucial for an ethical professional praxis for the promotion of an adequate attitude towards the challenges of a contextualized practice.

Generally our question, as facilitators of the processes, is how to promote in the academic context, the students personal and interpersonal competencies necessary to work in this professional area.

The concept of competences may be viewed as integrating knowledge, skills, personal values, and attitudes that are acquired through work experience and learning by doing (Bartram & Roe, 2005). Acknowledging this idea the academic training of psychologists integrates a one year Practica in a real working context which is of major importance for the students (Caires, 2001). Nevertheless, our questioning as the educators, psychologists and psychotherapists continues: in regular curricular units remains what could we do in this regard specifically, how can we provide for a context that facilitates personal and interpersonal growth of the future psychologists?

In this paper we will discuss two specific curricular units of a Psychology program taking the account of students view about their own processes. We do a preliminary analysis of data that we believe, may be relevant for elaborating this question, opened to peer review and contribution in order to further refinement and development.

Focusing on two optional curricular units of the 2nd Cycle of the Psychology Degree of Évora University: Expressive Therapies and Group Psychotherapies, we will begin by a brief description of each curricular unit (goals and contents) and then we will point out some of the features that they share and also same of the features that differentiate them.

Expressive Therapies

The aim of expressive therapies curricular unit is not only the aprehension of the proposed theoretical contents but the practical integration of this approach through several artitical expressive experiences that introduce technical competence to the students. Synthetically the objectives of learning are to understand the theoretical background

that are the base of Expressive Therapies; to know some conceptual and methodological aspects from practice: inter-modal, multi-modal or specifically in Music-therapy, Dance-therapy, Drama-therapy and Art-therapy; to demonstrate sensibility to the use of some mediators of expressive-arts as facilitators of the emotional expression and inter-personal relationship, understanding its impact to the level of the internal dynamic and relationships; to know some processes that emphasize the expressive-arts as therapeutic element; to identify necessities and choose adequate methodologies to the problematic one in cause; to know some of basic techniques that can be used by psychologists in different contexts, to reflect, analyse comprehensively and critically the practical ones;

The course contents are focused on: theoretical foundations of ET; expression and communication in therapy; practical principles; potentialities and settings; modalities and finally 30 hours of expression ateliers.

Group Psychotherapies

The aim of Group Psychotherapies curricular unit is to have a broad conceptual framework that allows a global comprehension of the diversity of theoretical models and of the unifying principles of Group Psychotherapies.

More specifically, the objectives of the course are to facilitate the knowledge acquisition about therapeutic factors and the research about the processes of group psychotherapies; to facilitate the knowledge acquisition and the reflection about small group processes; to facilitate the acquisition and practice of some strategic and technical group intervention skills; to promote the training of group dealing and small group communication competencies; to encourage an attitude of critical reflection about different models and practices of group psychotherapies.

The course theoretical contents are an introduction to the Group Psychotherapies diversity and history, therapeutic results and common therapeutic factors independent of the theoretical framework used; the small group processes principles (e. g. communication, stages of development or moments of the process); the Psychologist/ Psychotherapist role; structure features of the groups and, finally; different theoretical frameworks for Change and different models.

Focusing on the common features of the two curricular units it is necessary to state that they are both optional; briefly, they share the same organization having three components: theoretical classes, practical classes and tutorial orientation; regarding the practical classes of both courses they consist in a weakly two hour meeting, during which each student has the opportunity to actively participate in a small group and in several and different group dynamics designed to achieve the objectives of the curricular units and to promote the experience, reflection, understanding and (hopefully!) the integration of their individual and relational experience. In both courses there a focusing in experience, understanding and application of group dynamics.

Nevertheless, although in both courses group dynamics are used, in Expressive Therapies dance / movement, music, drama, painting, poetry, creative writing and guided imagery are used as facilitators of emotional expression and of intra and interpersonal awareness.

In both units, students are asked to write a theoretical piece of work and moreover to write a diary about the practical sessions, and those are the evaluation products. These diaries aim at facilitating the reflection and awareness of the work done in each practical class.

In the end of the term students were asked to add to their diaries a reflection on the processes of personal development that occurred during training and the specific contribution of the experiential component for the process of (trans)formation of perspective. Therefore the diaries are a written account of the students experiences (both internal and relational) and of students reflections of practical classes.

METHOD

The aim of this research is to deepen the understanding of how students perceived and experienced the practical component of both curricular units.

The study is of a qualitative nature as it considers the reality as a world of many interpretations where people actively make sense of their circumstances by attributing meanings, and that these meanings and subjective views of the world influence their behavior (Schwandt, 2000).

In order to understand students views of these curricular units, we analyzed students diaries of practical classes of Expressive Therapies (ET) and of Group Psychotherapies (GP).

The analysis of 143 Diaries (82-ET and of 61-GP) belonging to 143 psychology students, collected in 7 different academic years, was undertaken through content analysis.

The content analysis used a combination of processes in an iterative way: on one hand, we interrogated data having in mind our main goals (do students perceive that their personal and interpersonal growth is promoted by these curricular units?) and the concepts stated on the specific objectives of each curricular unit. This conceptually driven method helped to focus on the research questions and provided guidance for data collection (Miles and Huberman, 1994). On the other hand, the analysis was of a more grounded nature aiming to capture the richness of students voices and experiences beyond the teachers expectations. Only such open analysis allows the emergence of the critical and substantive aspects of these experiences for the students. The analysis was made by the two authors that were also the professors responsible for the each of the units and focused on the what students say they have achieved with the courses processes and on the how they achieved it.

FINDINGS

What have students achieved?

The students statements were organized into 4 categories: personal knowledge, experiential knowledge of methodology, changes in self and changes in the way of being with and looking at the other.

It became apparent that regarding to What was achieved, the contents relate mainly relating to:

- Deepening of Personal Knowledge – recognized not only by a cognitive dimension, but also by a reference about integration of emotional dimensions in a holistic experience; (e. g. *I really felt entering into my true essence; the dynamics proposed were not always easy for me to integrate but those were the ones that helped me grow has a person, to know better my limits and myself*)

- An experiential Knowledge of Methodology – which provided a greater specific competencies development;(e. g. *it is fundamental that professionals in this area pass trough group creative and expressive experiences... were we can share the kind of tasks and experiences we will encounter in professional practice; it was on the "learningdoing" that we were able to fulfill our goals; having the opportunity to experience having the two roles being one of the group and being the mediator will have for sure an important impact in our future practice*)

- Relevant processes of Changes in Self – a process of personal integration (narrative and experiential knowledge) generator of development (e. g. internal questioning, anxiety release, disclosure and internal acceptance, reorganization and integration) (e. g. *To be closer to Myself; I was sharing parts of my live that I never thought I could do, and that would never happen if not here*)

- Changes in the way of Being with and Looking at the Other – the possibility of meeting with Other, openness to communication, through the experience of trust, or a safe and non-judgmental setting (e. g. *connecting with the Other and the group allowed me to see them in a different way [...] a space of trust... a safe space where thinking is permitted without judgment*)

How did students achieved what they have achieved?

We found that the descriptions of the processes that lead to personal knowledge, experiential knowledge of methodology, changes in self and changes in the way of being with and looking at the other that they stated to have achieved, may be organized into 5 categories: individual personal experience, personal experience of the group, relational process of the group, mediators and metaphors and insight.

Students refer 5 major processes:

- Individual Personal Experience – the discovery of internal corners, updating of memories, affections and imaginary, by both cathartic and reflective processes (e. g. *I emphasize discovering some "corners" of my interior; it was a space for new expe-*

riences, catharsis and group problem solving of conflicts; I discovered potentialities in the communication that were unknown to me)

- Personal Experience of the Group – the deep internal experiences (more or less intense and painful) that emerged with the continuing involvement of the group. Body movement, exposure to the group, intensification of sharing and intimacy, discovery and recognition of the other. The experience in the group of very strong bonds and feelings of mutual understanding that supported various processes of internal growth; (e. g. *to discover the Others; [...] the group was very helpful in facilitating all this process and some strong bonds were created; I really enjoyed knowing better my colleagues and to build up closer relationships, with more trust and mutual help; only after understanding that I was there with persons that I could trust, that would not let me fall, was I ready to explore something more deep in myself*)

- Relational Process Group – group Cohesion, empathy and involvement in the group, being committed to the goals and work of the group; (e. g. *there were mobilizing forces in the group tuning the possibilities for understanding; the movement and the entourage of the group; we were all equals*)

- Insight – who appeared through the reflection, through the metaphorical process, or the emotional experience of the body and its expression; (e. g. *I related this struggle with my life [...] in fact all I wanted was to be free; And I strongly rejecting... afraid of the Other judgment... of my own judgment... yes, my one judgment!*)

- Art Mediators and Metaphors – through listening and body experience real and imaginary, in relation to movement itself, with objects and with the Other, it was possible to access Inner self, often through metaphorical processes that shaped and meaning to multiple experiences. Were also valued the discovery of inner languages and stories inside that allowed the construction of harmonious dialogue with others; (e. g. *the awareness of the tiny movements of the other and myself was like disclose secrets; as if I was free from tension and angst and my body could become lighter in the end and much more serene... like a bird.*)

All the categories were present and appeared repeatedly in the majority of the diaries with the exception of the last category – Art Mediators and Metaphors. This was a category that was much more present in the diaries of Expressive Therapies and that was not frequent in the Group Psychotherapies Diaries.

Another finding and that was not expected by the authors was a clear difference in what can be named the format of the diaries. The language used and the writing style in Group Psychotherapies diaries was different from the language and writing style of Expressive Therapies Diaries.

DISCUSSION

As teachers of Expressive Therapies and Group Psychotherapies we can acknowledge *in loco* that students are touched by the practical classes and in the end of the semester we can read their vivid descriptions and reflections about the sessions written in their diaries. In this study we tried to give voice to the participants and to begin an

analysis of their written discourse in order to comprehend their perspective and to elaborate and develop our one perspective.

From their own words we may understand the importance that they attribute to the experiential processes in their training, expressed by the statements that were categorized as Experiential Knowledge of the methodology. They affirm transformations in the way they see themselves in they see the Other and they state various ways in which their personal Knowledge deepened interpreted has been related to their experiences in the practical classes (Pascual-Leone & Greenberg, 2007).

Regarding the categories related to how those changes occurred – individual personal experience, personal experience of the group, relational process of the group, insight and mediators and metaphors – it is interesting to see the mach to the comprehensive review done by Crouch, Bloch and Wanless (1994) pointing out: Universality, Acceptance, Altruism, Learning from interpersonal action, Vicarious learning, Guidance, Installation of hope, Insight (Self-Understanding), Catharsis and Self-Disclosure as therapeutic factors.

The multiple lived experiences and processes of the psychology students can lead to the consideration of the practical classes setting, as an almost-therapeutic setting, that provides the necessary conditions (Rogers, 1973) for the personal and interpersonal development of a psychologist that is also trying to comprehend other individuals and groups.

The differences found between the diaries of the two courses, in terms of the more frequent reference to the use of Art Mediators and Metaphors as a process in the diaries of Expressive Therapies, and the more fluid and poetic language can be related with the specific nature of the Expressive Therapies. Some authors consider that metaphor is in itself the specific mechanism of change of Artistic-Expressive Therapies (Gorelick, 1996) as well as Symbolism (Ellis, 2001), since the understanding of the change process is constructed between imagination, game and the expressive-artistic process (Knill, 2004).

One limitation of the present study is the fact that the researchers are participants in the processes and therefore their analysis of the diaries is from that interested standpoint. But, on the other hand, the knowledge of the processes and dynamics that occurred in the practical classes and of work proposed to students is a strength to the analysis and, by the other hand, in the analysis of each relevant data in one specific diary was read and categorized in accordance with a researcher that was not involved in the classes.

Another more important limitation is the fact that the data analyzed was also an evaluation product, signed (although confidential) and written by a student to be read by the same person that gives the grades in each course. A desirability effect must be considered, meaning that the interpretation of students perceptions must take this context of data collection into account.

Despite the preliminary nature of this study it seams nevertheless to reveal the importance that experiential processes can have on psychologists training regarding development of personal and interpersonal competences.

REFERENCES

Bartram, D., Roe, A. R. (2005). Definition and Assessment of competences in the context of the European Diploma in Psychology. *European psychologist 10*, 93-102.

Caires, S. (2001). *Vivências e percepções do estágio no ensino superior*. Braga: Apontamentos UM.

Crouch, E. C., Bloch, S., Wanless, J. (1994). Therapeutic factors: Interpersonal and intrapersonal mechanisms. In A. Fuhriman & G. M. Burlingame (Eds.), *Handbook of group psychotherapy: An empirical and clinical synthesis*. New York: Wiley

Ellis, R. (2001) Movement metaphor as mediator: a model for the dance therapy process. *The Arts in Psychotherapy*, *28*, 3,181-190.

Gorelick, K. (1996) Rapprochement between the arts and psychotherapies. Metaphor the mediator. *The Arts in Psychotherapy, 16,* 149-155.

Knill, P. J. (2004) Soul nourishment, or the intermodal language of imagination. In S. Levine and E. Levine (Eds.) *Foundations of Expressive Arts Therapy*, (pp 37-52). London: Jessica Kingsley.

Lunt, I. (1998). Psychology in Europe: Challenges and opportunities. *European Psychologist 3*, 93–101.

Lunt, I. (2000). European project funded by the EU under the Leonardo da Vinci program. *European Psychologist 5*, 162–164.

Lunt, I. (2002). A common framework for the training of psychologists in Europe. *European Psychologist 7*, 180–191.

Miles, M. B. and Huberman, A. M. (1994), *Qualitative Data Analysis*. (2nd ed.). Thousand Oaks, London, New Delhi: Sage Publications.

Pascual-Leone, A., Greenberg, L. S. (2007). Insight and awareness in experiential Therapy. In Louis Castonguay and Clara E. Hill (Eds. *), Insight in psychotherapy*. Whashington D. C: American Psychological Association.

Rogers, C. (1973). *Tornar-se Pessoa*. Lisboa, Moraes Ed.

Schwandt, T. A. (2000), Three epistemological Stances For Qualitative Inquiry. In N. K. Denzin and Y. S. Lincoln (Eds.), *Handbook of Qualitative Research* (2nd ed., pp. 189-213). London: Sage.

Yalom, I. D. (1995). *Theory and practice of group psychotherapy* (4th ed.). New York: Basic Books.

WOMANHOOD IN A TRADITIONAL CULTURE: GROUP PSYCHOTHERAPY OF WOMEN AVOIDING SEXUAL INTERCOURSE

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Womanhood in a traditional culture: group psychotherapy of women avoiding sexual intercourse

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Introduction

Vaginismus is due to an involuntary spasm of the muscles surrounding the vaginal entrance whenever an attempt is made for intercourse of gynecologic insertion.

This disorder interferes with sexual intercourse. Vaginismic women have fear about sexual intercourse and avoid coitus. Importance given to virginity due to attributions of woman's virtue might have been increasing the fear of women that results in avoidance of intercourse in Turkey. This fear has an implicit correspondence in the male partners' side. Lack of prior sexual intercourse experience of male partners partly due to religious and traditional attributions might have been reinforcing the fear of women causing reciprocal avoidance of sexual intercourse.

Psychopathology, with its all forms, must obviously be understood within the social context surrounding human behavior. However, special features of vaginismus like consisting of male-female relationships, having a "special and primary" sexual content increase the importance of the social context for this disorder. Additionally, praising attributions about sexual experience in "proper" time and "proper" conditions at one hand; insulting and excluding attributions about sexual experience in "improper" time and "improper" conditions on the other hand in traditional countries like Turkey necessitates to think about the social codes of vaginismus additionally. Those social codes in a way determine the suitable time, partner, form, content of the sexual act. Despite the lack of accurate data on the prevalence rates of vaginismus, suggested rates are higher in eastern countries as compared to western countries. Vaginismus is the most common reason of application to sexual dysfunction treatment units of psychiatry clinics. Thus, these kinds of studies are important to understand and compare both similarities and differences both in etiology and treatment of different forms of psychopatholgy determined within a socio-cultural context.

The Treatment Center for Sexual Dysfunction of Psychiatry Department in Istanbul Medical School was founded in 1979. For the first ten years, vaginismus was treated with couple therapy. But due to increasing numbers of referrals, group psychotherapy

was started. In 1992, psychodrama was combined with cognitivebehavioral sex therapy due to the presence of resistant patients despite the high success of the developed treatment protocol.

This paper outlines the group psychotherapy of 17 vaginismic women treated at the Psychiatry Department of Istanbul Medical School in Turkey. Normalization of symptoms through group dynamics, giving hope, self-disclosure in hidden/secret topics of sexuality and past traumatic experiences, vaginal deconditioning, and mostly acting through group psychodrama practices which became major change mechanisms for 12 women are discussed. Reports of these women's increased self awareness, self-esteem, positive affect, and marital satisfaction are evaluated. On the other hand, partial improvement of the other 5 vaginismic women will be discussed with underlying resistance factors.

Group

Individual and couple interviews were conducted before the group psychotherapy started. The group consisted of 17 vaginismic women. The participants were married for four months up to 10 years. None of them were single. They were mostly housewives, and none of them had university degree. Except one woman in her second marriage, rest of 16 women was in their first marriage. None of them had sexual intercourse prior to their marriage. Common characteristics of the participants were virginity, lack of assertiveness, dependence on others, avoidance from their genitals, having good level of sexual desire, responsiveness to sexual pleasure, and being orgasmic most of the time. Their major motivation for treatment was to have a child. Additionally, they were all married with persons that they had their first sexual relationship following their marriage.

Group psychotherapy process

Sixteen sessions were conducted each lasting for at least two hours between October 2010 and January 2011. First eight sessions were twice a week, and following eight sessions were once a week. The group was led by a woman psychodramatist with the assistance of four male co-therapists. Recovery of the first case was as early as the fifth session preceding other recoveries mostly clustering in between tenth and twelfth sessions. It is important to note that the recovery was not limited to vaginismus symptoms. Increase in self awareness, self-esteem, positive affect, and marital satisfaction according to the verbal reports of the vaginismic women were also salient.

Only five of the participants were symptomatic in respect to vaginismus at the end of the sixteenth session with relatively minor improvements.

Selected outstanding content of the group psychotherapy process

One of the outstanding subjects of the group psychotherapy process of vaginismic women during 16 sessions was observation of their low self-esteem consisting of shame/helplessness/inadequacy due to their "failure" in succeeding to complete a sexual intercourse. This "failure" had extensions other than sexuality. For example, having a child, also traditionally symbolizing fertility, productivity of "real" woman was also lacking. Statements like "If I'd only never born", "I hate myself", "I feel like stupid, when I think that I can not succeed what most of others easily accomplish" were noteworthy about the participants' low self-esteem accompanied by depressive complaints. In one of the early sessions of the process, the participants were asked to evaluate their guessed rankings of sexual intercourse accomplishment in the group. The answers were as following: to be the 10th, 10, 10, 9, 9, 6, 9, 1, 2, 17, 10, 15,

9, 6, 13, 3, and 13 with a mean score of 9.5. Most of the participants reported that they would not be able to recover earlier than the other participants. This tendency was also evaluated as significant in respect to low self-esteem of the participants.

Fear of vaginismic women was one of the mostly observed common negative emotions of the participants. In the second session, the participants were asked to rate their sexual intercourse fear on eight-point Likert-scale (1 = very slightly low or not at all; 8 = extremely high). Reports of 16 participants were as following: 8, 7, 8, 7, 7, 7, 8, 8, 8, 7, 8, 8, 7, 8, 8, 8. High ratings of sexual intercourse fear of the women were obvious. Additionally, five and thirteen of the participants respectively reported in the same session that they were afraid of infertility and giving birth to a child. Within this fear frame, statements of the participants' cognitions belonging to the first night of their marriage (at the same time first "official" / "socially approved" time of sexual intercourse) were significant: "If it does not bleed, my husband will think that I'm not virgin", "If it does not bleed, my husband can send me back to my parents". This session was also critical to follow the clues of misinformation and avoidance of the participants from their genitals. Twelve of the participants reported their perceptions of vaginas as very tight and conjunctionally stated their partial content of sexual intercourse fear as "too much blood" and "too much pain…". In the eleventh session, ten participants of thirteen reported that they were questioned about their first night of marriage by close relatives within the agenda of "what has happened?" in respect to sexual relationship. The implicit expectancy of significant others in respect to virginity and sexuality was evaluated as a reinforcing factor of fear and in turn this fear was assessed as contributing to the psychopathology of vaginismus.

The signs of fear mentioned above on the female side were also followed in husbands of the participants. In other words, the fear was reciprocal although it was not as explicit on the male side as compared to female side. The husbands were invited to the second session, and sixteen of seventeen attended to that session. In the first part, session was conducted only with husbands and in the second part it was conducted with both partners. Five of seventeen males reported that they did not have sexual intercourse before their marriage. The treatment staff evaluated this rate as potential underrepresentation due to hypothesized shame emotion of the males stemming from being in a group and self-disclosing in a socially "improper" subject. The content of the information men reported about the advises and suggestions which were offered to them for the sexual intercourse was also noteworthy: "Do not attack like wild animals.", "Do not compel.", "Do not scare her.". These advices were especially due to their first night of the marriage: first "official" / "socially approved" time of sexual intercourse. Thus, inexperience, thoughts of sin and shame, misinformation about nature of sexuality were hypothesized as sources of husbands' fears of "hurting" their wives which in turn reinforced avoidance from attempting an intercourse on the males' side. It is interesting to note here that most of the participants evaluated their husbands as understanding and tolerant persons especially about the females' "failure" to start, maintain, or complete sexual intercourse. One of the participants' expression of her husband's attitude about her "failure" was as following: "Don't bother, it is not important even we do not have sexual relationship in our rest of life, I didn't marry with you for sexuality." Although it might be very speculative, the overall evaluation was to think about two persons (at least for some of the couples) rejecting sexuality and maturation with a tacit – unaware contract which is masked by tolerance, fear, and avoidance.

Low self-esteem and inadequate feelings of vaginismic women, fear of sexual intercourse both on female and male sides were especially significant on the one hand. On the other hand, traditionally negative attitudes for pre-marital sexual intercourse and

praising attitudes for virginity were noteworthy during the group psychotherapy process. Some of the participants even shared their experiences of being harshly punished by their parents (especially fathers) because of their pre-marital friendships or flirting with men. In those situations fathers were mostly in the role of authoritarian punishers whereas mothers were accomplices according to the reports of the participants. However participants also stated that mothers were sometimes threatening the daughters to share their secrets with fathers. These reports suggested that, being with a male either in a social realm or in a more close relationship before marriage was naturally bad and dangerous for most of the participants. Thus, involuntary spasm of the muscles surrounding the vaginal entrance on the surface seemed to have a rich and complicated background which is both at conscious and unconscious levels and on individual and cultural grounds.

Hypothesized change mechanisms of the group psychotherapy process
Group psychotherapy dynamics were especially important in normalizing the participants' "disorder" namely vaginismus symptoms. Knowing about others having same problems and listening to them talking about the same problems increased the efficiency of the normalization process of the symptoms. The participants began to concretize this process even from the first session like statements: "I was anxious in the beginning because I didn't think that there were this much of people like me.", "I thought that I was the only one before I came here.". The husbands reported similar statements in the second session when they were asked if they had observed any changes in their wives after the first session: "She was relaxed when she met others having the same problem.", "She understood that she was not the only one.", "She understood that she was not abnormal." This process was evaluated to be fostering efficiency and rapidity of normalization process as compared to individual therapy.

Improving the hope of the participants also accompanied the normalization process during the group psychotherapy process. The emotion of hope was important to keep going the psychotherapy process, to enable voluntary involvement of the participants, and to support the implementation of the homework. One of the participants following statement in the first session was significant in expressing her need of hope: "Deep down I am waiting for someone to hold my hand…". "I could express myself here for the first time.", "This may be the right place for me to talk about my problems." were other expressions from the first session stating both the expectations of hope and the increase in hope to recover. Increase in the hope of the participants was also expressed via the observations of the husbands in the second session conducted with male partners: "She refreshed her hope when she realized that there was a solution here for her.", "She also has a hope to have a baby from now on.", "This group has encouraged her to recover.".

One of the other hypothesized important mechanisms of change in the process was the self-disclosure of the participants in the group sessions. The participants were encouraged to self-disclose themselves throughout the whole process. On the one hand they were ready to talk and to change since they were in therapy contemplating that something was wrong in their life, on the other hand talking with others who have similar problems was the most appropriate and the easiest way. The group members were asked to come half an hour earlier before the therapists staff. The major rationale of gathering them without the professionals was to foster their warming up to each other and to enable them to feel free talking about themselves to others in a secure environment. Early participation of the vaginismic patients to the sessions predicted the

treatment outcome; in other words more involvement in the therapy process and more time to self disclose about their problems, relationships, difficulties and accomplishments in homework resulted in significant decrease in symptoms. This process was also supported by psychodrama activities, role-plays, relaxation exercises, imagery works in the sessions. As the group cohesion was strengthened by the time, the participants also began to self-disclose more about their past traumatic experiences which resulted in catharsis. Another important point about the group members' meeting half an hour earlier before the therapists staff is noteworthy here. This led the participants to view each other as the resource to learn and to improve. Participants tried to improve by both learning from the "patients" and teaching to the "patients" through sharing out their cognitions, emotions, and experiences. One of the considerable positive projections of the mentioned process was obstruction of a rigid hierarchical structure between treatment staff and the patients. This obstruction was significant in prevention of transference issues especially in highly emotionally loaded stuff.

Psychoeducation became also an essential contributing factor in the treatment. Most of the women were unfamiliar with their bodies and organs. In addition to briefing, homework of the participants' examining their vaginas with the help of mirror contributed to their improvement. It is important to note that most of the participants were avoiding touching their genitals. Together with physiology of vaginismus, sexual physiology including erection and ejaculation were also given as information to the participants.

Theoretical accumulation of psychodrama, sex therapy, and behavioral therapy techniques were essential part of the treatment protocol. Psychodrama practices through protagonist plays and warm-ups were important for enabling the active involvement of the participants in the sessions. Their spontaneity and creativity were encouraged.

Learning through acting became possible. The participants became active agents of their own change processes. Through psychodrama practices their self-awareness and empathy had increased. Behavioral techniques were important in exchanging the conditioned anxiety associated to sexual stimulation with relaxation. These techniques were supported by relaxation exercises, imagery practices, and finger exercises. Vaginal deconditioning through gradually inserting the fingers of the participants into the vagina followed by husbands taking that role especially contributed to the decrease of vaginismus symptoms.

Hypothesized and outlined change mechanisms did not work as effectively for five participants of the group. Although they had improved as well touching their vaginas, advancing in finger exercises, confronting with some parts of their fear, they were not asymptomatic at the end of the sessions. Several reasons might have caused these participants to drag behind the group. First of all, comorbidity of vaginismus with depression and anxiety were present for two participants. Additionally, sexual abuse of one of the other five participants for a long period of time by a close relative was reported. It might be speculated that those symptoms other than the vaginismus might have obstacled recovery of vaginismus for those three. Secondly, neurotic personality features of the five unrecovered participants were more salient as compared to the rest of the group. Conjunctionally, lower problem-solving and coping abilities, lower selfesteem, higher fear were observed for those five. Finally, from a more dynamic approach, it might be speculated that resistance against change was due to relatively higher insistence in remaining sexually immature in the adult bodies for those participants.

Conclusion

The presented group psychotherapy process had several implications within the frame of vaginismus. The first implication concerned some etiological issues and maintaining factors of vaginismus within the socio-cultural realm of a traditional country. In the individual level, low self esteem within the emotions and cognitions of shame, helplessness and inadequacy; fear of losing control; lack of relevant sexual knowledge were associated with sexual intercourse fear of the participants. In the interpersonal level, inexperienced husbands in sexual affairs; avoidance of their sexual intercourse within their seemingly "understanding and tolerant" nature; fear of hurting their wives reinforced the difficulties in sexual intercourse. Within a broader sociocultural context, the woman's conflict with father/man authoritarian figure, social pressure consisting of virginity, virtue, moral issues, praising attributions about sexual experience in "proper" time and "proper" conditions; insulting and excluding attributions about sexual experience in "improper" time and "improper" conditions were noteworthy. The outcome was unconsciously keeping the partner's penis away from the vagina as long as possible, although the seeming intention was to have a sexual intercourse on the surface. The second implication concerned the treatment issues of vaginismus. As stated earlier in this paper, involuntary spasm of the muscles surrounding the vaginal entrance on the surface also have a rich and complicated collective/cultural background. Thus treatment protocols must also handle this background if more permanent and inclusive improvements are aimed. The outlined treatment process did not only result in symptom relief of vaginismus but also resulted in more satisfactory couple relationships, increase in self-awareness, self-liberation, self-confidence, self esteem, social assertiveness and empathy of the vaginismic women according to their verbal reports. Qualitative results of self-reports of the group members also indicated that psychological symptoms such as irritability, anxiety, and sorrow almost disappeared. They had become more independent women than only being daughters of their parents. Ultimately giving birth to a child was achievable.

Within the outlined study frame, psychodrama reconciled in group psychotherapy taking socio-cultural dynamics into account can especially be effective for more permanent and inclusive outcomes in the long run for treatment of vaginismus in respect to our promising results.

References

Gindin R. L., Resnicoff D. (2002) Unconsummated marriages: Separate and different clinical entity. *Journal of Sex & Marital Therapy*, *28*, 85-99.

Kaplan, H. S. (1974). *The new sex therapy*. New York: Brunner/Mazel Publishers.

Karp, M. (1994). The river of freedom. Holmes, P., Karp. M., Watson. M. (Ed.), *Psychodrama since Moreno: innovations in theory in practice* (pp. 39-60). New York: Routledge.

Kayir, A. (1995). Women and their sexual problems in Turkey. Tekeli, S. (Ed.), *Women in Modern Turkish Society* (pp. 288-305). London and New Jersey: Zed Books Ltd.

Kayir A., Sahin D. (1997). Roles of the partners in delaying the treatment of vaginismus. *Archives of Neuropsychiatry*, *33*, 51-66.

Kayır A. (1998) Group psychotherapy and psychodrama in the treatment of vaginismus. unpublished psychodrama theses. A. Özbek Psychodrama Insitute, İstanbul

Kayir, A. (2000). Women and their sexual problems in Turkey. Ilkkaracan, P. (Ed.), Women and sexuality in Muslim societies, pp. (253-268). Istanbul: a publication of Women for Women's Human Rights (WWHR).

PP29

GENDER DIFFERENCES IN COPING WITH INFERTILITY: PSYCHOSOCIAL AND SOCIAL CONSIDERATIONS

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Gender differences in coping with infertility: psychosocial and social considerations

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Introduction

In the beginning of this new century, we observe the multiple changes and transitions that we are subject to, be it in Science or in Social life. As a consequence of these paradigmatic changes, many questions are imposed at the moment, leading us to review old paradigms of Science and also to question Universal truths.

Bringing these reflections specifically to our focus – Technically Assisted Reproduction e and its unfolding – we see how much the trends of contemporariness interfere in the formation of families outside the patriarchal model and, in the opposite way to the cult to immediate, fast and disposable model, as would be feasible to realize the dream of perpetuating the species through descendants.

In this sense, several motivations are present when the search for offspring emerges. Such reasons may come from: (1) the strong bond of the marital relationship, (2) the desire to realize ancient individual projects, (3) the desire of the descendants to give the parents grandchildren, complying with the family pressure, and also, (4) to represent the resolution of old conflicts of social and psychological order. It is urgent, thus, to re-think questions of gender and social construction as alternatives to the new models of interpersonal relations and their demand for children.

To fundament our work, we highlight the relevance of the concept "gender" in its distinction from sexuality and eroticism, we need to give a brief historical background, of the concept and because of this we mention here the contributions of Joan Scott (*apud* Guimarães, 2002). According to the author, "gender is sex with significance", in the sense that sex is biological identity of a person and gender makes sense only in social and cultural relationships in constant building process. Scott tells us that the main virtue of this study is to conceive "gender" while useful category to history and not only to history of women, but also of men, of their relations with each other, with themselves, after all, a fertile field to analyze inequalities, conditionings and social mandates. The author argues that the mentioned concept "was created to oppose a biologic determinism in the relations between the sexes, giving it a fundamentally social character.

Other authors (Assunção, 1994) also consider *gender* a category intimately connected to history, to sexuality and to social class concept. However, for us to understand the notions of male, female, its branches and hybrid forms we need to have the context of

which man and which woman we are speaking about, or even better, to which being we are reporting and in which social, cultural or political context they are inserted.

In this post-modern scenery we include the reproductive technologies, making us put up with the unpredictable, and the unknown in many different levels; paradoxically, it is urgent to consider the increase of possibilities and effects, precisely because of these technologies which surpass human limits. So we highlight the fact that, as we say male, female, man and woman, we are speaking of social *representations* – even though they are biologically implicated. It is in this context, however, that we are going to approach infertility and gender conditions, in short, about the multiple voices which now are part of the choir of desire to have children and need to face the double possibility**:** to be able or not to generate children, to have or not to have children.

1.   The (im)possibility to procreate

We know that the impossibility to procreate presents itself as an obstacle to some people's life project. In our culture, the wish to have children is encouraged as much as it's unfolding, that is, the dream to have a family - both imperative for the couple to feel integrated in the "normality", according to which most couples do have children. As a consequence, there is the predictable constraint in relation to the diagnosis of infertility.

It occurs that the project to constitute a family with children is usually blocked by the difficulty to conceive a child by natural means, which in turn, provokes in infertile people the need to request the medical-technological help in the area of human reproduction.

With the advent and the diffusion of techniques of medically assisted reproduction, men and women, independent of the marital status, sexual orientation or age, that is, homosexuals, single people, women over reproductive age, transsexuals, among other cases, are now using the mentioned techniques to make the dream of having children come true.

In this contemporary overhauling perspective, scenario for radical paradigm changes, the dream of having children, come true by assisted reproduction, enables "socially excluded" from reproduction people to be "technologically included" and to demand the desired child to reproductive medicine.

Analyzing more deeply the desire to have a child, we find once again the border line: it is difficult to establish in what measure the reproduction is a result of the individual's desire and up to what point it is a product of conditioning *stimuli* and sometimes imposed upon them by society.

Generalizing, we can say that there is, in every one of us, the desire to have a child. At the bottom of this desire there is the desire to give life, create, educate, the desire to perpetuate oneself. In the perspective of procreating medically assisted, the demand for a child will be submitted to the organic thread, to a medical intervention. This technically shared perspective favors the identification of the lack of a child as a symptom, a sense which may, in its turn, cause a disease.

2.   Being a mother and being a father – the impact of infertility

As for the woman, we say that the expectation of maternity – that for years was destined for her as a natural desire – has been built as a pillar of female identity, coming from an instinct and identified as the way to plenitude. Such female model is until now, deeply rooted in the biological structure of the woman, being, thus, understood as a privileged access to maturity. Maternity is still, for the majority of women, seen as a natural desire, realization of a female project which existed and is updated in the present. So, to be considered "fully feminine", the woman must perform the mandate of being a mother – this perspective clearly shows us how mixed up are nature and society, when people do not differentiate them and believe in social imperatives as natural components of human being.

The valorization of procreation, however, is old, mainly in function of being considered, as we explained, an inherent need of women. Many peoples, since Old Age, valued women who were able to procreate, while the infertile ones were excluded, and being sterile was seen as punishment. The socio-cultural legacy of patriarchal societies, namely, the maternal ideal was proposed to a woman as the basis of her gender identity (to be a woman is to be a mother). Consequently, maternity became a gratifying role, because it is entrenched with this ideal.

A long time ago, the impossibility to generate biological children meant having to make use of an adoption process, being this the only way, beside the biological one, by means of which women were able to be mothers. The family was then constituted by a natural union between a man and a woman, and the woman was mainly responsible for raising the children.

In the 18th century, it was a woman's role to be a mother, a housewife, to be a husband's property, dedicated and responsible for the raising of children. At that time, women were considered unable to think and perform functions different from those that were ordered to them.

At the end of the 19th century and the beginning of the 20th century, the central idea was that a woman had been born to be a mother and it was her main duty to raise the offspring. After the First World War, with the high rate of casualties, maternity was praised. As time goes by, with technological advances in human reproduction, new perspectives have opened for women in relation to being a mother.

Maternity, however, is not a punctual question and needs to be understood in its complexity: it is a set of biological, psychological and cultural factors which may lead a woman to bring a pregnancy to its term.

Reaching the 21st century, in contemporary society, specifically in relation to women, we see that they are properly inserted in the labor/work market, discovering their personal and professional fulfillment and beginning to find satisfaction other than motherhood. Today's woman can choose to marry or not, has the right to exercise her sexuality, and more, with advances in medicine in relation to contraception methods, she can choose when to have children or not, opt to experience maternity/motherhood alone and have a child without the actual presence of a partner due to assisted fertilization techniques, which, long ago, was not possible.

For decades the contraception pill allowed women to determine when they wanted children. Nowadays, the assisted reproduction provides solutions for those who wish to have them but for some reason cannot conceive a child by natural means; or still, for those who are unable to formulate the desire to be a mother, postponing it indefinitely; or even to women who opt for an individual initiative which dispenses a partner.

In contemporary society, new paradigms force a review of female identity and also of her role in the family and in society. Women take on a more active participation: they enter the work market, rethink their sexuality, and as a consequence, delay the moment to become pregnant. She is now on another social layer, which means she can make choices about maternity: if (contraceptive methods), when (reproductive technologies), and how (still in study the artificial womb) she will become a mother.

Women nowadays can choose between getting married or not, they have the right to exercise their sexuality, and more: in face of medical advances in relation to contraceptive methods, she can choose when she wants to have children or not, she has the option of being a single mother without the presence of a partner, due to assisted fertilization techniques, which, some time ago, was impossible.

Thus, due to the intensity of changes, and in respect to the new roles of women, we are encouraged to ask: what is the role of women in post-modernity? What is her place in social and family context? How do we configure the questions of maternity in time of so many changes?

In general terms, people did not stop valuing the importance of maternity, but they discovered the possibility of new social roles. Having children is no longer the determinant role among those available to contemporary women. Having children is different from generating them, and in this sense, contemporary society has perceived the urgency to discuss the function of raising children by hetero and homosexual couples. Pregnancy is more valued under another angle, and so as having/raising children is a gesture debated as a personal choice, that is, it is not the exclusive constituent of the female identity and "mission".

The world has changed and with it the possibility of exercising maternity in different ways, which contributes, even, to questioning about what is - and what may be – to be a mother. Among some of these new possibilities, we highlight that when conception does not occur naturally, *in vitro* fertilization fulfills the desire for a child; for a woman who can't generate a child from her own womb, may use a "surrogacy"; the female homosexuals may make use of a sperm bank, in order to go through a pregnancy and maternity experience, and even the single women do not need a partner to have their child ("single mother").

Many women, in the conflict between personal and/or professional realization, that is, between maternity and other areas of their identity, know as they privilege one or other aspect, according to demands and personal desires that the attitude implies in severing the traditional female model. It means the elaboration of a fact which requires the review of expectations in relation to traditional female roles, undoing the myth of maternal instinct and accepting the fact that women's life may have varied dimensions, when society presents them with other options. There is, however, a difference between choosing not to have children and infertility.

If previously, single women, homosexual or those who could not have children were seen as incomplete and destitute of their femininity, as well as those who chose to be single mothers were considered "very liberal", since the 20th – 21st century, the value of a woman may have shifted to her personal and professional realization. This, however, does not prevent the female search for maternity; it only provokes the consideration of priorities, having in mind the personal and professional realization, besides recognition in the social context in which she is inserted.

Beside all these changes in the post-modern society structure, there still is a socio-cultural demand which qualifies non-procreation as abnormality. Hence, the feeling of emptiness and despair that sometimes invades a woman who cannot become pregnant by her own natural means, in opposition to the feeling of completeness which invades a pregnant woman.

For the vast majority of men, not being able to impregnate his partner tests his male role and identity, making him feel responsible for the impossibility of his partner to get pregnant. Because he feels powerless and threatened in his virility, he tries to hide this problem in his socio-familiar context. The near dissolution of the provider role - model of the patriarchal society of the twenty-first century - has left scars in man, in his virile condition; a child corroborates the lost status, it represents the maintenance of his name and surname. The emotional experience of infertility for a man is very distressing, since in our culture, one of the strongest signs of "virility" is precisely that of being a good procreator.

In this particular case, i.e., couples who recognize themselves infertile, when starting treatment, both male and female experience moments of great expectation on the results of assisted reproduction techniques. The high level of anxiety and expectation about the effects and outcome is foreseen, albeit momentary, during the treatment. For this reason this failure can generate strong emotional instability, feelings of frustration and anger; we also highlight that the isolation of social and family contexts are quite common during this delicate phase, which promotes conflict in different spheres that make up the human being.

Man, just as the woman, feels the stigma, marginalized for not impregnating his partner, since the child, in a patriarchal system, is a proof of power, virility. In this context, both experience the diagnosis of infertility as a loss, lack of power and ability to generate a child and carry on maternity / paternity.

Although the medical procedures are focused on women, regardless of finding the cause in one or the other, infertility can originate disorders in the body and sexual image of man. The feeling of "less" is devastating and causes the infertile men to feel guilty, often for situations occurred in the past: masturbation, promiscuity, licit and illicit drugs. In addition to these marks, many men feel pressured and stressed by the demands of scheduled days to have sex because of infertility treatment.

For various reasons, limited to the male social model, it is very difficult for a man to reveal that he is infertile. By keeping the issue of infertility in secret, the man does not rely on family and friends. This silence can cause an emotional burden that is often deposited in the marital relationship also because he "needs" his partner so that his secret is not revealed.

Specifically regarding the treatment of infertility, the phase of obtaining semen by masturbation at a prefixed day and time is an aspect often uncomfortable and many times embarrassing. Besides having his virility affected during this procedure, there is an increased anxiety because the man knows that if the semen is not obtained when required, the cycle will be canceled, which can cause episodes of impotence and the feeling of not being in compliance with what is expected of him. When his partner cannot get pregnant, the man does not know what to do with her suffering, feeling helpless. It is the doctor who becomes powerful at these moments, because he is the one who has the power to impregnate the man's partner. When the doctor comes in, a new character emerges to solve the problem that afflicts the man's wife. During the phases of the treatment, the man often feels excluded as the focus of treatment is the woman, even in the case of male infertility

3. Gender Issues

These issues of gender, the changes in the role of man and woman, which determine the experience of a situation of infertility, were so far related to a traditional heterosexual couple. Let us now consider other contexts, in which there is the desire to have children, that were made possible by new techniques of reproductive medicine.

These new ways of forming a family in contemporary society, are questioned by many authors about the exercise of paternal and maternal functions, as for example, in the same-sex families, single parents and, more recently, the families of transsexuals. These questions aimed at creating new paradigms on which to base an understanding of family diversity.

The gender issue also has a prominent place in these studies, since we can no longer avoid reflecting on the trends of the contemporary experience of male and female in the new family configurations, resulting from assisted reproduction. In this sense, one can say that the existence of new ways of being a father and mother leads to an openness to diversity and the need to learn to live with the different.

One of the biggest challenges for those who intend to work with the diversity of the family group, from the Assisted Reproduction Techniques, is to foster the coexistence of people in ways that they feel more comfortable, integrated in the context and productive. So it may favor a potential space able to provide each member of the marital couple the experience of aspects that are essential for the family to continue making its affective role of generating healthy individuals, regardless of how it is constituted.

Finally, today we can say that there is a revolution in gender roles, redefining what are a man and a woman. This revolution occurs more intensely with the help of medical technology, which allows people to forge themselves whatever the nature and the social expectation. For this reason, this is an ethical field, open to discussion. It's necessary to think of the desire of having a child by linking it to the possible consequences, not yet fully known, which arise from the changes offered by reproductive medicine. Having a child today is not just a matter of continuity, but of how to continue.

4. Given the demand/desire, psychological intervention and approach in an Assisted Reproduction Clinic

The psychological approach in the assisted reproduction clinic must suit each person and each couple according to their needs and the moment of treatment stage they are in. This perspective includes those who decided to interrupt or abandon treatment or even those who decided to opt for adoption or to live life without children.

Given the demand/desire of having a biological child and its difficulty/impossibility, the woman, man or couple in their meeting with biotechnology will transit through personal processes of high emotional intensity that must be accompanied by a psychotherapeutic work, with the objective to prevent the surge of emotional symptoms and make possible the elaboration of concomitant mourning during treatment phases.

These couples go through different phases during treatment. In each of these moments, they face the most stressful *stimuli* with different manifestations in different areas of functioning: emotional, social, family and couple. The goal of the psychologist is to build capabilities, using the mechanism of language, i.e., the language used by infertile people and finding the gaps in the dominant stories, reorganizing them as positive and significant elements. The role of the psychologist is to engage in the experience and meanings of those who consult him, whatever the way of expressing these meanings.

The psychologist who works with infertility can play an important supporting role by recognizing the pain, suffering and stress experienced during the treatment stages, from the striking moment of diagnosis until the pregnancy (when achieved). His focus centers on how much infertility affects the lives of infertile couples.

Highlighting the emotional aspects; objectives of the psychologist:

• The interruption of the ideal due to the impossibility to generate a biological child
• The impact caused by infertility in women
• The impact caused by infertility in men
• Evaluation of family pressure in relation to infertility
• The legitimating of feelings arising from the procedures for the donation of semen and / or eggs.

The target of the psychologist is to provide the couple – whatever - a place of support where they can talk and listen; expressing their doubts, fears and making decisions that do not always coincide with those of the other. This space is very important for the people involved in such experience so they can discover resources within themselves that they can use in times of great suffering and express feelings that are difficult to express with other people.

The psychologist must understand the meanings attributed to these experiences. The psychotherapeutic work provides a space in which the various grieves experienced by the couple, since the diagnosis, during the steps of treatment and its discontinuation, may be worked in order to reduce emotional distress and contribute to the effectiveness of the treatment. Focusing on the couple's dynamics, meeting these challenges and dilemmas, one works with the meanings arising from the diagnosis of infertility, the assisted reproduction practices and the consequences of insertion of third parties - the

medical staff, the invasive procedures, and, when they decide for gamete donation, the donors - during treatment. It is also worth remembering that the understanding of new family configurations, not only the single model of consanguineous marriage, but also the possibilities arising out of reproductive technologies in contemporary society (gay families, single parents, children generated by egg donation and / or sperm, the sons of transsexuals), is required by all those involved in this complex process.

A few decades ago, the ties of consanguinity and kinship were the parameters which defined the family configuration, but the advances in reproductive technologies, among other advances, have brought higher levels of complexity to the configuration of the family. The new settings, emerging from reproductive science, indicate that the family cannot be considered solely from the nuclear model of the parents with their offspring.

The continued progress of the mentioned science has generated a demand for new alternatives of social rules for family functioning. New forms emerge in biotechnology scenery, which try to meet the demands imposed by the diversity of households.

As we can see, this paradigm change, brought about by developments in Assisted Reproduction Techniques brings along new situations and opportunities, some generating complex emotional issues. Looking at the contemporary context and the spread of reproductive technologies constitutes a challenging task. One cannot disregard the control over the bodies and its implication/ involvement in the sexuality of infertile people. It is important to contextualize this moment of progress and evolution of humanity, considering the post-modern imperatives of reproductive technologies which generate new meanings, fragmented identities, freedom of choice and large space for the exercise of autonomy and, therefore, generate emotional conflicts and doubts.

Depending on the theoretical, individual, marital and group benchmark, we use a methodology to achieve these goals and, thus, the infertile couple will have better psychological conditions to face infertility treatment.

The couple being seen as a relational system in which events of the family life cycle (birth of a child, for example) are included, one considers that all the events and dilemmas that occur in their vital cycle are subject to processes that generate contextual meaning and sense. The events of the life cycle, its dilemmas and repercussions generate experience with meanings and senses.

The intervention in the systemic approach in biomedical contexts implies that the mobilization and the establishment of new meanings of the experiences narrated are processes that affect the dynamics of contexts. This contextual construction demand the psychologists to maintain an open, dynamic and flexible posture that allows the context to be promoter of the communication acts on which the couple can keep permanently meanings that allow them to present their dilemmas in a complex way.

Narrative therapy, as epistemological posture and intervention strategy, is one of the techniques used to work the complex dynamics of couples undergoing assisted reproduction, since it allows people to recognize and reframe their experiences, values and prejudices regarding infertility. The narratives being producers of meanings enable the psychologist to activate the individual member's own resources in particular and the dynamics of the infertile couple.

Narrative therapy is an approach which places people as specialists in their own lives. This approach presumes that people have many abilities, competences, beliefs, values, commitments, which will help them reduce the influence of problems in their lives. The word "narrative" refers to the emphasis which is placed in the stories of people's lives, and in the difference that can be made from a specific way of telling and retelling these stories. Narrative therapy involves ways of understanding the stories of people's lives and ways of recovering the authorship of these stories by means of collaboration between the psychologist and the people whose lives are being discussed. It is a way of working with who is interested in the story, in broader contexts which are affecting peoples' lives.

We would like to end this article with the words of Michael White, creator of NarrativeTherapy. As we understand it, the procedure combines the visible to the implicit, weaves story and silence. White teaches us: "Narrative Therapy is a connection of stories among lives, according to shared themes that speak of common commitments and a rich description of the contexts for the activities of telling and retelling and retelling the already retold.- Finally, a re-engagement of individuals, the healthy production of the alternative story of people's lives." (White, 1999).

References:

ASSUNÇÃO, Maria Madalena Silva de. (1994) The invisible traps of Magisterial: ambiguities and paradoxes of the primary teacher in every day school. Dissertação (Mestrado em Educação) – Faculdade de Educação, Universidade Federal de Minas Gerais, Belo Horizonte. (p.29-36).

DIAMOND, Ronny, Kelur, David, Meyers, Mimi, Scharf, Constance, N., Weinshel, Margot. *Couple Therapy for Infertility*. New York. The Guilford Press. 1999.

LOPES, Helena Prado. *Ser pai & Mãe no século XXI. Desejo aliado à tecnologia*. Rio de Janeiro: Bandeirante. 2010.

_____*Um bebê para Amar. História de um bebê que queria muito nascer*. Rio de Janeiro: Bandeirante. 2010.

SCOTT, Joan. História das mulheres. In: BURKE, Peter. (org.) *A escrita da história: novas perspectivas*. São Paulo, Unesp, 1992, p.64-65.

TUBERT, S. *Mujeres sin sombra. Maternidad y tecnología*. Madrid: Siglo Veintiuno, 1991

WHITE, M. *Religando-se com a história: o ausente mas implícito*. Adelaide: Narrative Therapy and Community Work Conference, 1999.

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IDENTITY AND PARENTS–CHILDREN'S RELATIONSHIP IN THE TRANSITION TO ADULTHOOD

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Identity and parents–children's relationship in the transition to adulthood

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The aim of this study is to discuss identity construction and the development of the self in the transition to adulthood, including parents' participation in this process. To understand those processes, we must consider that socialization is a universal process, but that follows distinct trajectories (Keller, 2007). Three main tendencies or trajectories can be observed, leading to diverse directions in the development of the self: interdependent self; independent self; and autonomous relational self. The last mode is characterized by Kagitçibasi (2007), taking into account the dimensions of agency and personal distance. In terms of agency, the self is autonomous, but the relation with others, especially the family, is preserved. The development of the autonomous / independent self is typical of urban, western educated middle class families. In the trajectory of development of interdependent selves heteronomy and relation to others are privileged, characterizing a proximal mode of relationship, characteristic of rural families with low educational and socio-economic levels. The development of autonomous-relational selves is typical of middle class urban educated families from societies traditionally interdependent.

The literature on parental beliefs and ethno-theories of Brazilian mothers (Seidl-de-Moura et al., 2009; Vieira et al., 2010) has indicated that mothers of Rio de Janeiro share a model of autonomy for their children, but they also believe in the importance of their relationship with others. A model of relational autonomy seems to be present. Thus, we can think that those trajectories will be reflected in identity construction across the life cycle, including the transition to adulthood.

Most of the studies discussing this topic are from western contexts, European or North American. In those contexts, with trajectories oriented mostly to the development of autonomous / independent selves, at this stage of transition to adulthood, the relationship between parents and their children is more oriented to equality than to hierarchy, modifying parental authority. Nowadays, the entrance in adult life is not linear or predictable. Love relationships, based on more fragile ties, the job market situation and the demands of an extended professional preparation do not offer guarantees of total independence from the parents.

Affective and work relations can be dissolved much easier than at the times of the parents of the youngster of today. Now there is the acceptance of the diversity and of the fluctuations present at all stages of the life cycle, especially at the transition to adulthood (Camarano; Leitão; Pasinato & Kanso, 2004; Camarano, 2006; Féres-Carneiro, 2005; Mitchell, 2006). This transition is marked by uncertainty, absence of definition and complexity.

Parents' role and responsibility change, faced by the unpredictability of their children's behavior and the time necessary to definite entrance in adulthood. This new situation, questions the traditional perspective of the family's life cycle of children leaving their parents' house, marrying and having their own children at the beginning of their youth, (Macgoldrick & Carter, 1995). Children's adolescence comes to end, but the parents continue to help the development of their emotional and financial autonomy. From adolescence to adulthood, parents maintain an important role in their children's development, influencing the transition period (Arnett & Taber, 1994; Sampaio, 2004).

Choices about life style can be limited or eased by different factors, such as personal and family resources, economic conditions, public policies, religion and cultural ideologies. Put together those factors can amplify the scope of behaviors that have to be restricted or freed (Guerreiro & Abrantes, 2005; Pais; Cairns & Pappámikail, 2005). At the same time, youngsters can be seen as active agents, capable to adapt or to change an institutionalized pattern. Thus, they have an important role in the process of changing the course of transitional behaviors. As social innovators, youngsters can redefine individual and social expectancies, planning the events and altering their behaviors and, as consequence, their own future (Arnett, 2000).

We should forget that there are differences between social classes and cultural groups, varying the duration and the way that young people live the transition to adulthood (Camarano et al, 2004; Camarano, 2006; Cerveny, 1997; Gitelson & McDermott, 2006; Guerreiro & Abrantes, 2005; Pais; Cairns & Pappámikail, 2005). Anyway, it is more cautious to conceive the transition as flexible, related to the singular answers and to the creation of solutions that transform the conditioning that comes from the context (social, economical and cultural).

Thus, changes in behavior characteristic of a transitional phase occur as answers to the adaptations and modifications both in the public realm (economy, education, work and technology) and in the private (emergence of new forms of family and transformation of gender roles). Those changes are also affected by demographic transformations (rising of life expectancy and reduction of fertility) and by the cultural contexts. The influence of all those factors confirms the absence of a stable picture, previously established, for the transition to adult age.

As a result of a historical-social transition that produces effects in subject formation, the children live a period of more autonomy, and, at the same time, they get nearer of their parents. As a consequence, the youngsters can adopt their parents' life styles and/or establish a relationship of more reciprocity and support exchange at various levels. A relationship more oriented to equality than to hierarchy, thus, developed, and this modifies the understanding of parental authority and/or parents' control of their children. However, things were not always this way. To understand what is happening today, a historical perspective allows the observation of the transformation of family and of the role of authority in its interior. In the history of modern western society, parental authority is transformed in affective authority.

Since the century XVIII, young people in western cultures, mainly European and North American, began to consider the sentiments in partner choice, devaluing aspects such as property and parents' desire. Affection becomes necessary between the couple and between parents and their children. Nuclear family takes on a moral and spiritual function (Ariès, 1986). According to Shorter (1995), this is the first sexual revolution, producing a "wave of sentiment" that makes the traditional family disappears, modifying the conjugal relation.

Solidarity sentiment emerges between the members of the family and it begins to be seen as a refuge from the public world (Lasch, 1991; Sennett, 1993; Shorter, 1995).

Based in this new social configuration, the modern model of family appears, characterized by emotional intensity and by the reduction of the number of members (being composed by parents and children only), and of the influence of the extended family and of the community. With the diffusion of equalitarian relationships, patriarchal authority, reinforced by the community, becomes intolerable, diminishes and it is transformed. Father authority is in opposition to freedom and to the autonomy of the individual. Besides, despite the power it confers to the father, it also restricts his freedom (Horkheimer, 1983; Romanelli, 1995).

Another transformation is the influence of the individualistic ideology on the family. The relationship between parents and children becomes a paradox, the parents submitting to the children's autonomy, frequently in conflict with their own authority. Respect is seen as a right for everyone and it is recognition that the individual, child or adult is a person. Children change their status, becoming partners of their parents, since it is acknowledged their negotiation ability and knowledge. The advance in the transformation of intimacy produces more proximity and interaction between parents and children, based on the understanding of the rights and emotions of each other. Construction of personality finds a place in the democratic experience of continuous negotiations of rights and obligations of (Giddens, 1993; Lasch, 1991; Singly, 1993; 2000).

The democratization of the family favors the ones that previously were dominated by the father's authority. Faced with the exacerbation of individualism that leads to the fluctuation of roles and of the personal identities, the fathers are lost. They lose space and see the legitimacy of their authority questioned (Hurstel, 1999; Romanelli, 1995; Roudinesco, 2003). The women are more prepared for this transformation and take on an authority role based on affection and on mutual understanding. Thus, they conquest more proximity of their children, and they become able to be a source of orientation to them.

Those historical transformations in those contexts mentioned above reflect in the situation observed today in urban contexts of western societies. From adolescence to transition to adulthood, parents are not seen as the ones who oppose to freedom and are seen as persons. Parents and children are close and see each other as friends. A more intimate and open relationship is established, with a sentiment of mutual respect, in which the information about life itself can be dosed, avoiding conflict. To maintain an intimate relation with their children, who become more independent, parents give up their hierarchical position and are a reference for their children's identity construction. Of course, becoming a reference which diminishes the power over their children does not mean that they have no influence over them.

Based on the historical transformations described, this study aims to discuss the distinction between the parents and children perspectives, and to understand how this relationship contributes to the construction of an adult identity. The members of this relation are closer and mutually influencing to each other, but they are in different positions. Most of the parents interviewed in a previous research (Ponciano, 2010), mention in a hesitant way this difference when they describe their children as friends. In the stories they narrate, however, they describe a situation in which there is a differentiated position of being counselors or advisors of their children, having an active participation on their decisions, offering emotional and financial support. To study the of interpersonal and intra-psychic process identity construction and the development of the self, we interviewed young people, highlighting the influence of the parents over them in their transition to adulthood.

We consider the dimensions of autonomy and interdependency and how they are

constructed along the ontogenesis and we assume that "healthy" development can take different forms of balance between those two dimensions in different cultural contexts. (Kagitçibasi, 2007). We try to understand identity construction as a phenomenon both individual and contextual. The model or trajectory of development that permeates our contemporary western urban societies is one of individualism and of valuing independence and autonomy over interdependency and relation with others. However, even in those societies, we can find the contribution of interdependency in subject formation. The socialization process is based in a paradox: the association of individuality and collectivity, of the self and the other. It leads to individuation and also to belonging and association with others (Markus & Kitayama, 1991). The perspective of person-in-context puts together both directions, understanding that individuals construct themselves in a context of relationships with the others, and beyond those relations, invent themselves in a unique way (Adams & Marshall, 1996).

Since identity construction has been predominantly discussed from the psychological development of the adolescent, it is necessary to create a comparative framework for understanding of the transition to adulthood, as a new stage of the life cycle. Erikson defines the development of identity during adolescence as a process of interactions of persons in a context, highlighting the important role of the people who surround the adolescents, recognizing, supporting and helping them to construct their identity (Erikson, 1987; 1998). Although the importance of context is recognized, it has been neglected by research in this area. More recently, however, there is a crescent interest, mainly in the importance of the family, especially the parents (Beyers & Goossens, 2008). The communication process in the family can support and stimulate the development of different points of view (individuality), facilitating the exploration of identity. Friends, school and work are also considered important contexts that offer diverse models and opportunities. Thus, the context influences and it is continuously influenced by the person development. Conflicts can emerge from the interactions, with the possibility of assimilation or transformation of identity (Bosma & Kunnen, 2001).

Emphasizing the family context, we consider that trough the life cycle, parents take on different roles in the care of their children. Parents' tasks are modified according to children's transformations. One of the decisive factors is the increase of autonomy, starting in adolescence and culminating at adult age (Garey; Hansen; Hertz & Macdonald, 2002; Macgoldrick & Carter, 1995). Quality of parents' work changes, but, in many aspects, after the end of adolescence, not the intensity, especially considering the extension of the period of transition to adult age.

In Developmental psychology there is a vast discussion of role of parents since birth, but, the discussion is reduced in the stage of transition to adulthood. Theoretical discussion and research are necessary to change this picture (Arnett, 2004; Gitelson & McDermott, 2006; Gower & Dowling, 2008; Sneed; Cohen; Chen; Johnson; Gilligan; Crawford & Kasen, 2006).

A distinction needs to made between the transition to adulthood studied by sociology and emergence of adult life, in which the psychological aspects are focused, less tangible than the demographic and social phenomena that contribute to transform an adolescent in an adult (Arnett, 2000; 2004). Such aspects are: to accept the responsibility of their own acts, to make decisions in an autonomous way and to be financially independent. Arnett (2000; 2004), delimitating the transition age range between 18 and 25 years, considers that the sociological aspects are not sufficient to the understanding of what occurs this moment, addressing the need of specifying the intrinsic psychological characteristics of this stage. To answer the question "What makes the emergence to adulthood different from adolescence and adulthood

themselves?" Arnett (2000; 2004) describes five characteristics:

1) The age of exploration of identities – the process of exploration of identities both in love and in work begins in adolescence and is intensified during the emergence of the adult, since in this period young people feel freer than they have ever been;

2) The age of instability – at the end of adolescence youngsters have a plan to follow until reaching adulthood. This plan, however, it is subject to several revisions as a consequence of various explorations. With each revision, the young person learns a little more about him/herself and He/she can clarify the type of future He/she desires. The lived instability generates some ruptures.

3) The age of self-centeredness – before assuming the responsibilities of an adult, the youngsters, because they have few obligations, take the opportunity to center in themselves learning to be alone as an self sufficient person. This is a necessary moment before commitments with others in love and work lives.

4) The age of feeling in transition – exploration and instability give this period the quality of transition between adolescence and adulthood. At this moment, the most important thing is to be in a gradual process toward adult life, trusting that one day he/she will be capable to assume responsibility for him/herself, make his/her own decisions and be financially independent.

5) The age of possibilities – this is a phase of much hope and of great expectations, even if the youngster has experienced many difficulties in his prior history with this family of origin. Carrying the legacy of his family, the youngsters have the opportunity to self construction, transforming their future.

The phase of adult emergence is the moment to explore identities and change the course of choices at any moment that new directions present themselves. The instability is part of his process and a price to pay while the decisions about the desired form one wants adult life to take. During this period, the youngsters center themselves on their personal objectives and in self development, maintaining intense relations with their parents and, frequently, still living with them. It is the occasion in which their own rules are constructed, going from parental to personal authority, at the same time that the influence of parents about the life style to be adopted is elaborated.

We have investigated the period of emergence of adulthood aiming to understanding and comparing the experience of identity construction of women and men and how they see their parents' participation in this process. We did interviews with participants between 18 and 25 years old. Besides the age criterion, we selected Young people with a project of academic/professional development. Our goal is to have a group of 24 participants, equally divided by gender, from different regions of the city of Rio de Janeiro. We are aware that we are focusing a specific group of subjects and, thus, we are going to identify a particular kind of trajectory. Rio de Janeiro is a big city, a urban contexts of a western post industrial society. To emerge as an adult in this context does not represent a universal trajectory.

So far, nine participants have been interviewed, four boys and five girls. Two are finishing high school, two are finishing college this year, four halfway the undergraduate course, and two who have a complete college education. The first interviews are being submitted to content analysis (Bardin, 2008). Following we present part of those initial analyses.

The first question is "What do you think defines an adult person?" The answers,

corroborating other studies of the literature, do not indicate the traditional social markers (do not live with their parents, to marry and have children). The criteria presented are subjective, as the ones found by Arnett (2000; 2004). The terms that appear as illustrated below are: independence, make decisions, experience and attitude.

> It is...I don't know, independence, a certain professional independence…having a job of my own, having a direction that you want to give to your professional life, like that, and …a little of this professional freedom and also a certain possibility of making decisions without having to have this thing with the parents, this thing of permission, I don't know…somewhat like that. F2 (22years old)

> What I think? It is...experience, isn't it? Dignity of the person…it is…for me, it is experience that makes that she is like that. It is (pauses) it is the experience…the time that she is experiencing each daily situation and she sees it is…facts that she is making wrong, getting it right and with time she follows a trajectory that makes her an adult. M4 (23years old)

> I think that a person becomes an adult in the moment that she has attitudes of an adult person. Thus, she acts as an adult person, both in the manner...how can I say, she has attitude of an adult person. Thus, for example , with the others she is a responsible person, she is a person who imposes herself, who is not lead by the others, yes… she does not depend on others, she depends only of on herself. F3 (22 years old)

The second question was if the participant considers him/herself an adult and why. The answers indicate that they are not certain of their adult status.

> I think that partially...I am not so autonomous, but I am very responsible. M1 (18 years old)

> Well, in certain things yes, in other things not. I know that sometimes I think, Äh my mother is going to do it, so I live it aside. However, in other things, no, I do it. F5 (22 years old)

The relationship with the parents is treated when we ask about what the are accustomed or not to talk with the father and the mother. Independently of gender, the mother is predominant in relation to the father, exerting the affective, being near ands orienting her children in regard to several aspects of their lives.

> Yes, My parents are more my friends than any other thing. Because I have a very good dialog with my parents. I have more with my mother. My father is more reserved. But, if I have a talk He talks too, but He does not give his opinion much. My mother no, my mother talks and etc. (…) There is no restriction…We talk about everything. If I have a problem at college, I talk, If I have a problem with boyfriend, I talk. F3 (22 years old)

> I have more affinity with my mother than with my father. My father talks too but my mother, we talk about everything, you get it? Sexuality, things like that, only with my mother, isn't it? With my father no (…) this does not mean that I do not love him. I like him, but with my mother I have a great affinity. M4 (23 years

old)

Final considerations

Identity construction is a process that occurs in context and follows socialization trajectories. We have focused in specific western urban trajectories, the ones that have been studied in regard to the emergence of adulthood. Studies that have been developed in Brazilian contexts suggest that a trajectory in which autonomy and interdependency are equally valued is present. In this context, the development of autonomous-relational selves is favored in this trajectory. At the moment of transition, the conquest of autonomy and the relationship parents-children are important dimensions for the psychological development and transformation of the youngster in adult. Thus we believe that it is relevant to study those two phenomena, understanding them as parallel: the construction of identity and the influence of the parents in this process, although they have difficulties in defining themselves in a hierarchical position. Due to the proximity between parents and children, the idea of conflict between generations has weakened. Children as equals contribute with their perspectives, forming and maintaining in functioning the family rules. They look up to their parents as sources of help and support to make love and work related decisions that define their identity. There is no more a predictability of behaviors, and the rules are not dictated from top to bottom, coming from an unquestionable authority. The family, composed by equals, is a context of development in which young people construct their identity, without the establishment of rigid boundaries. The way this process has been occurring, based on the experience of youngsters must be investigated and understood.

The interviews done so far reflect the diversity found in Rio de Janeiro, with participants from popular to high classes, revealing a point in common: the investment of the parents in the formation of those youngsters, identified them as people with a promise/debt to be fulfilled, answering the expectations of their parents about the future. They remain at their parents' home, confirming the evidences in the western literature about a lack of definition about what it is to be an adult and the weak presence of social markers for the entrance in adulthood. While they are in this transition process, which is characterized by the investment in the formation and construction of identity, exploring possibilities, they establish a nearer relation with their parents, conquering autonomy in a context that also values interdependency.

References

Adams, G. R. & Marshall, S. K. (1996). A developmental social psychology of identity: understanding the person-in-context. *Journal of Adolescence*, 19, 429-442.
Ariès, P. (1986). *História Social da Criança e da Família.* Rio de Janeiro: Guanabara.
Arnett, J. J. & Taber, S. (1994). Adolescence terminable and interminable: when does adolescence end? *Journal of Youth and Adolescence*, 23, 517-537.
Arnett, J. J. (2000). Emerging adulthood: a theory of development from the late teens through the twenties. *American Psychologist*, 55, 469-480.
Arnett, J. J. (2004). *Emerging adulthood: the winding Road from the late teens through the twenties*. New York: Oxfor University Press.
Bardin, L. (2008). *Análise de Conteúdo*. Lisboa: Edições Setenta.
Beyers, W. & Goossens, L. (2008). Dynamics of perceived parenting and identity formation in late adolescence. *Journal of adolescence*, 31, 165-184.
Bosma, H. A. & Kunnen, E. S. (2001). Determinants and mechanisms in ego identity

development: a review and synthesis. *Developmental Review*, 21, 39-66.

Camarano, A. A.; Leitão, J. M.; Pasinato, M. T. & Kanso, S. (2004). Caminhos para a vida adulta: as múltiplas trajetórias dos jovens brasileiros. *Última Década*, 21, 11-50.

Camarano, A. A. (Org.) (2006). *Transição para a vida adulta ou vida adulta em transição?* Rio de Janeiro: Ipea.

Cerveny, C. M. O. (Org.). (1997). *Família e Ciclo Vital: nossa realidade em pesquisa.* São Paulo: Casa do Psicólogo.

Costa, J. F. (1989). *Ordem médica e Norma Familiar.* Rio de Janeiro: Graal.

Erikson, E. (1987). *Identidade: juventude e crise.* Rio de janeiro: Guanabara.

Erikson, E. (1998). *O ciclo de vida completo.* Porto Alegre: Artes Médicas.

Féres-Carneiro, T. (2005). Conjugalidade dos pais: possíveis influências no projeto de casamento dos filhos. In: *Anais do Simpósio Nacional de Psicologia Social do Desenvolvimento*, Vitória, UFES/Unb/UFPE (PROCAD), 89-99.

Garey, A. I.; Hansen, K.V.; Hertz, R. & Macdonald, C. (2002). Care and kinship: an introduction. *Journal of Family Issues*, 23, 703-715.

Giddens, A. (1993). *A transformação da intimidade: sexualidade, amor e erotismo nas sociedades modernas.* São Paulo: Editora da Universidade Estadual Paulista.

Gitelson, I. B. & McDermott, D. (2006). Parents and their young adult children: transitions to adulthood, *Child Welfare*, 85, 853-866.

Gower, M. & Dowling, E. (2008). Parenting adult children: invisible ties that bind? *Journal of Family Therapy*, 30, 425–437.

Guerreiro, M. D. & Abrantes, P. (2005). Como tornar-se adulto: processos de transição na modernidade avançada. *Revista Brasiliera de Ciências Sociais*, 20, 165-212.

Horkheimer, M. (1983). *Autoridade e família.* Materiais Críticos: Lisboa.

Hurstel, F. (1999). *As novas fronteiras da paternidade.* São Paulo: Papirus.

Lasch, C. (1991). *Refúgio num mundo sem coração. A família: santuário ou instituição sitiada?* Rio de Janeiro: Paz e Terra.

Kagitçibasi, Ç. (2007). *Family, self, and human development across cultures: Theory and applications.* Mahwah, NJ: Lawrence Erlbaum Associates.

Keller, H. (2007). *Cultures of infancy.* Mahwah, NJ: Lawrence Erlbaum Associates.

Macgoldrick, M. & Carter, B. (Orgs.). (1995). *As mudanças no ciclo de vida familiar.* Porto Alegre: Artes médicas.

Markus, H. R. & Kitayama, S. (1991). Culture and the self: implications for cognitions, emotion and motivation. *Psychological Review*, 98, 224-253.

Mitchell, B. (2006). Changing courses: the pendulum of family transitions in comparative perspective. *Journal of Comparative Family Studies*, 37, 325-343.

Pais, J. M.; Cairns, D. & Pappámikail, L. (2005). Jovens europeus: retrato da diversidade. *Tempo Social*, 17, 109-140.

Ponciano, E. L. T. & Féres-Carneiro, T. (2003). Modelos de família e intervenção terapêutica. *Revista Interações*, 8, 57-80.

Ponciano, E. L. T. (2010) *Pais de jovens: responsabilidade parental e transição para a vida adulta.* Relatório de pesquisa: FAPERJ.

Romanelli, G. (1995). Autoridade e poder na família. In: Carvalho, M. C. B. (Org.). *A família contemporânea em debate* (pp.73-88). São Paulo: EDUC.

Roudinesco, E. (2003). *A família em desordem.* Rio de Janeiro: Jorge Zahar Editor.

Sampaio, D. (2004). *Inventem-se novos pais: construindo uma relação mais sólida e confiável entre pais e filhos.* São Paulo: Editora Gente.

Seidl-de-Moura, M. L.; Targino, T.; Nahum, K.; Cruz, E. M.; Amaral, G.; De Marca, R. (2009). Parenting cultural models of a group of mothers from Rio de Janeiro, Brazil. *Spanish Journal of Psychology*, *12*, 506-517.

Sennet, R. (1993). *O declínio do homem público*: as tiranias da intimidade. São Paulo: Companhia das Letras.

Shorter, E. (1995). *A formação da família moderna.* Lisboa: Terramar.

Singly, F. (1993). *Sociologie de la famille contemporaine.* Paris: Éditions Nathan.

Singly, F. (2000). *Libres ensemble: l'individualisme dans la vie commune.* Paris: Éditions Nathan.

Sneed, J. R.; Cohen, P.; Chen, H.; Johnson, J.G.; Gilligan, C.; Crawford, T. N.; Kasen, S. (2006). Gender differences in the age-changing relationship between instrumentality and family contact in emergin adulthood. *Developmental Psychology*, 42, 787-797.

Vieira, M. L.; Seidl-de-Moura, M. L.; Mafioletti, S. M.; Martins, G. D. F.; Tokumaru, R. S.; Lordelo, E.; Oliva, A. D. & Keller, H. (2010). Autonomy and interdependency: beliefs of Brazilian mothers from State capitals and small towns. *Spanish Journal of Psychology*, 13, 816-824.

COMMUNICATION WITH WHALES AND FAMILY SCENES IN SELF-CARE PRAXIS

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Communication with whales and family scenes in self-care praxis

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1. Introduction

The paper is based upon the experiences of Whale Therapy by Mónica Zuretti and her team (Cristina Moreira, Paula Echaniz, Felicitas Mira, Norma Cáceres…), leading to worldwide interconnections in the virtual network *RED LUZ DE BALLENAS*. I used audiovisual materials on whale behavior as a warming-up with self-care groups, looking for their influence on the emergent family scenes. The experience was developed during the „Bicentenary Psychodramatic Encounter RENOSUR PSICODRAMA, August-September 2010', with training centers in Costa Rica, Chile, México and Spain. It was online presented in a session of the „First Sociopsychodrama Encounter *"Light finds it way",* Patagonia, Argentina, September 2010', and again in a Round Table on *"Therapeutic Experiences with Whales and Dolphins",* in the „VIIIth Iberoamerican Congress of Psychodrama, La Habana, Cuba, May 2011'. The original materials on Whale Therapy can be found at http://www.ballenoterapia.com.ar. The groups or families work, after having watched or made contact with whales, with the arisen evocations and scenes. The workshops deal with traumatic/troubled scenes from the personal biography -could be family, couple, social or professional scenes- analyzing how certain signals sent by the whales work as symbols activating the connection with self-resources, that is, as spontaneity initiators facilitating role re-apprenticeship. The goal is therapy and self-knowledge. The method used is classical psychodrama framed into the Role Theory. Traumatic actions are rehearsed in a secure context within a therapeutic process that allows for the correction of their consequences. The warming-up always includes the contact with whales as an initiator, the choice of the subject and the protagonist. Drama consists on specific warming-up, to get ready for action, focusing the roles that lead to the node or original scene, the encounter with such scene, its understanding and emotional correction into action through the integrative catharsis, the discovery of new spontaneous creative possibilities from the new scope and, for closure, a scene including present and future. Closure is the moment when the group participants, sharing their experiences with the protagonist and among them, find the way of comprehension and cooperation. A final stage of technical comments on what happened during the session can be added.

2. RENOSUR PSICODRAMA Self-Care Groups

They are 3 to 12 hour-lasting workshops designed for supervision and self-care praxis with professional syndromes in helping fields.

Proposal:
This workshop aims at the analysis of the mutual impact between the personal and the professional life of psychotherapists (and other helping professionals), searching ways for the exploration and working out of the role clusters and scenes in both spheres.

Objectives:
- To create a space for the exploration and expression of the feelings related with the professional role and its interweaving with the personal life.
- To facilitate insight on the role learning processes.
- To develop relationship analysis and intervention skills in the personal and professional spheres.
- To facilitate the integration of the different experiences in the group dynamics.
- To underline the importance of this kind of apprenticeship in the helping professional training and to emphasize the need for self-care and supervision.
- To prevent Burnout and other professional syndromes of psychotherapists and helping professionals.

Methodology:
We look for the development of self and interactive dynamics analysis and intervention skills in the different stages of the helping professional life: couple, family, social group and work environments, analyzing the overlap between family, social and professional roles and scenes. We review theoretical and technical issues, experientially working with the group dynamics and the scene chaining evoked by the participants. We do role and scene explorations with sociometric tools, couple and family tests, and professional syndromes and self-care questionnaires. We use psychodrama and structured warm-ups (directed exercises) to work, with a systemic and narrative approach from the integration of „Psychodrama and the General System Theory' as a frame, the scenes in the group emerging from the personal biography and case reports from the professional field. The goal is to train helping professionals in the application of diagnostic and therapeutic tools for the intervention with couples, families and groups in their different typologies, simultaneously offering an opportunity for self-care and supervision of the difficulties in their professional praxis, maybe rooted in the personal and family biography. We supply structured protocols to guide the procedures. All these materials can be downloaded from: http://fidp.net/node/1071 http://fidp.net/node/1245

Program:
- Introductions, group integration and warming-up
- Theory presentation
- Exploration of needs, roles, atoms and scenes
- Directed warm-ups (Chiron, Whales…)
- Psychodramatic/Sociodramatic work with chained scenes
- Sharing and Processing of the experience

3. **Processing:** the groups are usually warmed-up with the myth of Chiron, looking for the healer's injury. We added the whale materials in search of Portnoy's (1996) self-care advises in the spiritual field (contact with nature and animals, among tohers).

3.1 <u>Work materials.</u> Videotapes are pre-selected with concrete goals and criteria:

- sensitization: general information on whale watching.
- relaxation: defence dropping and communication opening.
- scene evocation: birth, family and social relationships.
- exercise closure and dramatizations.

The participants must record their feelings and the scenes they evoke while watching the videos in order to work common issues in subgroups searching the emergent.

3.2 <u>ICOPSI Costa Rica</u> (August 21st 2010 14:00 to 17:00): I comment on the importance of including personal psychotherapy in the training of helping professionals and self-care praxis during the exercise of professions in risk of suffering from emotional burnout, vicarious trauma, etc. Such experiences involve the intervention on professional scenes chained with roles and scenes developed from the family history along the personal biography. We explore the relevant roles of the group members from Moreno's Role Theory as a frame, drawing the social, professional and family atoms in their present situation and in the moment where they chose their profession (most of the group participants have training or professional bonds but not all of them). We search for the influence of the others in our own reactions, how we interact with the meaningful people in our environment and whether there exist parallelisms, that is, recurring scenes and characters, in the different spheres. The group members are asked to walk in the room looking for their inner feelings related with any significant findings, painful and recurring unsolved scenes. Suffering is localized on a body part and pointed. We read the myth of Chiron the centaur, the injured healer: he was Asclepius' –the God of Medicine- tutor and he could heal every disease, but he could not heal his own injury from an arrow accidentally thrown by Herakles with the Hydra's poison, which produced to him an unbearable pain, so he finally decided to die, giving up the immortality the gods had given to him as a gift for his wisdom in favour of Prometheus, and was honoured with the Sagittarius constellation. The metaphor is that, as helping professionals, we try to solve other people problems but we have our own injuries that we can not self-heal. We look for participants in the group with a similar injury pointed in their bodies and similar feelings expressed in their soliloquies. The subgroups with a common injury share and identify a personal illustrative scene. The following step would be to sociometrically choose the more representative emergent in every subgroup and, among them, the group protagonist with a personal scene to work into action with psychodrama. Or, instead, to work group scenes with sociodrama. In any case, coping options need to be found and the participants usually share their identifications and feelings, reflect on the acquired learnings and we technically process the experience. But, due to time limitation in this 3-hour group, we watched the whale videos, explained their group and family behaviour and interactions with human beings, and listened to Enya's song *"The Book of Days"* –its words talk about travelling together overcoming difficulties. The participants are asked to comment on their experiences during the video presentation, trying to explain what happened with the arisen scenes after the initial warming-up. Instead of working those scenes into action, we tried to find whether the video whale watching helped them to somehow process the conflict. This is what happened to the 10 group members.

Emerging scene from Chiron warm-up	Processing after video whale watching
1. Fear.	Feelings of distrust, loneliness and need of self-protection.
2. Support of other people, overload,	To stop postponing the own needs, seek

retention.	your own space (in water), go back to swim.
3. Load in the eyes, sacrifice.	To breathe again, physical release, peace.
4. Feeling trapped, self-judgement.	To learn how to keep on, unblock.
5. Breathlessness.	Freedom, immensity, depressurize when breathing, peace.
6. Emptiness.	Distress with the sound of desperate cries, suffering.
7. How I move.	To travel around the seas, jocular sounds, to walk in calm, a voice saying *"come on, come on"*.
8. Contrast free space vs. invasion of space with hostage capture.	Everything at its proper time, from the initiation, the journey travelling at different paces in every stage, acceleration, culmination and the happiness reached at the end of the trip.
9. Insecurity.	Remind of my little dog's adventures, why not Dog Therapy?, need of going back to practice Yoga.
10. Emptiness.	To relax tension, like the little whale, who was trapped and rescued by her daddy, they talk and escape.

It seems that most of them become aware of their needs and get some idea on how to fulfill them. This time the videos were not used as a warming-up (like in Zuretti's groups) but they rather work as a vicarious scene setting of the conflicts evoked with the myth of Chiron, facilitating the search of solutions. I explain that the videos show scenes of birth, breeding, training, cooperation among males for mating (they do not compete for the female), herd travelling, looking for the encounter with human beings... The encounter between whales and human beings produce intense emotions and the revival of scenes rooted in the personal biography. They help us to connect with the different dimensions in the universe and with our resources and to heal deep suffering (according to a Mapuche myth). The different issues lead us to the successive role development stages (psychosomatic, family, social...).

After having listened to every stories, they received instructions on how to go more deeply into this experience: comparing the atoms they drew at the beginning to identify recurring characters and roles in the different spheres of relationships which do not work to solve the conflict (they seem to find this kind of insight); working with those characters and roles into action, using the psychodramatic techniques, analyzing how those bonds were established, why and how they appear again in different stages and phases of our life (reviewing the family history where they were developed), and searching for optional more functional roles with the help of the group (dramatic multiplication). The goal is to learn how to choose the proper travelling-mates (those

who promote mutual self-care) and how to replace confrontation with collaboration, following the whale model. The proposal finishes with an invitation for future experiences.

3.3. <u>Chile</u>:

PUCV Viña del Mar (August 27th 2010 9:00 to 18:00)
Warming-up: After the theory presentation, we explore the group sociometry (not all of them know each other), needs, roles, atoms and scenes, and work with the myth of Chiron. Soliloquies in the subgroups express fatigue, loneliness, abandonment, guilt, burnout, self-exigency, sadness, pain… They share their scenes and look for the common issues: linking/detachment, confusion-vulnerability, protection/deprotection, abandonment, violence. They watch the whale videos and share their individual scene processing, resulting emotions of peace, calmness, contention, anger in front of injustice… The negative feelings usually turn into liberation, calm, joy, cure…
Action: We work with a protagonist, chosen by the group among 4 candidates, with a scene from childhood: when she was 7-8 years old, her mother repeatedly wanted to commit suicide. She wanted her to succeed in doing so, she was very tired. She cries calling her mother and expressing her fear. Doubling from ego-auxiliaries help. Her sleeping father -on the stage- ignores the situation, but he is aware. In role reversal, she asks for father's help and puts herself in mother's shoes. She wants to help mum to feel better, express exhaustion in soliloquy. The director asks for her needs and she finds her elder sister to receive protection and help with mother. The sister used to be in the protagonist's situation before. When mother's sadness relieves, she feels angry. We try to re-create the scene. Father and sister must contain mother, with successive role reversals among the characters on the stage and doublings to support the protagonist and help her to observe her scene. She demands her sister to play together, they do, and tells her father about her fatigue asking for his caring. She succeeds, she is able then to more assertively talk with mother expressing her distress and needs. Mother is surprised. The characters finally reach a warm and close interaction: father with mother, sister with sister. The protagonist felt she is not good at holding back clients: *"I want to help but I don't like crying".* She is asked to hold someone else's cry after this experience. We play a new scene from work: a colleague needs to be held back but the protagonist is not going to listen to her. She is able to receive the demand setting limits and giving priority to her need. This allows her to feel free.
Sharing: They comment on their identifications and feelings. We close with vignettes the emerging scenes of the other group members who wanted to work as protagonists too. One of them, who played the protagonist's sister and had a sick mother as well, wanted a hug from her trainer, who reminds her of her father. It was very useful for her that the protagonist clearly expressed her need. She is prompted to do so with her father. Another candidate to action, who came with a motherhood scene, feels ready to go back home and enjoy her family. Another one, who left the stage in favour of the protagonist, feels very satisfied with the work done vicariously. We explore the role dynamics among the ego-auxiliaries on the stage, clarifying communicational misunderstandings, which results helpful to return to real life. We di-role the characters and close with a farewell ceremony where everyone express what they keep from the experience.

EDRAS Santiago, Chile University (August 28th 2010 10:00 to 18:00)
Warming-up: The same introduction and explorations. This is a pre-united ongoing training group (Dramatherapy), so the participants do not need to work for integration.

The subgroups with common issues and injuries share their emerging emotions and scenes.

Group I - Throat: breathlessness, the untold, abandonment, repressed feelings.

Group II - Back: pain, load, emptiness, loneliness, anger.

Group III - Hands: repression of complaint.

Group IV - Chest: pain, beat, loneliness due to deception, father, fear, abandonment, lack of reciprocity.

Group V - Stomach: retention, to keep, to accumulate.

They watch the videos, having been told about the whale behaviour and dynamics (with the Role Theory as a frame), and comment on what happened to their scenes. This is what they mention: relieve, transformation, pleasure, unblock, harmony, fluency, dissolution of anxiety, fear, fascination, peace, calm, vomit to clean, oxygen, revival of childhood, liberation, family clan, need of contact, missing, overcome, trust, guidance, protection, healing, freedom, solitude, resolution, relaxation, cleaning, hypnotize, in concert… This experience is designed to re-create our bonds. The need of the group is assessed and they choose a sociodramatic work to test the group creativity.

Action: Group Story. Characters and issues: supermarket shopping trolleys, territorial fights, confrontation, escape, encounter, rescue, adventure, collaboration, sun, sea, wind, waves, water, flood, whales, predation, subsistence, shipwrecked people, trapped miners, Mapuche protest in defence of dolphins, island to explore, treasures, money, provisions… acts of solidarity and sharing of space. Every participant choose a character and they make groups of common characters, creating an sculpture. Soliloquies: joy, happiness, adventure, trip, camouflage, hunger strike, origins, flexibility, union, pleasure, freedom claim, protest, nostalgia of childhood, justice, change, life… The sculptures can move and interact: the waves dance together, the Mapuches go on a hunger strike, the trolleys develop different personalities and become a train, while other characters wander and interact, till the director tell them to freeze an image in this plot and ask for soliloquies on their feelings and searches: now, they talk about their needs, lacks and fears. They finally must find where they want to go (which is their need) and what to do to succeed. They identify their wishes and feelings in the new destination, they then leave and meet the group again in a circle.

Sharing: they are invited to share the personal process within the group process. Most of them comment on the dynamics, emotions and changes experienced from the roles they played, associating with events of their own lives. Analysis of their choices and options was facilitated to get insight into the needs they must care and how to do it (individually, in group, with family…). Several family dynamics and personal developments or experiences of binding, maturing, overinvolvement, withdrawal, liberation, absences, losses… are commented. Some of them returned and revived childhood. It is observed that they do not mention the couple relationships. They confirm a positive transformation of the troubled scenes, based upon the insights and role training with the whale reference model: overcome of lethargy, stereotypes, sadness, overinvolvement…, body following, enjoyment, cleaning, liberation, support, helping rebelliousness, retirement, anxiety, ambivalence, disconnection, breaking structures, unconscious acts, catharsis, complement, nodes, protest, management of friendship and solitude… Technical processing of the workshop and farewell.

4.3 EEPCM and Chuhcan México (September 2nd 2010 17:00 to 21:00):

Warming-up: Sociometric exploration, pre-united group due to training and professional bonds. Explanation of the workshop proposal, Role Theory, whale dynamics and self-care spheres following Portnoy (1996): emotional, physical,

economic and spiritual (Whale Therapy cares for the connection with nature and animals). Exploration of roles and atoms. Myth of Chiron. Subgroups share their scenes looking for emotional support. Time limitation does not allow for a psychodramatic work into action. Comment on the common issues: parents load, expectations in the role of mother, violence, expectations and healing of the family history, soul caring against the family decree.

Action: From the individual scenes and keeping contact with the supporting subgroup, they watch the videos and analyze the scene transformations.

Emerging Scenes	Process
Expectation of professional recognition in a secure place.	To flow, to rationalize mother, anxiety in the group situation reminds the adolescent insecurity.
Daughter supporting mother.	Well-being with died mother, no need to fulfill expectations, the group gives power to keep on working for well-being.
Mother and Father together, the family load even after mother loss, who did not agree the professional choice, burnout and lack of energy in work environment.	Sadness, nostalgia of mother, confusion in the water, where to go?, feeling of devaluation due to wrong job choice.
Making decisions alone, mother determining the professional choice, regret.	Accompaniment, looking for closeness and contact, to be where one wants to.
Family violence between mother and daughter, bulimia, hospital admission with feeling of abandonment by parents compensated by the presence of grandmother.	Mother whale is a shark, need to break the ice in the body, not allow for more injuries, go to where one wants to and come back as a personal choice, to emancipate and return with the feeling of being able to relate to parents after all.
To study Psychology, parents' frustrated vocation, hyper-responsibility, family load on shoulders.	Whales around the ship looks like an extension of parents, need to simply breathe and swim, in plenitude, as a human being, the family history is not heavy anymore, to flow.
Professional choice determined by a caring uncle who takes the father role after father suicide.	Lonely whales, whale couples, male whale attached to father remembers learning from father, lack of connection with mother, darkness during adolescence due to lack of an authority figure and drug consumption, parents together, mates travelling together towards light.
Painful admission to the academic environment due to lack of integration into the group, cry alone, how could whales help?, unimaginable, impressed.	Whale singing causes fear, anxiety, the group accompaniment calms down, parent-children scenes give comfort, trust allowing to emancipate from parents, pleasure, satisfaction, music produces nostalgia, tenderness, the pleasure of independence.
Traumatic memory of a violent scene in a	She can not watch, wish of video

group demonstration, to study Philosophy in order to understand human beings, a species she does not belong to, she does not trust, violence threats everywhere, efforts to trust again without feeling broken at every step, to feel in the midst of an hurricane, like a beam of light near to explode, violence, loneliness, how to trust again with the support of the training group matrix.	presentation interruption, a little whale, parents, many whales, fear to contact the group and the world.
When comparing the atoms, insight into the fact of not being integrated in any group anywhere, does not want to carry the "crazy people" (family, patients), look at, work with and accept oneself.	Air, look for breath, jump, taking energy, accompany.
Family decree: an aunt announce that her destiny is to have 5 children and 10 men, she devotes all her life to transgress the decree and finally discovers that she does wish her own family, she has been alone and lost a lot of time without meeting people and enjoying life.	Why do whales cry? To listen to their crying. What causes my suffering?
To study Psychology against died father's wish, an economist, to follow mother who always showed indifferent, while being cared by the other women in the family.	Efforts to break this pattern in her role as a mother, try not to let the family prophecy to fulfill (she would not have an stable relationship nor would be a good mother), the whale calf is supervised at distance by mother who does not rush, the two fins of the child remind the partner collaboration in breeding, she is not alone.
Recent holidays with children, enjoying, happily swimming.	Contact with nature, peace, relaxation, rest, pleasure, individual scenes and all together, get rid of leadership and care for oneself.
Looking for the lost brother.	The whale cry evokes loss and need of male attachment figures.

Sharing: The group participants comment on the evoked scenes, many of them focused on the family expectations about their professional future and how some of them followed the family wish while others rebelled against it. They express very intense emotions about (traumatic) memories and family bonds. The intention is to get insight into the non-working recurrences, the own needs and how to deal with them, gaining assertiveness in this process. The closure ceremony consisted on a circle where everyone throw their need and express how they will try to fulfill it. Some individual momentary demands are satisfied (hugs, closeness, distance…). While processing the experience, they develop a more ludic interactive dynamics (like playing whales), using their bodies and movement to share. Most of them conclude that they need to look more after themselves and express their intention to do so. Theoretical and technical processing of the workshop, suggesting to follow the whale model of interaction for conflict management (from confrontation to collaboration). The group matrix gives the

necessary support and resources. The work continued next day in a new training workshop on Couple and Family Psychodrama, where they could work their scenes and relationships into action.

4.4 <u>Conclusions</u>

The different groups worked according their peculiarities, such as having or not a common trajectory with more or less united bonds and particular dynamics, requiring the sociometric warming-up or focusing more directly the scenic work, number of participants, size and physical conditions of the working room, audiovisual means availability, lasting of the workshop…, determining a psychodramatic or sociodramatic approach of the evoked scenes, always going through the vicarious dramatization of whales as a model of behaviour and interaction. Sharing of the experiences support the idea that the videos lead to the revival of the family history, whose processing produces insights into the wished and rejected roles along development and into the proper trajectory, gaining in many cases relief of disturbing emotions and the perception or even training of the necessary skills for a better evolution. In self-care RENOSUR groups, we detected certain differences when the participants just listened to the sound of the whale singing or, also, could see the images. It seems that just listening without images leads to more regressive states and more distressing emotions (more frequently expressed by participants who could not o did not want to see the screen, or in moments when only the audio without the video was played). The images seem more relieving, they make the energy of the repressed emotions flow again. The whale social and family behaviour is used as a model to re-matrix more adaptative roles.

REFERENCES

Filgueira Bouza, M.S. (2008 Sep 30). Taller: La vida personal del psicoterapeuta. http://www.trastornosdisociativos.com/documentos/Taller%20vida%20personal%20del %20psicoterapeuta.pdf

Filgueira Bouza, M.S. (2008 Oct 20). Psicodrama con Parejas y Familias, Autocuidado y Supervisión. Protocolo de Formación e Intervención. http://fidp.net/node/1071

Filgueira Bouza, M.S. (2009 Sep 4). Autocuidado para Profesionales y Conflictos del Rol Profesional. http://fidp.net/node/1245

Filgueira Bouza, M.S. et al. (2010 May 3). Encuentro Psicodramático del Bicentenario: Programa de Cooperación Internacional RENOSUR. http://fidp.net/node/2134

Filgueira Bouza, M.S. (2010 Sep). Protocolo de Formación e Intervención: Psicodrama con Parejas y Familias. Autocuidado y Supervisión de Profesionales. La Hoja de Psicodrama, 18(58), 20-31.

Filgueira Bouza, M.S. (2010 Sep). Burnout y Síndromes Profesionales del Psicoterapeuta. Propuestas de Autocuidado con Psicodrama. La Hoja de Psicodrama, 18(58), 32-41.

Filgueira Bouza, M.S. et al. (2011). Psicodrama y Ballenoterapia en los Grupos de Autocuidado RENOSUR 2010. En: Mesa-Redonda "Experiencias Terapéuticas con Ballenas y Delfines.- Red Luz de Ballenas". VIII Congreso Iberoamericano de Psicodrama. La Habana, 14 a 19 Mayo 2011.

Filgueira Bouza, M.S. (en imprenta). Burnout y Síndromes Profesionales del Psicoterapeuta: Propuestas de Autocuidado con Psicodrama. En: Torres Gody, P.H. et al. Universidad de Chile.

Portnoy, D. (1996). Overextended and Undernourished: A Self Care Guide for People in Helping Roles. Hazelden. Center City MN.

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QUALIFICATION OF ARTISTIC GROUPS FOR THE CONSTRUCTION OF RESILIENCES COMMUNITIES

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Qualification of artistic groups for the construction of resiliences communities

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Abstract: Work with artistic groups in the quarters Guamá and Terra Firme, in Belém-Pará-Brazil. In the generality each artistic group is formed by integrant of a family and friends what it results in informality, but also as generating space of resilience. From the proper organization of the groups action is developed that can contribute for a theoretical conscience in the involved groups and assure participation and creation of new mechanisms of mutual cooperation. The quarters Guamá and Terra Firme add together about 230 a thousand inhabitants (IBGE, 2007); they are considered violent and they do not appear in the media for the wealth of its cultural manifestations. For the identification of the groups joint with institutions of culture of the state and the city became; visits in I lease to the addresses of reference of the groups; meetings weekly with the leaderships, but opened for other members and colleges student; application of the questionnaire of scale of social resilience to the leaderships of the groups; monthly assembly with invocation for the members of the groups. One of the results was to the organization of 1th. Meeting of Artists and Cultural Producers of the Guamá and Terra Firme. Keywords: Social Work; Culture; Art; movements of popular culture; communitarian leaderships; Work of Group

Introduction

The project Guamá and Terra Firme: The residence of artists is consequence of research in movements of popular culture of the district of the Guamá, especially in groups of boi-bumbá, whose leaders demonstrate knowledge on the situation lived deeply in the process of cultural resistance. The research indicated the necessity of social intervention to strengthen practical artistic as the generating ones of resilience before the adversities lived deeply in the community. In the generality the leaders of the groups do not possess a fiche of registration of the integrant ones of its groups, with data as name, age, sex, address, telephone; the ones that has some form of control on these data if restrict to the name and age, with the justification of that the great majority is member of one alone family and/or deferred payment in the neighborhood.

The districts, that together add a population of 230 a thousand inhabitants, equivalent the average Brazilian cities, do not have spaces multipurpose that they facilitate to the meeting for assays and socialization between the generations. The leaders whose yards had not yet been busy for construction of housing of its descendants use them for meeting and assays. In the June month the groups habitually are contracted to be presented in tourist points of Belém for institutions as Fundação Trancredo Neves - CENTUR, Fundação Cultural de Belém - FUMBEL and Secretaria de Cultura do Pará - SECULT, receiving payment, however, 100% of the interviewed ones complain in the delay in receiving the done payment and with a series from discountings of taxes. Beyond the investments of the leader and the payment of the payment, the groups count on the aid of its integrant ones in the confection of the clothes, collection of mounts of money by means of raffles, bingos and aid of friends.

They say that, at the moment where if they present the public, they are moved by the love that they feel what they make and for the joy that infects the ones that sanctions the presentations. They ponder that, mainly the groups oldest, have recognition in Belém, are respected by the public, however they consider to have loss of space and they do list some causes: contract to be presented in preset places destined the differentiated public that nor always demonstrate interest; lack of spreading in the media on the places, days and schedules of its presentations; lack of support of the government; the public whom he sanctions as well as some of the integrant ones of the proper group is unaware of the history of the boi-bumbá; lack of permanence of the stage of the comedy, generally only presents the dance one; existence of groups in which the integrant ones feel shame of if characterizing as the personages of the auto one. The only one leader that it considers that the manifestation is not losing space in Belém also confirms the lack of financial support and little visibility in the media, that when it shows something "still is promoted on of the work made for the community." (Oliveira, 2008)

Children, teenagers, adults and seniors, participate in groups, however there is the record of the expulsion of young and old. The elderly would be intruding on support groups, seniors, young people would be away for the following reasons: involvement with drugs and crime, lack of support for expression that provides travel within and outside the state; ashamed to participate in the manifestation.

In this way, the project Cultural Management for the Construction of Resilient Communities, approved by the Pró-Reitoria de Ensino e Graduação da Universidade Federal do Pará in the year of 2010, has like objectives: promotes the capacitation of leadership of artistic groups of the Districts of the Guamá and Terra Firme for it potentiates his action in the above-mentioned districts; to enlarge the actions of the

Program Luamim: pieces to interact in fact; to secure the process of formation of the pupils from the relation I teach inquiry-extension; to intervene near the media for spread of the importance of the activities of the groups of popular art as differential to the image of violence of the districts Guamá and Terra Firme; to build / theoretician - metodologics of Social Work to enlarge knowledge's in the Context of the Sciences of the Culture; to develop interdisciplinary actions, aiming to integrate to know: culture / production / intellectual creation / science.

Guamá is a native word that means river that rains. The district is the most populous of the city of Belém and in him there are located the Universidade Federal do Pará, the Universidade Federal Rural da Amazonia, the Empresa Brasileira de Agropecuária – EMBRAPA, the Museu Paraense Emílio Goeldi, one of the most important centers of inquiry of Brazil, condominiums and thirst of the Armed Strength. Terra Firme gained this name because of consisting by dry lands and rises near to areas flooded by the river Tucunduba in the limit of the districts of Canudos and Guamá.

Methodology

Through visits in the locus of functioning of the groups there is carried out a mobilization so that same they can be participating of a cycle of fortnightly meetings predicted in the project with the finality of giving explanations on the proposal of the project besides provoking reflections on the relevance of the artistic production of the districts and thinking together possibilities to spread the artistic demonstrations besides establishing a constant contact through the make the map of the participants of the meetings.

From the identification of the leaders of the groups, groups of discussion are organized for the lifting of the demands of capacitation, in order that a projection is prepared for the realization of specific activities turned to these demands. The intention is to bring up means of advancement for the groups in his actions in the communities in which they are inserted. One of the marks is to mobilize the leadership and his groups for the organization of an event that culminates in the Meeting of Artists, Cultural Producers and Communitarian Leadership of the Districts Guamá and Terra Firme, subjects that do popular art in the districts, detaching the importance of the culture and of the art like instrument and mechanism of social transformation, both an individual and collectively.

The community (un) organized it intends and challenges the academy

The community (un) organized leaning and it challenges the academy to revise concepts and to survive the practice of the overcoming of the least State. In her the basic difference resides between working with / for the community and working in / to the community.

The basis of the work with / for the community establishes in accordance with the characteristics of the form itself of to execute determined action for her. what disagrees significantly with the second one, in / to the community, although in this case, who practices the task they are the extern agents who spend a determined time developing the work and, they dismiss believing to know what the population of the area of precise incidence of the project.

To work near the community is a strenuous task, which applies for knowledge's of cause when summary we and tomes were spread out for besides the considered ones

Scientific's. The community gets organized independently of having or not a rearguard of constitutionally predicted services. In this sense, be able to be said to him that the community is a lady of his destiny and person in charge for the results of his actions, in other words, it is not inserted in the knowledge and defense of a specific current of thought, on the contrary she builds his ideas themselves and finishes contributing to the reformulation of the existent theories; it does not wait for the public power to do to face to the reality that causes him discontent, though he knows that it is of this the principal and legitimate responsibility while collective representation; take for you all the responsibility in organizing strategies of resolving the problems what they reach it sweats dynamic daily, assuming in his evaluations the way of the management what it elected and defending with hope the possibility of improvement or recognizing the fault in the bet of his choice.

In Brazil, for which it still looks to affirm democratically and of rights, it is possible to find, not rarely, poor persons who consider sophistic many speeches that preach the advent of a just society, especially when such speeches leave from politicians. These persons very often prefer to silence or to speak between his couples. The silence can be an affirmation of resistance: " It is a paradoxical silence – is not a silence what he speaks, it is a silence what it forbids him that should be spoken in his name. And (...) far from being the form of alienation, it is an absolute weapon. " (Baudrillard, 1985)

The Controversial Tecnobrega

In 2002 it appears in Belém the Tecnobrega, produzided/played/danced predominantly in the urbane periphery for groups that share a way of life thought about the way of dressing, of speaking, in the musical tastes and in other forms of socializations like the Party of Equipment, which contributes like principal media to this rhythm.

The rhythm collects fast wrist, resources of the technomusic and handling of rhythms using softwares lowered of the Internet and synthesizers. Resultant force of one more fusion of rhythms, also it fuses popular rhythms like Carimbó, Siriá, Lundu and the Guitarradas. The considerably big public impresses, when when the model of musical market was taken into account: the informal thing. Though the Tecnobrega has if secured by the road of the informality, directions, singers and equipments, they are conquering public others. If the resonant equipments were showing up only in spaces of the stated peripheries of Belém, today already they touch stated noble places of the city.

They were characteristic of the Tecnobrega Paraense during the field works carried out for the project Guamá and Terra Firme: the artists' residence, and they contributed to identify what is frequent the reproduction of the rhythm through the parties of equipment's, in the bars, at the home and at the streets, making possible to identify other characteristics of the above-mentioned rhythm.

It is made necessary to understand that even the so different forms from socialization as they are the parties of equipment's and rhythms like the Tecnobrega deserve attention in the construction of the knowledge scientific in our country and region. It does not the question be only of carrying out the observation, but yes of of observing without prejudices our culture itself in constant process of construction.

Resistance and Resilience

The historical evidences can explain the development of the societies and the resistance and resilience of the individuals to the situations that they were and are put by the economy and by the politics. "On the contrary of what it alleges the official historiography, it was never lacking here, even it exceeded, the appeal to the violence for the dominant class like basic weapon of the construction of the history. What was always lacking was the space for the social movements able to promote his reversion. " (Brook, 2006).

In spite of the advancement in the studies of the human resilience there are, still, many investigations and controversies that need to be revised and discussed in the form to contribute to the instrumentalization of the professionals who work with individuals and groups what they survive in situations of social vulnerability.

Michael Rutter (apud Tavares, 2001) makes a list resilience to the concept of resistance to the stress. In other words, the concept of resilience presupposes the presence of averse circumstances of life, before which the individual is challenged to an to face and looks of answers for overcoming, which, while taking place, strengthens it for new crashes, considering what about situation starts to make part of his historical, cultural memory, of the process of his cycle of life.

Although the study of the resilience to be embryonic in the Brazilian Social Work, it suits to investigation of this construct in the professional exercise of the social worker who has the extraordinary possibility to hear histories of life, of struggle and resistance in the to face of more several problems in several spaces of the social politics.

Cyrulnik (apud Rudnicki, 2007) translates the resilience as process developed along the life, teasing in the individual history, built daily life together other human beings in affectionate, economical, political contexts and cultural-partner. It the question is a long process, historically built and rebuilt through ideas, actions and reflections registered in

a context specific and shared in collective form. In this sense, the resilience tells to herself to the individual history and his knots with the social history in a net of relations and of experiences survived through the generations, potential both of crises and of search for ways of coping, overcoming and strengthening.

Though the national historiography has, in several ways, treaty to attribute to the Brazilian people a character able to support sufferings and tribulations without resistance, the whole history of Brazil registers social important movements, which disposed of the Indians' participation, black and his descendants, as well as of discontented white of the in force political and social situation through the centuries in the country.

On the contrary of movements as the Communist of Paris who obtained of Marx an important register, the popular movements in Brazil very rarely counted and they dispose of just descriptions able to leave in the imagination of the people a positive representation of the resistance and resilience like historical and exemplary constructions for the posterity, when quoted Gonçalves Dias, which, through the poetry, did the register of the torture of the people Timbira and Euclides da Cunha, what had in Canudos the motivation for his book beauty Os Sertões.

The Timbira, which fought during almost 250 years against the European invasion in his territory, came forming, in the beginning of the century XIX, a confederation that, however, did not manage to make his people stop being almost completely shown. The torture of the Timbira received of the person from Gonçalves Dias (1966) whose poem knows the first four corners; the remainder was lost by opportunity of the shipwreck in which the poet died in 1864:

As festas e batalhas mal sangradas / Do povo americano, agora extinto, / Hei de cantar na lira, / Evoco a sombra / Do selvagem guerreiro / Torvo o aspecto, / Severo e quase mudo, a lentos passos, / Caminha incerto / A marcha triste e os passos mal seguros / De quem, na terra de seus pais, embalde / Procura asilo, e foge o humano trato.

Are still present among the few certainties about the intellectual inferiority of black and Indian. In an interview with Isto É (2008), political scientist Charles Murray says that the high proportion of blacks in the country reduces the IQ of Brazilians.

In the journalist's question whether he really believed whites smarter than blacks, and if it would not be a racist position, answers have been accused of racism for having show.

(...) an incontestable empirical fact: when representative samples of white and black are subjected to tests that measure the cognitive skill, the middle results are different. This is not an opinion. It is a fact, like measures of height show a middle different result between Japanese and Germans. (...)it is one that If in tests the IQ is always bigger with Nordics' samples of what with samples of black men, then a country with a significant proportion of black men it will have a middle inferior IQ to that of a country that consists exclusively of Nordics. Interbreeding reduces the IQ of the Brazilians. (2008)

The register attracts attention of being, in the opinion of the scientist, a question of arithmetic. When the science sees the human being like a question of arithmetic she becomes dangerous. Thiago de Mello is right while poetizing that, we need a lot of science, but is aware of our need greater.

Results

The insertion in the community showed up the importance of the Social Work as part of the process of construction and acquisition of you knew, while it finds his place in the spacious field of exchanges of experiences provided by the communitarian organization in the formation of the history itself, of the history of the social groups and

of communities. It noted that, very often the movements will need to have his explanation built from parameters done not still not defined scientifically.

The inquiry participant made possible to systematize referring bibliography to subject, production of reports, to establish contacts with leadership of bois-bumbás hip-hop groups, cords of birds, yards of Umbanda and Candomblé, groups of regional dances. As well as, the application of the evaluation questionnaire of the degree of resilience with 13 (thirteen) representatives of groups artistic, in which it was noted what 77% they have a degree maximum of resilience and 23% a degree medium of resilience. With the results of inquiry it was concluding what the most of the artists what responded to the questionnaires they have the capacity of facing the adversities, to surpass and to go out strengthened of same.

The evaluation questionnaire of degree of resilience it was valued it shears ex scholarship holder Priscila Sarquis, of Program Luamim the to leave of the scale of resilience developed for Wagnild & Young, of agreement with Pesce et al. (2004) is one of the few ones instruments used to measure levels of adaptation psychosocial in face of events of life.

It has 19 (nineteen) items described of form it makes positive with answers what vary between no (disagreement total- 1 point); sometimes (half term-2 points) and yes (agreement total- 3points). The sum total he will say the degree of resilience of people, once what the data numerical space to vary of 19-57, being of 19-33 representative of least degree of resilience , of 34-46 is representative of medium degree of resilience and of 47-57 it acts the maximum degree of resilience.

The questionnaire Luamím it values of degree of resilience it adds the last one question is left rights and duties of the citizenship, done not quantified, but what serves to enlarge the analysis qualitative of the previous answers.

The realization of meetings with leaders makes the map it favored discussions on subjects referents to the reality of districts, meditating, among others, culture, arts and education.

It was building a relation with the groups across of meetings in the districts Guamá and Terra Firme separately to end of to be careless the access and mobilization of same for communities forgotten by the public power in the country.

Conclusions

The culture can be defined like a set of habits, customs, beliefs, languages what

emanate of thought and behavior of determined people. In Brazil we observe the varied forms of cultural expressions what has like channel of communication and participation of the society in the transmission of knowledge's originating from other generations.

The fact of population more poor able being of, very often, to hand over his hopes to hand over his hopes to representatives of the bourgeoisie to representatives of the bourgeoisie it does not want to mean what is not able to explain his positions and objectives. There is of being attentive for the organization what happens for the realization of activities of leisure, religiosity, dwelling, education, treatment of health, etc. The search of participation in determined groups it can mean the only moment of be doing to hear and to be believed.

It was noting necessity of giving bigger publicity to the artistic groups of the districts Guamá and Terra Firme for the recognition of his impotence as factor of protection to the children, adolescents and young persons in the district, considering what, on the whole, his leaders they are persons adults or old with high degree of resilience demonstrated by the maintenance of resulted traditions of his ancestors and for the constant search of quality of life. Equally, it has of when complaints were identified of members of the artistic groups about investigators what look for the community, they gather information's, images, histories of life, they are benefited with the results obtained without returning to the investigated field to be of use explanation is left consequential of the inquiries.

To admit the potentialities of the human being in thinking on his life and to plan his future it is an ethical exercise what it demands of the professional the deconstruction of some beliefs and concepts, principally, her of considering the individual in situation of social reason subsidize and excluded, homogenized the history, disregarding the differences.

Referências

Baudrillard, J. (1985). *A Sombra das Maiorias Silenciosas –o fim do social e o surgimento das massas*. Trad. Suely Bastos, São Paulo: Ed. Brasiliense.

Buarque, C. (2004) *A Questão Social do Século XXI.* Lisboa. VIII Congresso Luso-Afro-Brasileiro:. Anais

Campelo, M. (2009) *Candomblé no Pará ainda é original*. Entrevista ao jornal Beira do Rio,nº 79, Belém, UFPA, janeiro.

Da Matta, R. (1979) *Carnavais, malandros e heróis* – por uma Sociologia do dilema brasileiro. Rio de Janeiro:Zahar.

Evelin, H. B.; Ribeiro, J. *C.; Rodrigues, L. B. (orgs).* Serviço Social e Resiliência na ótica dos direitos humanos. Belém: Edufpa, 2007.

Freitas, M. et al. (2003). *Políticas Públicas: juventude em pauta*. São Paulo: Cortez:

Gonçalves Dias, A. (1966). *Antologia.* São Paulo. Melhoramentos.

Instituto Brasileiro de Geografia e Estatística. Contagem da População 2007. Tabelas de Resultados. População Recenseada e Estimada. www.ibge.gov.br/.../contagem2007/defaulttab.shtm. Consulta em 10 de setembro 2010

Martins, P. (2000). Luamim: *Peças Interventivas na Realidade* (Dissertação de Mestrado).Belém: UFPA- Curso de Mestrado em Serviço Social. Digitada.

Miscigenação diminui o QI dos brasileiros (2008). *Entrevista com Charles Murray.* Revista Isto É , 15 de outubro.

Morin, E. (2005) *Cência com Consciência.* Rio de Janeiro.Bertrand Brasil.

Oliveira, H. (2008) *Relações Intergeracionais e Folclore Brasileiro: O boi-bumbá no bairro do Guamá em Belém do Pará.* Relatório de Pesquisa. PIBIC / CNPq. Belém,

Ribeiro, J. (2006) *Resiliência e Serviço Social na Ótica dos Direitos Humanos.* Belém. UFPA. Trabalho de Conclusão de Curso. Digitado.

Ribeiro, D. (2006) *O Povo Brasileiro: a formação e o sentido do Brasil.* – São Paulo: Companhia das Letras.

Richmond, M.(1950) *Diagnóstico Social.* Lisboa: Instituto Superior de Higiene "Dr. Ricardo Jorge".

Rudnicki, T. (2007). *Resiliência e o trabalho do psicólogo hospitalar: considerações iniciais.* Rev. SBPH vol.10 nº.2 Rio de Janeiro Dec.

Tavares, J. (org) (2001). *Resiliência e educação.* 2. ed. São Paulo: Cortez,

Turino, C. (2003-2004). *Uma gestão cultural transformadora.* São Paulo. Edição 71, nov/dez/jan, páginas 73- 77. Centro de Documentação Maurício Grabois.

THE THEATRE IN A PSYCHIATRIC CONTEXT AS A FUNDAMENTAL EXPRESSIVE FORM TO FAVOUR AWARENESS OF RECIPROCITY AND SHARING OUT

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The theatre in a psychiatric context as a fundamental expressive form to favour awareness of reciprocity and sharing out

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We have been working for years together with a group of theatrical activities taking place at the Psychiatric Service's Day Center of the Psychiatric Operative Unit No. 34 of Lombardy Region (Gorgonzola Hospital – Milan - Hospital Unit of Melegnano). Since 2006 we have been recording these activities, either in the form of plays and rehearsals or while having expressive groups: they were set down in some DVDs. In 2008 a play was staged, directed by the group manager and performed by the patients. It was based on an original text made with the patients' cooperation. We have been working on this text ever since, which has led to the production of new plays in a sort of work-in-progress sequence, giving special attention to extempore acting and increasing the musical and audio-video parts.

The basic idea is "staging insanity".. The texts are drawn up starting from the patients' various expressive forms but do not aim to have a cathartic function. They are simply an instrument of communication used to let deeply hidden emotions come to the surface, which can help these people reflect on themselves and open up for change.

The development of the aspects of the group is fostered by suggesting a deeper awareness of the importance of sharing out with others and of being reciprocal.

Let us discuss the idea of "staging insanity" in detail. The concept of psychosis is mainly based on the idea of a "reality" defined as "objective" which the psychotic has supposedly lost contact with. The meaning of working on the expressive form of psychotic subjects can be that of restoring dignity to their internal reality, by grasping those aspects of creativity that can be shared with the public at large. By so doing , the concept of "reality" becomes wider, because it also comes to include those products of subjective creativity that give expression to a reality which, although not shared with the objective reality perceived by the majority of people, can be used and put in common under artistic form. This is why a "guided" off-the-cuff performance can be one of the major means to reach this goal, for it combines the spontaneity of what comes from the inner world of the psychotic subject with the guidance of the operator.

The operator, helped by an empathic, cognitive relationship with each patient, joins up with the patient's expressiveness and lets him express himself while keeping him within sufficiently elastic boundaries. Such boundaries must also be reassuring, to avoid falls due to ravings or unbearable

anguish. The operator is steadily working on a border-line, letting his empathic capabilities come out and tune to each subject, acting as a "figure"that safeguards the expressive capabilities of each patient. He takes over the role of re-assuring the patient, so that he can express his emotions without anguish, something which may always occur unexpectedly in a psychotic' s life. "Staging insanity" is tantamount to creating an empathic space as wide as possible with boundaries that become a sort of bulwark, shielding from the flights of the soul of the people acting on the stage, where they can give vent to an expressive freedom that they cannot experience in their everyday lives, due to their being "restrained" for fear of a journey with no return. In our theatrical group the "return" of each patient must be safeguarded, and this can happen thanks to the awareness as well as the steadiness of our operators' internal boundaries.

On the basis of what we have said so far, the reason why our work does not aim to have a cathartic experience is clear: in fact catharsis might lead to that "journey with no return" that would isolate the psychotic from the world around him. On the contrary we rather concentrate on expanding the ability to share experiences within our inner boundaries and therefore we try to convey a "consciousness of the group", seen as meeting point of relationships characterized by reciprocity.

This is a further "border-line" than can be crossed using various expressive forms while being at the same time reassuring. The subjects of the group mutually offer such reassurance, and in so doing they can express different characteristics that can develop in a creative way.

An Example: Kira's case *(Roberto Carnevali)*

I am going to examine the case of a patient who hereafter will be named Kira, in order to give an example of how theatre-acting can affect the therapeutic and rehabilitative work of the patients of the Day Center.

I had not met Kira in a typical psychotherapeutic context. I made her acquaintance during informal talks held in the period from October 2007 till September 2009, when I was responsible for the Day Center. In that period, Kira took part in a vacation at the seaside. Since I was accompanying the patients, I had the opportunity to get to know them better in various situations of their daily lives and therefore to talk to her in a more relaxed context outside the institute' s framework while at the same time moving within a structure basically linked to it.

Starting from Autumn 2009 until today, I have met Kira within the Theatrical Group, which meets twice a week, each time for one hour and a half. My role is not just simply being the observer of the group, since I also contribute to creating musical pieces. As already mentioned, I sometimes have filmed the theatrical activities. My remarks are mainly based on the knowledge I have acquired over the last few years in this context. I will not go into the details of her personal story but for the following two meaningful elements, that both her parents committed suicide and that she – now 40 years old – has lived in a psychiatric residential structure (St. Ambrogio Center, at Cernusco sul Naviglio, Milano) since the day of her father's suicide (about 15 years ago). She has been diagnosed as schizophrenic and has recently shown signs of delirium by misinterpreting and attributing sexual content to ordinary things. In her daily life she prefers to isolate herself even though, at times, she can express a warm, kind tenderness, especially with those who can understand her fully – in which case she becomes expansive and at times effusive. At a conscious level she removes her erotic ravings, suppressing anything having to do with sex as a defence mechanism in order to avoid anxiety-causing situations When she isolates herself, she starts sucking her thumb in such a persistent way that a large callous has grown over her thumb, partly deforming it.

Considering Kira's individual character, the theatrical activities are particularly significant to her, as well as the way they are set out at the Day Center. The conductor is constantly stimulating the group to

use their emotions creatively, so a patient often finds herself at a cross-roads, having to choose between the possibility to express her emotional side in what is being staged and to channel her instincts in more suitable forms. Kira has not only chosen to take part in the theatrical activities at the Day Center but also to do something similar in the rehabilitative path structured for her at the St. Ambrogio Centre of Cernusco. It is probably through this twofold choice that she can have the possibility to compare two different methods to build up her creativity. At the same time this becomes an opportunity for her to understand how to deal with her emotional side in a given context that can be more focused either on restraint or on expressiveness. In other words this implies that the patient can adapt her way of acting to the styles the two different groups are conducted. Furthermore, since she finds a major containment in the group at the S. Ambrogio Center, this helps her express herself more freely there than at the Day Center. At the same time, since here she can "let herself go" more unrestrainedly, it becomes easier for her to accept the tighter boundaries of our institute. By matching these twofold activities she has been enabled to expand both the control and the consciousness of her experiences, taking small, significant steps forward towards autonomy.

As regards autonomy, it is important to understand that an essential tool to reach it, is given by the operators' skills when tracing a border-line and conveying it to the patient: this way she can feel sufficiently re-assured and express some of her concrete skills, in particular her creativity. Besides acting, she can draw very well, in particular she is very skilled in drawing the expressions of people's faces. Down to last year there was a remarkable difference in the quality of Kira's performances. They changed considerably, depending on whether she was the one to choose the subject to draw – in which case the result was excellent – or whether the motive had been suggested by the conductor of the art-therapy group – in which case the drawing had no structure and its lines hardly concealed her anxiety and fear of losing her boundaries.

An example of drawing whose **motive has been chosen by Kira**
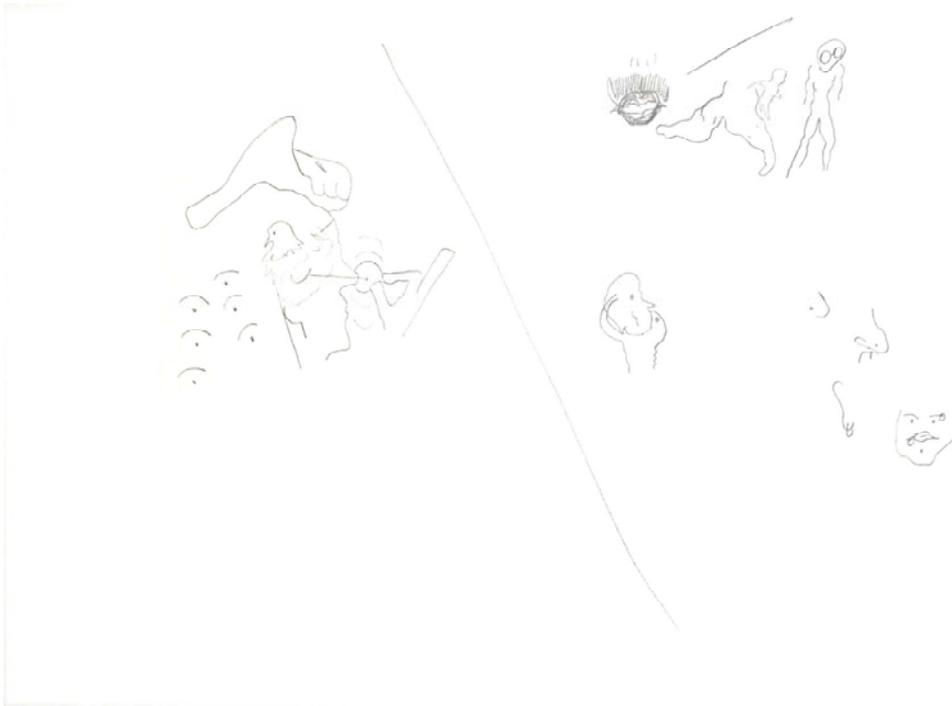
An example of Kira's drawing of **last year**, produced on a **subject suggested by the conductor**

An example of Kira's drawing of **this year**, produced on a **subject suggested by the conductor**

Since September 2010, when all activities after the summer recess were resumed, Kira has slowly been recovering her skills and started to draw, also accepting the motives suggested by the conductor. She has been producing complete works with a clear structure in line with the motives suggested. She has proved she has learnt to better master her fears of losing the control of her thoughts – we assume thanks to the work done in the Art-therapy[1] as well as in the theatrical groups.

Furthermore she has demonstrated she has built up her capability to share the production of forms and contents with her group mates. We can therefore assume that, by taking part in the investigation and rehabilitation activities first of all in the Theatre and the Art-therapy groups – whose goal was finding a new balance while being spurred and re-assured - she was able to improve her expressiveness and move more confidently in the world and in her relationship with others.

Outer and inner space for performing *(Attilio Facchinetti)*

My first experience with the psychiatric context regards the "distress" of the patients. Their distress does not just mean "a person's suffering" but should be regarded as something missing: missing the capacity to express oneself on the basis of given cultural standards and of the stern conviction of having nothing to say.

I would like to tell you about my experience of directing a theatrical workshop in a psychiatric context. I will start by setting a few points to give prominence to words such as "theatre performance", "event", "actor", "spectator"... The word "performance" (from the Latin word representatio) has the meaning of clear image, description, whereas the word "theatre" comes from the Greek word théatron which in turn comes from theàsthai, meaning gazing at, watching as a spectator. The word "event" (from the Latin word eventus coming from evenire) has both the meaning of "coming out, re-emerging", and of "happening" moreover it also has the meaning of "what has happened" as well as "what is going to happen". By "actor" we mean an "individual" who is acting and in his turn is a spectator: as an "individual" who is observing.

In order to perform a play, it is necessary to have at least one empty space to be filled in by an acting entity (the actor) and an individual who is watching (the spectator) and a relationship is necessarily established between the person who acts and the person who watches In order to hold a theatrical workshop, we must pay attention to the way the actor is trained in order to strengthen those specific, technical, theatrical capacities, that each person possesses and can make available, starting from the following assumption:

"All the world's a stage, and all the men and women merely players, they have their exits and their entrances; and one man in his time plays many parts…" – **As you like it – Act II – Scene VII** – *Shakespeare*

I have used exercises and techniques to strengthen the specific skills of every single person and I have made a comparison of the various stages of my 20-year-old experience as a director of performing groups – who had both similar characteristics: for example school age (nursery school, elementary school, secondary school, high school), or age bracket (adults and elderly people) and mixed groups. A common element among them is always the concern for the première, which heavily conditions their

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dealing with what is going on to the detriment of a "hic et nunc"= "here and now" motto experienced during the very act of performing. As time passes by, this concern becomes increasingly strong and rigid, gradually creating barriers linked to prejudices and habits the as the age-range increases. (I like to suggest the following point of reflection to groups: i.e. thinking of the difference between "playing" and "calling oneself into play". We could even say that acting, considered as a mere illusion that can be used to break away from one's self and leaving one's emotions behind, can become a defensive instrument whereby "playing" is used "not to call oneself into play".)

When trying to break free from this mechanism I do stress that the goal of dramatization is not merely staging a play (although it might be, under certain conditions). By so doing our lesson can return to the "here and now" motto whereby each participant can make his play and become aware of the roles which had previously conditioned him. He can also call himself into play and start interpreting a role that will be acted later on.

In a psychiatric context, playing and acting roles rather than the usual stereotyped role which is assumed by a psychotic subject, or playing roles which will call him into play, will relieve the patient of part of his suffering, taken as a difficulty in expressing himself over and above cultural standards. At the same time it helps to improve the level of awareness of each participant whereby he does have resources that can be exchanged, thus going beyond the paralysing idea according to which there is nothing to say and nothing to share.

Playing with no fear of calling oneself into play also helps to overcome those fears that can put a brake to any experimental trial. Our first staged play "The Finger and the Moon" was based on the very fears of its participants. If suffering is considered as something missing, starting from the conviction that there is nothing to say (void), and by gathering and giving value to the thoughts written by each participant and presented to the group anonymously on topics such as beauty, choice, void... we were able to produce a text which was entitled: "The Finger and the Moon". The meaning of this title is that, when searching for knowledge, we cannot merely give indications: if we are to map out a significant course, we have to go as far as seeing the moon together, not just stop at the finger pointing at it.

Semi-professional actors, teachers and rehabilitation technicians play an important, decisive role, for sometimes they have to replace absentees and, this way, they clearly show to other "actors" how staging other characters is possible. Here again the importance of being a re-assuring restraint must be stressed, which is indispensable to carry out a project like this, where the idea of a "possible boundary" can be displayed by the presence of these figures, who act as a steady support for the whole group.

The Functions of a Rehabilitative Conductor in the Theatrical Group *(Sara Collodello)*

The training of a theatre actor requires a complex work on one's self in order to increase self-consciousness as well as the awareness of space and interaction. From an emotional point of view such training is very demanding for anyone, all the more for a psychiatric patient who is suffering from major disorders linked to the course of his psychopathology.

A complete dramatization training structured in this way asks for the intermediation of an operator specialized in rehabilitation. The very presence of such an operator becomes an asset in many situations. First of all he represents a link between the structure itself and the team engaged in the rehabilitative training. His intervention can be supplementary on various occasions and can shift the patient's monitoring back to the group so as to evaluate his changes and insert them into his personal, global context.

This becomes feasible thanks to the knowledge and relationship established with the patient even outside the theatrical activities which, thanks to the operator, are considered as a firm point of

reference that is also re-assuring while the patient carries out the activities asked from him at the centre. He is a sort of support, a prop.

The presence of an operator working alongside with the patient and calling himself into play, has a re-assuring effect. When a difficult situation arises, we can cope with it together in a concrete way, and this helps the patient to test new forms of creativity. In performing these tasks, the operator becomes a reference model for the actor, offering him the opportunity to put his requests into practice. Having a model before his eyes, the patient can notice a different form of expression and so reduce his state of anxiety. A further task of the operator is assuring the patient that what has been experienced within the group will be limited, both in time and space, to the group itself. This allows the patient to try himself out beyond the limits of his everyday life and to return back to a balanced stand, without being at the mercy of emotions excessively proportioned as against his capacity to deal with them autonomously. Restraining consists in helping the patient to recognize and treat one's emotions with suitable tools.

By safeguarding restraint, acting as a reference, having a re-assuring role and supporting self-confidence – the operator encourages reciprocity and by so doing he favours the experience of belonging to a group and social sharing. All this can be carried out thanks to the close collaboration among the various people in charge at the centre and by integrating their points of view. In fact the person in charge of rehabilitation must collaborate with the technical conductor in order to tune in the activities to the real possibilities of each patient and of the group in general. The goal of their collaboration is devising a course of change measured to the group's possibilities, taking into consideration the real potential of each individual.

Conclusions

Running a group from different operators, each having different formative tasks and professional characteristics is a complex compound that should be discussed separately. Even though the psychologist and the conductor of the theatrical group have known each other for more than 30 years and the decision to introduce a rehabilitative conductor was taken after a thorough discussion between the two, with many common points and a lot of enthusiasm, many disagreements and arguments have arisen and are still arising. In writing down this document differences in points of view have come out, just as points in common have. This offered the group and each single component of it a possibility of further growth. This is why we have decided to write a text in common and our personal contributions separately: not only to make the overall style simpler but also to underline our different ways to conceive the group, strongly characterized by reciprocity and sharing-out. These two main features that we suggest for the patients, which must be fundamental in our operators' work, are not to suppress the individual nature of anyone, though. Here differences of opinion can become an occasion to notice similarities and differences and an opportunity for a new creative boost.

REFRAME THE LIFE HISTORY THROUGH SOCIODRAMA

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Reframe the life history through sociodrama

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A lot it has been discussing concerning the Psychologist's work in the different areas of performance, mainly in the area of the psychology of the aging. To age is the last phase of the vital cycle and she understands physical, biological and psychic transformations.

Being aging a phase of the life common to whole human being, it exists a growing change now in habits related to the health so that this she is prolonged, with that it increases the number of senior. With the seniors' increase in Brazil, it also appears to the concern in giving bill of the demand of attendances in the public health. Thus, to age also implies in getting sick with more easiness, to live together in a society where people exist with advanced age and with own illnesses of this aging process.

Brazil today is a "young country of white" hair. TO every year, 650 thousand new seniors is incorporate to the Brazilian population, most with chronic diseases and some with functional limitations. In less than 40 years, Brazil passed of an own mortality scenery of a young population for a picture of complex and onerous illnesses, typical of the countries longevity, characterized by chronic and multiple diseases that they last long per years, with demand of constant cares, continuous medication and periodic exams. (Veras, 2009)

Besides the subject of the health, of the body, the biological, they also exist other subjects as low value of the retirement, depression, little leisure activities returned to seniors, fear of the violence, fear of having to adapt to that new phase, of getting to generate the own life or of having to be taken care. And, more than the physical health, is necessary to think also in the psychic health in that phase of the life. The transformations, the concerns, the limitations, the largest incidence of diseases, the losses, the proximity of the finitude in that phase affects the psychological health and, consequently, the body gets sick.

For Simone of Beauvoir (1990), aging, " as all the human situations has an existential dimension: it modifies the individual's relationship with the time and, therefore, its relationship with the world and with its own history " (pág.15). aging depends in the way as each human being drove its life, its daily constructions, as it is

noticed before that new stage and as it faces the subject finitude. The emotional changes and the possible difficulties adaptive can take the human being the one to age not so calm, as he would like that went. It is necessary a psychic balance for a healthy aging and this balance will depend on factors as the way to adapt to that new condition, the memoirses of a past and the life conditions in that meets. For all this, the Psychology fits a glance, sensitive and affective, returned to this important phase of the life.

Life history

History is part of the human being life. Along the life we built our history through the relationships with the other, the time and the spaces. As expressed Montenegro, "The historical time, is not the lived time. The history writing, documented, is distinguished of the happened, it is a representation. And in this hiatus among lived him and narrated him it is located doing own of the historian". (Montenegro, 1994, p.10)

To rescue the life history favors the understanding of the own history, the development of the trust feeling in itself own and the capacity to persist, to want, to dream, to live in a more intense way and to believe that while there is life, there is history, there are memories. Camargo (1984) it complements that the use of the life history facilitates to apprehend the culture " inside "; being constituted in valuable instrument, once it is placed exactly in the point of intersection of the relationships among what it is external to the individual and that that he brings inside of itself.

To count and to recount, registering the course of the life does with that the person locates before her and contemplate on her same. The search of ourselves, of solemnity-knowledge, through the memories of the past, transforms our interior world. Starting from the moment in that the person tells its life history, she also organizes its internal world. To hear and to transfer in paper reports of the life history of somebody is to build a space of he/she listens. Fernandes (2002) mentioning Lima (1995) in its article, she says that:

In the human experience, the space is never an emptiness. He is always the replete place of meanings, memories, objects and people, that cross the field of our memory and of our feelings, they wake up sadness and happiness, pleasures and pains, peacefulness and anguishes. (...) it is the recognition place of itself and of the other ones, because it is in the space that him (the human being) it is moved, it accomplishes activities, it establishes social relationships. (Lima, p.187)

To evoke through the speech, memories, memories, it means more than to gather facts. It means to integrate and to create new meanings for the own existence, where the intellectual and affective aspects are interlinked to the process of aging.

Sociodrama as research method

The sociodrama is a theory maid for the Rumanian psychiatrist Jacob Levy Moreno. Its works specifically stopped to groups diversified amid the social. The sociodrama

appeared starting from the spontaneous theater and it is considered a therapeutic method that he has for objective to research and to treat the groups and the relationships intergroup, the sufferings and conflicts, as well as change needs and subjectivity restructuring.

Sociodrama appeared of the Spontaneous Theater, created for Brunet, in the beginning of the century XX. It is one of the methods sociatry to research and to treat the groups and the relationships intergroup, its conflicts and sufferings. It is based in the epistemology socionomy and he/she has the objective of overcoming the dichotomy of the research quantitative/qualitative, when privileging the participation of the subjects in the situation. The sociodrama is a method of research interventional, that looks for to understand the processes group and to intervene in one of its situation-problem, by means of the people's action/communication. (Nery, 2006)

The method sociodramatic is based in some steps, as: heating nonspecific and specific, dramatization (development) and sharing. The heating represents the preparation of the group for a certain theme. The dramatization or development are the activities, could be from a dramatic game or a representation of a conflict experienced for the group or for some member of him. The sharing is the moment in that each integral of the group talks about its feelings in relation to thematic, to the that was developed.

The dramatic game can be from corporal movements to dynamic group linked to the context or some fact. The work group is important because it values the thought diversities and it impels the group to do its own analysis in search of improving the quality of life of each integral one, respecting the inequalities, pains and anguishes of each one.

Later, the gerontodrama, an adaptation of the theories appears Morenianas. The gerontodrama works the subject of groups in the aging through psychodrama and sociodrama. According to author Elisabeth Costa (1998) in its book "Gerontodrama", says that: The word "Gerontodrama" comes of two terminologies: the) of "geronto", it is an equivalent of "geron", that comes from the Greek "géron more ontos" and it means "old"; b)de "drama", that comes from "Psychodrama". (Costa, 1998, p.55)

Slowly the aging was noticed by psychodramatists that adapted the studies of Brunet for works with senior people's groups. The gerontodrama appears as a reframe way the aging process, providing to the senior to rethink on aspects of its life through the action, noticing this to age in a normal and not pathological way.

The psychotherapy gerontodramática is capable to facilitate changes not in the only sense of doing the senior man to adapt simply to that vital phase, but also, and mainly, to move in the sense of could see to grow inside of itself the capacity to work in a harmonicer way with the contrasts and vicissitudes of the life in that phase that for now it is imposed, as well as could use of its spontaneous and creative resources. (Costa, 1998, p.153)

Like this, as the same author's studies can be noticed that gerontodrama is a technique that leaves of the psychodrama for works groups with seniors and it is considered an effective proposal that promotes changes and reframes in the life quality in the aging. To notice not only the current phase, but what brings in its interior, memories, histories and an entire context by which the senior went during stages of its life are to give a new sense to that phase.

METHODOLOGY

Weekly thematic encounters were accomplished, with a group of 16 religious women of an institution of long permanence, with ages among 83 to 98 years. Each encounter had medium duration of two hours.

The focus of the work was the meaning of the process of aging, under an approach sociodramatic and life history. The History of Life can be noticed as a middle to value and to rescue individuals' memoirses. Through the oral history, the method looked for experiences lived by social actors. For the accomplishment of the activities the memory basic condition was considered. Through the memory the narratives went being built.

The work followed the Resolution 196/96 of the National Council of Health, that seeks the respect to the human dignity and, it demands that every research or work is processed after free and illuminated of the subjects consent, individuals or groups.

RESULTS

Thematic encounters were accomplished rescuing the life history through the participants' existences. At the beginning of the activities the members of the group pretended to be reserved, they only talked the necessary, they spoke quietly, they denoted apathy, little smile. After some encounters it can be noticed that the participants were cheerful, speakers, affective, homelike and with the better self-esteem.

One of the members was abed three months ago, without leaving of the room, he screamed plenty, it presented verbal aggressiveness, it was agitated, it didn't demonstrate affectivity and it criticized the caretakers' work. He took place visits the same in its room. According to its reports she worked as director for many years, it was quite active and dynamics. Several they went the visits and to narrative it was always the same:

 "I want to die. I want that God I take soon. I am with many my sister's from São Paulo longings and I don't want to leave without saying good-bye of her. My forces no longer they help me". (Sister C., 93 years)

In its room, a picture with the following description in the wall: "God visited you for the suffering! He gave you a piece of its Cruz so that you can collaborate with Him in the salvation of the world. He is with you, He is your force and it shines! Jesus wants to help to transform your hours of suffering and pain in hours of deep encounter with God. For this reason never he/she fades in you the light of the faith and of the hope. He/she

gives your life in Jesus' hands and it trusts God that is Father, God that is good and good it is everything that He allows". That writing says of the delivery of a suffering as being something pleasure and of salvation. That is to say, that the finitude was more and more close and that just remained to accept it. That is the new reframe to which this work was present. To give a new sense when living of those that were already awaiting the finitude.

Slowly referred her Sister left the bed and, in wheel chairs she made himself present in the group. Significant changes were noticed in its appearance, it was arranged, cheerful, participatory and affective with the colleagues and caretakers. In agreement with Skinner and Vaughan (1985), the pattern of the individual's behavior has implications on the as he will adapt to the aging. Inside of the limits that the physiologic aging imposes, the people act and they think as young or as old in function than it happens to them and than they do. In that way, individuals that you/they have conditions of adapting to the new transformations that the aging places them they will have, probably, more conditions of they be well-happened when aging.

During the thematic encounters about the childhood, some answers brought by the participants were striking. Sister L. tells its childhood as being happy the one that one can notice in its report:

"Dad brought a doll. One Sunday we made picnic for you baptize her. The godmother made the clothes, I invited a friend to be the priest, other friend to be the sexton. Each guest had to take snack for it picnic. I played a lot of doll, up to my 12, 13 years ". (Sister L. 87 years)

Sister M. also told to have a happy childhood:

"I won a raffle doll and the young spoiled. I wound cloths and he/she did of bill that was a doll. I had a happy childhood. I prepared enough. The father made wine, he had a vineyard. We went at night in the basement, it filled the bottles of wine of the pipe and it hid below of the bed. Another day we took. The father thought them pipe had rot". (Sister M1, 87 years)

Also, through the reports they appeared differentiated speeches of a childhood marked by the work, as in the sister's case V.:

"The father was poor, colonist, simple, 10 children. He wanted that took care of the earth. The father had a mill, but a storm took the wheel for the river and him he/she sold the mill. It didn't remain time to play, nor I had toy. The mom died early, she was 29 years old". (Sister V., 95 years)

Sister M2 tells to have a happy childhood, even so marked by the work of taking care of its siblings:

"I played with the boy of stick horse, he/she threw stone. The mother said that girl didn't play of horse. I had three dolls and a puppet. The mother said: doll is your small siblings, he/she will take care of them". (Sister M2, 94 years)

Through of that work it is noticed that the self-esteem is something important to be rescued in the phase of the aging, and, according to Guilhardi (2002, p.71), "it is the product of contingencies of positive reinforcement and of social origin". That feeling helps the individual it to develop initiative behaviors and of improvement adaptation to the new context, what happens in the phase of the age, with the retirement and with the physical and affective losses. Besides the self-esteem feeling, other aspect that characterizes the solemnity-acceptance it is the recognition in positive way of its life history, including so much good as bad aspects.

FINISH CONSIDERATIONS

Through the present work which is having continuity, it is noticed that those women didn't live a luxurious life, they bought expensive shoes, nor they were at a lot of parties, they didn't possess roomy houses, they were given to the privilege of passing vacations in the beach, nor of leaving for only eating goodies for gluttony, they didn't have its famous names, nor they walked dressed according to the fashion, but they had a donation life that didn't make them less important and nor different from the other people, even so they donated its lives for the religiosity, the charity, to the care and, they cultivated the good.

The sharing of personal experiences through encounters thematic groups, besides having resulted positive enriching, identified a field of performance for the psychologist psychodramatist where until then interventions had not been accomplished with that approach.

It is ended that some aspects facilitate the adaptation of the individual to the aging, as, for example, autonomy, support nets, solemnity-acceptance, life purposes and religious faith, and, already other aspects as to hold on to the bad facts of the past, denial the age, isolation and conformist religious posture, they can hinder the healthy aging.

REFERENCES

Beauvoir, Simone de (1908 – 1986). The age / Simone de Beauvoir; translation of Maria Helena Franco Monteiro. Rio de Janeiro: New Border, 1990 (p.15).

Camargo, Aspázia (1984). The Uses of the Oral History and of the History of Life: working with political elites. In: Magazine of Social Sciences. Rio de Janeiro. v.27, n.1.

Federal Advice of Psychology(2005). Code of Ética Profissional of the Psychologists. Brasília.

Costa, Elisabeth Maria Sene (1998). Gerontodrama: the age in scene - clinical studies and psicodramáticos about the aging and the third age. - São Paulo: Ágora, (p. 55 and 153).

Fernandes, Renata Sieiro (2002). Girl's memoirses. Cad. You GIVE, Campinas, v. 22, n. 56, abr. (p.1). it mentions Lima (1995)

Guilhardi, H. J. (2002). Self-esteem, self-confidence and responsibility. In M. Z. S. Brandão et al. Human behavior: everything or almost everything that you wanted to know to live better (pp.63-98). Santo André: Publishing Esetec.

Montenegro, Antonio Torres (1994). Oral History and Memory: the revisited popular culture. São Paulo, Contexto, (p.10).

Nery, Maria of the Rock; Costa, Liana Fortunato; Conceição, Maria Inês Gandolfo (2006). Sociodrama as method of qualitative research. Paidéia (Ribeirão Preto), Ribeirão Preto, v. 16, n. 35, ten.

Skinner, B. F., & Vaughan, M. E. (1985). she Lives well the old age: learning to program its life. São Paulo: Summus.

Veras, Renato (2009). Aging contemporary populacional: demands, challenges and innovations. Rev. Public health, São Paulo, v. 43, n. 3, jun. 2009 (p.2).

PSYCHODRAMA RESEARCH IN THE FIELD OF WOMEN SUFFERING FROM VIOLENCE: A DAPHNE PROJECT

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Psychodrama research in the field of women suffering from violence: a daphne project

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Abstract

This paper presents objectives of the second phase of a research-intervention project that focuses on the problem of gender-based violence, particularly within the family. The goal of the project, which evolved from an earlier project (Prin, 2004), is to investigate and intervene in the mother-daughter relationship to change the condition of subordination of women that is linked to the justification of violence against women by men.

Keywords – Gender-based violence, mafia familism, psychodrama, role change.

Introduction

Gender-based violence occurring within households is a complex phenomenon for which there are many factors in play. It involves all social classes, latitudes and longitudes of the globe and every period of human history (WHO, 2002). Studies of the problem have only recently gained an important role in psychological and social thinking, and the rise and growth of this question has developed in parallel with the awareness by women of the existential disadvantage that generally results from being female. Only an active role by women can ensure the achievement of a shared awareness that a change in the female condition is necessary (Hamel, 2007; Hamel, Nicholls, 2007; Straus, 1993; Straus, Gelles, Steinmetz, 1980).

Many studies have pointed out the psychosocial dimensions that are involved in the male universe and how they are related to cultural frames that give meaning to the many biographies that document female victimization (Cook, 1993; Flood, Pease, 2009). More rare and difficult are the investigations that study the responsibilities of women themselves with regard to their social preparation for submitting to violence. The currently proposed work, in which we consider the mother-daughter relationship, will be developed as a research / intervention, and it builds on the results of an initial phase

of study.

Our hypothesis is that, throughout the course of human history, where culturally defined reference values accept the supremacy and power of men, the attitudes leading to the subordination and victimization of women are transmitted down the generations through the mother-daughter relationship (Kaur, Garg, 2010). These cultural values are not challenged by the mother, who then teaches her daughter to respect them, commonly through an abusive relationship that can take the form of psychological or physical abuse, or both (Zaidi et al., 1989).

This hypothesis evolved from a study of a specific problem that arises from this type of mother-daughter relationship: specifically, the collective abuse of women who suffer the violence of trafficking for the sex trade, by mafias. We studied this problem in the first phase of the research, in which we focused on the search for causes that make women easy prey for trafficking mafia. The female response has been recognized as the social dynamic within a particular familial type in which the social relationships are focused on emotional ties, starting from the relationship with the mother, and in which a substantial critical incapacity is produced in women and young girls to trust in a 'man'. Trained by maternal education to be subordinate to men, young-women-daughters are not able to make self-conscious choices that promote their autonomous design will.

The Proposed Phase Two of the Study: The Daphne EMPOWER project

The second part of the research project is a European project called Daphne EMPOWER, which has just been approved. It intends to intervene in areas where trafficking of women and exploitation are flourishing, working with women who have suffered domestic violence. The aim is to use psychodrama to study and modify the function of the mothers' role in providing assistance to their daughters in dealing with violence.

The first phase of the research Prin (2004), carried out in territories with high mafia penetration in Italy, Albania and Romania, had the goal of understanding the reasons why women are easy prey of the mafia. It was noted that the biographies of women who suffered the exploitation of sex trafficking often were characterized by violence and that the gender-based violence is a cross-cultural problem that affects all walks of life and every moment of the life cycle of individuals, families and groups. Nevertheless, the complexity of the phenomenon makes it impossible to propose a single model that can make sense of the specific individual biographies of the abused. As a result, the preliminary phase of the study was designed to detect a characteristic of the problem that is common to different European countries and that can serve as a basis on which to start thinking about the general phenomenon.

For the years between 2004 and 2008, we take as given, first, that north-eastern Europe has been, and continues to be, the area most heavily involved in that extreme form of violence that is the trafficking for the market of prostitution; and second, that the women involved are unable to free themselves from the destiny of abuse. We wanted to investigate whether there is a subculture that makes women in this region incapable of self-determination, and whether this situation is linked to experiences of intra-family violence. The matrilocality that characterizes the Mediterranean cultural frame, onto which the relational modalities of nepotism and the mafia are imposed, has allowed us to investigate the relationship between social codes and the customary representation of

women as "things" to be used for "production" and "procreation". The sex-trade business, which is the second most important source of income for the gangs, is an extreme expression of the systematic abuse of women. The preparation for the use of "the woman's body as a thing" is established early in the biographies of women through the use of violence in childhood, which leads to their subsequent difficulty in escaping the role of victim. The main aim of the first phase of the research, therefore, was to recognize the sub-cultural constructs that guide abusive relationships during primary socialization, and in particular to understand the importance of the intergenerational mother-daughter relationship. This part of the research in fact has explained how the dehumanization of women is inscribed in the relational dynamics that are based on symbolic nepotistic practices from which Mafia practices take shape, and it showed how the latter are "matrifocal", namely handed down as customary codes through the mother. The maternal generational mandate comprises the recognition of the primacy of family ties and friendship, and the supremacy of the intimate mother-daughter relationship within the society. This mandate is centered on adherence to elementary and pragmatic codes of conduct that in turn are based on archaic schemes in which women have to be dominated by men (see, for example, the customary codes of the 'homo balkanicus' - Kanun - and the Mafia code of honor of the "Godfather"). Material in this introduction has been reviewed and justified by Chesler (2010), Lopez-Zafra (2008), Testoni (2007, 2008), UNITE (2006, 2009).

The research carried out within Italy, Albania and Romania has demonstrated the following: First, that the matrifocal familism is widespread in northeastern Europe; second, that the constructs within which violence against women is considered an acceptable practice are typical not only of the Mediterranean territories but also of northeastern Europe; and third, that in these areas, the social code is strongly linked to a traditionalism emptied of its original symbolic value but nevertheless maintained in the practice not only of daily relational life but also other aspects of social interaction (Banfield, 1958; Blok, 1981; Campbell, 1964; Davis, 1977; Gilmore, 1987; Herzfeld, 1987; Mertus, 1995).

The second stage: the research-intervention Daphne

The second phase of the research, approved under the project name "Daphne", is based on the results of the first phase described in Section 1 above. It involves helping women victims of violence become aware of the history of their condition and how it leads to the unconscious perpetuation by mothers of the subjugation of their daughters to the will and violence of men. We seek to help these women achieve resilience in their lives, which we define as the ability to achieve effective self-determination by rising above the limits imposed by intergenerational relations. To empower them to mobilize the coping strategies that can evolve toward resilience, the current phase of this research-intervention uses methods that teach women how the dynamics of their role and position in society have determined their own biographies. We have selected as the preferred methods: a) psychological intervention to support women victims of violence through the use of Jacob Levi Moreno's Psychodrama, by which the victim is stimulated to reconstruct her life experiences through drama. This technique, which we insert in an ecologically-integrated model, emphasizes the "changing role", which is a key element for the promotion of resilience; b) assessment of effectiveness of the program in changing the "positioning" of the victimized women, using both quantitative assessment and purely qualitative situational observation.

The classic Psychodrama is a technique, developed from the original experiences of Jacob Levi Moreno with prisoners, prostitutes and homeless people, that promotes the empowerment of those who are enmeshed in violent relationships. Through roleplaying, such people can become aware of their own way of comparing themselves to reference and significant figures, and can then redefine the roles that they have unconsciously internalized. The technique of qualitative observation is an expression of the cultural psychology.

The University of Padua is the leader in applying these methods, and it heads a partnership, composed of groups belonging to the FePto, that collaborates with antiviolence centers in Austria, Bulgaria, Romania, Albania and Portugal. Because Portugal is a territory that is not primarily affected by the phenomenon of trafficking, its involvement in this work provides a control group.

The method used for the reception and treatment of women victims of abuse in these centers involves, directly or indirectly, the surrounding environment, which includes interpersonal relations, as well as the environments at work and in the home. The use of psychodrama thereby fits into a model of integrated ecological and bio-psychosocial intervention. Three steps are involved in the treatment of victimized women: a) taking charge of the victim and conducting initial tests; b) creating psychodrama groups, each group consisting of a maximum of 10 women, and each meeting for an estimated 25 two-hour sessions: c) final testing (ex post tests), return, exchange and discharging. The goal is to provide women victims an environment for psychological development, and to offer special attention to the roles they have internalized that were passed down from the mother. In this way, we hope to promote in the women a self-representation by which they are able to break free from a fate of oppression and to build a new existential journey, in effect each becoming a mother to herself. Thus the project relies on the utilization of a discursive approach, which considers the construction of the self as the affirmation of a particular point of view.

In order to evaluate the effectiveness of the intervention, it was considered essential to include the purely qualitative methods of assessment in addition to the more traditional quantitative methods. Thus the change in women's attitude is assessed both quantitatively and qualitatively, using a multi-method and multi-informant strategy for the evaluation of processes and results of operations. Usually we employ ex-ante/expost testing procedures to evaluate our results. Through these tests, we measure the change in the level of self-esteem; we analyze sub-cultural constructs related to representations of man-woman relationship; and we evaluate the evolution of knowledge, dysfunctional attitudes and representations of role. The qualitative assessment of the success of the program involves the critical analysis of the characteristics of the subject's interactions with others and with her environment. Such characteristics include her gestures and her way of speaking as they occur in the context of her environment, and in particular in relation to specific artifacts that occur in that environment. The intent is to combine the discourse approach of critical discourse analysis with ethnographic operations (Cottone, Schiavinato 2004).

Method

The aims of the project consists in investigating and intervening in the mother-daughter relationship in order to change the condition of subordination of women. This subordination is linked to the justification of violence against women by men.

The topic is focused on new strategies and innovative challenges in order to develop efficient modalities which could be applied on young and adult woman, victims of gender violence.

We seek to help these women to achieve resilience in their lives, which we define as the abilities to achieve effective self-determination. Therefore we had to over the intergenerational gaps.
In order to empower these strategies we propose coping modalities for the resilience.

This research-intervention adopts methods focused on women's dynamics according to role and status in society and culture, determining their biographies. We adopted , therefore, the following methods:

1) Intervention strategies, according to an ecological systemic approach, which will be applied on practices, which consist in supplying women, victims of gender violence. This approach is considered to be a multidimensional paradigm, regarding to the positioning on a social-cultural and relational level. The intervention practices are focused on all life conditions, within which the situation of women are embedded, in order to recognize and reconstruct the functional and structural resources, which make became the passive victim an active actor.

2) Psychodramatic Techniques (of groups and/ or individuals) affine to the intervention strategies described above, which are reserved for women, how requested explicitly a socio-psychological support. The Psychodrama is specifically indicated in order to enhance the ecological and relational resources.

The University of Padua is the leader in applying these methods, and it heads a partnership, composed of groups belonging to the FePto, that collaborates with antiviolence centers in Austria, Bulgaria, Romania, Albania and Portugal.

This longitudinal study is organized on three steps involved in the treatment of victimized women:

a) taking charge of the victim throughout conducting initial battery tests (ex-ante);

b) creating psychodrama groups: each group consists in a maximum of 10 women, and each meeting counts about 25 two-hour sessions:

c) final testing (ex-post): return, exchange and discharging.

The Assessment prefigures the administration of a test battery to evaluate the intervention efficiency at the beginning and the end of the program. The battery tests consists in three scales:

• BDI-II (Beck Depression Inventory-II version), Beck, 1996: is a self –reported analysis of depressive symptoms. This second version reflects revisions in the Fourth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

• SAI-R (Spontaneity Assessment Inventory- revised), Kipper, & Shemer, 2006: will be adopted to measure the change in spontaneity management;

• CORE-OM (Clinical Outcomes in Routine Evaluation Outcome Measure), Evans et al., 2000: to evaluate the clinical practice efficiency.

Through these tests, we are able to measure changes according to self-esteem; we analyze sub-cultural constructs related to representations of man-woman relationship and we evaluated the development of knowledge, as well as dysfunctional attitudes and representations of role.

The validation for parametric variables within either the whole as the single groups was performed in 250 university students (50% male and 50% female) for each Country (Italy, Albania, Bulgaria, Austria, Portugal, Romania), who volunteered to take part in the investigations.

References

Banfield, E. (1958). *The moral basis of a backward society*, New York: Free Press.

Beck, A. T., Steer, R. A. & Brown, G. K. (1996). *Manual for the Beck Depression Inventory — Second Edition (BDI-II).* San Antonio, TX: Psychological Corporation.

Campbell J. (1964). *Honour, family and patronage: A study of institutions and moral values in a Greek mountain community*, Oxford: Clarendon Press.

Chesler, P. (2009). Are honour killing simply domestic violence? *Middle East Quarterly,* 16, 2, pp. 61-69.

Cook, E. P. (1993). *Women, relationships, and power: Implications for counseling*, Alexandria, US: American Counseling Association.

Cottone, P., Schiavinato, V. (2004). Dall'identità al posizionamento. Slittamenti di categorie nella costruzione partecipativa di un sito Web in un contesto multiculturale. *Ricerche di Psicologia*, 27, 3, pp. 155-172.

Davis, J. (1977). P*eople of the Mediterranean: An essay in comparative Social anthropology,* London: Routledge.

Evans, C. E., Mellor-Clark, J., Margison, F., et al (2000). Clinical Outcomes in Routine Evaluation: the CORE Outcome Measure (CORE-OM). *Journal of Mental Health*, 9, 247-255.

Flood, M., Pease B. (2009). Factors influencing attitudes to violence against women. *Trauma, Violence, & Abuse*, 10, 2, pp. 125-142.

Gilmore, D. (1987). *Honour and shame and the unity of the Mediterranean*, Washington DC: American Anthropological Association.

Hamel, J. (2007). Gender-Inclusive *Family Interventions in Domestic Violence: An Overview*, in J. Hamel, T. L. Nicholls (Ed.). Family Interventions in Domestic Violence, New York: Springer Publishing Company, pp. 3-26.

Hamel, J., Nicholls T. (2007). *Family interventions in domestic violence: A handbook of gender-inclusive theory and treatment,* New York: Springer.

Herzfeld, M. (1987). A*nthropology Through the Looking-Glass: Critical Ethnography in the Margins of Europe,* Cambridge: Cambridge University Press.

Kaur, R., Garg, S. (2010). Domestic violence against women: A qualitative study in a rural community, *Asia-Pacific Journal of Public Health*, 22, 2, pp. 242-251.

Kipper, D.A. and Shemer, H. (2006). The Revised Spontaneity Assessment Inventory (SAI-R): Spontaneity, well-being and stress. *Journal of Group Psychotherapy, Psychodrama & Sociometry*, 59, pp. 127–136

Lopez-Zafra, E. (2008). Relationship between culture of honour and gender identity: The role of sex, age, and educational level in predisposition to violence. *Estudios de Psicologìa,* 29, 2, pp. 209-220.

Mertus, J. (1995). *State discriminatory family law and customary abuses, in J. Peters, A. Wolpers (Eds.) Women's Rights, Human Rights: International Feminist Perspectives*, London: Routledge.

PRIN – Testoni, I. (2004). *Psichismo mafioso e gestione della corporeità femminile*, Prin, MIUR, http://prin.cineca.it/php5/home/prin.php?info=

Straus, M. (1993). *Physical assaults by wives: A major social problem*, in R. Gelles, D. Loseky (Eds.). *Current controversies on family violence* (pp. 67-87). Newbury Park: Sage.

Straus, M., Gelles, R. Steinmetz, S. (1980). B*ehind closed doors: Violence in the American family.* Newbury Park: Sage.

UNITE (2006). To end violence against women, http://www.un.org/en/women/endviolence/pdf/VAW.pdf

UNITE (2009). Violence Against Women, http://www.un.org/en/events/endviolenceday/pdf/UNiTE_TheSituation_EN.pdf

World Health Organization (WHO) (2002). *World Report on Violence and Health*. Geneva, Switzerland: World Health Organization.

Zaidi, L. Y., Knutson, J. F. & Mehm, J. F. (1989). Transgenerational patterns of abusive parenting: Analog and clinical tests, *Aggressive Behavior*, 15, pp.137-152.

SY07

YOUTH AND TRANSCULTURAL ISSUES IN TURKEY

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Youth and transcultural issues in Turkey

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Introduction

Social and cultural identity is the concept of individuals labelling themselves as member of particular socio-cultural groups – based on Nationality, subculture, ethnicity, gender, etc. On the other hand, according to the structuralist view, identity is the product of culture and society. As a "historical reservoir", culture is an important factor in shaping identity. Majority of sociologists and antropologists fall somewhere between these two theses (Prevos, 2004).

There is no straight forward relationship between identity and these socio-cultural concepts. Our identities are embedded in a Web of Identity (Livesey,2004), which is a visual representation of the intersection between identity and society. According to Web of Identity, individual identity surrounds by three circles: 1- Age, gender, ethnicity, region, class; 2- Roles, values, norms, subculture, status, socialization, culture; 3- Family, media, work, politics, religion, peers and education.

"Youth" defined demographically as an age cohort between the ages 12-24. It is a transition from childhood to adulthood.

Most studies in Turkey tend to be based on quantitive surveys administrated at a given point in time to the population defined as "youth". There are few studies which relate age as a cultural construct to generational identity (Demir, 2007). In Turkish society "youth" is a associated with the state of being unmarried, or not yet a householder. Both men and women gain adult status after marriage. Age cohorts play an important role in defining identity and establishing structures of dominance in Turkish society (Neyzi, 2001).

In this paper, the findings of a focus group study will be discussed, which has conducted by the authors among youth representing different socio-economic classes in Turkey.

Aim of the Study

The aim of this study was to discover cultural identity and transcultural issues among economically disadvantaged youth in the capital city of Turkey. In the focus group discussions, following questions were investigated with participants;

a. Whom would you like to be like?
b. What are the characteristics of a bad person and a good person?
c. If you have to give a name to this group, what would it be? Why?
d. What are the responsibilities of families to their children?
e. If you had a magic stick, what would your three wishes be?

Methodology

This study has a qualitative methodology in order to fully understand the cultural identity variables among a group of disadvantaged youth. This methodology was choosed because of its open nature to let the participants freely express their values, norms and ideas. Focus group method was used as data gathering technique. Authors aimed to observe and investigate the interaction among the youth during their expression of cultural identity and so that try to reach a common expression among the participants.

4 focus group sessions were conducted with 37 youth at total. Social institutions were used to reach the participants. The consent for the research was obtained from both the administrators of the institutions, and the participants individually. One of the group was conducted among street-working children in Child and Youth Center, serving under Social Services and Child Protection Agency; two groups were conducted in one of the NGOs for deprived children and youth, namely Children and Youth Solidarity Center; last group was conducted in a Social Solidarity Center of an economically disadvantaged location under the Municipality.

The groups consisted of 6 to 12 participants and took nearly 2 hours for each session. One of the researchers were facilitator while the other took notes and make observations.
The notes and observations during the sessions were analysed according to the determined categories of cultural identity variables.

Cultural Identity of the Youth

The findings of the study is presented according to Livesey (2004)'s web of identity variables surrounding by three circles.

First Circle: Socio-demographic characteristics of the subjects

Paralel with the aim of the study, the authors tried to reach the economically disadvantaged youth from different deprived locations in Ankara. This group consisted both street-working children who run away from their homes and stay in the institution, or children who are with their families and continuing their education.

The mean age for the participants were 13. The age of the participants were ranged from 12 to 15. There were 18 boys and 19 girls in the focus groups. Most of the participants were born in Ankara, while 11 of them were migrated from other cities.
All of the group except for street children were continuing to their education.
The work experience were seen among 3 boys. 2 boys also work in summer time, while the school is closed. Living in the streets were only seen among the children working on the streets.

With regard to the subculture or status of the participants, the facilitator requested the youth to find a name for their focus group. The name and the description of this name gave an idea about the portrayal of the group and their perception. Nearly all of the

names made emphasis on unity. One of the names emphasized the diversity as a positive perception.

These names were;
- Mimar Sinan Team(the name of the neighbourhood)
- Colorful ("because we all have different ideas, we are all different colors and become colorful when we are together")
- Mysterious Unity
- Protection of the children of future club ("good generations are the result of good families)

Second Circle: Norms and values

The norms and values among the participants were discussed with two questions; the role model of the participants and the description of good and bad person.

Among the role models discussed, different categories arised. The first category was artists, football players and singers which are the common actors in popular culture. Besides this expected result, participants also mentioned different role models which show their understanding of the political and social agenda.

Two boys gave examples to the political agenda, with an emphasis on hegemony;

"I would like to be Barack Obama. He has got so many colonies. He has so much money. And he lives his life. I wish my language would be spoken everywhere" (Boy, 13)

" I would like to be Tayyip Erdoğan. He is the prime minister of Turkey. He is beating down everyone…he is giving food to the poor, but not with a good will, in order to get more votes" (Boy, 12)

Besides the political leaders, religious leaders were also stated;

" I would like to be like the Prophet Muhammad, so nice and helpful like him" (Boy, 15)

 The girls mostly stated role models from their immediate environment, like mother, sister or other female relatives. The reasons behind were explained with their good characters, such as nice, hard-working, good-looking, doesn't have bad habits, etc. The negative role models were also became a subject. Among the street- worker group, negative role models were stated as fathers by two boys. The reason behind was that they were physical abusers and uneducated.

With regard to the question of description of the good and the bad person, nearly all of the groups were in paralel with each other. The good and the bad was symbolized with and evil and an angel in the flip-chart. The mainly emphasized characteristics for the "bad" were as follows;

- Doesn't help people
- Drives the car on you!
- Commits theft
- Thinks that all the opposite ideas are bad!
- Swears
- Always thinks about the money
- Doesn't keep your secret
- Has bad habits
- Smokes, drinks alcohol
- Lies
- İs shameless, rude, foulmouthed

Oppositely, the "good" person was described as follows;

- Helps people
- Do not steal anything
- Keeps the secrets
- Friendly
- Doesn't take revenge
- Doesn't betray
- Doesn't gossip
- Doesn't fish for you, instead teaches you how to fish
- Is honest, respectful and trustworthy

The descriptions were seen parallel with the developmental needs and characteristics of adolescence.

In response to the question regarding the "magic stick", the traditional values of Turkish culture were seen among the participants sharings. Mostly, charity issues arised such as giving money to the poor, treating all the disabled people, helping students by giving free books. One of the participants had a wish that everyone in the World become Muslim. But the group discussed that idea in the frame of the differences between Muslims and Christians and decided that the " both of them have red blood inside". That meant the tolerance of the group towards different religions.

In addition to these, a general response to the magic stick question also showed the importance of money for the participants. Gaining money, having more money to buy everything were also among the common responses.

Third Circle: Family, politics and education and wider context

The family types of the participants were investigated. Most of the participants had nuclear family, while 7 of them had broken families and 5 of them had extended family. Broken families were seen mostly among street-working children.

The roles and responsibilites of families were discussed. Among the street-working children, the responsibilities were stated as taking care of the child until 18 years old, taking to the hospital, buying books, taking care in every aspect, for material and non-material needs. Giving money, buying clothes were also mentioned. The mostly emphasized responsibilities were regarding the economic responsibilities to the child.

However, in other groups, emotional responsibilities were more highlighted. For example, a group emphasized respect among the family members, behaving equal among the brothers/sisters, trust, support, asking for the youth's ideas while making common decisions.

Attitudes towards the physical violence arised during the discussions. One of the boys stated;

" I would beat my child…I would beat, but not in front of his/her friends, in the home, instead" (Boy, 14)

This sharing shows the continuity of traditional child rearing activities in the new generation but its adaptation to the needs of adolescence period.

On the contrary, a girl expressed her ideas as follows;

" I would think about my own experiences and wouldn't do the wrong things to my child. I would know his/her friends, I would know where he/she goes…"(Girl, 14)

This idea was shared among other girls in the group. A new vision of child rearing was emphasized and the need of close relationship with the parents can be seen.

Traditional gender roles were also observed among the group members with an emphasis on women's domestic roles and men's outside roles. The values gained from the family were mentioned as respect, love, honesty, how to behave in a certain environment and tolerance.
Some participants stated that not only good things, but also bad things can be learned from the families. Some of the boys learned how to swear and fight from their fathers.

The conflict points with the families were mostly stated as the involvement of the family for choosing friends. Most of the participants highlighted their families' negative attitudes while they are making new friends. The motivation behind was mentioned as the families' demand for the child to have "good friends" and to stay away from "bad friends". Bad friends were exemplified as smokers, drug addicts, etc. Even the youth complainted about this situation, they also understand their families in this regard and find it reasonable.

The school was mostly mentioned with negative feelings in all of the sessions. The school is seen as a place to meet with friends. The courses and teachers were mostly responded with dislike.

During the discussions, the political climate of the country was reflected to the whole process of the focus groups. This is directly observed from the decision making process of the group regarding the group name. Some participants insisted on the acceptance of the name they offered and tried to practice oppression to the other members in the name of "*democracy of the majority*". This situation was seen parallel with the agenda of the country just before the elections. Besides, political leaders were expressed as role models as can be seen in the previous section.

Conclusion

In this study, the aims were to investigate cultural identity and transcultural issues among a group of disadvantaged youth in capital city of Turkey. In the focus group discussions conducted by the authors, several points raised with regard to the cultural identity variables of the participants.

First of all gender differences was observed in both form and content of the discussions. Boys emphasized power related issues more than the girls in responses to the questions. Girls mentioned more emotional responses and expressed their feelings in a more clear way.

Familial values were seen among the group who lives with the family. However, street-working children were more tend to share the values of their peer group, especially with whom they share their experiences.

Negative feelings and attitudes towards the family were mentioned among street-working group. This was mostly because of the abuse and neglect towards them by the parents.

During the discussions, it was observed that the general political climate of the country is reflected on the small group discussions. The discourse of democracy, diversity, unity, etnicity was somehow appeared during the process. The perception of power and its practice over the "others" is examplified with political leaders especially by the boys.

In general, the values that is transferred from the family were mostly "lower" and "upper-lower" class values. Kohn (1979) summarized the values of lower class societies as manners, neatness, cleanness, honesty and obeidence. Families were expecting conformity to an external authority among the group members.

It was also observed that participants gained their familial values and combined them with their developmental needs. This is observed while they tend to continue their parents' parenting style, while paying attention to their immediate needs in the social environment.

The expressions of the participants in terms of group identity made special emphasis on the feelings of unity, solidarity, togetherness. This can be explained with the traditional social values of Turkish society, having its roots in history.

 This study should be considered with its limitations. First of all, because of time limitations, authors had to set a limit to the number of focus groups. Only 4 focus groups had been conducted under 3 different agencies. More groups could give more concrete ideas about the topic. Secondly, limitations were set for the discussions on political, etnic and religion questions which constitute some aspect of the web of identity variables. Authors choose not to directly ask such questions but instead, to note

the ideas as they are expressed by the youth freely during the discussions. The reason behind was not to disturb both the youth and the agencies that give direct service to the youth we had interviewed.

When considered within these limitations, the study has still reflected some aspects of the cultural identity variables among economically disadvanteged youth in Ankara. This research should be regarded as a contribution for the qualitative methodology in the field of youth cultural identity in Turkey.

References

Demir, İ. 2007, Gençlerin Kimlik Yapıları: Farklı Yerellikler Ekseninde NitelBir İnceleme. Doctoral Dissertation, İstanbul University, İstanbul, Turkey.

Kohn, M. 1979, "The effects of social class on parental values and practices". in: The American Family: Dying of developing. New York: Plenum Press.

Livesey, C. 2004, Culture and Identity, Sociological Pathways. http.//www. sociology.org.uk/pathway2.htm.

Neyzi, L. 2001, Object or Subject: The Paradox of "Youth" in Turkey, Autrepart (18), 2001: 101-117

Prevos, P. 2004, A life history. http://www.prevos.net/0la/life_history.pdf

SY08

FAMILY CHANGE IN GREECE, CONTRADICTING VALUES AND PERSONAL GROWTH: IMPLICATIONS FOR PSYCHOTHERAPY

APOSTOLIS ANGELOPOULOS
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Family change in Greece, contradicting values and personal growth: implications for psychotherapy

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Hellenic Organization for Psychotherapy & Education in Group Analysis

Family has always been an object of interest for a large amount of professionals such as economists, policy makers, social scientists, health care professionals, social workers, educators etc. Nevertheless psychotherapists are deeper involved with the dynamics of family relationships, rather than its structure. Psychotherapists often use theories of family structure derived from sociological or anthropological research. The question is how unbiased this theories are?

Cross-cultural research points out that, the very term "family" is used by many sociologists and psychologists as synonymous with "nuclear family," that is, mother, father, and children. But this perception is consistent to social representations and cultural values about family, which are typical for Western societies. In most cultures throughout the world, kinship relations are included in the social representation of what family is: grandparents, aunts and uncles, cousins, from both sides of the parents, and even unrelated persons are considered to be "family."

A more extended look reveals that, the nuclear family has become a dominant ideological pattern of social thought of the post-war years in Europe and especially the United Sates. It derives from the nineteenth-century middleclass ideal of the working man, the glorified housewife and their children. It is also consistent to the Victorian emphasis in order and control and polarized gender roles. Moreover, social evolutionary thought in the nineteenth-century indicated nuclear family as the *highest level of development* in British and North American civilization. This explains why, the idealization of the nuclear family is so typical in the United States and the United Kingdom.

Modernization.

This is precisely the theoretical ground for the so called "modernistic hypothesis", which is quite popular in common sense, the media and among policy makers, healthcare and other specialists.

Modernistic hypothesis assumes that, as nations become more "modernized," primarily because of increasing industrialization and affluence, they tend to converge; similar changes in production and consumption, ecology, social institutions, and values take place. With increasing economic level and industrialization, countries reject traditional values and traditional culture, and all countries inevitably converge toward a system of "modern" values and increasing individualization. Modernization theory predicts that traditional societies may be presently "underdeveloped" but economic wellbeing will inevitably result, as discussed above, in changes in its family system to predominantly

nuclear with fewer kin relationships, more one-parent families, more divorces, etc. (Kagitcibasi, 2006).

The modernization perspective claims that family interdependence should decrease and individualization, separation/ nucleation should increase, pointing to the model of Western nucleated independent family, as if it was the highest level of a global scale of development.

Family change in the west.

The very notion of nuclear family has been undergoing a second look, because of what is called *family change* and its characteristics in Western societies, but also in the rest of the world.

There is considerable agreement among sociologists that the classic nuclear family model of Parsons of the working father, the housekeeper mother, and the dependent children represents a minority of families in today's Western societies. That is, the bourgeois form of family in the past century, in which an institutionally legal, lifelong, sexually exclusive marriage between one man and one woman, with children, where the male is the primary provider and ultimate authority, no longer exists in advanced Western countries.

As Georgas (2006, p.26) points out, that demographic statistics during the past four decades provide evidence for an ongoing dialogue about the decline of the family or the crisis of the family. The decrease of the extended family system, the increase in nuclear families, the increase in unmarried one-parent families, the increased divorce rate, the decreasing contact of divorced fathers with their children, the increase in remarriage and families with step-parents and stepbrothers and stepsisters, the gradual replacement of marriage by consensual union, legalization of same-sex marriage, the decrease in the birth rate, all provide strong support to the arguments for the breakdown of the family.

In other words (Kagitcibasi 2006, p.75), over decades, families in Western societies have become smaller in size and less stable, as people prefer to invest their time and energy in themselves rather than in their families. Numbers of children are decreasing. Some reasons are that many parents want fewer children, with rising costs of childrearing; many women postpone childbearing, and some don't get the number of children they initially desired. Also positive feelings toward motherhood and parenthood have declined, especially as alternative identities become available to women. Marital roles have changed, with ever increasing labour-force participation of women. With increasing divorce rates, the prevalence of intact nuclear families is declining; stepfamilies and single-parent families are common. Among several causes of divorce, economic factors, changes in gender roles, and higher psychological expectations of the spouses from each other and from the marital union come to the fore. Thus marriage has become a path toward self-fulfillment, "a voluntary relationship that individuals can make and break at will" (Popenoe, 1993, p. 533, cit by Kagitcibasi 2006), rather than entailing moral/religious/social obligations as it had earlier. The increase in non-family living also has to do with the elderly living independently. The institution of the family is growing weaker, losing social power and social functions, and becoming less important in life.

Some researchers believe that these changes, which are consonant with modernization theory, represent a global trend in family change. Popenoe proposes that the new family system is **postnuclear**.

Family change in the Majority World

The "Majority World": the 90 percent of the population of the world lives outside of Western societies (Kagitcibasi 2003). Theories and demographic statistics already mentioned above represent probably over 90 percent of the literature in family studies.

Family change in the rest of the world is a more recent phenomenon, occurring during the past two or three decades, and reflects recent increases in industrialization, increased trade, tourism, and influences of world wide television and information technology.

One development characteristic of most countries throughout the world is related to changes in family types as a result of urbanization and economic development. The traditional means of subsistence in most of the world are being abandoned and people are migrating to the urban areas to seek a better life. Demographic studies in many countries indicate the increase of nuclear family households.

However, studies of family networks indicate that the extended family system *has not decomposed into isolated nuclear families*, but has changed into a modified extended family system in urban areas with close contacts with kin. It seems that some family changes, although phenomenologically similar to those in Western societies, seem to have taken a somewhat different course.

What appears to happen is that *material* interdependencies weaken with increased affluence and urban life styles, but *emotional* (psychological) interdependencies continue, since they are not incompatible with changing life styles.

Therefore the emerging pattern is what Kagitcibasi (2003, 2006) calls the *family model of emotional/psychological interdependence* that is different from the two commonly recognized prototypical models of *independence* (western middle class nuclear family) and *interdependence* (traditional collectivist family). In the family model of independence there is independence in both material and psychological dimensions; in the family model of interdependence there is interdependence in both dimensions. In the synthetic model of emotional interdependence, however, there is independence in the material realm together with interdependence in the psychological realm.

Greek family

Greek family has been undergoing a great amount of changes for the last 50 years, as a result of rapid societal and economic development. Sociologists and psychologists are also ruled by the modernistic hypothesis; social representations and lay ideologies stress out the "westernization" or "modernization" of the Greek culture and the decline of traditional way of living; family change is viewed as a result of progress; nuclear family seems to be dominant. Demographic statistics also support this view.

But demographics during the last decade also show an interesting picture: findings from the Eurostat demographic survey of 2001 point out that the lowest percentages of nuclear family households in Europe are Britain and Austria with 33 percent, followed by Germany with 34 percent. *Greece had a higher percentage, 38 percent, of nuclear families*. On the other hand, the average of three-generation households, which corresponds to an extended family type with at least one grandparent, one parent, and one child, *is highest with 22 percent in Greece*. These conflicting findings are easily explained considering the idealisation of nuclear family in social thought. The survey examined the existence of separate, nuclear households, without any notion about *kin relationships between nuclear families* (Georgas 2003).

A nationwide Greek survey (Georgas, 2003, 2006) indicated that kinship relationships of young married nuclear families are very close, both in terms of closeness and interaction. A potential explanation of the high percentage of nuclear families in Greece is the cultural values in which it is considered the duty of parents to make provision for buying a home for their children when they marry. The father/potential-grandfather plans for a separate residence for the daughter, even before adolescence, for when she marries. Economics of Greece are an imperative at this point. A typical process of many fathers/potential-grandfathers with a piece of property or an old house in Athens or another city would be to make an arrangement with a building contractor. The

arrangement was that the father would provide the property and the contractor would finance the construction of the apartment building, with the provision that the father would retain two or three apartments, e.g., one for him and his wife, and two for the daughters, and the contractor would sell the other apartments. This explains why, such a large proportion of Athenian families live in the same apartment building.

Types of residence patterns and interactions with kin in Athens are very similar to that of the traditional towns. Grandparents, aunts, uncles, and cousins reside very near the nuclear family, even in Athens, either in the same apartment building, in the neighborhood, or in the community. They visit each other frequently and telephone each other frequently. In addition, it appeared that they also telephone each other frequently even when the kin live outside Athens.

Indeed, in comparing the frequency of these contacts with other cultures, Greece has one of the highest rates of visits and telephone contacts with relatives (grandparents, aunts/uncles, and cousins). Greece also has the highest means of meetings with siblings, aunts/uncles, and cousins. These are indications that residence patterns, interaction, and communication with kin are relatively close in comparison, with other countries that also have an extended family system (Mylonas et al, 2006).

The traditional Greek extended family has not decomposed into isolated nuclear families, taking the form of an urban extended family system with a continuation of contacts with its network of kin. According to the definition of the nuclear family – two generations in a household – each of these families is structurally nuclear, but functionally, their ties are that of an extended family or joint family; that is, the Greek family appears to be *phenomenologically nuclear but functionally extended*.

Changing values

Nevertheless traditional patterns of family functioning (intergenerational relations, childrearing, intimate relationships, gender roles etc.) and their upholding values have also been undergoing a process of adaptation. The extended family system in Greece is rapidly changing.

Roles in the traditional Greek family can be described as follows: father takes the lead role in the family and handles all financial matters; mother accepts her husband's decisions, is always there – in the home – living for her children, as her first goal should be to be a good mother; parents are protective and supportive; children are obedient, respectful, and caring for their parents when they become old; finally, women should not have children outside marriage and should return to their family homes if separated.

Traditionally the Greek ingroup is composed of more than the extended family, including best man at the wedding, the godfather, in-laws, friends, with the criterion that they showed concern and support during times of need. The appropriate behaviours toward members of the ingroup were cooperation, protection, and help; appropriate behaviours toward members of the outgroup were competition and hostility. Also, a key central value of the ingroup, which encompasses many other values, was *philotimo* which can be loosely translated as "honour," but it has a special meaning for the Greek ingroup, i.e., "to give to others," "to be correct in fulfilling your obligations," "to sacrifice yourself for others," "to respect others" (Mylonas et al, 2006).

In current surveys people at all ages *reject traditional paternal values of absolute authority*, but hold traditional values associated with maintaining close contact with relatives, children respecting grandparents, and *obligations toward parents*.

The most influential survey on changing family values in Greece is that of Katakis (1998) which is constituted by the answers of three generations on the question "Why do people get married?" Katakis findings show three distinct values systems:

Why do people get married?

I) This is a man's destiny (Grandparents' answer in rural areas). Traditional value: Family as survival. Parents raise children. Children help the family. They create their own family and take care of the elders.

II) In order to raise children, to educate them, and make out of them useful citizens (Middle aged parents' answers in urban areas). Child-centered family: two people get married in order to fulfil the need of a third one. The child should keep the family united and will turn mainly into a consumer.

III) Marriage is not important, nor necessary. Relationship is, what it really matters (Youth answers in urban areas). The fulfilment of personal tasks demands independent action and decision making. Parents set limits, give advice, try to guard them. The notion of "relationship" is not clear and it is related with psychological survival. Youngsters know that they do not want to live like their parents, but they do not know what they seek in marriage.

These findings show that individuals often find themselves in great stress trying to serve the needs of the family (collectivistic values) and their own needs for intimacy/ connection and, on the other hand, seeking self sufficiency, privacy and autonomy (individualistic values). These contradictions are merely served also by the culturally ignorant models of social and psychological explanation, which are quite popular in the media and among health-care and education specialists, which stress the importance of early human separation and individuation for healthy psychological development of the self.

Cases

Coping with contradicting values is often the case in individual, family and group psychotherapy. Psychotherapists - especially in countries with rapid societal change - often witness the struggle between different cultural values, patterns of social behaviour, and forms of interaction, as they mirrored in the psychic level of our clients. Group psychotherapists and family therapists have an advantageous position in perceiving individual perturbations and pathology as a group phenomenon - namely that of the primary group of nuclear family. Nevertheless, as we tried to demonstrate, nuclear family itself should be viewed in association with broader systems of interaction (individual, group, intergroup, and even cultural or ideological). In other words we claim that nuclear family group interaction should be seen in the light of larger group dynamics.

For those therapists who work with the whole family, this case, should not be of surprise. In family sessions, therapists often deal with "the transgenerational projection of object relations derived from relationships to grand parents, parents, aunts, uncles, cousins, and so on" as Scharff & Scharff point out. "In the family, the small group contains the large group." (Scharff & Scharff, p.134). As we hopefully already show, this is built in an excessive amount of everyday interactions between family members - as in the case of emotional/psychological interdependence model of family change.

If psychotherapists are unaware of such cultural phenomena, and guided by a separation/individuation model of psychic growth, there is a risk that we just stress the poles of an inner conflict (acting more in a super-egotic manner).

It would be more fruitful if a patient could identify him/herself in the set of the unconscious dynamics of the family system. (The next cases are presented with permission of the patients they represent.)

R is a 35 y.o female who was born and raised on a big Greek island, well-known for its traditional values. She was born in a typical father-mother-children family setting, from which she left at the age of 18, in order to get higher education in Athens. After getting her degree, although she found a stable job, she kept on living in the same little

inconvenient apartment she has been rending during her student years. She wouldn't go back to her island because she feels "suffocated" by her mother's (and the mother's sisters, who all appear to live in the same neighbourhood) depressive attitude to "suffer a life she does not like, because this is the proper thing to do"; "they (the mother and her sisters) sacrifice themselves for others". Since she left home, she has been spending all her holidays or vacation with her family at her island. R is an attractive lady, with an "alternative" style, free sexual behaviour, and "no ability" - as she says - in intimate relationships. She lives all alone in her small apartment, and every single evening she smokes hashish. She is an engineer, who works on the designing of major infrastructure such as motorways, bridges etc., but she feels "useless" and she thinks of her job as meaningless. R came to therapy complaining for "inner anger" and "tendencies for aggressive behaviour".

S is a male of 30 y.o. He was born in a small northern village of Greece – where "everybody knows each other" - in a typical father-mother-children family setting. The father runs a small family business in the tourist industry. S has left his family after his army service in his early 20s, against his father will, in order to study music. He wanted to be a musician and a composer. His father have never attended his concerts and deals with his career as musician as "unserious act" and every now and then he talks about the future of family business. S is continuously, for almost 10 years, travelling back to his village for the summer, to help his father run his business. Every year they have these big fights because his father "has an old-fashioned mind" and "does things in his own way". Recently S's music was accepted by the manager of one major company in the music industry and he has been working on his first disk: even this year S travelled back to help his father and interrupted the whole project until autumn. He justifies his decision as "money earning". He first came to therapy complaining for anxiety and inability to do things he normally did. He often finds himself stuck in unpleasant life situations or relationships, being unable to identify, what "he really wants".

M is a woman of 49 y.o. She had lived all her life as a housewife and a mother – she was married at the age of 16 and gave birth to her first child at the age of 19. Raising children and keeping the household, was the only thing she knew, and, despite the fact that, "she had a good family", she was depressed and felt alone. In her early 40s she went back to her unfinished school, got a job and divorced, despite the objections of her parents, relatives, and all the family friends. Her daughters (at the age of 25 and 22 those days) supported mother's "plan of freedom". M used all the money she got as a compensation for leaving the family property to her husband, in order to buy a house big enough to accommodate her and her two daughters. After sometime M found herself in a situation, where she had to work hard for her living several hours per day, and her daughters would not contribute any money for their common expenses; they would not even participate in house jobs. After years of conflict M realised that she should ask them to leave the house. The girls left at the age of 30 and 27 feeling exploited, disappointed, and very angry with their mother, with whom they stopped communicating. M feels relieved from the one hand, but she also feels that she might be "a bad mother"; she even started to express her anger to the analytic group and the conductor, who "had not prevented" such a situation.

In all these cases ages are significant because they indicate a stage of family life, which has not a clear developmental task. R and S are in their 30s and M divorced in her early 40s - age which is far from the tasks of grand-parenting, aging and facing death. It seems that in all these cases, *the family is guided by the task of preserving itself or defending itself from change* – which is not inconsistent with the cultural values of the members; that's why R, S and M demonstrate irrational behaviours in conflict to their

personal tasks. On the other hand, these behaviours are so relevant to their values of family relationship maintenance that they do not perceive them as irrational – they are justified. The preservation of the nuclear family is related not only to the maintenance of relationships within the family, but also in the broader system of reference, namely the kin system. R directly refers to her mothers' sisters, and her father is a well-known writer and respectful member of the local community; S is always referring to the reactions of his fellow-villagers, and his father will stress during fights how embarrassed he would feel because of his son's inappropriate actions. M comes from a godly family, members of which participate in a religious community with a strict system of peer control: after divorce, being a good mother was "the only good trait she had".

Guided by traditional values R should have returned to her island after university, she should have been already married and raising children, and taking care of her parents; S should continue the family business; M should have never got divorced in the first place.

The individual and the family both share a phantasy, which is not only related to the annihilation of the group, because of the separation of a member/object. It is also related to the fear of failing the expectancies of the kin system. In these cultural circumstances, this seems a really threatening perspective for the nuclear family; it is not like loosing an object; it is more like loosing hope. The family struggles and defends itself from trauma, regressing to basic assumption group. At this point we should mention the usefulness of Hopper's (2003) fourth basic assumption incohesion: aggregation/massification. The group experiences incohesion, which evokes annihilation phantasies and the members act as if they were cohesive – but they are not. They are aggressive and envious. They form illusionary states of group life, which are "loose" (aggregates or masses) trying to deny the trauma and its effects on group functioning. Members then behave as if the group remains a psychological whole.

Denial is a central concept in our cases. R lives in a small student apartment for more than 15 years as if it was temporary; as if she were going to go back home. S is a professional musician and a composer for a decade, but he doesn't feel like one; he earns money in the summertime helping in the family business. M got a divorce but spend all her money to reproduce a sense of wholeness for her daughters. The same defence is obvious in the behaviour of the other members of the families. Their distorted interaction, which creates problems, anxieties, and fake alert situations between the members of the family, forms an empty shuck - good enough for the extended system of relationships.

Nevertheless aggregation and massification are also perceived as threatening for individual identities. Our experience shows that recognising their part in this broader system of interactions is very helpful and relieving for the patients. It gives them a broader view of what is happening in their lives. It gives them a meaning for their aggressive feelings and it amplifies their capacity for self-containment. The task for group therapy is – paraphrasing what is already mentioned – to contain the large group in the small group. The capacity of the group to contain the excessive complains about helplessness and the ambivalence of feelings is crucial. Moreover, such members as R, S and M tend to express feelings of appreciation and gratitude for the group, and at the same time, they feel isolated with a sense that "others don't really understand".

The group should contain their emotional states, interpret their situation, and help them detect their part in the family dynamics, recognise their fears, and foster their capacity to mourn. Being able to mourn and deal with one's own fears, gives hope, and also a more realistic attitude towards the fulfilment of his/her own needs.

Culturally relevant psychotherapy can offer an integrative synthesis of both the needs for autonomy and for relatedness, which would be a more optimal human condition.

References

Georgas, J., (2003). Family: Variations and changes across cultures. In: Lonner, W. J., Dinnel, D. L., Hayes, S. A., & Sattler, D. N., (Eds.). *Online readings in psychology and culture*. Center for Cross-Cultural Research, Western Washington University: Bellingham, Washington USA.

Georgas, J., (2006). Families and family change. In: Georgas, J., Berry, J.W., van de Vijver, F.J.R., Kagitcibasi C., & Poortinga, Y.H., (eds) (2006). *Families Across Cultures. A 30-Nation Psychological Study*. New York: Cambridge University Press, p. 3-50.

Georgas, J., Berry, J.W., van de Vijver, F.J.R., Kagitcibasi C., & Poortinga, Y.H., (eds) (2006). *Families Across Cultures. A 30-Nation Psychological Study*. New York: Cambridge University Press.

Hopper, E., (2003). *Traumatic experience in the unconscious life of groups.* London: Jessica Kingsley Publishers.

Kagitcibasi C., (2003). A model of family change in cultural context. In: Lonner, W. J., Dinnel, D. L., Hayes, S. A., & Sattler, D. N. (Eds.). *Online readings in psychology and culture*. Center for Cross-Cultural Research, Western Washington University: Bellingham, Washington USA.

Kagitcibasi C., (2003). Theoretical perspectives on family change. In: Georgas, J., Berry, J.W., van de Vijver, F.J.R., Kagitcibasi C., & Poortinga, Y.H., (eds) (2006). *Families Across Cultures. A 30-Nation Psychological Study*. New York: Cambridge University Press, p. 72-89.

Katakis, Ch., (1998). *The Three* Identities *of the Greek Family*. Athens: Ellinika Grammata.

Mylonas, K., Gari, A., Giotsa, A., Pavlopoulos, V., & Panagiotopoulou, P., (2006) Greece. In: Georgas, J., Berry, J.W., van de Vijver, F.J.R., Kagitcibasi C., & Poortinga, Y.H., (eds) (2006). *Families Across Cultures. A 30-Nation Psychological Study*. New York: Cambridge University Press, p. 344-352.

Scharf, D.E., & Scharff, J.S., (1992). *Object Relations Family Therapy*. N.Y.: Aronson.

SY09

LOOSENING THE GORDIAN KNOT THROUGH WORKING WITH TRANSFERENCE EXPRESSED BY A YOUNG FEMALE MIGRANT WITH HINDU GODS AND GODDESSES

SABAR RUSTOMJEE

Loosening the Gordian knot through working with transference expressed by a young female migrant with Hindu gods and goddesses.

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The background of this case is about a patient named "U" for Unique - a 19 year old female migrant of Indian origin. She was referred by her university counsellor with symptoms of moderately severe depression and progressive weight loss of one year's duration. The counsellor was worried she had anorexia nervosa.

Her presentation was totally overwhelming. I recall feeling distinctly scared, firstly by the rapidity with which she burst straight into my consulting room with a wry smile, dressed in a very bizarre Indian attire, partly torn and faded with golden embroidery. Then she promptly chose to sit uncomfortably close to me. As not a single word had been exchanged, I realised she had a strong positive transference to myself. My fear of her, made me wary of who she was, and what the underlying issues could be. This was in contrast to her positive feelings towards myself. I realised very soon, that I now, needed further exploration of my own feelings, for my own benefit, so that any unnecessary fear on my part, did not interfere with my work with her. I have known that in cases where the therapist gets overwhelmed, there could be difficulty in the therapist accepting his/her own countertransference, or as Lacanians prefer to call it, it is, in fact, the transference of the therapist. This is because the core of the difficulty lies in the unconscious of the therapist and not the patient. I am certain in this case, "U" had no wish to scare or overwhelm me. Once she sat down, she was reasonably relaxed and appeared ready to work. This was totally my issue now, to resolve by searching through my own lifetime experiences. As I had grown up in Mumbai India which is considered more westernised in its views and she was of South Indian origin (easily deduced by her appearance), I knew my feelings had to be connected to my life in India. I had never felt so uncomfortable with anyone who had been brought up in a western culture. I was also aware that I often avoided treating numerous persons from an Eastern culture, especially if they appeared to be more primitive, or showed any inclination for excessive intimacy. It seemed I had clear boundaries about whom I could and could not treat comfortably.

Surprisingly, after such a beginning in the therapy, we nevertheless progressed very well, quite quickly. She opened up in a very naive way. I learned she had been tricked by numerous grown up men who made love to her since she was a young girl. She considered these encounters very seriously. On asking why, she thought this had happened, she replied quite innocently, slowly and patiently as if she was giving me a talk on sexual education "It was because they had the name of God". I was aware that one particular Indian God, named Krishna was married, but also had many lovers, whom he treated with equal respect. Indians usually adore him, and do not think of him being perverse. Among those who had made love with her, was a Brahmin male belonging to the highest Hindu caste. She explained, once more, very patiently as if she was my mother. "When you love somebody, that is what you are supposed to do." Two years later she discovered he was already planning marriage with another Brahmin. This totally devastated her and brought out her symptoms of depression, loss of weight etc. I kept my feelings to myself realising how frightened and fragile she was. It is well known in India, that if one is a Brahmin, it is highly unlikely he/she would want to marry beneath his caste, and intellectual level. He would immediately lose his status of being born a Brahmin. It may be, that to him, her belonging to a lower caste, made him feel 'God-like' in her company. This could be a loss for him to give her up. However to give up his family who belonged to the most elite Hindu caste and live an ordinary life may have felt a much more of a serious sacrifice, if not impossible. Somehow it seemed she had never considered this occurring. She had obviously believed she would be his wedded wife.

Regarding boundaries, obviously when she felt first came to see me; she still felt to a lesser extent, knotted to him, because he had the name of God and said he loved her. She was coming to the realisation during her therapy, that now that it was in fact he, her God who had actually cut the knot off from her, but still needed her to remain attached to him. He then soon got married and lived with his wife close to them. He kept giving "U" presents as if he was still single. As she became aware of his, she stopped opening his gifts and left them unopened in a spare back room in her home. Cutting the knot had brought some reality to her, which seemed totally unbearable.

Throughout her therapy, she developed various non-sexual attachments which invariably failed. These were to whoever "U" thought was a re-incarnated Hindu God or Goddess. When she told me this, along with feelings of empathy, I started wondering who I represented for her. Was I also a Goddess-, but which one? Was she expecting me to fail her too? I bought books on female Hindu goddesses, but nothing seemed to fit. One day about 6 months after she started her therapy, she started to talk about a picture of a Goddess given to her by one of her female teachers. It was the picture she said of a Goddess of Suffering named "Dukh Devi". I had never heard of such a goddess! It then clearly dawned on me, that I was perhaps seen by her as a reincarnation of Dukh Devi. I wondered, "Why me?" I felt, that she must see me as one who was dedicated to ongoing suffering and that maybe in the here and now I truly was a companion of her sorrow!. Having grown up in India in my formative years- from the age of 5 until I was about 20, I had seen this scenario often in India. I detested the passivity of thinking in a fatalistic manner. Being trapped in a Bionian Basic Assumption Dependency family group was unhealthy. She could speak with no one in her family, who kept forcing her to continue to get tuition by the Brahmin man. Probably they got gratification by having a person from the highest caste visit them. It led to my realising how trapped she felt. I came to the conclusion that she needed a younger

more vibrant environment rather than getting gratification from suffering. I gradually introduced the idea of her joining in Combined Individual and Group Therapy with adolescents her age. Fortunately, I already I had just the right group for her. It seemed like I first loosened the knot of her attachment to her own family and her naïve Eastern way of living, and then allowed her to cut it if and when she was ready. She joined the group once more with a positive transference. It allowed her freedom of thought and movement. The group had 5 members, out of which 2 were males. There was no acting-out. Except for one member who had a chronic medical illness, the others were lively, warm and friendly. The first thing a couple of female members did was to buy the book by Vickram Seth titled The Suitable Boy. They learned a lot about Indian culture for a start. They also compared their own failures in relationships- similarities and differences, with "boys" which allowed "U" feeling one of them, rather than a freak rejected by everyone. Her Indian, university students, whom she considered to be her friends, had often played pranks on her, and humiliated her, as they could see her weak links. They would ask her for a date and then not turn up. The next day, they would laugh at her. With her joining the group, she was able to recognise what was happening. I too developed more freedom in my reflective thinking. I saw her now as someone in a phrase of transition, who was realising she was no longer in intimate relationships with reincarnated Hindu Gods who loved her dearly. She was gradually coming to terms with the realities of life. I now stopped seeing her as being freakish and out of reach, but as an ordinary teenager with a sad life. Moreover, I also stopped worrying about how she saw me. I too now felt like a therapist to her which was a great relief. Joining this particular group was the biggest turning point in her life. She was finally accepted for who she was.

Now I felt freer to wonder what her attire had originally represented. No Goddess would wear crisp, starched Indian styled, horribly faded clothes, with numerous torn patches! Neither would anyone, human or god, combine that with the jewellery she wore every time! She always wore 23 carat sparkling golden long dangling earrings combined with a variety of different bangles, mainly glass or plastic. She confided to the group, that she wore the jewellery in rebellion to her father, who did not like her to be dressed up. He was also depressed and had a poor relationship with those around them. She wore the jewellery also because her mother encouraged her to do so. She was enmeshed with her mother in many ways too. After university, she regularly went to her mother's workplace and got paid wages too. However there were poor boundaries between what was hers and what belonged to mother.

One day, she gave us an important clue. She came happily with silver anklets jingling and sparkling! Now, at long last I knew her ambition and spoke about it. She agreed she had wanted all her life to be a dancer, but felt guilty to own it. She was relieved that the group and myself encouraged her. Soon she started dancing lessons, and one of her younger brothers joined with her. Traditional Indian dancing indicates dancing to the Gods, with no sexual desire. It is treated with admiration and respect.

Gradually it seemed clear that she no longer needed me or the group. However she continued to fall in love with her teachers but was not having sexual relationships. There was always the fear of a relapse. She was missing many groups and we had stopped individual sessions before then. I was apprehensive, as once she had a dream of jumping in a well with everyone running behind her, encouraging her to do so. Nevertheless, I thought it was best to continue with her discharge plan. She looked radiant and happy with her

dancing. There were no more symptoms of Anorexia, and she was able to stop being the victim at university.

Years later, I kept thinking of my own reactions of fear when she first came to see me. I realised one day, that I had experienced intense fear when once a band of" hijras" were trying to invade our car which had with us a young bride going to her wedding! Hijras are the so-called 3rd sex- mainly men who have mutilated genitals from a young age, and wear scary clothing - old and faded. They can behave very aggressively in public, displaying their mutilated genitals to frighten people if their demands were not met. They believe they are capable of having the power of blessing or cursing on festive occasions, and demand money. Most Indians from Mumbai used to fear them and close all windows of cars when they see them approaching. Other braver people called them to their homes, got them to play music and paid them money willingly. When the English ruled India, they had been put on a register and their activities monitored.

Both Hijras and U being dressed bizarrely, and with "U" entering my consulting rooms, almost forcibly, not waiting to be invited in, had obviously reactivated a repressed fear I already had for many years. I am pleased I did not let it interfere with my work with "U". Mostly I felt very protective of her.

Fruits of Labour following therapy.

Some months after "U" left therapy, she rang me very politely and wanted to see me.

She arrived in sophisticated beautiful dancing clothes, complete with jingly anklets and bedecked with real gold jewellery. She was a proper Indian dancer now. She brought me flowers and a box of chocolates. Very proudly she said to me "I earned the money for these presents for you myself. I have stopped dipping into my mother's purse. Now, my money is mine, and hers is hers.

This truly was a unique beautiful gift any therapist could receive. I asked her permission to write the case, which she gladly did.

SY12

JACOB LEVY MORENO IN THE REFUGEE CAMP MITTERNDORF A. D. FISCHA – A HISTORICAL RESEARCH

FRIEDERIKE SCHERR

Jacob Levy Moreno in the refugee camp Mitterndorf a. d. Fischa – a historical research.

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In 1925 Jacob Levy Moreno left Vienna for a new beginning in the United States of America. There he worked out and developed the group psychotherapy Psychodrama, the concept and methods of Sociometry and all the other applications for methods of group work. But a lot of his ideas were born in and influenced by his life in Vienna, were he stayed nearly thirty years. Moreno himself noted that repeatedly. But if you read some of Morenos publications or about Moreno you will find various details about his early years in Vienna. It was one request of my research to find assignable traces of Moreno during the time of the World War I in the Austrian-Hungarian Monarchy.

In the first German edition of Moreno's basic publication about Sociometry *Who shall survive?* in the year 1954, Moreno claimed the refugee camp Mitterndorf to be his first place of scientific research for "Sociometry" (Moreno, J.L., 1954, p. 43). In his autobiography (Moreno, J.D., 1995, p. 71) he also reported on an early sociometric experiment in that camp. These facts led to my further questions about the circumstances of these first research works and if there were any documents about Morenos early activities.

For answering these questions I did extensive research in various Austrian archives and studied historical literature and biographical publications from and about Moreno. I also went through published memoirs of former refugees of Mitterndorf.

Various and inconsistent information about Morenos dates and functions in Mitterndorf

As an introduction I will list some examples for various and inconsistent information about Morenos time and functions in Mitterndorf.

"1914 – 1917 Serves in Tyrolean Medical Corps, Austrian Army
1917   Receives M.D. degree from University of Vienna; director, children's hospital, and superintendent, Mittendorf [*sic*] resettlement community." (Fox, 1987, p. 220)

1915 – 1918 Presence in the camp from the beginning until the end.
1917   Sent to Sillein/Hungary (after two years); after Sillein back to Vienna to finish medical studies. (Moreno, J.D., 1995, pp. 67-74)

1916 – 1917 "Observations in a refugee camp in Mittendorf [*sic*] near Vienna."
1917 – 1918 "Studies of the development of groups of infants from birth until the age of two years, children's hospital Mittendorf." (Moreno, J.L., 1954, p. 43)

Historical background

The historical background of Moreno's time in Mitterndorf a. d. Fischa was the World War I from the 28th of July 1914 until the 3rd of November 1918. This war took the lives of approximately eight million soldiers worldwide and left behind about twenty millions of wounded men. Many thousands of civilians lost their lives and about three million people died through diseases and plagues (Rauchensteiner, 1994, p. 12). Furthermore there were a lot of refugees. In the Austrian-Hungarian Monarchy were more than a million people, who fled, who were banished or evacuated from the war zones. They had to spend the time of the war in the central regions of the Monarchy in refugee camps.

In the first year of the war most of the refugees came from the eastern border to Russia. Among them were a lot of Jewish people from Galicia and the Bukovina, but there were also Polish, Ukrainian, Slovenian and other people from the eastern countries of the Austrian-Hungarian Monarchy. The Austrian government was not prepared for this mass of refugees and there was a great fear of diseases and plagues, which might be brought in by the refugees. To avoid conflicts with the inhabitants and in order to keep control over the refugees, the government set up a lot of barracks or collective accommodations in large buildings. All refugees who didn´t have enough money had to go to these camps, which were separated by nationality, religion and social status. The sanitary control and care took place in these camps but also in or near important railway stations along the border regions of the Monarchy. In such stations the refugees had to undergo sanitary measures like physical examination, shaving all body hair or disinfection of clothing. Or they were quarantined, and after that they were sent to the camps which were intended for them. The Ministry of the Interior was the responsible office for prevention of epidemics and refugee welfare.

J. L. Moreno as medical student in the medical service of the Ministry of the Interior

At the beginning of the World War I (WWI) in July 1914 J.L. Moreno had passed his first medical 'Rigorosum' (doctoral examination). He had just finished the sixth semester of his medical studies and was going to become an author and publisher of his early poems and principles. In his autobiography (Moreno, J.D., 1995, p. 67) Moreno wrote, that he had tried to enter the military service, but he had not been taken because of his unclear national status. At that time he had the Turkish citizenship (until January1919), but his place of birth was Bukarest, Romania. Turkey was allied to the Austrian-Hungarian Monarchy and Romania was neutral in the beginning, but became an enemy two years later.

Before the war and even more so after the beginning of WWI there was a lack of doctors in the Austrian-Hungarian Monarchy. All medical students liable for military service were enlisted and the others were wanted for civil medical service. I couldn't find any proof whether Moreno joined the sanitary service of the Ministry of the Interior voluntarily and I didn´t find any document when exactly he began his service. But he did serve there. With high probability he started his service in the spring of 1915 and carried on until the beginning of 1916. There are a few documents about his medical service, but according to the available ones he was sent to at least three different places during this time.

The first place was Sillein (Hungarian: Zsolna; today: Žilina in Slovakia) in the spring of 1915. Sillein was an important train station with a military hospital, medical treatment for soldiers with epidemic diseases (cholera, typhus fever, etc.) and with a quantity of refugees from the east, who had to pass sanitary measures there. Moreno had to execute these sanitary measures and he had to help with the medical treatment of soldiers. It seems that his stay in Sillein lasted just about one month and then he continued his medical studies in Vienna. The references for his stay in Sillein are (1) a postcard from March 1915 to his brother William, where he asked him to take some books back to the library (the postcard had been provided to Michael Wieser by Joseph Moreno, the son of William, and Zerka Moreno) and (2) his dates of the registration office in Vienna. Until the middle of March 1915 he had his registered residence at his mother´s living place and checked out to Zsolna and in the middle of April 1915 he enrolled at the University of Vienna with another address (Briburg, 2011, p. 77).

The next station of Morenos sanitary service, where I found a hint, was the new, rapidly growing refugee camp in Mitterndorf, near Vienna (in July 1917 the village was named Mitterndorf a. d. Fischa). He must have been there in autumn of 1915 just for a few months and he left it probably in December 1915. From there he had to go to his third station, to Sternberg in Moravia (today: the Czech Republic), where there was a military hospital. In this short time in Mitterndorf he had to watch the sanitary problems in the camp, like looking after sick people, ordering to get them to the hospital, often in quarantine, inducing disinfection measures, securing the meals and the cleanliness of the barracks, etc. That autumn (and the following winter) was a very bad time for the refugees. New refugees were taken into the camp all the time. But the barracks were not finished, and they partly had to live crowded into tents with disastrous sanitary conditions. The administration was overwhelmed with the care for the refugees and there was hardly any medical care. From August until December 1915 the number of refugees increased from about 2000 to 10.000 people. With the beginning of the cold season a lot of the refugees, mostly children fell ill and died. This first stay of Moreno in Mitterndorf in autumn 1915 may explain, why he later wrote, that he had been in that refugee camp from the beginning until the end of it (Moreno, J.D., 1995).

For the years 1916 and 1917 I didn't find any valid evidence for Morenos activities in the medical service. Most probably Moreno went back to Vienna in January 1916, where he was going on to finish his medical studies. References for this hypothesis are: Hints in his autobiography (1995), his examinations at the University of Vienna, the 2nd 'Rigorosum' on the 13th of July 1916, the 3rd 'Rigorosum' on the 27th of January 1917 and his graduation on the 5th of February 1917 (Marineau, 1989; Briburg, 2011). Besides he was registered again at the residence of his mother from the 12th of January 1916 until the 6th of February 1917 (Briburg, 2011, p. 78).

J. L. Moreno in the refugee camp Mitterndorf a. d. Fischa

After having finished his medical studies in the beginning of 1917 Moreno got an employment as a doctor in the refugee camp in Mitterndorf a. d. Fischa. This fact is documented by correspondences about travelling expenses dated from April 1918 to November 1918. But it is obvious, that he came to Mitterndorf in the spring of 1917. Another document and reports of Moreno himself back this assumption. His function was called 'epidemic doctor' and he also worked in the Children's Hospital. But he

certainly was not the director of it. But it is possible, that he often had the sole responsibility, because there was still a lack of doctors and the responsible doctor for the Children's Hospital was also responsible for more refugee camps and didn't stay in Mitterndorf all the time. In the spring of 1918 Moreno had to go to villages around Mitterndorf to implement vaccinations. One of the villages was Kottingbrunn, where he got his first employment as a doctor after the war. He was there from March 1919 to autumn of 1919. After that he moved to Bad Vöslau.

The refugee camp Mitterndorf a. d. Fischa had been established step by step beginning in summer of 1915 and it was determined for Italian refugees from the Trentino in southern Tyrol, at that time the southern border from the Austrian-Hungarian Monarchy to Italy. Italy declared war to Austria-Hungary on the 23rd of May 1915. Within a few days the people of this region, mostly women, children and old men were forced to leave their homes with a small package by the Austrian military. They did not know where they were taken and finally they ended up in Upper Austria, Lower Austria and even in Bohemia – far away from their homes. Leoni and Zadra (1995) wrote, that about 75.000 persons from the Trentino had to leave their homes during the war. After a burdensome journey and short accommodations in different villages or refugee camps the government began to build two camps especially for the people from the Trentino. Mitterndorf was one of these camps. It took nearly one year until the first part of the camp was completed, and nearly one further year, until the second part was finished in 1917 (s. Fig.1). Over the years about 10.000 to 12.000 people stayed in the camp.
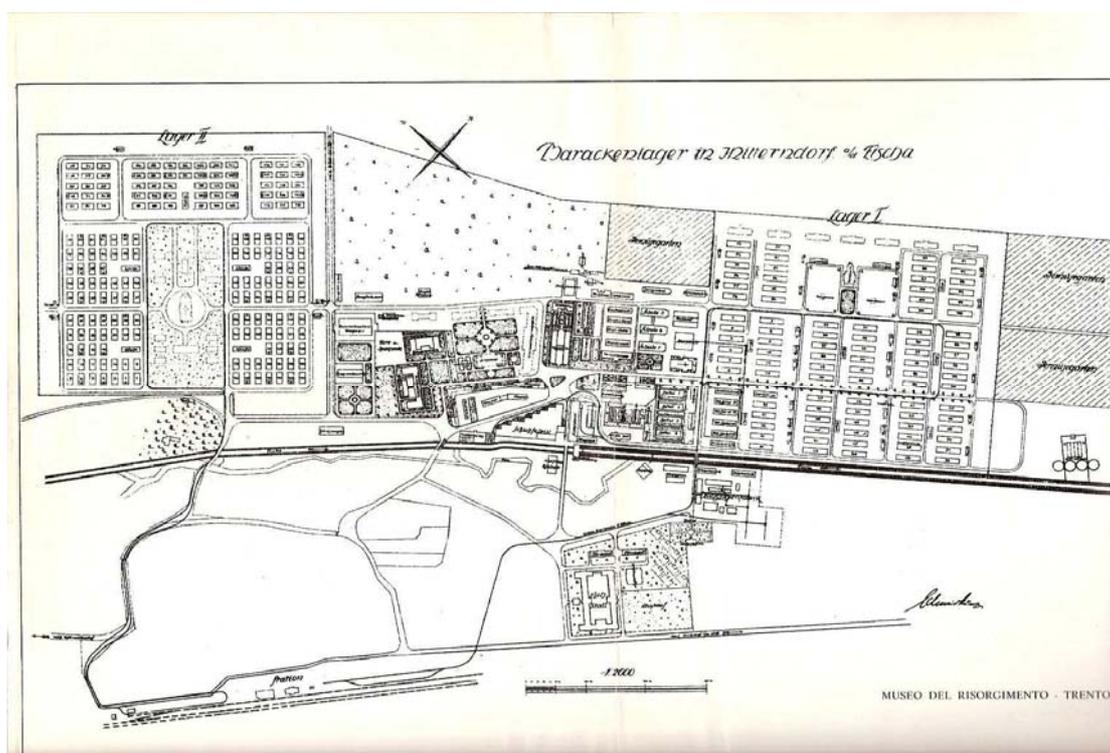
Figure 1: Overview plan of the finished camp (Austrian State Archives, AdR, KFL, Box 66-68)

Especially the beginning, in autumn and winter 1915/1916, was a very hard time for the refugees. They missed their homes, suffered from hunger, cold and diseases, felt bad and were badly treated by the supervisory personnel of the camp. At that time Moreno was sent into the camp for a short time as part of his medical service (see

above). In the first winter in Mitterndorf about 500 refugees died of diseases within three months. Most of them were children (about 80%; Leoni & Zadra, 1981, p. 79). With the increasing build-up of the camp the situation of the refugees got better. The camp got the infrastructure of a small city with schools, administration buildings, hospitals, working places and even a church and a 'folk hall' with cinema and theater. The refugees got the possibility to work in the camp, for example in the kitchen, furniture, tailoring or other sections. Nursing, educational and religious services were carried out by nuns, teachers and priests from their homes.

But some problems constantly persisted, like hunger, too many persons in the barracks, problems with the cleanliness, unaccustomed and bad food, punishment, conflicts with the supervisory personnel, black market or struggles for 'better' jobs. Moreno wrote in his autobiography (1989, p. 65):

> The structure of the camp gave rise to the most tremendous corruption I have ever witnessed. It was a regular Sodom and Gomorrah. There was an enormous black market, of course. The women were particularly abused – so many abortions and illicit pregnancies! The German police were the worst in this respect. They were harsh and vulgar men. Italian girls are very proud. They despised the gendarmerie who kept order in the camp in such a repressive fashion on one hand, abused them in the most debauched way on the other hand.

In the documents of the camp I really found a lot of conflicts about bad and too little food, the cold, bad treatment, conflicts between camp administration and the government, between staff and refugees and between the refugees.

In one of the first sessions of the Austrian parliament during the war, in Mai 1917, there was a debate about the bad state of the refugee welfare in the Monarchy. As a result of this debate a reform was started in the refugee camp of Mitterndorf and the refugees got more rights. One remarkable result of this debate was, that the refugees got more possibilities for participation. A council was founded, in which representatives of the refugees and the staff tried to solve current problems, like problems with food, clothing, care or education.

Moreno complains in his autobiography about the bad living conditions of the refugees and tells, that he wrote letters to the government to change the worst circumstances and even a special letter, in which he proposed a sociometrically planned community to the government. Moreno:

> I studied the psychological currents that developed around various elements of community life: nationality, politics, sex, staff versus refugees, and so on. I considered that the disjunction of these elements was the chief source of the most flagrant symptoms of maladjustment I witnessed in the camp. It was through this experience that the idea of a sociometrically planned community came over me. In February of 1916, I wrote the following letter to the Austro-Hungarian Minister of the Interior, Herr Regierungsrat Winter:
>
>> The positive and negative feelings that emerge from every house, between houses, from every factory, and from every national and political group in the community can be explored by means of sociometric analysis. A new order, by means of sociometric methods is herewith recommended.
>> (Moreno, J.D., 1989, pp. 65-66)

Moreno wrote, that he didn't get an official permission for his idea, but that he rearranged families and work groups to create more harmony. In his autobiography (1989, p. 66) he explains: "My theory was borne out by the fact that when people were able to live with those to whom they were positively attracted, the families tended to be helpful to one another and the signs of maladjustment diminished both in number and in intensity."

I didn't find any valid documents about these activities, except one hint in a letter, in which the writer, a representative of a refugee helping committee, advised against the idea to group the families after the villages, from where they came, because it might bring even more troubles among the refugees. I didn't find any letter from Moreno as well. It may be, that Moreno wrote letters, but the mentioned letter above, which he reproduced handwritten in the second edition of *Who shall survive?* In the year 1953, is a later draft. Three reasons led me to this hypothesis: (1) in February 1916 Moreno probably didn't stay in Mitterndorf, (2) the camp was under construction and it was a time with an enormous chaos and (3) last but not least Moreno did not use the word 'sociometry' at that time. There might have been two reasons for having published this drafted letter in the year 1953. Moreno wanted to illustrate the connection between his works about sociometry in the USA with his experiences in Mitterndorf or he wanted to show how early he was dealing with sociometry.

Because of the existence of just a few documents about Moreno at that time, it is difficult to specify Moreno's activities in Mitterndorf and to make conclusions for his later works on sociometry. But let me try some conclusions.

Conclusions for the development of Sociometry

No proof whatsoever has been found about any research done by Moreno concerning "Sociometry" at that time. Therefore, Moreno's activity in Mitterndorf is to be considered an important experience, which he later on developed in his sociometric concepts. I see some corresponding aspects between the situation in Mitterndorf and Morenos later sociometric research in the USA:

- Mitterndorf as well as the Hudson School were closed and artificial communities.
- The situation of the camp offered to watch 'intimate' spheres of living together, caused conflicts and required immediate solutions.
- Moreno saw the difference between official and informal structures in the camp, between the military-hierarchic and the village-familiar structures – he located this fact as an important reason for conflicts.
- With the reform in the camp in 1917 Moreno saw the changes to more participation of the refugees to reduce conflicts – he watched a small step towards democracy, which was a very important request of Moreno all the time. Of course this was a political issue of that specific time in the labour movement in Austria and in Europe.

-   Moreno witnessed national conflicts in Vienna as well as in Mitterndorf, and he witnessed the practice of the official refugee welfare to separate the refugees according to nationality and confession with the intention to avoid conflicts. Criteria like nationality, confession, sex or the membership to a political party were often mentioned by Moreno.

Finally I found a photograph, were Moreno is sitting on the left side in the first row of the doctors. It was published in two Italian books about the fate of the refugees of the Trentino (Fig. 2).

Figure 2: doctors (1st row), male nurses (2nd row), nurses (3rd row)
(From: Modena, 1988, p. 100; Boccher, 1983, pictures)

References

Boccher, F. (1983). *Diario di una maestra in esilio nel <Lager> di Mitterndorf [Diary of a teacher in exile in the <camp> of Mitterndorf]*. Roncegno: Cassa rurale di Roncegno.

Briburg, A. T. (2011). *Jakob Levy Moreno – Die Wiener Zeit [Jacob Levy Moreno – The Viennese periode]*. Magister thesis, Alpen-Adria-University Klagenfurt.

Fox, J. (Ed.). (1987). *The essential Moreno. Writings on Psychodrama, Group Method, and Spontaneity by J. L. Moreno, M. D*. New York: Springer.

Leoni, D. & Zadra C. (Hrsg.). (1981). *La città di legno. Profughi trentini in Austria 1915 – 1918 [The city of wood. Refugees from Trentino in Austria 1915 - 1918]*. Trento: Edizioni Temi.

Marineau, R. F. (1989). *Jacob Levy Moreno 1889 – 1974. Father of psychodrama, sociometry, and grouptherapy*. London-New York: Tavistok/Routledge.

Mentzel, W. (1997). *Kriegsflüchtlinge in Cisleithanien im Ersten Weltkrieg [War refugees in Cisleithania during the Word War I]*. Doctor thesis, University of Vienna.

Modena, V. (1988). *1914 – 1918. Roncegno e i profughi [1914 – 1918. Roncegno and the refugees]*. Trento: Artigianelli.

Moreno, J. D. (Guest Ed.). (1989). The autobiography of J. L. Moreno, MD (Abridged). *Journal of Group Psychotherapy, Psychodrama & Sociometry, 42*, 1-126. (Reprinted by Copy Central, Berkeley, April 2004)

Moreno, J. D. (Ed.). (1995): *Jacob L. Moreno. Auszüge aus der Autobiographie* [Jacob L. Moreno. Extracts from the autobiography] (M. Schacht, Translation). Köln: inScenario. (Original published 1989: The autobiography of J. L. Moreno, MD)

Moreno, J. L. (1954). *Die Grundlagen der Soziometrie. Wege zu einer Neuordnung der Gesellschaft* (G. Leutz, Translation). Köln: Westdeutscher Verlag. (Original published 1953: Who shall survive? Foundations of Sociometry, Group Psychotherapie and Sociodrama)

Moreno, J. L. (1967). *Die Grundlagen der Soziometrie. Wege zu einer Neuordnung der Gesellschaft* (2., enlarged edition). Köln: Westdeutscher Verlag. (Original erschienen 1953: Who shall survive? Foundations of Sociometry, Group Psychotherapie and Sociodrama)

Rauchensteiner, M. (1994). *Der Tod des Doppeladlers. Österreich-Ungarn und der Erste Weltkrieg [The death of the double eagle. Austrian-Hungary and the World War I]* (2. Ed.). Graz: Styria.

Scherr, F. (2010). *Jakob Levy Moreno im Flüchtlingslager Mitterndorf a. d. Fischa – eine Spurensuche [Jacob Levy Moreno in the refugee camp Mitterndorf a. d. Fischa – a search for traces]*. Magister thesis, Alpen-Adria-University Klagenfurt.

Austrian State Archives, Archiv der Republik

J.L. MORENO: THE BAD VÖSLAU PERIOD (1919 TO 1925)

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J.L. Moreno: The Bad Vöslau period (1919 to 1925)

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J.L. Moreno: The Bad Vöslau period (1919 to 1925)

Abstract

J.L. Moreno started work in 1919 in Maital 4, Bad Vöslau as a (provisional) public health officer and doctor of a textile factory, especially helping poor people after World War One. There he developed Psychodrama with a suicidal patient and an early form of family therapy. Moreno was editor of expressionist journals like "Der Daimon" (1918), "Der Neue Daimon" (1919), and "Die Gefährten" (1920). In the house Maital 4 he wrote books like "The Words of the Father" (1922), "The King's Novel" (1923), and "The Theatre of Spontaneity" (1924). Marianne Lörnitz(o) was his muse, secretary and auxiliary ego. He was also enthusiastic for technical stuff, invented a sound-recording machine, and owned an x-ray machine and a car. In 1925 he went to the USA. In Bad Vöslau he was honoured in 1969 by a plaque on his former house and an international anniversary conference in 1989. Moreno wanted to buy the house in the sixties, in which now a project group is trying to establish a Moreno museum, archive, library and research unit.

Bad Vöslau is situated about 20 kilometres south of Vienna. After graduating as a medical doctor at University of Vienna Moreno got a job there as a (provisional) public health officer. Immediately before that he had been an assistant doctor in a camp for displaced persons in the nearby Mitterndorf an der Fischa, and a short term (provisional) public health officer in Kottingbrunn. Bad Vöslau is a spa and had a huge textile factory. At this time Moreno was very productive. He had rented a house from the municipality at 4 Maital Street. A few yards from this place a hot water spring originates with 24 degree Celsius thermal water, and this fountain may have inspired him. Because of this special micro climate spring even came two weeks earlier around his house. Among others he was the co-inventor of group psychotherapy and when he left for the USA in 1925 he had the wish to be acknowledged abroad, which was fulfilled in 1973 with the founding of the International Association of Group Psychotherapy and Group Processes (IAGP).

In this text we will review some findings of Wildhaber (2006) who wrote her magistra thesis in psychology on Moreno in Bad Vöslau in German. This work is step towards establishing a Moreno Museum, archive, library and research unit in the still existing house Maital 4, where Moreno lived and worked (www.moreno-museum.at).

Moreno changes his name

The name Moreno was common in Spain in the 16th century, where Jews had to hide their Jewish identity (Geisler, 1989). But the old word "Morenu" means teacher, a man everybody can ask for advice. Jakob Moreno´s father Nissim Levy was called Moreno, because as a merchant travelling abroad he was a wise man. Jakob called himself Jakob Moreno Levy in Bad Vöslau, exactly as written on his birth certificate. Earlier, as a student he had called himself Jakob Levy.

Moreno's work as a physician

Moreno was also appointed by the mayor of Bad Vöslau as a Director of Medicine in the huge local textile factory.
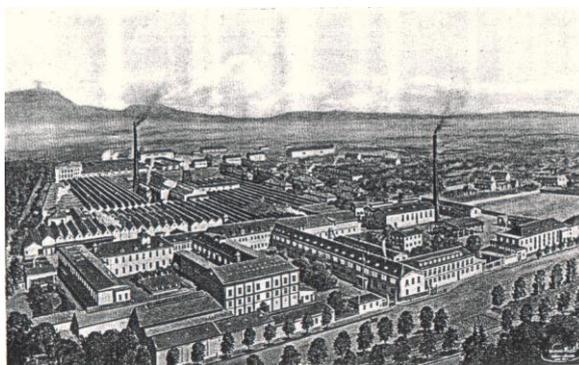
Figure 1: worsted yarn factory 1890

Figure 2: The building at the factory where Doctor had his office. The building remains to this day.

During World War One (1914-1918) many children lost their parents or the families suffered from a lack of food and all essentials. So Moreno decided not to charge for his services to the poor people of the village. He was also part of an organization ("Volkspatenschaft", "Public Godparents") with a public welfare centre in the castle of Bad Vöslau, which helped to raise those poor children (Frankl-Scheiber 1920).

Moreno invents psychodrama

Around 1921 he worked with a patient who wanted to commit suicide. Psychodramatically the patient had to play future scenes (Marineau, 1989) and Moreno helped him to overcome his intention. Marianne Lörnitz(o), Moreno's muse, used to serve him as what came to be called in psychodrama an *auxiliary ego*. The patient was the *protagonist*, and Moreno the *director*. Moreno talked about this patient as his first ´residential patient`. It is a beautiful illustration of the techniques of *psychodrama* (Marineau, 1989, p. 68).
As a general practitioner Moreno visited families at their homes and developed an early kind of family therapy, called theatre reciproque. He saw that repetition of conflict scenes relieved the family of symptoms.
At this time Moreno began to experiment with spontaneous theatre in 2 Maysedergasse, Vienna but later on he found out that a change of once life was more important to him than theatre. He also mentioned the boundaries of his psychotherapeutic experiments; two men committed suicide, although they had had an early form of couple therapy. Moreno improved his techniques for warm-up, doubling and role-reversal (Marineau, 1989).

Moreno edits journals

He had a lot of contacts to prominent writers like Franz Werfel, Max Brod, Peter Altenberg and actors like Elisabeth Bergner, Anna Höllering, Peter Lorre, so in 1918 he founded the journal "Der Daimon", in 1919 "Der Neue Daimon" and in 1920 "Die Gefährten". Moreno was inspired by Socrates "Daimonion", a specific kind of dialogue and dialectic. Together with colleagues he also founded a publishing cooperative ("Der Genossenschaftsverlag"). Mostly expressionist writings were published. Moreno published his works: "Die Gottheit als Autor" (1918, The Godhead as Author), "Die Gottheit als Redner" (1919, The Godhead as Speaker), "Die Gottheit als Kommodiant" (1919, The Godhead as Comedian). One of the prominent writers, Peter Altenberg, who usually stayed during summer time in Bad Vöslau, became a friend of Moreno. Once, after having a discussion about S. Freud, P. Altenberg spoke: "If I have to die I would rather die of diarrhoea than of constipation. As I see it, this is the difference between you and Freud." (Altenberg cited in Buer & Schmitz, 1989, p. 111).

Moreno writes books

This most important writings at that time were "Das Testament des Vaters" (1922, The Words of the Father), "Der Königsroman" (1923, The King's Novel) and "Das Stegreiftheater" (1924, Theatre of Spontaneity). All these works are written in an expressionist style and published anonymously in "Verlag des Vaters [The Fathers Publishing House], Gustav Kiepenheuer Verlag" (publisher) in Berlin/Potsdam. Somehow Moreno's idea was that it was not him writing but God through him, so he did not add his name. Moreno told us that he was writing "Words of the Father" on the wall in the house at Maital 4.

Moreno´s love for Marianne Lörnitz(o)

Marianne became, like Dante's Beatrice, Moreno's *raison de* vivre (Marineau 1989, p. 60). She inspired Moreno's ideas and she worked for him as secretary. Her whole family even helped Moreno with his technical inventions. Jakob and Marianne never got married. This was the time of rising National Socialism; Moreno Levy was identified as a Jew, whereupon anti-Semitism got enemies and did not feel accepted in his own country. All of this put the relationship under pressure.

Figure 3: Marianne Lörnitz(o) as a young woman

As Moreno was leaving for the USA, while Marianne was staying in Bad Vöslau, he asked her to keep the house in Maital 4. However Marianne's father bought a house for her and her sister in 34 Falkstrasse, and she moved. There were some letters from Moreno to Marianne, but she did not answer. She wanted to stay in her village and felt abandoned (personal communication with her much younger brother Siegfried Lörnitz, August 19, 2004).

Moreno's enthusiasm for technical stuff

Together with Franz Lörnitz(o), the brother of Marianne and a young engineer, Moreno invented a sound (voice)-recording machine. This invention made international news and achieved a notice in *The New York Times* (Marineau, 1989, p. 87). Both Moreno and Franz Lörnitz(o) went to Elyra, Ohio to get a contract with a factory and a patent. S. Lörnitz, the brother of Franz reported that the machine got lost or was stolen at the patent office. Moreno had the idea that with a recording device interpersonal investigation would improve (Geßmann, 1994) and F. Lörnitz(o) had the technical knowledge.

Figure 4: Franz Lörnitz(o) and the sound recording machine

In an attempt to introduce radiotherapy into his practice, Moreno bought an expensive X-ray machine. However, he was not successful, because he was not allowed to use it officially, not having the expertise to conduct this kind of treatment (Marineau, 1989, p. 58). At that time he was one of the first country doctors with such equipment.

Figure 5: part of the x-ray machine still exists

Figure 6: x-ray plate for diagnoses

Moreno was one of the first owners of a car in Bad Vöslau, but Franz Lörnitz(o) had to drive it for him. Grete Leutz reported in a personal communication (September 8, 2005) that Moreno was to be paid by the publisher Kiepenheuer in Potsdam. Because of high inflation they decided to buy there a car instead of taking cash.

Moreno was honoured in Bad Vöslau

The city museum gathered some documents, journals and books in an archive box. In May 15, 1969 short before Moreno's 80th birthday a commemorative plaque was put up on his former house in Maital 4.

Figure 7: Moreno with plaque

Moreno was very much in love with this house and wanted to buy it but gave it up. Even on his death bed he asked Gretel Leutz to read poems for him, which he had written in the house (Maida, 2003). Local newspapers and the official gazette of the municipal wrote a short obituary. In 1989 there was an anniversary conference to celebrate Moreno's 100th birthday.
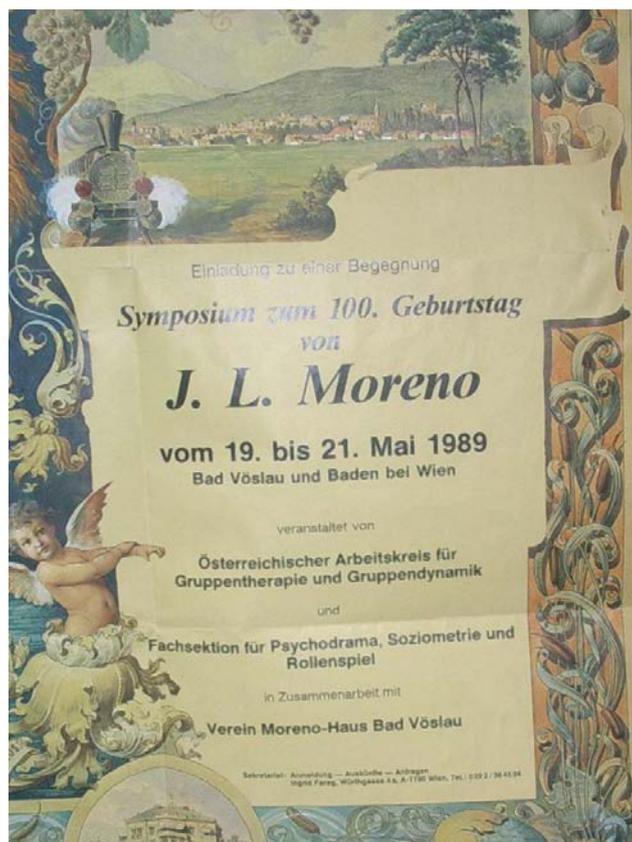
Figure 8: 100th birthday celebration in Bad Vöslau

Unfortunately the bigger West part of the house has collapsed, and the remaining part is not in a good shape.

There will be another article describing Moreno in Vienna and Mitterndorf, so we have not described those times in detail here.

References

Buer, F. & Schmitz, U. (1989). Psychodrama und Psychoanalyse [psychodrama and psychoanalysis]. In F. Buer, (Ed.) *Morenos therapeutische Philosophie [moreno´s therapeutical philosophy]* (pp. 111-158). Opladen: leske + budrich.

Frankl-Scheiber, H. (1920). Säuglingsschutz und Jugendhygiene. Die Volkspatenschaft Vöslau und Umgebung. *Zeitschrift für Kinderschutz und Jugendhygiene [periodical for child protection and youth hygiene]* (11), 206.

Geisler, F. (1989). Judentum und Psychodrama [judaism and psychodrama]. In F. Buer, (Ed.) *Morenos therapeutische Philosophie [moreno´s therapeutical philosophy]* (pp. 45-68). Opladen: leske + budrich.

Geßmann, H.W. (1994). Das Konzept des `sozialen Atoms´ in der Familientherapie [the concept of `social atom´ in family therapy. In H.W. Geßmann (Ed.), *Humanistisches psychodrama. Eine Schriftenreihe des Psychotherapeutischen Instituts Bergerhausen [humanistic psychodrama. A book series of the psychotherapeutic institute Berger-hausen]* (pp. 105-133). Duisburg: Verlag des psychotherapeutischen *Instituts Berg-erhausen* [psychotherapeutic institute publisher].

Maida, M. (2003). *Jacob Levy Moreno: his life and his muses.* [video]. São paulo: Maida.

Marineau, R. F. (1989). *J. L. Moreno et la troisième révolution psychiatrique*. Paris: Métailié [shortened engl. translation, 1989. *Jacob Levy Moreno 1889-1974: father of psychodrama, sociometry and group psychotherapy*. London: Routledge].

Moreno, J. L. (as Levy, J. M.) (1922). *Das Testament des Vaters – Verkündigung [the words of the father: proclamations].* Potsdam: Gustav Kiepenheuer. 1940, the words of the father. Beacon, NY: Beacon House. 1971, Las palabras del padre. Buenos Aires: Editorial Vancu.

Moreno, J. L. (as Levy, J. M.) (1923). *Der Königsroman [the king's novel]*. Potsdam: Gustav Kiepenheuer.

Moreno, J. L. (1924). *Das Stegreiftheater*. Berlin-Potsdam: Gustav Kiepenheuer [1947, 1970, *the theatre of spontaneity*. Beacon: Beacon House].

Wildhaber, H. (2006) *Morenos Wirken in Bad Vöslau von 1918-1925 [moreno's work in bad vöslau from 1918 to 1925].* Magister thesis, Alpen-Adria-Universität Klagenfurt.

Further reading

Moreno, J.L. (1985). *The autobiography of J.L. Moreno, M.D., Boston, Harvard University Archives. The Francis A. Countway Library of Medicine* [shortened: Moreno, J.L. (1989). The autobiography of J. L. Moreno, MD. *Journal of group psychotherapy, psychodrama and sociometry 42*; in German, 1995. *Auszüge aus meiner Autobiographie*. Köln: inScenario].

Wieser, M. (2005). Moreno, Jacob Levy. In G. Stumm, A. Pritz, M. Voracek, P. Gumhalter, & N Nemeskeri (Eds.), *Personenlexikon der Psychotherapie [encyclopedia of psychotherapists]* (pp. 332-335). Vienna: Springer.

BRAIN PLASTICITY AND GROUP ANALYTIC PSYCHOTHERAPY

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Brain plasticity and group analytic psychotherapy

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INTRODUCTION

The discrimination of our corpus in the three (Structural, Developmental, Hierarchical) dimensional concepts of our self we carry in us must be also the knowledge of the outside world. Society is incorporated in the body because the organism has to take its place in the world. These dimensions also could be found in the context of a Psychotherapeutic Group .

Plato (Greece, 427-347 BC) developed also the concept of the "tri-partic" (<3 parts) of the soul (Nutrive, Rational,Perceptual) and place it its rational part in the brain because ..."that was the part of the body, closer to heaven"...

What nature has created as human mind comes back to what created human mind, sometimes with DNA equipment other time with DNA obstacles. It is open to changes and communication, to unpredictable factors which shape the uniqueness of human being among other people.

Social Brain is structured from its experiences and activities through its activation or withdrawal of the neuronal synapses according to its use.

Emde describes the "executive we" the sense of we-ness, us-ness that emerges through experiences.

Schilder described as non thinking a body without external world, in the same way as world can be without bodies.

A morality of reciprocity and mutuality is encoded in early forms of behavior, when same-ness, difference, other-ness is experienced and is externalized and internalized in early forms of play.

Genotype has channels and contacts, thus making possible the energetic, social, biochemical and hormone play of genotype with phenotype .

Brain has kind of contacts among neurons called **Synapses** for the "play" of the interchange of information and of Energy. These kinds of contacts are also frequently seen during life called Social Contacts or **Social Synapses.**

The Founder of Group Analysis, S.H. Foulkes describes the members of a Psychotherapeutic Group as nodal points in a context of multilevel communication which seems very similar with the neurons of the brain.

Le Doux mentioned that neuronic plasticity is expended in all human activities and experiences thus shaping our Emotional Memory. Andrew Whiten described the Social

Synapse as the point where mind meets other mind, where Language and Communication are tools for communication, study, understanding and transitioning to other's mind. This meeting point can be found also in the Brain, as well as in a Psychotherapeutic Group.

We already have under consideration the answers on two serious questions that emerge and give birth to the need of an clarification:

> Neurons are not the only privileged formations which have contacts(synapses) *The group have its own synapses and the "Group as a whole" shapes its own plasticity.*

Although we know that many emotional factors can influence a wide range of medical conditions we are searching for the reasons that some people develop specific diseases that vary on a completely different set of symptoms.

In order to understand this, it is necessary to understand the meaning of the Greek word *diathesis* that is the stress paradigm of the interaction between the environment and psychological variables in terms of an individual predisposition to a particular disorder.

The diathesis-stress paradigm can sit as an adjunct to the bio-psychosocial model of Meehl (1962) and it focuses on 3 factors that are: the stress, the predisposition to disease, the diathesis and an environmental disturbance.

The founder of stress Dr Hans Selye determined stress as the rate of wear and tear in the body.

In the biological organism no function or anatomical structure had ever been described isolated. Cells, organs of the human body neuron circuits are all organized in a group model too. In addition, human being had never been healthy living alone or isolated in social or biological terms.

> *The neuro-anatomic web that is to say, the neuron expression of matrix provides the holistic perception of the biological organism for its out-corporal space.*

HISTORICAL RETROSPECTIVE APPROACH

This option matches with Dan Siegal's point of view where free flow energy and information between the differentiated structures and associated functions of the Nervous System lead to neural integration.

Vast amounts of knowledge are acquired socially from other minds: the mindto- mind leads to Andrew Whitens' Social Synapse creation thus leading to a chain phenomenon of transmission to other minds, other cultures and so on.

Synapse is the zone of contact , the place of interchanging information and it varies from neuron to neuron, from butterfly to butterfly of mind as Santiago y Cajal calls the neurons, from pro-synaptic to post-synaptic part of the specialized area of dendrites, the dendrite's spine, from mind to mind in a group. So the contact point varies in the course of life in many dimensional concepts like structural, hierarchical and developmental by causal, dynamic, economy and functional parameters.

The personal mind is capable of interacting processes thus in the group what is reproduced, is basically the matrix of its participating personalities and their neuroanatomic expression.

According to Descartes, protypon (model) of „direct' knowledge is our selfconsciousness, of „whom I reflect on', and of „who I am'.

Kurt Goldstein first mentioned that human organism behaves as a whole and Foulkes mentioned this dimension in the Group Analytic Situation.

Group Analytic and Psychosomatic situation is definitely not a process of disorders of differentiated parts and any symptom is faced as a dysfunction of the whole and not as a partial disorder.

This concept gives the chance to all of us to move on beyond the Cartesian consideration and discrimination of the body separately from the soul and to fly till the theory of the "thinking matter" of James Clerk Maxwell according to whom the norms of the matter are mentally made and vice versa, mental norms are made from matter. A new dialect for the discussion of immune reactivity in the brain may therefore be required.

So we have mechanisms for the structure and function of the brain to be influenced by the environment.

We have a brain always able to regenerate or generate significant functional elements in response to any stimulation.

Le Shan mentioned that 75% cancer patients have experienced before the clinical manifestation of malignancy:

a) Parents-related problems during childhood

b) Specific type of personality

c) Loss of a kin beloved person.

Helplessness and hopelessness are common feelings of people described above in the same time that the disease of cancer provokes exactly the same feelings.

In Group-Analytic terms the familial communication is disturbed, or the type of personality does not permit healthy interpersonal or trans-personal communications.

The mourning or the post-traumatic state of loss condemn to isolation, resignation in other words to a non group model of leaving.

Stress is a common factor in all above familial and social situations and vice-versa stress is a factor inducing cancer that leads to an exhaustion of cortisole receptors thus provoking immune deficiency and depression.

Affective states and personality characteristics may be sometimes associated with differences in immunological reactivity which is influenced too by behavioral processes via neuro-endocrinal and psycho-immunologic pathways.

To give some examples: Helplessness and hopelessness are common feelings in women suffering from breast cancer; denial concerning stressing life factors is the mechanism that provokes immune deficiency and suppression.

Type C of personality is characterized by isolation, suppression of negative feelings, "anger in" that is expressed mainly by guilty is also related with cancer personality. Alexithymia is related in general with psychosomatic disorders including cancer.

The most important determinant of immune system's resistance or susceptibility to disease may be a person's sense of control as opposed to a feeling of *helplessness.*.

Lacan argues that „where there is life, there can be Hope, and where there is Hope there is a Desire". In her Lacanian framework Desire is born out of Lack, and from the space between need and demand. Despair means without Hope and the emotion of despair is described as feeling totally helpless. The emotion of despair is described as feeling totally helpless.

Helplessness and Hopelessness are also part of severe depression and can be a step away from life threatening actions.

Foulkes also mentioned that man is a social being and can only be understood as such in the context of his environment. Even individual mind reflects and represents the social model where he lives and is a complex network of interacting processes that interact in the network of the group, the group matrix or group dialogue.

The personal mind is capable of interacting processes, thus in the group what is reproduced is basically the matrix of its participating personalities.

As a matter of fact between Rigidity and Chaos emerges balancing differentiation and integration.

CURRENT GROUP ANALYTIC ASPECTS

According to Foulkes man is a social being and can only being understood as such in the context of his environment. Even individual mind reflects and represents the social model where he lives and it is a complex network of interacting processes (communications) that interact in the communications network of the group that is the Group Matrix and the Group Dialogue. Aristotle described human as Social Animal as well as anthropologist did.

The developing neurons of the baby's brain develop alongside those synapses that must be crossed by the tiny electric currents that convey information from one neuron to another and considered the vast complexity of these that is added to continually as the unseen glory of every individual! Absence of the baby's container release high levels of cortisol that might expose the child to a psychic pain. With good enough parents and carers the baby's anxiety is contained and the need for cortisol is quickly reduced. The cortisol level in baby's brain is linked with its demands and the presence or absence of a container. From a neurologic point of view, baby's neurologic reflexes disappear after the age of 24 months that is the age when the infant takes distance from the maternal body and reappear in pathological situations like dementia when the presence of a care giver is necessary too. The power of the world of caregivers is freely lovingly given to the infant but this demand may also be involved with neurologic reflexes too.

In our brain we find an experience, a trace, but we no longer find the initial experience, all the more so because this trace is recombined with other traces according to new laws proper of life. Kevin Power mentioned that what the hippocampus is like to forget or feel it no longer wishes to retain are those things that have overlaid and squeezed out the earliest and most fundamental experiences.

Freud says that Fantasy combines lived incidents, accounts of past facts and things seen by the self itself.

But the image however formed provides a form of coding an object experience in a unique number of facilitations of certain number of synapses

Sabar Rustomjee claimed that when one feels abandoned and left at the mercy of the one in power, there is a feeling of being totally trapped. Unbearable despair arises, with a feeling of intense fear and little or no resistance.

Every demand is a demand for love and as that is an impossibility-namely for love to be made readily available on demand, such an impossible demand, invariably fails in its aim. Pathological reflexes of the brain like grasping and feeding in an old man with dementia could be faced as a failed demand of love, attention and care?

Psychological and neurological damage produces isolation from the total network.

What had originally been a nodal point functional network, analogues to synapses in the central nervous system become focal points, isolated from the functioning of the whole. The group has the potentiality to develop as maturational environment, reducing the

need for defensive patterns which are being built as defences against anxiety. The developmental empathy as well as availability is concerned as the developmental aspects in Psychotherapy as they serve in care giving, creativity, trust and confidence.

It is clearly shown that "holding" of each member in a group becomes the "new play" of neurotransmission and the group "containing" leads to "a reverie of new neuromodulation". Every member in a group but the group itself as a whole is a care giver for each other. The result is a truly "Foulkesian" brain, which has been shaped by its experience of the world and retains prodigious capacity to accommodate to environment change.
Malcolm Pines says that the group has the potentiality to develop as maturational environment, reducing the need for defensive patterns which are being built as defenses against anxiety. New patterns of relating emerge which are more mature, meeting the creative needs of the individual and for the collective creativity of the group. (The sense of "we-ness", "us-ness", is created by the "executive we".)

The Group tends to express the next step to the Socialization as well as to the Psychosomatic Education through the transformation of the initial frustration that each member experiences to dialogue concerning their problem, to sharing, participation, contribution and partnership towards their problem. The Group as a whole is enriched in a level of Group Dynamics as well as in a level of healthy neuromodulation. Through dialogue Ego resistances are decreased and the free expression and discussion concerning the psychosomatic problem makes new bridges beyond personal fears or narcissistic boundaries with direction the outside world.
"What fires together, wires together" with reference to the "*La participation mythique*", of what is called psychic identity that gives a fantastic aspect of the primitive world restored in the prefrontal lobe of our brain.
It is determined by the dynamic network of the neuronic adoptions and synapses that are constantly modified through the dendritic ends of the neuron which many of them increase, thus making new adaptations, others decrease giving an end to the communication.

Social Brain is structured from its experiences and activities through its activation or withdrawal of the neuronal synapses according to its use.

THE DIALECT OF GROUP ANALYSIS AND BRAIN PLASTICITY

The founder of stress Dr Hans Selye determined stress as the rate of wear and tear in the body. For others is an external stimulus that threatens homeostasis that is the normal equilibrium of the body function.
But the most important determinant of immune system's resistance or susceptibility to disease may be a person's sense of control as opposed to a feeling of *helplessness.*
 Since the brain from adulthood develops slowly and gradually perhaps consciousness grows as brain does, and it is not all-or-none phenomenon.
The dimension of the brain plasticity proposes a new model that is neurobiologic aware with psychotherapeutic application that reflects the interaction of human genes with its environment. Brain Plasticity is the capability of the Nervous Tissue to vary being modified and changed in a structural and functional level according to the stimuli of the environment.

The modification of the brain plasticity corresponds to the dynamic interchange and communication with the internal and external world.

In addition the Foulkesian Brain like a statue is emerged from and towards the environment not only in a social level but also in an organic, anatomic context strongly related from the Transitional Phases of Energy of its Brain Mechanics.

In other words what fires together, wires together.

The individual mind is an objectification (or model) of an internal mental and emotional process: both personal (reflective), interpersonal, self and other, and transpersonal.

This is a social model.

Brain Plasticity is the capability of the Nervous Tissue to vary being modified and changed in a structural and functional level according to the stimuli of the environment.

The modification of the brain plasticity corresponds to the dynamic interchange and communication with the internal and external world.

Brain Plasticity is considered as the capacity of the brain as well as of the whole Nervous Tissue to be adapted, integrated and modified in a structural and functional level according to the stimuli of the human's body and its environment.

Brain plasticity is the fundamental neuronic activity of a constant change of the neuronic circuits and synapses that serves for the adaptation of the organism to the environment's changes and the maintenance of the cellular memory.

The whole nervous network emerges according to the model of the group matrix that is in a continuing situation of changing process called Plasticity (Brain Plasticity**,** Cellular and Neuronal Plasticity) according to the internal and external stimuli of the environment (Social Brain).

Long-term Synaptic Plasticity reflects the dynamic changes in any information processing synaptic and neural network.

Plasticity is not synonymous with flexibility or permanent adaptability that would leave the subject without certain determinism and a certain fate of his own.

It plays a role in the emergence of the subject's individuality. It entails a form of determinism but at the same time it produces this form of determinism of the subject as it frees him from genetic determinism.

The brain must be thought as a highly dynamic organ in permanent changes and relations with the environment as well as with the psychic facts of the subject and its acts. Eventually, brain is constructed and shaped every moment according to its experiences and activities, by activating or drawing away neuronic synapses in relation to their necessities and needs.

This mechanism of the brain plasticity in the social brain provides a constant interchange of energy supplements of the brain with its environment.

Plasticity introduces a new form of brain a view of not fixed organs, of not fixed organization of its neuronal networks but with connections to the early development with the network open to changes, to contingency that can be modified by events, experiences and potentialities.

The result is a truly "Foulkesian" brain, which has been shaped by its experience of the world and retains prodigious capacity to accommodate to environment change.

The basis of the fact of plasticity leads to a concept of a complex integration between a genetic determination and the psychic and environmental one leaving place to the unpredictable in the construction of individuality.

In Psychosomatics this effort is attempted in the milieu of the group-analytic matrix, through dialogue (verbal or no verbal) with safe relationships and bonds between members and through personal, transpersonal and inter-transpersonal communication.

So the psychosomatic problem is faced according to the internal world of each member, its internalized relationships and their modification by the familial, social, physical and political structures and mainly with focus to Brown's theory concerning the early infantile relationship of the baby with its mother. (Brown, 1994).

The skin of the maternal boundaries of the group reproduced a new skin in brain and in body (skin plasticity) as well as in self with new relations between the Self and the Others

Rocco Pisani pointed out that the interaction network means that the individual intrapsychic equilibrium is structurally linked to the equilibrium of the interpersonal relations and that every break-down, or individual alteration involves a breakdown or alteration in the entire network and vice-versa (Group Dynamics).

Group matrix means that this communication and relation network contains some contents that consist of the biological and cultural heritage individuals have in common.

The interaction network is responsible for individual psychopathology.

The patient's psychopathology is the expression of the group's psychopathology, he is its spokesman, since he is the weakest point of this network and often ends up by becoming the "scapegoat".

Patric de Mare described the brain as "matter" (<mater= mother) which is somatic, phyletic and instinctual. He discriminated brain from mind which is spiritual, erotic and thinking. He also mentioned that never has the mind been taken as so central to healthy and by the same token participation in the Median Group is self evidently therapeutic. Brain and mind product "praxis".

Brain, mind and dialogue lead also to the therapeutic approach of the biological organism through its group coexistence and function.

Could only the participation in a group analytic setting be a corrective emotional and environmental experience for the brain plasticity?

It becomes clearer now that a common model, ("protypon") characterizes the transition from the Macrocosmos of Koinonia to the Microcosmos of the biological organization of the human being.

Could be this point of view a group analytic approach of the Brain Plasticity?

UNDERSTANDING BRAIN PLASTICITY IN THE CONTEXT OF BRAIN MECHANICS.

Brain plasticity is considered as the fundamental neuron activity of a constant change of the brain's neuron circuits and synapses that serves for the adaptation of the organism to the environment's changes and the maintenance of the cellular memory.

Brain Plasticity is also defined as the capacity of the brain as well as of the whole Nervous Tissue to be adapted, integrated and modified in a structural and functional level according to the stimuli of the human' s body and its environment. In any sensory or cognitive stimulus, brain can respond and answer with a "biological one" that is equivalent with a neuron activation, or energy exchange and modification of the histochemic situation of the neuron. The whole nervous network emerges according to the model of the group matrix that is in a continuing situation of changing process

called Plasticity which can be discriminated to Brain Plasticity, Cellular and Neuronal Plasticity according to the internal and external stimuli of the environment. (Social Brain).Long-term Synaptic Plasticity might be an attractive model for the neurophysiology and for group psychopathology as it reflects on the dynamic changes in any information processing synaptic and neural network.

The extremely specialised process of the Neuron Tissue are mainly related with neuro-structural differentiations rather than the classical Brain Mapping.
Plasticity determines and is determined, liberates human brain from the dimension of a static organ, thus leaving brain open to changes.
It becomes a complex integration from the genetically determined nature to what will be psychologically and environmentally influenced.
Mind and body are not separate entities, nor does the mind consist of independent faculties or elements and the body (elements) of independent organs and processes.
So we have mechanisms for the structure and function of the brain to be influenced by the environment.
Brain is always able to regenerate or generate significant functional elements in response to stimulation.
Plasticity enable us to take maximal advantage of the spectrum of possible differences leaving due place, to the unpredictable in the construction of individuality. The individual vice-versa can be considered to constitute an exception to the universal that carries him, to be biologically determined to be free. What makes the concept of plasticity possible is a crucial approach to the modification of the expression of the genotype by environmental factors beyond the idea of interaction.
The brain has mechanisms allowing the perception of the external world and other mechanisms allowing for the inscription of these perceptions in the neuronal network of memories. As Freud says, there is perception at the outset when it is described, it becomes a stimulus of another order, for the neuronal apparatus. Thus from transcription to transcription any experience of the past, as such ,gets modified and looses its initial shape.

The famous experience that leaves a trace is no longer solely the external event but also the event is inscribed and transcribed by the mechanisms of plasticity.
Thus we go very far from the perceived event which looses the initial form, gets new dimensions, many times new ways of expression sometimes in a different clinical formation and form.

The trace left by experience is associated with structural and functional modification of the synapses and their efficiency with cellular and molecular mechanism such as neuron genesis or further neuro-modulation.

The trace thus, of a traumatic experience of the past, could possibly be modified and expressed by another clinical way, during an epileptic seizure.
Determined by the dynamic network of the neuron adaptations and synapses, brain is constantly modified through the dendrites ends of the neuron, which many of them increase, thus making new adaptations.

Other time , others decrease giving an end to the communication.

The final purpose of this situation is the major collection of information from the environment through a continuing exchange of energy from the **"fire zone"** of the neuro-transmission of the synapse.

In any sensory or cognitive stimulus, brain can respond and answer with a "biological one" that is equivalent with the neuronal activation or with exchange of energy.

UNDERSTANDING BRAIN PLASTICITY IN THE CONTEXT OF A PSYCHOTHERAPEUTIC GROUP .

According to S. H. Foulkes the model of the matrix in the group context seems quite similar with the neuron network of the brain, as it is already mentioned above. Foulkes' idea is of the matrix as a model of mind.

The neuron web reflects the neuro-anatomic dimension of the mind and introduces the model of the group-anatomical structure of the Nervous Tissue.

In other terms, the interactions of the individuals participating in the group psychotherapeutic process remind the interactions among neurons in terms of plasticity that is the capacity for continuing changes in relations to the environment's conditions.

Thus, the whole brain network emerges in the model of group matrix that is in a continuing situation of changing process called plasticity (**brain plasticity**, **cellular plasticity, neuron plasticity.**

Apart from the anatomical similarities of the brain network and the Group matrix there is a dynamic reciprocal process that is realized and related with the participation of the two brain hemispheres during the Therapeutic Situation of a Psychotherapeutic Group Analytic Group, thus activating the right one that is mainly oriented to the artistic and creative potentialities. Mirroring in a group can be considered as information about self derived trough social interaction and relationships in the setting of the group.

Increase of knowledge and information in the group can be derived either by

      A. responses of other's to one's attitude, actions, emotions, relations

      B. seeing and connecting with the psychic attitudes, emotions, and behaviors of others.

In the psychotherapeutic group analytic group, the manifest context of communication relates to the latent meaning of this experience. This phenomenon is bound-up with the concept of group matrix that is the operational basis of all relationships and communications.

Inside this network the individual is conceived as a nodal point, in an aspect of an open and not closed system.

The consideration of a Psychotherapeutic Group as an open system where Group Dynamics emerge, is characterized by the distribution of hierarchy, the interactions of interchanging information, the discussion and the social learning. This is a process of an integrative change and creation.

A Psychotherapeutic-Task Group reinforces the "immediate apprehension by the mind without reasoning". In a Median Analytic Psychotherapeutic Group,dialogue, activates left hemisphere to "detect patterns and fill in gaps in the awareness from the past heritage".

To refer to Patric de Mare's aspect that mind reflects structure and process though brain is matter (coming from the latin word "mater" that means mother) Matrix implies the model for the transmission from "macro-cosmos" of "Koinonia" to the "micro-cosmos" of the neuron transmission.

Brain through Dialogue is creating and other time translating complex biochemical codes of the brain to words of our social dialogue.

Brain absorbs endless information in the same way that Group does. The mechanism is the vice-versa interaction of the micro-cosmos and macro-cosmos (environment) and the pathway is the capability of plasticity.

By that point of view what happens in a Group Analyic Psychotherapeutic Group can be observed as a result of Transference to mention Freud, or Transference resulted from the process of projection and re-introjection of infantile object relationships according to Melanie Klein, which is re-experienced in adulthood to a fantastic world, modified by the current needs and reality, the environment, the "here and now" process of the Psychotherapeutic Group under the never ending filtration and modification of our brains.

In psycho-dynamic terms plasticity is the capability of "change in any light of new information or in response to an intuitive feeling" The total result experienced in a Plenary Group (that could be a Median or Large Group) could be imprinted as an hologram that is fully recognized by the two brain hemispheres.

As a result left hemisphere activities seen by a psycho-dynamic aspect of view serve as a process of learning in a social context in the same time that intuitive feelings of the right hemisphere contribute in the social learning.

Our life relationships are reflected in group's matrix as well as in our neuronic web. Koukkou's & Lehmann's model indicates a complex living system in an entity which is composed of a set of organs and its subsystems which during life, which are in a continuous and dynamic interaction with each other. Spontaneously, complex living systems, thus also humans, are subsystems of the physical and social realities in which they live and they are in a continuous and dynamic interaction with these realities, that are their natural partners.

Behavior at each moment during the life of each living system pre-supposes these complex and parallel interaction and emerges out of them.

Kurt Goldstein's organism behaves as a unified whole and not as a series of differentiated parts. What happens in a part affects reflects the whole.

Any particular symptom cannot be understood solely as a product of particular organic lesion or disease, but has to be considered as a manifestation of the total organism.

Brain can re/generate significant functional elements in response to stimulation and has both "digital" (neuronal) and "analogue" (inter-cellular) modulating functions allowing rapid functional adaptation to the environment.

The truly "Foulkesian" brain, has been shaped by its experience of the world and retains prodigious capacity to accommodate to environment change.

The neuronal process and the brain mechanisms of the neural membrane underlie the general philosophical framework where a great number of our actions are derived from our emotions and that the coupling of pleasure/suffering, controls the expression of our desires.

Mental representations of the „good' or „bad' nature of the given information of the out-corporal space, which are constantly signaled by the opponent systems, are associated with brain actions.

The key concept in Foulkes approach is that of a communications network or group matrix which involves in the group and takes on varied traits and characteristics over time .Each communication and transaction alters the overall matrix as well as what happens between particular individuals. The individual is seen as a nodal point within

the matrix, a social psychological view which contrasts sharply with the conventional idea that the group is the aggregate of the persons who compose it.

THE GROUP MATRIX AND BRAIN PLASTICITY

Foulkes considered Group Matrix in an anatomic and physiologic analogy with the neuronal web in which neuron is a nodal point of the brain that reacts and corresponds as a whole. One of the most important definition of the matrix is the following:
"matrix is the hypothetical network/web of communication and relationship in a given group, the common shared area/ground that ultimately determines the meaning and the significance of all events that occur in the group"On this common shared area, all kind of communication and interpretations verbal and non-verbal, conscious or unconscious rest The matrix has roots that reach into the inner psychic experience of individuals binding them to the group-as-a-whole.

The matrix has been compared to a womb, a place in which something is bred or developed and frequently also related to some of the psychological functions of mothering.

The interaction of the matrix in the therapeutic group is an example of a network very similar to the brain's neuronal network.

The Group Analytic Psychotherapeutic Group itself has a common matrix inside which all other relationships develop an analogue with brain's neurons internal and external (in-corporal or out-corporal) web. Matrix is not automatically established but gradually is developing and integrating by the contribution, the influence and the culture of the group leader that reinforces the boundaries of the group in Group Analytic Psychotherapy.

The coordinated stimulation of remote neurons the moment of the first of memory, is called Engram and is the answer to the binding problem.
Eventually, brain is constructed and shaped every moment according to its experiences and activities, by activating or drawing away neuronic synapses in relation to their necessities and needs.
Social brain expresses the dimension of the brain activity as it is influenced from the social environment in which human beings develop and mature. Foulkes's dimension of the social brain is the result of the reciprocal influence of the personal matrix with the group matrix, in other words of the influence of the personal mind with the group. This dimension forms a web of interacting neuronic connections, with standard activity of energy and complex neuro-chemical participation.
Both the mind and the intellect belong to the function of the brain, the latter in particular being considered as uppermost accomplishment.
According to Foulkes man is a social being and can only be understood as such in the context of his environment. Even individual mind reflects and represents the social model where he lives and is a complex network of interacting processes (communications).
These processes interact in the communications network of the group ,the group matrix or group dialogue.

The personal mind is capable of interacting processes, thus in the group what is reproduced is basically the matrix of involving personality.

Analytically the individual mind is an objectification (or model) of an internal mental and emotional process: both personal (reflective), interpersonal, self and other, and trans-personal.

DISCUSSION

The basis of the fact of plasticity leads to a concept of a complex integration between a genetic determination and the psychic and environmental one leaving place to the unpredictable in the construction of individuality.

What the phenomenon of plasticity demonstrates according to Morris (2003) and Kandel (2001) is that experience leaves a trace on the neuronal network modifying the efficacy of the transfer of information at the level of the subtlest of the system and the connections among neurons are permanently modified as Merzenich, Byll and Blake (2002) mentioned and the changes are both structural and functional.

Plasticity shows that the neuronal network remains open to change, to contingency, and can be modified by events and the potentialities of experiences which can always alter what has come before.

The matrix is enriched in time as group life evolves and affords the potential widening and deepening of personal and group communications.

Every interaction in the group can influence all its members in various ways. The common characteristics of the members archaic, biological (anatomical or physiological) or based on common experiences constitute the Foundation Matrix. Biological dynamics and culture dynamics develop between the Foundation and the Dynamic Matrix in a mixture of culture, social and educational elements experiences as "our common language".Any interpretation realized from the group conductor or from the group members can influence all the membership and the group as a whole. (even if the interpretation is addressed in a single member).

Slow opening Group Analytic Psychotherapeutic Groups are considered to effect somatic disturbances in many levels such as :educational, supportive, cognitive,behavioral, social and emotional. They provide a safe context for the expression of feelings of shame,mourning, despair helplessness, "anger-in",rejection and many others that seem to be related with particular somatic diseases.

What Yalom describes as Corrective Emotional Experience and Installation of Hope, are considered as important Therapeutic Factors that could also lead to psychological relief as well as to somatic recovery.

Many statistical data indicate that the "Group as a whole" can be more relieving than the conductors or its members separately and self confidence, decrease of panic disturbance, amelioration of mood diathesis and body motivation can probably reinforce recovery.

The creative components of a Psychotherapeutic Group such as sensibility and Flexibility, Adaptation and Reciprocal Trust lead not only to a Social Positive Learning but also to a somatic relaxing feedback..

The factors that Rappaport indicate like Democracy, Permissiveness, and Realistic Confrontation in combination with Winnicott's meaning of "Holding" and the Bionian "Containing", all of them emerged in a safe Group Analytic Psychotherapeutic Group seem to create not only a place for Psychological and Psychosocial Intervention but also for a Clinical Modification of many Organic Disorders .Brain's Plasticity modification in a matrix environment, seems to be a strong positive prognostic factor for the integration of Mental, Organic and Social Health.

IN A STRANGE LAND: A MEETING OF ROUTES AND CONTINUITIES

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In a Strange Land: A Meeting of Routes and Continuities

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Som Capaz e Ser®

1. Workshop Context

The workshop wants to provide a particular space of experience and reflection about the personal routes that brought the participants to Meet each other in this Congress, as well as the continuity of these experiences in the personal and professional lives of the participants.

The aim is to be an experiential activity that uses the complementarities between Psychodrama and Music Therapy.

The participants will be invited to share the paths which have brought them until the moment of the meeting, the 4th Regional Mediterranean and Atlantic Congress of the IAGP "Other Seas, New Discoveries".

It will be approached the experience of *discovery* and the apprehension of the new and novelty, the *decisions* that brought the participants to the present moment, the *trips* realized (internal and external) and the *arrival* until the "here and now" of the context of the workshop.

This workshop wants to be a space of sharing and meeting of the emotions experienced by the participants in these four steps of the route.

The workshop "In a Strange Land", aims to locate the experience of the lived body in a specific place in space-time, according to a phenomenological field of possibilities. These experiences when occurring in the context of group will allow the feeling of "strangeness" to be elaborated as part of a record in a metaphorical "logbook".

The use of sound-music-body expression, as well as the movement and dramatic play allows a contact with all the symbolic expressive possibilities arising from a creative process of the group.

Experiencing a living body and its expressiveness creates the conditions that facilitate the "point of arrival" as continuity instead of discontinuity, that is, a journey of self-discovery that is integrated and transformed.

The workshop will use musical improvisation and listening to music, plastic expression, role playing, role reversals, soliloquy, symbolic realization, warm-up and verbal sharing.

The basic philosophy is that once a group gets together, they are already working.

2. Routes

The Route is the repertoire of identity that each individual carries internally. In the repertoire of identity all meet the emotional experiences and the direction that the individuals attribute to them. In this workshop we consider the Route as a past experience revived in "here-and-now". Each person carries a set of experiences of its history, which are updated and (re) constructed at the moment of the Meeting.

3. The Meeting In a Strange Land: The Unknown and the Change

Our perspective is of that the search to know the world triggers an action in order to be able to generate a new meaning. Once all the achievements that people make in their lives are apprehended in the context of an emotional experience, the capacity to integrate these achievements requires that the emotionality and pain are contained. To have a contained emotional experience is, therefore, the main generator of integration and understanding.

The meeting is a "Strange Land" between the "I" and the "other", a meeting with the newness; the place to attribute meaning to the emotional experience and the inherent newness, being that the entire experience of growth is the attribution of meaning and the integration of the new. The newness will be rejected or integrated in this place of "strangeness". For the integration of newness occur, it is necessary to leave the place of recognition of the identity, and come into contact with the "Strange" by tolerating it, as well as tolerating the temporal gap that exists between the moment facing the newness and the moment where this newness is assimilated and integrated.

Given that all newness triggers fascination and fear, as well as the wishes and expectations of achievement, what is perceived, past and present experiences, is decisive for the smallest or largest resistance to newness. This contact with the unknown is the place of desires, constructions, fears and ghosts. Thus, for the integration of newness and change occur "In a Strange Land", it is essential to tolerate the uncertainty inherent to the possibility of the desires and expectations not been accomplished.

4. Psychodrama and Music Therapy as Therapeutic Spaces and Existential Affective Attachment

It should be noted that the workshop does not intended to be a workshop of psychodrama or music therapy, but rather a workshop where it will be integrated the setting and a number of techniques from both psychotherapies.

4.1. Contributions of Psychodrama

We can divide the contributions of psychodrama in: a) the contributions of the instruments of psychodrama; b) contribution of the steps; c) contributions of the techniques.

Psychodrama Instruments

In this workshop we will use the five instruments of psychodrama session: Protagonist, Setting or Stage, Director, Auxiliary Egos and Audience.

Thus, the setting of the workshop consists of a team of two therapists who, as Facilitators, based in the structure of a psychodrama session, alternating the roles of Director and Auxiliary Ego, and at times jointly run the group. On the other hand, the participants that are not on stage or participate in the dramatization will be part of the Audience. Some participants can play the role of Auxiliary Egos, as occur in a psychodrama therapeutic group. The workshop expects also the emergence of individual protagonists and the group as protagonist.

Psychodrama Steps
The workshop will be based on the three classical steps of Psychodrama: warm-up (non-specific and specific), action and sharing. So, we will use some non-verbal psycho dramatic techniques (written stories and plastic expression) and musical experiences of music therapy, used as group warming up.
Then move forward to stage of dramatization, which will be a consequence of group warming, and we will finish with the stage of sharing and comments. In Warm-Up and Dramatization, we will seek to abolish, as much as possible, the recourse to the word and replace it by the expression body-sound-music, being that the resource of the word as the element integrator of the lived experience will characterize the stage of Comments.

Psychodrama Techniques
The psychodrama methods chosen are role play, role reversal, soliloquy, symbolic realization, activities of plastic expression and writing stories, techniques of corporal expression, in addition to wearing *intermediate objects* (Rojas-Bermúdez, 1984), such as cloths, blindfolds, and masks. All these methods will be framing an approach in which the psychodrama is a *continent* (Bion, 1962) for the deriving contents from music therapy and vice versa.

4.2. Contributions of Music Therapy
Music is a human organization of sounds in a given time and space. This organization of sound structuring is directly linked to experiencing the social structure, cultural and emotional where the human being is inserted (Blacking, 1973). In turn, this organization sound-music-body organizes human groups.
Being a non-verbal communication, the music constitutes a great possibility of human interaction, communication, participation, creativity and self-organization in the relationship with others. It is present in all of us.
Bruscia describes music therapy as: "*an auto-expressive therapy that uses music in a latent sense, as intermediate object in the relationship between music, the therapist and the patient and that uses the bio psychosocial aspects of the individual, opening new communication channels that can help the individual to recover and integrate dynamically with himself and with his social group.*" (Bruscia, p. 277, 2000)

Musical experiences of improvising and listening to music
The musical experiences are existing resources in the activity of music therapy that presents itself as techniques, allowing integrating, securing and supporting the immediate experience of the person. These experiences are organized into procedures, providing a methodology for the intervention used in (a) the diagnosis, while a knowledge of two; (b) in the treatment, as an experience of relationship and creativity; (c) in the assessment, while recognizing the needs.

Bruscia (1998) defines four types of experiences, the *receptive music listening*, the *musical recreation*, the *experience of musical composition* and the *experience of musical improvisation*. This workshop will be using the improvisation and listen experiences.

Receptive Music Experience
In the receptive experience of listening to music, the person and the group are invited to listen their individual sound-musical journeys, focusing on their emotional, intellectual, aesthetic, spiritual and physical needs.
This musical experience allows the promotion of musical receptivity – reactions and responses to musical stimulations - facilitates relaxation or stimulation, evokes emotional states, explores ideas and feelings, reminiscences, evokes fantasies and imagination, as it occurs in the use of music on psychotherapies of verbal character, that triggers images, associations, fantasies, and memories.
In this workshop, the use of sound-musical experiences will allow an autobiographical listen of meaningful experiences, having as mediating complementary the resource to the narrative design feature.

Musical Improvisation Experience
In the experience of musical improvisation, the person plays an active and central role in the musical productions, being the responsible for the product/musical process, facilitated and supported by the presence of music therapist. This improvisation can be individual, dual, or group. The individual initiates the process by creating rhythmic and/or melodic structures, construction of songs, and respective instrumental execution, with resource to any mediator of sound production (voice, body, percussion, musical instruments, etc.).
The music therapist facilitates the procedures with small demonstrations of an idea or musical structure to improvise, or supports a musical idea, such as images or stories.
This musical experience has the possibility to establish the non-verbal communication channels, developing capacities of inter-personal private communication and providing meanings of self expression, exploring personal aspects of relational dimension, promoting the development of the creativity experience, free expression and pleasure, by fomenting the inner freedom, facilitating the knowledge of the self and the other, the personal valuation, as well as the maturation process.
In this workshop, we will use activities of sonorous-corporal percussion in a form write a "logbook" of rhythmic experiences, as well as we will facilitate the sharing of feelings with recourse to the musical improvisation in melodic percussion instruments.

Creativity and Relational aspects on the musical improvisation experiences
Experiencing the musical phenomenon in music therapy is perceived as a process of creative and constructive change. Any occurred experience in the therapeutic process is happening in the phenomenal field of the person, with all the possibilities of observation of the self, the others and the inter-personal relationship.

The listening (s) of the self and the other
The produced sound, as sound content - with its acoustic, neurophysiologic, sensitive and emotional aspects - travels from the outside in and from the inside out, with all the potential experience that it causes, resounding and intonating experiences.

Allowing an immediate receptivity to the experience, sound-musical content of the relation music therapy facilitates openness to receptivity and the experience. This sound and psychical state allows proprioceptive experiences, as if it was an internal dialogue.

Being music intrinsically an expressive mediator linked to human development and to their constant taken consciousness - with all its physiological, psychological, cultural and spiritual characteristics – it allows the person to open to the multiple dimensions of the human being.

The *listening of the self* becomes increasingly active, and is experienced as a way of *the help relationship* sound-musical. With the resource to the musical experience of improvisation, a gradually opening up to the expression of feelings (verbal and non-verbal), which is in line with the "intentionality" of internal listening that the individual has of its experience, allowing an approach to the emotional self content.

In the musical improvisation, the person carries phenomenological field acting consistently with their world of sound production. The sound created is therefore an intentional listening possibility "here and now", and the relation between two individuals, who, listening to each other, promote experiences of empathy that facilitate confidence and trust.

The empathy (s) of the self and the other

The empathic experience of sound-musical phenomenon during the improvisation, allows to opening a communication channel between the person and his experience, enabling an "authenticity freedom experience".

The internal movement of consciousness during the musical activities allows a discovery and an update of the potential creative, enabling a shift in the aesthetic, relational and sound values, in accordance with the internal coherence between the emotional and living musical expression. As if it was a kind of empathy sound-musical himself, regulating an incongruity.

Living this experience, the person in music therapy group is compared with a constant exercise of concurrency between its sound productions and the other elements, between its emotional state and the others. It acts in the sound landscape, in which are a whole and a part of.

The congruence of itself and us

The musical-sound process, as an expression of the history of the individual development aims to search for a state of *the internal agreement* between sound production and the phenomenological field of subject, its subjective reality. In the course of musical improvisation, the individual will travel through a set of emotional states, searching for an internal coherence in/at the moment. In this passage, the dynamics of musical improvisation is consonant to dissonant moments, or, for the opposite, of states of excitement for relaxation moments. This fact shows how much the intention of the phenomenological field of experiencing sound-musical, produced "here and now", and is congruent with the emotional state of the subject.

5. Nucleus of I and Music as an Intermediate Object

For Jaime Rojas-Bermúdez, the *nucleus of I* would be *"the Centre of the personality, the deepest intimate space and inviolable, where each of us identifies secretly."* (Abreu, p. 52, 2002), which is the essence of being human. The core structure of I would be resulting from the integration of three areas (mind, body and environment) with the three psychosomatic roles that Rojas-Bermúdez describes: *ingestion, defecation and urination*. (Soeiro, 1991). There is a barrier between the core of the self and the

environment, being that the roles for development have to break this barrier, so that there is a link between the core of the self and the environment. There are roles in development, shriveled little roles, less developed and developed roles. When a role is quite stunted an intermediate object is needed for that role, through a complementary one, can be restored, and consequently it's promoted development.

Rojas-Bermúdez (1984) sees the intermediate object as a communication tool capable of acting therapeutically to the related person, without triggering states of discomfort or alarm. This object is characterized by a concrete existence, harmlessness, malleability, transmitter for the communication, adaptability to the person's needs, assimilable allowing a close relation, instrumentality as a form of identification and identified by automatic recognition. The music for *"Bermúdez Rojas-is not by itself an intermediate object, but can function as if it were. It is not because it has the most features of the OI, but under certain conditions allows to restore the disturbed communication "* (ibidem, p. 170).

According to Rojas-Bermúdez (ibidem), the use of music is considered as an intermediate object when it is directed to the individual while complementary, suplementarity or induces (stimulating or facilitating feelings/affective experiences), or addressed to the group as a promoter of experiences of "homogeneity" and facilitation of emotional expression.

6. The Relationship between Psychodrama and Music Therapy

It is in this direction that we propose the use of a new therapeutic space, *the relationship psychodrama-music therapy*, that we call *commensal relationship* [1] (Bion, 1970) in which we integrate techniques from psychodrama and music therapy.

It seems to us that the complementarity between these techniques allows to maximize the therapeutic benefits of each therapy, facilitating the affective expression and development roles shriveled or less developed.

As mentioned before, in addition to the musical experiences in music therapy, this workshop will use techniques of psychodrama, used in inter-complementarity. The direction of the workshop will be alternated between the two therapists, according to the technique used for the psychodrama or music therapy, and there will be moments of co-direction, where techniques from both psychotherapies will be used simultaneously.

7. Continuities

The future desired implies the existence of regulatory experiences of pleasure, joy and well-being. After the meeting, continuity will be the update for the narrative experiences shared with others. Thus, the meeting of journeys will also be a meeting of Continuities. We conclude with a phrase that expresses the ability to integrate the unknown, and therefore the change*: "anyone who believes that time is linear adventure yourself in infinity, leaving always behind the obtained with difficulty. Know that the meaning of the world must create itself causing the imagination based on facts, so that should travel and observe, both in internal as in the external world, to enjoy a living space too brief, heir of a Taiwan property that will be even more embellished".* (Harris & Meltzer, 1990, pp. 13-14)

8. Bibliography

Abreu, J. L. P. (1992). *The model of psychodrama moreniano* (1st ed.). Coimbra: Editions Psychiatry Clinic.

Ansdell, G. (1995). *Music for life: Aspects of creative music therapy and adult clients*. London: Jessica Kingsley Publishers.

Bion, W. R. (1991). *Attention and interpretation: the scientific access to intuition in psychoanalysis and groups*. Rio de Janeiro: Imago Editora. (Original work in English, 1970).

Bion, W. R. (1994). A theory about thinking. In *Studies Reviewed psychoanalytic approaches* (pp. 127-137). Rio de Janeiro: Imago Editora. (Original work in English 1962).

Bruscia, K. (1991). *Case studies in music therapy.* USA: Barcelona Publisher, Lower Village.

Bruscia, K. (2000). *Defining music therapy* (2 Ed.). Rio Janeiro: Enelivros.

Gobbi, S. L. & Missel, S. T. et Coll. (1998). *Approach centered on the Person – vocabulary and Understanding.* USA: Editora Universidade do Sul de Santa Catarina.

Moreno, J. L. (2002). *Psychodrama* (8th ed.). São Paulo: Cultrix. (Original work in English 1946).

Meltzer, D., & Harris, M. (1990). *Familia y comunidad*. Buenos Aires: Editorial Spatia.

Ribeiro, J. P. (In Press). *Psychodrama and psychoanalysis: Some links between psychodrama and psychoanalysis, to produce a form of psychoanalytic work in psychodrama.*

Rojas-Bermúdez, J. G. (1984). *Que es el Sicodrama?* Theory y Practica. Buenos Aires: Editorial Celsius.

Soeiro, A. C. (1991). *Psychodrama and psychotherapy*. Lisbon: Echer.

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[1] Bion (1970) proposed three types of relationship *content-continent: the commensal*, the *symbiotic* and *parasitic infestation*. As stated by Bion, "*By commensal I understand the relationship of two objects and a third one with advantage for the three.*" (Bion, 1970, p. 106).

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GROUPANALYSIS: OTHER SIGHTS OF THE CONSCIOUS AND THE UNCONSCIOUS

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Groupanalysis:
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Definition of group analysis

Group-analysis came into view with Foulkes' works in the Northfield Hospital in London by the 1940s during the II World War. His conceptions among us were modified by E. Cortesão. To speak about group-analysis in Portugal it is indispensable to define its specificity and to clarify the concepts which support it. Thus, it is conceptualized and described as a way of investigation and therapy based on the psychoanalytic theory; however, it operates with discriminated proceedings, which are in connexion with the new setting, the group, and with the theory and technique of the group-analysis. The purpose of the group-analysis is working through a made steady transference structure, which allows its distinction from the group-psychotherapy based on the psychoanalytic theory.

E. Cortesão defines group analytic process as "the way through which several theoretical and practical dimensions - which contribute to the consistency and shape of the group analytic therapy - are framed, organized and perform a function".

Once the specific concepts are structured and organized they cross one another to perform the practice. The therapeutic process is performed during the intercourse between the group matrix and the groupanalitic pattern.

Matrix

Foulke's defined matrix as: "the hypothetical communication net and relationship in a given group. It is the set shared stage that ultimately determines the meaning and significance of all events, and which integrate all communications and interpretations, verbal and nonverbal."

Later, Cortesão defined group analytic matrix as: "is the specific network of communication, relation and elaboration, which, by integrating the group analytic pattern, fosters the evolution of group-analytic process inside the underpinning theoretical and technical dimensions."

As inferred, it is a dynamic process that simultaneously results and conditions the interactions and interrelationships among its various elements, which can lead to the formation and modification of the internal relational matrix (IRM) of each one.

However, for a better understanding of the importance of the group and group-analytic matrix in the therapeutic process just remember that since we are born, until we die, we almost always live within a group. Be the family group, the school group, the friends group, the sports group, the professional group, or any other else, and that any one of these groups has a specific matrix that influences whoever is into it.

We also easily accept that from all these groups, the most important is the family, as is our first group and who has more influence in our development process, either motor or psycho-emotional, as a consequence of the existing familiar matrix.

We understand development process as the acquisition of structures and dynamic ways of thinking, feeling, and to relate with one another, in which are embedded defence mechanisms, conflicts, desires, fears, whether conscious or unconscious to us. It is with this fundamentally acquired form of relating, named as IRM (which may be more or less appropriate or inappropriate to the environment we live in), that we will act in the group, i.e. in its relationship dynamics, communication and development that constitutes its group matrix and where the group analyzed, through a process of regression, transfer and consequent group analytic interpretations, triggers his process of group analytic transformation.

So, succinctly we may say that the group analysis has the task of recreating these people (pretention aside), but now in a more suitable, harmonious and not suffering generator (this is normal), with the creation / generation of a new way to communicate and to relate through the group analytic matrix that the group is capable of developing in the group analytic therapeutic process.

Pattern

The concept of PATTERN was contextualized by Cortesão who widely reasoned about the semantic source and the ambiguity of the meaning of the word *pattern* in order to clarify the meaning used by him. The conception of *pattern* produced a controversy with Foulkes because he ascribed it as an "imprinting" pattern.

PATTERN is explained by Cortesão as "…is the specific kind of posture that the group analyst conveys and endures into the groupanalytic matrix in order to interpret what promotes and develops the group analytic process".

When speaking about PATTERN we are relating to conjoined characteristics and competences performed by the group analyst that will function as a catalyst which allows the accommodation and the development of the therapy.

Theoretically, it comprises three vertexes: nature, function and purpose.

1- Nature - it means the characteristics of the group analyst:
- as a *persona* - personality, character, representation of the internalized familiar and socio-cultural matrixes, analytic training (that is to say how he internalized and identified himself with his analyst), empathising ability to be in group and to foment authentic relationships based on truth and honesty.
- as a conveyor - his ability in connexion with his professional formation level such as; groupanalyse formation course, supervision and both contemporary and scientific knowledge.

2 - Function – it is related to the settlement of rules and postures:
a) Rules
- to select patients in order to facilitate the development of the group process.
- to establish a therapeutic agreement demanding seal and forbidding the patients to have any kind of relationship among them outside the therapeutic context, and forbidding the therapist to keep any relationship with the patients' family, as well.
- to guarantee a space for the therapeutic sessions and also guarantee that both punctuality and frequency to the sessions will be observed by the groupanalyst.

- to privilege the spoken intercourse and do not allow the acting out and secondary profits.
- to propitiate a floating discussion.

b) Postures
- the groupanalyst's interventions will be of clarification, confrontations and reformative;
- interventions will be formal and he won't speak about himself;
- interpretations go from a genetic level to the transference level and commutative level;
- will be attentive to the binomial phenomenon of the transference/countertransference in order to promote an emphatic relation, which will value the treatment.

3- Purpose
- to fit the induction and the maintenance (in the groupanalytic matrix) of the groupanalytic process through the promotion of:
- rational and emotional insights,
- interventions which produce alterations of the *self* and
- development of the discriminate structures and the working of the self, which will allow a relative autonomy and a consistent and normal dependence.

The pattern is gradually integrated into the dynamic matrix as Ancona says. We can consider that there is an exogenous pattern, which depends on the groupanalyst's personality including his character, family matrix and cultural aspects that function as a seed or catalyser. There is also an endogenous pattern, which self endogenous by the matrix under the action of the exogenous pattern.

Transference

Psychoanalysis considers transference as an essencial part of the therapeutic process: a process that results from the actualization of the displacement of unconscious impulses and desires into specific current objects and relationships. It is a repetition of child relational prototypes felt with a vivid sense of reality.(Laplanche & Pontalis, 1976). A process…« by which he relates to his analyst as though he were some former object in his life; by which he projects on to his analyst object-representations acquired by earlier introjections» «by which he endows the analyst with the significance of another, usually prior, object». Rycroft (1968).
We may consider that transference phenomena occur frequently in most life relationships, beyond the psychoanalytic relationship. These phenomena are prone to occur ever since we face hierarquical relationships , either when the object is invested as a powerful one (teacher-pupil, police-driver, etc.) or when the object may provide basic necessities to the subject. such as doctors, nurses, priests, etc.
The continuity that characterizes the psychoanalytic relationship conveys the process so called transference neurosis, a fresh and current repetition of the child neurosis towards the object-analyst. This way we may accede to the pathological primary object relationships.
The most important aspect to be defined for group analysis, is the legitimacy of the use of the concept «Transference Neurosis» and its resolution within the group analytic process. This problem was considered as a controversial one and it was discussed in the 1st. European Symposium in Group Analysis held in Portugal (Estoril) in 1969. Since

then it has become a nucleus of controversy between the English group analytic society headed by Foulkes and the Portuguese Society headed by E.L. Cortesão.

In spite of the fact that Foulkes changed his mind on this matter several times, he wrote in 1975: «transference neurosis in the group […] contains the key […] of the patient's neurosis in the same way as it occurs in the dyadic psychoanalytic relationship». (Foulkes, 1975).

Cortesão definitely thought that «transference neurosis - in spite of being defined in a different setting – exists in a significative and natural way in this new setting – the group […]. It's different in its form and structure, but it it's not that different in its contents and function. It's different but not contradictory» (Cortesão, 1989).

The way the transference neurosis is conceptualized and operationalized in a group setting has been developed by the Portuguese group analysts. According to this, I highlight Maria Rita Mendes Leal's concept (1970): «Internal Interpersonal Matrix» or «Personal Group Matrix», which means that every individual has in his/her mind the whole primary object representations, according to the nuclear family. This complex and dynamic net becomes more and more complex through the relational groups where each individual will be part of during life. It's a kind of «Individual Brandt», for the best and for the worse.

The group analytic group will provide a favoured setting, activated by regression,

where the «Personal Group matrix» of each group member may occur in a clear way. This way, each individual transference neurosis becomes better understandable in its whole structure. The group analyst is the target object of the transference relationship. Therefore, the group analyst will be felt differently by every member of the group. This way the group analyst must also deal with each of the members in a different and discriminated way, never forgetting the empathic equilibrium towards them all. Sibling conflicts are powerfully updated within a group, as well those connected to the Edipus complex. It's frequent that that the group and the group analyst are the other two vertices of the edipal triangle. Lateral transferences are always present either they are considered stricto senso, or as a result of displacements of the transference towards the group analyst.

Nowadays we consider, in general, that transference and counter transference are an interactive binomial, influencing each other in a reciprocal way. However, this is an asymmetrical situation, as it is the care giver-child relationship. Therefore the scrutiny and evaluation of his/her empathic capacity towards each member is extremely important from the beginning while selecting a new member.

Lastly, I would like to remind Daniel Stern's concept of « Moments of Meeting » (Stern, 1998). These may be or not mediated by an interpretation. What's more important is that they result from a common construction, authentic and specific for each member of the dyadic psychoanalytic relationship. Both must recognize the deep affective and rational qualities of those moments of the analytic process.

In a group analytic group there are more members who can also participate in the construction of such moments through their own authenticity, performing moments of multiple genuine reciprocal empathy leading to the so called « Empathic Resonance Box» (Dinis, 2001), which is definitely a major therapeutic tool.

Countertransference

As in psychoanalysis, countertransference in group is not only a problematic topic, but also a communication tool serving the therapeutic process. There are many variations in it's definition (Laplanche and Pontalis, 1967), including all that, in the analyst personality, interferes in the process, or only the analyst's unconscious reactions

caused by patient's transference. In this last definition - reaction to other's transference - we must not forget that the same will happen with the analysand.

It is generally accepted that the analyst's feelings provide important clues to what is going on in the group. As noted by Hopper (2006), Foulkes was the first group analyst recognizing that therapist is both object and subject of emotionally corrective transmuting internalization. He considers the countertransference processes in the group in terms of resonance and mirroring more than in the classical terms of group analyst's psychopathology. He preferred to call resonance to the analyst's inner conscious reflections, instead of using the term countertransference (Foulkes, 1977).

Kadis, Krasner, Winick, and Foulkes (1963) stress that countertransference in group is more complex and more visible than in individual therapy. The group analyst has simultaneously to interact with different people. Their reaction in group will differ from the individual situation. Moreover, even knowing well a patient individually, when in group, unexpected aspects to the clinician emerge.

The analyst's countertransference then, responds to various forms of group transference from members, and various collective phenomena such as the group as a whole, subgroups, antigroup (Hopper, 2006). In group analysis the analyst is much more exposed than in psychoanalysis, to behavior, countertransference and the scrutiny from analysands (Cortesão, 1989). Countertransference is also very complex by the multiplicity of viewpoints in a group, which can lead to thought and affection dissociation in the therapist. The group is basically always schizoid and when in regression and archaic anxieties, naturally stimulates schizoparanoid mechanisms. Therefore, it is natural that neurotic and psychotic countertransference phenomena arise. We must understand the current and regressive vicissitudes of group transference and work trough neurotic and psychotic countertransference.

In a group everything gets new proportions to the analyst whose emotions are the response to the emotions transferred by the group, not only by words, but by voices intonation, physical proximity, mimicry, postures, glances, silences, smells, breathing rhythms, which are many (Rouchy, 1982). Mello Filho (1986) stresses that the group, also, has the perception of analyst's feelings through non-verbal communication (voice, posture, vasomotricity). It is true that the analyst also emanates, intentionally or unintentionally, evidence to which patients give meanings. There are many signs that Pasche called psychic and material reality of the analyst. The great importance of the somatic in groups draws attention to the meaning of the body to others, reinforces projective identification and promotes the emotion transference by means of communication very close to the primitive regressive forms of objectal relationship in the transitional space or even before the objectal relationship (Rouchy, 1982).

On the other hand, the analyst is tested face to face, target of aggression and attacks of analysands. Jealousy, envy, rivalry can increase in group experience, among analysands or directed to the therapist. A regressive atmosphere in sessions favors these situations. The plurality of participants and interaction makes easier to the analyst to be touched by projective identifications, unable to find the source of frustration, anger or rejection that sometimes he feels. This can lead to feelings of guilt, low professional self-esteem, increasing aggressiveness or even lead to the withdrawal of working with groups. It becomes more complicated in situations when the analyst, by his omnipotence, does not recognize that these affections are part of the process and that some patients can only progress from our mistakes. If the therapist does not recognize his feelings he may be falling in the indoctrination of the group infantilizing it (Mello Filho, 1986).

When speaking about countertransference, it can also be a reference to an unresolved difficulty of the analyst. Besides the danger of favoring a group member and reject

another, there is the risk of unconsciously use a patient to fill unmet needs. A group can be an immense weight but also a great source of pleasure - the group can not be a source of satisfaction of the analyst's childhood deprivations, the group can not be an audience to express and gratify narcissistic or other needs (Blay Neto (1966) in Kutter (1976)).

Ormont (1970, 1991) reported by Hopper (2006) suggests that the group analysts should use the group as an aid in resolving the subjective countertransference (in the pathological countertransference sense), as they should use objective countertransference to resolve group resistances. This oversight function of the group is one of the most interesting aspects of working in this setting, and promotes the ongoing investigation of transference and countertransference.

Zimerman (2005) refers to "countertransference effect" on the selection for the groups, distinguishing two aspects: on one hand what the patient raises in the analyst, on the other what the analyst thinks of that person's interaction with other participants. Neto (1991) and Dinis (1994) both advocate the homogeneity in countertransference, to avoid imbalances in the group. We agree with these authors. The group-analytic setting itself is complex enough - from our point of view, especially by countertransference issues. Analysands must be in an equivalent position to the analyst at the staring point of their processes.

Foulkes (1977), wrote about the possibility of openly analyze the transference in group, but recommended it should not become a routine. Such an interpretation may be useful at times when one realizes communication resistance located on him, evolving him, if not being caused by him. But not all the way patients deal with mental pain. Each analyst's intervention, however correct and appropriate is not heard / felt equally by all group members. This question gains special importance in the interpretations involving countertransference.

Communication levels

In group analysis or group analytic psychotherapy, communication is obviously the central element that enables the whole analytical process to occur within the theoretical and technical conditions inherent to this objective. Several authors have specifically analysed this aspect but in this short communication I wish to deal with the idea of conceptualization by Eduardo Cortesão, the introducer of group analysis in Portugal, in what concerns the levels of Experience and Interpretation in the context of group analysis and group analytic psychotherapy.

As referred by Cortesão (1971), in a psychotherapy group, the members try to share feelings, conflicts or convictions, designating these communication levels by levels of experience.

These experience levels are processed through the various forms of verbal and non verbal communication which are always present and active in the group and it is with theses levels that one globally intervenes in group psychotherapy as well as in individual psychotherapy. The analytical work regarding these experience levels in the group makes it possible to clarify them so that they acquire meanings which will enhance analysis and the therapeutic effect. Whether the conflict dimension arise more in the intrapsychic plan or in the interpersonal one, in both situations it becomes possible to transform experiences that emerge in the group in more differentiated modules of verbal communication.

Cortesão mentions three levels of experience that emerge in the group: The level of individual subjective experience, when, for example, one element of the group describes an event or experience he/she lived in the present or in the past, or even the manifest

content in a dream; the level of plural subjective experience when in a chain of thoughts other members of the group also speak about their own experiences, and the level of associative communication when one or more elements of the group comment what the others have said, by questioning or, for example, providing suggestions or information.

Interpretation is the technique which permits to translate into new and more differentiated forms of communication and psychological organization the various aspects of what is communicated in the group. Cortesão mentions that the term "interpret" integrates two dynamic meanings and two structures: it is active when it introduces more differentiated new meanings regarding the former communication and it is passive when the receptor gives a meaning to the interpretation which does not alter the former proposition or when the receptor doesn't understand it immediately, or even when the former proposition is not understood in its own context but will give rise to various thoughts and affections in the individual.

Regarding the interpretation levels in the analytic group, Cortesão mentions six levels. These are the genetic-evolutive, desenvolutive, signification, creativity, transference and commutative levels.

The genetic-evolutive level of interpretation takes place when the interpretation accentuates the origins of the personality, investigating the structure, growth and function of the Self. The desenvolutive level of interpretation occurs when one tries to correlate the different phases of development, the Self's inter-relation with the familiar and social matrixes and the way the Self reacts to change, frustration and conflicts. According to Cortesão, the genetic-evolutive level correlates more with causality and the desenvolutive interpretation level with possibilities of significance and creativity. The significance and creativity interpretation levels may occur when in certain circumstances of the analytical session, new meanings are given to what is described, and these same meanings may give rise to a different and innovating comprehension.

The "transference" and "commutative" interpretation levels are typical of group analysis, whilst in group analytic psychotherapy the interpretation extends out to the creativity level.

In the context pertaining to these levels, the interpretation may be directed in various ways. It may be directed towards the group as a whole; towards one of the group's elements; towards certain relational aspects of the group analytical matrix; from one element of the group to another, and many other possibilities.

The group orientated interpretation or the interpretation towards an element of the group will reverberate in each element of the group in a unique way, according to his/her regression and fixation level at that given time. In all types of interpretation, the objective is to broaden and to expand each member of the group's mind, allowing simultaneously a larger elaboration of the Self.

Working Through

The term Working Through may be understood as a designation for individual work, a task performed by the individual, which may include suffering, pain, fatigue and pleasure, a careful mental dedicated occupation.

In the context of group analysis and psychoanalysis the concept does not differ greatly from the previous definition, but rather frames it in a psychic context with all the corresponding theory. In Psychoanalysis Vocabulary (Laplanche, J. & Pontalis, J.-B., 1967/1976) working through emerges as an analytical process in which interpretation is integrated, leading to the suppression of previously existing resistances in relation to interpretation of a thought or conduct. Thus, what is repressed begins to surface along

with unconscious defence mechanisms, awareness of such repression and the subsequent reduction of the mechanisms leading to repetition. Although we are dealing with a process, or a way of psychically functioning, a constant in group analysis/psychoanalysis, it is intensified when the patient comes across as being stagnant, with no apparent evolution, due to the fact that resistance to the surfacing of repression is still present and no interpretation is incorporated or mentalised. The group analyst and/or the group members may interpret what is going on in this invisible working through moment, which, within the several contexts in which behaviour is repeated, will help to attenuate the defences and consequent emergence of repressed material.

Freud gives particular attention to the patient's resistances, to the way he/she gains awareness of them and may relate them to past situations and experiences. For Freud acting out and the repetition of behaviour are the characteristics of repression. In transference with the analyst, the patient somehow repeats his behavioural patterns and his resistances emerge. Freud exemplifies: "the patient does not say that he remembers being challenging and critical in the past towards parental authority, but rather behaves in such a way with the doctor" (Vol. XII, p. 165). At the moment of repetition and acting out, the analyst draws attention to this situation, interprets it at that very moment and the repressed material, expressed through the symptoms, is able to emerge, to be mentalised, re-organised and, to a certain extent, re-stored. As Freud points out: "An absent or unreachable enemy cannot be thwarted" (Vol. XII, p. 168).

For Cortesão (Cortesão, E. L., 1989) working through is an aspect of the group analytical process and takes place at a slow but continuous rate. Constancy and time are the aspects that have the greatest impact on the working through process. Cortesão quotes Glover (Glover, 1958) when the latter refers to the slowness of the working through process, which highlights the fact that the factors determining this process also act gradually. For Glover (quoted by Cortesão, Glover, 1958) these factors are: "a) gradual psychic security; b) new gradual introjections; c) split projections, conceded by the Ego; d) gradual expansion of the range of displacements, gradually leading to new adaptations; e) gradual progression of libido and aggressive impulse functions; f) persistent labouring with the repetition compulsion." Working through is merely one of the aspects of analytical work.

The mirror phenomenon

Foulkes described the mirror phenomenon as a fundamental aspect of the group-analytic phenomenology and one of the basis of this therapy, according which the different group members though their interaction reveal the different aspects that characterize each one of them. According to him, it contributes for the organization of the group-analytic matrix itself (described as network of relationships, communication and transference, in which the group-analytic process occurs) and for the development of the Ego training in action (analysis of the relationships in interaction of the different structures - Ego, Super-Ego and Id – of the different group members), entity that constitutes for him the basis of the group-analytic therapy

M. R. Leal gave also a fundamental importance to this phenomenon in the organization of the internal relational matrix that Foulkes preferred to call the group personal matrix, conception that I think to be one of the fundamental basis of the group analytic process, and the establishment and working though of the group transference neurosis. To explain them, she based also her point of view in Watson and Lorenz behavior conceptions and Bowlby ethologic points of view.

In psychoanalysis, the mirror phenomenon is linked to the state of primary narcissism and was described for the first time, in this context, by Jacques Lacan.

Kohut thinks – that or on the contrary, this phenomenon is linked to the two states that succeed to the last one referred, and that are the grandiose self and the idealized parental imago. Simultaneously he speaks of a normal narcissism that he opposes to the pathological one, centered on the investment of libido on the Ego. In this context, the interactions that occur between the group members are expressed through object relations, that in this case are external, and that are, necessarily, linked to the mirror phenomenon.

On the contrary, the point of view of the object relations theory, particularly of the English middle group, is that the internal object relations are expressed and modified through their external dimensions.

Cortesão did not seem to be very far from this point of view, when he considered the mirror phenomenon to be, contrarily to Foulkes point of view, explained by an ensemble of defense mechanisms: splitting / introjection/ /projection / projective identification..

In any case, according to my point of view, this conception (as any other that will take place in this framework) should be done in the context of the group-analytic metatheory and, particularly, in interaction with its fundamental conceptions (as those of pattern, matrix, internal relations matrix are)

Resonance

In 1991, Lionel Kreeger, founding member of the Institute of Group Analysis of London, defined Resonance as "The phenomenon of intensification or amplification of a particular theme or conflict within the group, resulting from shared, largely unconscious communication between its members".

Kreeger is taking what Foulkes e Anthony had already established, starting in the '50s, in "Group Psychotherapy – The Psychoanalytic Approach". "The phenomenon of 'resonance' is another analogical term derived from the physical sciences. The genetic theory of psychoanalysis supposes in every normal individual an orderly development through certain 'psycho-sexual' stages". And explains that this process may be disturbed by interferences that may lead the individual to one of three situations – to become 'fixated' on a certain stage (the one in which the interference happened); or regress to a previous stage of development; or show "evidence of precocity". When this person joins a therapeutic group, they meet other people who are on different levels of the "psycho-sexual scale". Each of these people will react to any occurrence within the group according to their own level. "The deep, unconscious 'frame of reference' is laid down in the first five years of life and predetermines associative responses from then on". According to Foulkes, this is very evident in the group situation.

In "Group Analytic Psychotherapy" (1975) he writes of various examples of what is here defined as Resonance. In this work, talking about the group, he mentions an unconscious intercommunication mechanism. Foulkes sees the group as a totality; he describes it as a gestalt, in which all the elements and the whole must be considered simultaneously. He also draws attention to what he names the "holistic danger", which consists in a tendency to consider the group as if it were an individual."In group analysis we consider the contribution of different members as they follow upon each other as having an associative connection (group association). There is frequently an element of unconscious interpretation involved. This element is somehow always present, with the communication that happens within the group being understood in

different levels – with interpretations that can be conscious or unconscious. "Each individual picks out, as it were, from a common pool that which is most meaningful to him personally". This is comprehended in the phenomena Foulkes calls resonance. The differentiation of levels are based not only on the different "psycho-sexual development levels" but also in the different reactive formations and defense mechanisms with which the ego deals with conflictual material.

And so, the concept of resonance seems to me to be inseparable from the notions of "network" and "group matrix"; and more, I would go as far as to say that resonance is inexorably linked to the creation of the network and the group matrix, and of an underlying condition to the other communication phenomena present in the group. In the 50s H. Ezriel specified resonance as "phantasmatic resonance" - the phantom of one element awakens and mobilizes other phantasmatic formations in other members of the group, in resonance with the first.

"Due to this phenomenon, the group finds itself in a position to transfer, through the action of this fantasy, to the analyst, who will then take the productions of the participants as he would have taken the material of an individual patient. As explains Marcos Bernard, fantasy, as we can see, is shared: different members of a group can share a fantasy activity in a certain way and play the roles of certain characters or elements in this fantasy – and this is what gives each group its own characteristics.

Free Floating Discussion

What happens in a groupanalytic group?
What do their members do?
The answer is: they communicate, of course.
Each one communicates with the others and with the groupanalyst their feelings, fears, phantasies, anxieties and anything we might conceive that a human being could feel.
There isn't a specific issue to communicate; each one talks to the others about whatever they want, according to their current concerns.
The members of the group are encouraged to talk spontaneously and to communicate whatever crosses their minds, without avoiding any thought or theme that could arise.
This kind of communication is the groupanalytic equivalent to the Freud's well-known concept of "free association of ideas" and was named by Foulkes, the pioneer of Group Analysis, as "FREE FLOATING DISCUSSION".
Its purpose is, as well as in psychoanalysis, to facilitate the emergency of the primary process of thought and, consequently, unconscious contents such as conflicts and phantasies that could be used in a therapeutic way.
The groupanalyst and the other members of the group try to understand all the communications, giving them a new meaning which could be shared and could make sense.

Ego Training in Action

Goup Analysis was conceived by S. H. Foukes in 1952. It was very much influenced by Psychoanalysis. Progressively, working therapeutically in small groups, led to new observations. These conveyed new concepts; among these is the Ego Training in Action. «Group Analysis aims at fomenting Ego mobility; thus, Group Analysis could be described as a whole as an ego training in action. «Action», doesn't mean neither executing a specific role nor is the equivalent of the psychoanalytic «acting out». The actions, reactions and interactions within the group situation cannot be felt in the

dyadic, psychoanalytic setting. However, the ego we are referring to which is going to be activated and modified is the psychoanalytic ego, the internal ego – a met psychological concept». (Foulkes, 1964).

«In a group each member of the group faces continuously new exigencies and situations; changes are a common ground in a group. It is a therapeutic exercise setting. This way, each member's ego will be observed and analysed through this process.» (Foulkes, 1964),…« It promotes awareness in each individual, of himself and the other person, as well as of the world of objects, and thus the capacity for (analytic) insight and integration in each individual» (Foulkes, 1968). We would like to add that it may also foster Mentalization (Bateman and Fonagy, 2004).

The Ego Training in Action makes more explicit the easiness and flexibility the group promotes in order to work the conscious and the unconscious, within the spontaneity and complexity of the relational net – within the matrix. The group analytic setting favours the continuous work with the Ego, Superego and the Id, fostering the working-through.

M. Rita M. Leal (1990) points out the connection of the Ego Training in Action with the «search for an answer». As in childhood, this search may be an emotional development factor, becoming a therapeutic tool.

The Anti-Group

The Anti-group is a broad term that includes the whole of the aggressive and destructive phenomena that may occur in a group. These may be either latent or manifest through several forms.

Aggression and destructivity are rather well known and recognized from the beginning of Group Analysis, appearing as repeated absences, delays, acting outs, drop-outs, scapegoating, malignant mirroring, verbal violence. Nevertheless, they hadn't been enough valued until they were introduced by Morris Nitsun in 1996 as the Anti-group.

«The Anti-group is a broad term describing the destructive aspect of groups that threatens the integrity of the group and its therapeutic development.…»

«…I also believe that the successful handling of the anti-group represents a turning point in the development of the group.» as well as of each member, I would say. (Neto, 1999)

«The anti-group is not conceived as a monolithic force that inevitably destroys the group. Rather, it is seen in a complementary relationship with creative group processes, but requiring recognition and handling in order that the constructive development of the group can proceed without serious obstruction. The conflict between creative and destructive is itself seen as generative: it heightens and illuminates the paradoxical nature not only of the group but of human life in general and its containment and recognition is strengthening».

Concerning causality, we may find mainly the transference through splitting, displacements, projections, projective identifications. The other becomes the deposit of the rejected negative parts of the selves and or their primary internalized objects. The other lose their independence and individuality, becoming the enemy to be destroyed or from whom one must run away.

The above transference relational phenomena rooted in the past primitive object relationships may be triggered by several causes, more or less determined either by the reality of each member or and by the group as a whole. Among these we consider the sibling rivalry that haven't been enough conceptualized by psychoanalysts (Mitchell, 2003) and by group analysts who have included it inside the Oedipus complex. Sibling

rivalry is deeply dependent on the way parents deal with the group of their children as well as with the ubiquitarious need of the human baby to be the unique and unconditionally loved by the primary care givers. Therfore, beyond similarities, there are differences between Oedipus and sibling rivalries.

Sibling rivalry appears in a quick and clear way in groups. This way, we consider groups as a very important setting to understand and work through these kinds of conflicts. Nevertheless, we must not devaluate the difficulties that this work implies. The entrance of a new element in the group is one of the trigger situations of this kind of conflicts which may enhance high levels of aggression based mainly on jealousy and envy. These are painful situations that may be analysed and overcome with healthy consequences on other areas of ones' lives: familiar (husbands, wives, children), and professional. This way, chronic dysfunctional relational patterns may be stopped or, at least, ameliorated.

Thus, we may say that one of the added values of Group Analysis is the diagnosis, understanding, and potential resolution of misunderstandings. I think that was David Zimerman, a brasilian psychoanalyst and group analyst who defined psychoanalysis as the science that studies misunderstandings.

The whole of the interactions and relationships established inside a group analytic group includes also Mirror phenomenon more or less realistic. Mirroring may become extremely distorted because of transference and primitive defence mechanisms, leading to a potential huge destructivity. The concept we are referring to is the one that Louis Zinkin called Malignant Mirroring in 1991. Malignant Mirroring is much frequent among human beings and is responsible for multiple destructive behaviours in many circumstances. If we are dealing with a group analytic group it may be possible that this destructiveness may be understood, transformed and, thus, overcome.

Summarizing:

1 – We must take into account that every group contains in itself an aggressive potential that shall be neither devaluated nor denied as well as shall not be stimulated on purpose. Aggression will appear spontaneously, reactively to triggers being more or less predictable.

2 – Concerning the triggers, there are those more predictable which may occur in every group. Interruption of the sessions, mainly due to the group analyst/conductor, discharges, drop-outs and new comers are among this group of triggers.

3 – There are other kind of triggers more difficult to be anticipated which are more dependent on the mental organization of each member including the GA/conductor. Among these, we highlight Empathic injuries and failures which are usually a common and frequent cause of frustration and aggression. This aspect will be felt as more violent if the empathic failure is perpetrated by the GA/conductor.

4 – We must identify the destructive phenomena in a group as soon as they become explicit in a more or less clear way.

5 – We must understand the anti-group in the context of the group's evolution, each member's mental organization and life history, transference and counter transference.

6 - Afterwards, we must work on the several meanings of the destructive behaviours, name them, that is, it's time to interpret.

7 – Aggression must not be neither avoided nor denied. It must be understood so that it may be transformed, deprived of the displaced transference mechanisms into more realistic and creative attitudes towards one selves and others. This process was part of what Cortesão called the «aesthetic equilibrium» (1991).

References

Anzieu, D. (1975). *Le Group et l'Inconscient*. Bordas. Paris.

Ancona, L. (1992). Matrix et Pattern en analyse de groupe ou grupanalise. Revista de Grupanalise. 4: 39-45

Bateman, A & Fonagy, P. (2004). Psychotherapy for borderline personality disorder – mentalization-based treatment. Oxford University Press.

Bernard, M. (2006). *El Trabajo Psicoanalítico con Pequeños Grupos*. Lugar Editorial. Buenos Aires.

Campbell, R.J. (1983). *Comprehensive Group Psychotherapy.* Edited by Harold I. Kaplan & Benjamin J., Sadock Williams & Wilkins. Second Edition. Baltimore/London

Cortesão. E.L. (1989). *Grupanálise. Teoria e Técnica*. Fundação Calouste Gulbenkian. Lisboa.

Cortesão, E. L. (1989/2008). *Grupanálise. Teoria e Técnica*. 2ª Edição. Edição da S.P.G. Lisboa.

Cortesão, E.L. (1991). Group analysis and aesthetic equilibrium. *Group Analysis*, 24, 3: 271-77.

Dinis, C.V. (1994). Algumas Reflexões a Propósito da Neurose de Transferência em Grupanálise. *Grupanálise*. 5: 7-18.

Dinis, C.V. (2001), *Existir na net e ser na matriz grupanalítica*, Revista Portuguesa de Grupanálise, 3: 15-26;

Ezriel, H. (1950). A psycho-analytic approach to group treatment. *British Journal of Medical Psychology*.

Fernandes, W. J. e outros (2003). *Grupos e Configurações Vinculares.* Artmed. Porto Alegre.

Ferreira, A.G. (2004). O problema e a procura duma metateoria em grupanálise. *Revista Portuguesa de Grupanálise*: 17-30.

Ferro, S. (2003). Grupanálise como instrumento e cura analítica. Ano 1. *Grupanalise online.pt*

Foulkes, S.H. (1968). *Chapter eighteen - Group Dynamic Process and Group Analysis.* In Selected Papers on Psychoanalysis and Group Analysis. Karnac,1990, pp:175-186.

Foulkes, S.H. (1964). *Grupo-análise Terapêutica. Tradução de Therapeutic Group Analysis* por Isabel Passos. Publicações Europa América. Biblioteca Universitária.

Foulkes, S. (1977). Group-Analytic Therapy – Method and Principles. Gordon and Breach Science Publishers. London

Foulkes, S. H. & Anthony, E. J. (1973). Group – Psychotherapy – The Psychoanalytic Approach. Edição revista. Penguin Books. UK.

Foulkes, S.H. (1975). *Group Analytic Psychotherapy – Method and Principles.* Gordon and Breach Science Publishers Ld. London.

Freud, S. (1914). *Recordar, Repetir e Elaborar* (Novas Recomendações sobre a Técnica da Psicanálise II). In J. Strachey, Edição Standard Brasileira das Obras Psicológicas Completas de Sigmund Freud (Vol. XII). Imago Editora. Rio de Janeiro.

Hopper, E. (2006). Theoretical and Conceptual Notes Concerning Transference and Countertransference Processes in Groups and by Groups and the Social Unconscious: Part 1. *Group Analysis* 39(4): 549-559.

Kadis, A., Krasner, J., Winick, C. & Foulkes, S. (1963). *A Practicum of Group Psychotherapy*. Harper and Row. New York.

Kohut, H. (1984). *How does analysis cure? The self object transferences and interpretation.* University of Chicago Press.

Kreeger , L. (1991). The Practice of Group Analysis. Edited by Jeff Roberts and Malcom Pines, Tavistock/Routledge, London.

Kutter, P. (1976). *Basic Aspects of Psychoanalytic Group Therapy*. Routledge & Kegan Paul (1982). London.

Lacan, J . (1966). Écrits. Seuil. Paris.

Laplanche, J. & Pontalis, J. B. (1967/1976). *Vocabulário de Psicanálise*. Sob a Direcção de Daniel Lagache. 3ª Edição. Moraes Editores. Lisboa.

Laplanche, J; Pontalis, J.B. (1967). *Vocabulário da Psicanálise.* 6ª edição. Moraes Editores. Lisboa.

Leal, M.R. (1994). A neurose de transferência no tratamento grupanalítico. Grupanálise, um percurso. Sociedade Portuguesa de Grupanálise: 77-89.

Leal, M. R. (1990). Porque Resulta A Grupanálise? Revista Grupanálise. Vol. 2: 41-54

Leal, M. R. (1970), Le Transfert analytic dans l'analyse de groupe, *Bulletin de Psychologie de l'Université de Paris*, 285 XXIII, 13-16 : 760-764.

Mello Filho, J. (1986). Contribuições da Escola de Winnicott à Psicoterapia de Grupo. In: Osório, L.C. et al. (1986). *Grupoterapia Hoje*. Artes Médicas. (1989). Porto Alegre.

Mitchell, J. (2003). Siblings. Sex and Violence. Polity Press.

Neto, I. M. (2003) Estabelecendo Elos entre a Realidade Interna e a Realidade Externa. Os Membros do Grupo como Encenação da Realidade Interna do Analista. *Grupanáliseonline.pt.* Ano1, Nº1, Nov. 2003: 24-28.

Neto, I.M. (1999). The Freedom and the Capacity to say NO and its Healing potential. EFPP II European Conference on Group Analytic Psychotherapy. May 1999. Barcelona: 28-30.

Nitsun, M. (1996). *The Anti- Group. Destructive forces in the group and their creative potential*. Routledge

Resnik, S. (1991). Transferência entre Multiplicidade e Grupalidade. *Revista Grupal*. Nº 1: 112-124.

Rouchy, J.C. (s/d) Archaic Processes and Transference in Group Analysis. *Group Analysis:* 235-260.

Rouchy, J.C. (s/d) Archaic Processes and Transference in Group Analysis. *Group Analysis:* 235-260.

Rutan, J.S.; Stone, W.N. (1993). *Psychodynamic Group Psychotherapy*. The Guilford Press. London.

Rycroft, C. (1968). Transference. *In A Critical Dictionary of Psychoanalysis*. Penguin Books, 1972: 168-9

Stern, D. N. et al. (1998). Non interpretative mechanisms in Psychoanalytic Therapy. *Int. J. Psychoanal*, 79: 903-921

Sandler, J. (1976). Contre-Trasnfert et rôle de resonance. *Revue Française de Psychanalyse.* XL nº3. PUF. Paris.

Segal, H. (1975). Introdução à Obra de Melanie Klein. Imago.

Winnicott, D. (1958). *Collected Papers.* Tavistock Publications. London.

Winnicott, D. (1966). *Maturational Processes and the Facilitating Environment.* I. U. P. N.Y.

Zimerman, D. (2005). As transformações na minha forma pessoal de praticar a grupanálise ao longo de uma experiência de mais de 40 anos. *Revista Portuguesa de Grupanálise 2005*: 17-31.

Zinkin, L. (1983). Malignant Mirroring. *Group Analysis*, 16: 113-26.

Zwiebel, R. (2007). *On the psychic work of the analytic couple: working up - working through - re-working*. Lecture at the IPA Congress on 28/7/2007 in Berlin. Preliminary version.

WS14

THE ART OF NOT INTERPRETING INTERPRETING: TRAINING PROFESSIONALS TO WELCOME PHENOMENA THAT ARE OPPOSED TO THEIR OWN THEORIES AND VALUES

MILENE FÉO

The art of not interpreting interpreting: training professionals to welcome phenomena that are opposed to their own theories and values

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The art of not interpreting interpreting: training professionals to welcome phenomena that are opposed to their own theories and values

Human beings are "interpreters" of facts that surround them since the beginning in the universe. Considering that psychodramatic approach does not value interpretation as a working tool does not guarantee that psychodramatist team and participants in a socionomic session do not interpret the events. The search for understanding tends to impose itself in human relations, so also during a socionomic session.

Disregard this human tendency is to risk putting our sessions at the service of validation of common sense truths, science, institutional, social, personal and group dynamics, without any criterion. It would be to overlook that the interpretations of facts also constitute them.

The experience reported in this text presents a group of trainees, Psychodrama Level I, second year, in a discipline called Psychodramatic Practice Training, which aims to expand the visibility of this issue in the psychodramatic scenario.

Some "mosaics" of small dramaturgies are presented as a proposal for improvement of the sensitive "looking" and "listening" of the psychodrama director during sessions. "Looking" and "listening" that are not related to what actually sees and hears logically, but by muscles and skin affected by the experience, generating fantasies. Records aim to facilitate the development of a specific competence required to the beginner psychodramatist looking forward navigate between "crammed" spontaneous scenes produced during a session, avoiding the fallout of meanings, attributed to dramatized scenes, either by participants or the socionomist team. They are also meant to keep sharp student's sensitivity to monitor changes in personal and group identity that occurr during a socionomic process or act. Such records can be used as diagnostic instrument suitable for the professional who aims ever-change his/her understanding of individuals and groups.

The Record model proposed is filled up between sessions or after them. They facilitate the construction of anchor dramaturgy, derived from sketches articulated among themselves, whose creation starts with spontaneous scenes previously produced by the same group or different groups. They are planned for those professionals and trainees who seek resources to direct without assigning precipitated meanings on spontaneous

scenes emerged during the activity and to those who aim to expand the awareness of their interpretations, as well as their teams and groups.

They are tools for whom base his/her practice on the assumption that such interpretations, more than revealing truths about the facts going on, they are the facts themselves, and that the greatest value of spontaneous dramatic scenes, as well as interpretations given to them, are not in their meanings, but in their power to create new scenes with new meanings, values, and personal and group identities.

Mosaics of dramaturgies: records for improving the looking and listening

This trainee group selects some spontaneous scenes dramatized by colleagues from other groups and some created by them earlier. All of them have a common theme: desires and fears of a beginner psychodramatist in the director role of a socionomic session in which his/her colleagues are participating. Selected scenes are rewritten by trainees, according to each one understanding; interpreted and fragmented, so that different versions of a same character are created, clarifying, in each one of them, thoughts, actions and affections, according to each "analyzer" understanding of the scene. This way, the same character multiplies into two or more. Even an "analyzer" can propose more than one perspective of looking, generating the creation of new characters and plotlines. The final record for a group is the one that integrates the diversity of versions produced. It is not valued the number of testimonials on a theme. One is enough to be integrated as relevant data, including the trainer's or director's.

This idea, when presented to beginners, favors an early reflection on the fact that no matter how many have issued an impression about the activity, but the potential force of the speech, by the majority or by the minority. If it exists, although it is not sovereign, it is important, because the speech by one can load the force that cries out for change and cannot be heard. In this phase of the registry, the paradigm for the work and what is meant by science in the psychodramatic context are introduced. See below an example:

Scene 1 session 1: King Kong is accompanied by a beautiful woman by whom he says to feel a great love. On his right, not far away, someone plans to pull his skin, not only for pleasure, but also to express his power. "After all, some people are proud of decorating the wall of their house with the skin of this huge Gorilla".

King Kong sees in front of him a quite island, where there are not unexpected facts and challenges. Between him and the island, there is a river. There is also a small boat available for his boarding and his beloved wife. King Kong is divided. He understands that he should stay where he is and go through life facing challenges of a land where nothing is quiet. However, his desire is to cross the river and seek peace. King Kong kills the man who wants to pull his skin and go to the quiet island with his beautiful wife.

Table 1 - Radiographic analysis of Character (C) and their Partial Selves (P.S.)

P.S.	CHARACTER	THOUGHT	ACTION	AFFECTION
1	King Kong Murderer	Pull the "skin" who is strong, gives prestige.	Tries to kill and is killed.	Desire for prestige
2	King Kong	Boot the "skin" who is	Tries to kill and is	Hatred and envy of

	Murderer	strong, gives pleasure.	killed.	whoever is strong.
3	King Kong Murderer	King Kong doesn't know everything he thinks he knows	Tries to shoot this truth in the face of King Kong expressing it, but can't.	Desire to persist in his goal.
3	King Kong wife	Not expressed	He does what he decides because he loves her and he is strong.	Not expressed.
4	King Kong	Getting to win who wants to pull my skin or go to the quiet island.	He kills in self-defense and goes to the quiet island	Feeling defeated by not having chosen to remain in the fight, waiting for the next enemy.
5	King Kong	Getting to win who wants me to boot skin or go to the island of peace	He kills in self-defense and he goes to the quiet island.	Pleasure and calmness.
6.	King Kong	No more wasting time with vampires who suck my creative potential!	He kills in self-defense and goes to the island of peace, open to creative restlessness.	Pleasure and calmness

At the second session of record analysis, the group achieved the following:

Session 2:

Scene 1: a dam with contained water.

Scene 2: a group of trainees try to overcome a barrier that symbolizes the fear of directing in front of colleagues and they cannot lead. On the other side, a trainee who has already surpassed this barrier affectionately calls those who have not yet done so. With her call, one by one go beyond the barrier and are received by her in a friendly manner.

Scene 3: Someone in front of the mirror says: "mirror, my mirror, is there someone more beautiful than I?"

Scene 4: Characters disdain among themselves. Some feel they are better than the others, others feel worse than everyone. Some are super visible, others invisible "bricks", without action in the middle of the scene, just watching.

Table 2 - Radiographic analysis of the characters (C) and their Partial Selves (P.S)

P.S.	CHARAC	THOUGHT	ACTION	AFFECTION

	TER			
1	Dam	Can't explode.	Contains the explosion.	No
2	Trainees with fear.	Conflict: I do not want to expose my mistakes, I want to learn. But if she calls me, lovingly, I will expose myself.	Beyond the barrier	Fear, obedience, need to act according to what is considered correct.
3	A student who passed the barrier.	My love for them will give me the courage to overcome the barrier.	Calls them to overcome the barrier and the hosts with affection and tenderness.	Pride by achievement.
4.	Woman in front of the mirror	I have to be the most beautiful	Ask to the mirror if she is the most beautiful.	Anticipation, tension, fears of the response of the mirror.
5.	The invisible brick	I'm a brick invisible and I will always be.	Stand aside and watch the scene.	No
6.	The good	We are the good	Laughter of disdain to whom is not so good.	Superiority and disdain.

A possible anchor dramaturgy: integration of records

Building anchor dramaturgy, name created by me in 1998, goes from records and resonances dramatized from different spontaneous scenes previously produced during socionomic sessions. Such spontaneous scenes are produced by the same group or different groups, with common or complementary realities.

From the several scenes analyzed, such as the aforementioned, arise sketches that intend to integrate different records and dramatizations worked with groups of "analyzers".

Table 3 – Anchor dramaturgy

Authors	Anchor dramaturgy: Spontaneous Creation
Subgroup 1 consonant among themselves	Some people laid down, two on foot. They question whether the laid ones are alive or dead. Put a little mirror on the nose of each one of them, not blurs. They are dead. One of them moves; talk with the other dead, who answer. All guarantee, although talk: they are dead. Those who are standing, when understand that the dead are acting as alive, start to act as dead. They lay down. The dead, especially one of them, start to act as alive.

Sub-group 2 consonant among themselves	Switch two characters in the scene. Both sing a child song: I threw the stick at the cat, but the cat did not die, Dona Chica admired, shouted that the cat gave MINHAUUU. Each one tries different ways of singing to a public, but one of them always pleases and the other, never. The performance that makes the most success for the public will increasingly improve, and the other gets worse. The first gets more and more happy, the other more sad and desperate.
Whole group	Someone throws the stick at the cat, but the cat does not die and Dona Chica is watching, frightened, admired and with pleasure watching that violence.
Whole group	Several cats move around. One occupies the center of the scene. It seeks to eat a mouse that is inside tennis shoes. Some cats, noticing it, also depart toward the tennis to fight for the mouse, using different strategies. For some, just eating the "little leg" of the mouse. Others want to eat the whole mouse, alone. When the cat who first started the capture for the mouse realizes the strong competition for the mouse, realizes that, at best, it will have to share instead of eating alone. Part then in search of a birdy for eating all and alone, leaving the rest of the cats fighting for the mouse. Cats that are just watching are also inside the scene.

Table 4 – Anchor dramaturgy

Authors	Anchor dramaturgy: Spontaneous Creation
Subgroup 1 consonant among themselves	Woman in front of the mirror, which reveals what she does not want to see on herself, nor want others to see. Facing a third one approaching, cover the mirror.
Subgroup 2 consonant among themselves	Sketch 1. A cleaner cleans the Ballet room. Four dancers are rehearsing. A teacher choreographer puts a defect in all of them, minus that which she considers perfect. Three are reproved. The first leaves tearful and distraught, the second, angrier and embittered, understanding that she had been rejected for being poor and the third, which almost already slept on the stage during the rehearsal, leaves yawning. The perfect ballerina only answers to the teacher, with no facial expression. The teacher leaves the scene, the music stops and the cleaner waits in the closet, showing that he was a doll.
The whole group	Sketch 2. The Academy of Ballet goes bankrupt. The buyer is someone who has already been humiliated by the choreographer. Rematch time? Not so much. She needs to learn to be thin and elegant as the choreographer.
Subgroup 2 consonant among themselves	Sketch 3. Dona Chica looks from the window and denounces exactly what the seven characters try to hide: gluttony, avarice, wrath, envy, pride, lust, laziness.

Analyzing dramatically these scenes, there is a similarity of characters created by this group compared to former scenes that they analyzed. Some examples follow:

Table 5 - Map of Partial Selves of Characters and Interpretations

CHARACTER	THOUGHT	ACTION	AFFECTION	Similar characters to previous experiences
The cat meows.	Don't think.	Meow. Search satisfy what he/she want.	Hunger for everything.	-Maria is taking over all the time by intense sexual desire. Nothing quenches. -Cat wants to eat the mouse alone. -John, a group therapy client, is showing little permeable to hear whatever, except to confirm his own truths. -Ballet Teacher wants her students to be the extension of her wishes. -King Kong decides to go to the quiet island without consulting his beloved, taking her with him. Does what he wants with her. -The howling of the cat in heat.

Interpretations
Vertex 1: -we are alive, we have anti-social instincts, selfish tendencies, wild. We are voracious, insatiable, vanity, narcissistic. -We want to be admired, envied, learn everything, do everything very well and domain all over the world. "The hell is the others". Vertex 2: -Cats in cio meow and leave it clear what they want with their howling. With this, declare that they are not self-sufficient, that they need something outside of themselves to satiate their desire. If we could meow our desire without so much shame, perhaps we would succeed to have a partnership to achieve some of our desires. In this howling we found our unprecedented scene.

Table 6 - Cartographies of Conglomerations of Partial Selves on the group of Characters

CHARACTER	THOUGHT	ACTION	AFFECTION	Partner Characters
Shooter of the sticker at the cat.	Cats should be extinct due to being pure instinct.	Throw the stick at the cat.	Irritation because the cat does not die.	-Woman in front of the mirror that reveals what she does not want to see on herself, nor those that others can see. Facing a third one approaching, break the mirror.

		Willingness to continue shooting.	-Someone pukes because cannot digest which sees of himself. A shooter, with revolver in hand, makes that person swallowing his own vomit. Imperative and wild, she requires that he takes ownership for his own horrors and becomes "better".

Interpretations

We want to extinguish our "cats" for everyone to see in us only what we consider appropriate and competent.

-We must punish ourselves by having cats. Throw the stick in our own cats.

-Instead of looking at our own cats, we criticize, we hit the other cats.

-We hatred donas Chicas who stay spying our cats.

-All self-consciousness is painful and violent (Is it?).

-We need to tell and sing to this person and to this shooter lullaby songs. They need anything that overflows the kingdom of logic and of the words. *Sleep little baby, cuca comes to pick up.. ..*

Table 7 - Cartographies of conglomerations of partial group of characters

CHARACTER	THOUGHT	ACTION	AFFECTION	Celebrities Partners
Dona Chica.	I don't have cats, the others are the ones who have them.	Spy.	Pleased to see the alien cat in action or taking the stick. Whenever she can, launches the stick at the cat for it to lose its charms.	-Jeanne, in a group therapy, shows pleasure in hearing about Maria's intense sexual activities. She considers that Maria can do what she wants because she is unmarried. She will stay all her life complaining of the failure of her sex life, nothing she can do for it, except complain, disdaining her husband for not being so interested in sex as her, and feel pleasure to "watch" free women who are owners of their own body.
				-Cat of the audience a: I won't try to eat the mouse because I will not manage to win this fight.
				-Cat of Audience b: It is ridiculous stay fighting for a mouse inside tennis shoes.
				-Shooter of King Kong.
				-Mouse that roars and is delighted because, for being small, no one cares about its power, until it manages to end the world, exploding a bomb.

				-Girl full of news.

Partial Group Selves: Inference from the Character

-We have a Dona Chica in all of us who spies the cat oblivious to sneer and does not show her own cats, or feels incompetent and inferior to win other's cats.

-Donas Chicas are sometimes perverse, dangerous, destructives.

-Not always who spies wants to destroy, sometimes just is too lazy to act, think that it is not worth. Or spy in sign of hopelessness in the face of humanity.

-We need to invent characters that begin to look at the good that we can lead to another. We are looking only for ourselves, such as Donas Chicas criticizing us! Mirror, mirror my, is there anyone more horrible than I? Too much narcissism, no? From the world and from ourselves we will only pick up from the worst! We need to invent characters with a bit more faith in the possibility of another emerging as a partner, not as a competitor who wants for us the evil. Let's call her to dance another dance? Ok that the world is not a breeze, but it is time to believe a bit more. Look our surroundings like the girls full of news that a trainee, as well make a poem: Let's combine with her the verb hope?

Table 8 - Cartographies of conglomerations of Partial Selves of the group of Characters

CHARACTER	THOUGHT	ACTION	AFFECTION	Celebrities Partners
Cat wants to eat the mouse alone.	If I can't eat the mouse alone, I will eat something else, since I am the only to eat.	Part in search of a bird to eat in and get out of the competition for the mouse	Willingness to eat everything. Rejection of sharing the food.	

Interpretations

We need to create characters partners, who can split the mouse and accept the gluttony of the glutton cat. Wait, wait, wait, glutton cat, the little food comes. I know, you want right away, everything ... But it will not be possible.. Gudi, gudi, gudi. Let's sing together: I threw the stick at the cat, but the cat to. ... You are laughing, right? Let's play with the neighborhood of "passes ring"?

Table 9 - Cartographies of conglomerations of Partial Selves of the group of Characters

CHARACTER	THOUGHT	ACTION	AFFECTION	Celebrities Partners
Cat wants to eat at least the mouse	At least a small leg of the mouse	Insists on the	Hopeful that she will get at	

leg.	than nothing.	competition by the mouse capture.	least part of what wants	
Interpretation				
We need to invent characters that create common strategies to eat the mouse. Ich,,, the mouse did not like. Can be a carrot? Without taste? Ich, how can we do?				

Final considerations

It was not by chance that I chose the word anchor as an adjective to the resulting and generating dramaturgies of this process to differentiate it from the spontaneous scenes created in the here and now suggested by Moreno. I wanted to highlight the time to have the anchor, to stop at a "port", the range in daily life, of the day reserved for the creation contemplation. I understand that this stop does not distort the value that we as psychodramatist give to a maximum presence; only expands it. Otherwise, risks sliding toward various lands without learning from experience, without updating desires, needs and representations that we make of ourselves and others with whom we live.

Using the anchor for docking the boat in this text must be understood as the moment to foster, in groups and individuals through this experience, observer selves covering the events in a supramoral way, between one and another trip. It is through a go and come from approximations and getting away from the events that it is possible to (re)value, (re)invent moral, customs, habits and also personal and group identities that we evaluate as not satisfactory.

With this, the co-authors of such dramaturgies, in different moments of its construction, representation and transformation, found ownership of their values, concepts, interpretations and affections that anchor personal and group identities, located yearnings of differentiation and departed for experimentation, in the *as if* and in life, of unpublished scenes not lived previously by them.

It means using the anchor on your boat to look at the stars, to realize the immensity of the universe, in its successive movements of chaos and order. I imagine that Moreno anchored his boat, between a session and another with Robert (Moreno, 1975) when he proposed to dramatize scenes in which he assumed the role of satan, judge, among others that revealed the tendency of his client to remain in sadistic roles in the relationship with his wife. When I read this Moreno Protocol, I always imagine that he himself created those scenes, between a point and another of his meetings, between one and another navigation. And he launched his creation in the service to enhance his client's process, diagnosed by him as someone with neurosis of time and space, the evil of our time.

The use of the construction of anchor dramaturgy in the learning process of the Director role, seen by this perspective, implied in giving continence to the sailors of first trip's woes, to "sail under skies covered with stars who are born, explode and die." It was my way to decline the invitation to be a "master King Kong" owner of all knowledge. We made it together, within our possibilities, each and every one. In this make together, we infect each other with the courage to lose and meet ourselves in this vastness of order and disorder that is the man in the relationship, in constant process of updating identity. We also infect ourselves with discipline, availability of time and attendance to examine

systematically the various interpretations of the facts that were brought forward in the various records and achievements of the sociodramas with which we engage ourselves.

References

Moreno, J.L. (1975) Psychodrama. Cultrix, São Paulo, 264-268.

WS21

THE USE OF MORENIANAN PSYCHODRAMA GROUPS IN THE EVALUATION AND TREATMENT OF SEXUAL BEHAVIOR DISORDERS

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The use of morenianan psychodrama groups in the evaluation and treatment of sexual behavior disorders.

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The promoters of this workshop have experience of working together for several years in the management (as director and ego-assistants) of weekly, heterogeneous, with both genders elements, all young adults (ages between 20- 35), morenianian psychodrama groups.

In their experience as therapists they faced several clinic cases in which they had to approach sexual problems, that were the main cause and the request for help from some the participants or, more often than not, came out during the therapy or emerged as important factors of the ill-being of the ones in therapy.

It is well know that most of the times in sexual disorders situations or sexual life related problems the request for help is not directly asked and so there are complains of anxiety or depression or somatization disorders which involve this problem.

Based on their experience one could say that it is important to evaluate sexual life in a psychodrama group, using the dramatic context, mainly with the participants who had formerly complained about those problems.

Having academic knowledge on morenianian psychodrama, they develop this workshop aiming that the participants share with the authors the psychodramatic techniques that they more often use focusing the approach of the sexual problematic in psychodrama group participants.

This seems to be relevant and they recognise it as good evidence when they find out situations in which the etiopathogeny and psychogenica are related to the interiositon of myths or false beliefs, self-esteem loss, and integration and contact problems.

In sexual disorders etiopathogeny one can often observe anxiety, fear, guilt and/or shame, therefore the value of group sharing, disdramatization and disguilty of the situation by finding out that the problem is not just of the "main character" and also the importance of assuming one's sexual disorder when facing the other members of the

group. Beyond these advantages present on all group psychotherapies, in psychodrama therapy, through dramatization, there is the possibility of testing situations in a sheltered atmosphere, the possibility of solving issues which are often in the sexual problem origin, such as extreme shyness, socialization inability, and difficulty on body contact.

In the course of dramatization, of spontaneity development and of "tele"; and with the use of psycho dramatic techniques, is achievable to understand better the equal, the partner, to reinforce the self-esteem and to grow up the roles which allow the resolution or enhancement of the trouble itself.

They also use psychodrama group in the very first approach of situations that later on will, or not, probably need a subsequent approach, in terms of psychodrama, singly or couple.

In the work they present, after the term of introducing the participants, by using warming-up techniques, they suggest a debate about the chosen issues, by the audience, which may be eventually targeted in psychodrama group. Once the selection of the issue or issues is finished, the display of practical psychodrama therapy techniques, in those situations, will be done; not only on the aimed problematical evaluation stage but also on the contribution that psychodrama group can give to the therapeutic approach.

At the end of this workshop there will take place a debate/share about the previous contents contributions, focusing the employed techniques and approaches.

SOCIODRAMA & TEAM COACHING. KEY ELEMENTS IN A SOCIODRAMATIC APPROACH TO GROUPWORK

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Sociodrama & Team Coaching. Key elements in a sociodramatic approach to groupwork

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Fully Published as Chapter 8 in the Book: Sociodrama in a Changing World, edited by Ron Wiener et al. . USA. Lulu. 2011.

SOCIODRAMA AND HUMAN GROUPS

In my experience, sociodrama works with the sociodramatic roles i.e. the social and cultural role aspects, linking members of an already-established group to the remainder of the roles of the whole group, using deep action techniques. Established groups have a long history of inter-relationships. Sociodrama works with groups that score high in the „acquaintance test', where members meet each other almost every day (through family, company, school or community interactions etc.) and develop their own specific group culture (Moreno, 1960, p.200). Group psychodrama, in contrast, works with any of the roles in the social or cultural atom of any individual in an unestablished group.

. The key is to help that specific and unique social group to mature in a sociogenetic and sociometric way. Sociogenetic maturation means group development from the low sociogenetic first and second levels called "non attachment interaction" and "affiliation", through the third, fourth and fifth levels called "belonging", "multiple consensus leadership" and "logic discussion compromise", to the high sociogenetic sixth and seventh levels called "task centered" and " experiential maturity" (Alvarez Valcarce, P. 1995; Borgatta, E. F. & Cottrell, L. S. 1956)

Sociometric maturation is the process whereby this shift is carried out, from low cohesion between group members (who make choices to interact only in pairs) to high cohesive structures such as triangulation (choices in threes), circularization (where all group members make choices to interact with each other) and hierarchies (where the group successfully establishes agreed-upon internal structures, such as roles or sub-groups with specific responsibilities and different sociometric   status). That kind of movement requires one to work with all the members of an established group that meets frequently (Álvarez Valcarce, 1995).

Sociogenetically, group maturity (the sociodramatic goal) is a kind of evolution that can be diagnosed by sociometric and behavioural objective methods (role testing). Highly developed groups have sociometric configurations of circularization and hierarchies, where the tele factor is operating widely. Sociogroup task roles and psychegroup maintenance roles are all enacted with special emphasis on those roles that enhance the tele factor and enable the group to operate within well-defined role boundaries. Here, dysfunctional roles will have almost disappeared (Álvarez Valcarce 2009).

I think Moreno's words put the focus of sociodrama on groups who are, sociometrically speaking, *already organized*, whose members *belong to the same culture.* The director has to detach them from *their native soil* in order to facilitate change, through spontaneity and creative dramatic methods, as group members play, create and re-create the *crucial roles* they take in order to promote their belonging to a reference group or cultural context.

Sociodrama can have an equally important social active learning function of empowering the group, and can also contribute to the development of the sociometric status rates of the group or groups in the wider social net. Group sociometric status rate is the degree to which an established group is chosen by other groups and is also the degree of integration of group members with the members of other culture groups, into a new social network with a common value base, or „higher axiological field value' (Álvarez Valcarce, 1997). Moreno's „Social Gravitation Law' (Moreno, 1960, p.300) talks about the alternate rhythm between the differentiation process that separates groups and the transmission processes between them. This rhythm depends on sociometric attractions and rejections.

Inter-group conflict is one of the main arenas for sociodrama interventions. In fact, when doing multi-disciplinary team building in an organization, it is frequently the most difficult task. In my experience of using sociodramatic action learning for leadership and team development in companies, the failure of many project teams to achieve their goals is often attributable to the fact that team members are chosen for their professional specialized task skills alone, when they may belong sociometrically to different and opposing groups.

To summarise so far, it is my firm belief that the action learning method of sociodrama can only appropriately and successfully be used with a group, or groups, that already meets regularly. The group must also be facing an important, urgent task, problem or project, for which the members need to develop and implement action strategies. These can be tried out through creative role development and creating the new and needed roles.

WORKING WITH THE SOCIODRAMATIC ROLE

There are three distinct aspects to the sociodrama framework:

1. the concepts of sociodramatic role, role network, role boundaries and role development;

2. the sociometric and sociogenetic view of the group-team-organization-community;

3. the sociodramatic techniques.

Let's take for example the role of „mother'.

We can work with this role in a **group psychotherapy framework** (Álvarez Valcarce, 2009). Using psychodramatic techniques, we will try to highlight the psychosomatic role implicated e.g. ingester role, and the specific mother-child relationship involved at the identity matrix of all the related patients. Also, we will work on the reflections of

that „mother' role on the group dynamics (dependence, negation, oral anger, need for protection, etc).

We can also work with this role in a ***family sociodrama framework*** (Alvarez Valcarce, P. 1985, 1986, 1995). Here we will use sociodramatic techniques to:

- change the sociometric status of that role in that specific family matrix .

- change the cosmic vision of the family as a whole;

- understand the symptoms and the 'illness' roles in relation to stereotyped forms of that „mother' role;

- develop links between the „mother' role and functional sociogroup and psychogroup roles.

We could also work with this role in a ***community sociodrama framework**,* as for example in an intervention with two confronting ethnic communities in an area of the city or in a school. Here, we will use sociodrama techniques to see the differences and similarities of the „mother' role in both cultures. More specifically, we will try to make changes in the two „mother' roles to help the communities adapt to a new economic and citizen situation. Even more importantly, we need to explore how these two „mother' roles can use their high sociometric status to prevent street confrontations between teenagers, as with the *Inter-ethnic Mothers' Evening Patrols* we use in our sociodramatic community interventions.

We can also work with a „mother' role in a ***public sociopsychodrama framework***, where there is no previous relationship between group members. Here, we will use psychodramatic and sociodramatic techniques:

- to analyse the relationship of this role to other social roles clustered around the maternal role;

- to make visible the influence of this role on the „universal' ethological human race conflicts;

- to influence the inner perception of that role in the different cultures of participating individuals;

- to, eventually, reach an integration catharsis around the role, through working with some actual event related to the role (perhaps by using the living newspaper technique with a story connected to mothers and mothering).

Moreno's role theory concepts about role clusters, in both individuals and groups, allow a wide and operational understanding of the sociodramatic role dynamics in established groups:

- the space between roles; an example: in couples with space in their role relationships there exists the possibility for separate role development.

- role boundaries; an example would be boundaries, such as signs and separate functions, marking the marketing and commercial roles within a Management team

- overlapping roles; an example is where a CFO takes on both the Financial and Human Resource roles, as is common in old Spanish companies.

- the operational dissociation of roles (the way in which a sociodramatic role is played, as part of a systemic net of roles, without contamination by other non-pertinent personal role contents); An example would be a Change Office Director who couldn't separate her sociodramatic role in the project Manager's Office from the rest of her work in the Project Committee so that it contaminated the whole work of the Committee.

- complementary roles; –

- role mutuality;– is where the degree to which one role can assume for a while some functions of a weak role in a role matrix and also the degree to which a role can mutually facilitate another's role performance.

- forming of partial self roles (inner doubles);

- role congruency (integration of thinking, feeling and action) is when a team reaches the point when it can share its vision and mission so role identity is no longer based on the individual members of the team

- degree of roles developing; For example in a family sociodrama of a psychotic patient we could work with the undeveloped parental roles which had an ancestral traumatic origin.

- the sociometric choices of movement towards-away-against of the social coping roles;

- the degree of equilibrium between social team task roles and maintenance roles in group role clusters;

- the operational links between roles of a cluster that allow the development of new roles; for example, in a Mobile Telecom Organization, by using sociodrama we could enhance the operational links between hardware engineer roles and marketing roles bunched in an "disruptive innovation" investigative role cluster, and allow the emergence of a new software service role demanded by the market.

- the past history of that cluster in the psychological stream of influence that comes from the ancestors, in the family or organization.

THE "NEAR SOCIOMETRIC" CRITERIA PROBLEM

Moreno wrote about "near sociometric" criteria, when facing the manner in which the criterion-questions, once the criteria are chosen, will be worded. When the criterion-question is worded in a *hypothetical* manner putting the respondent into an imaginary situation or in a *level of recall,* i.e. asking the respondent to report on their past associations with others, it results in "pseudo-sociometric" or " near sociometric" data. In contrast, each criterion-question may be worded on the *actuality level,* that is anticipation on the part of the subjects of actual realistic associations. The respondent realizes that his choices and rejections may affect a real situation in the near future. That is "actual action sociometric criteria". These concepts can be *applied not only to sociometric test but to actual new choices and rejections made by group members into*

the sociodramatic stage situation (Moreno, 1941; Moreno, 1960, pp.88-93, Nehnevajsa, J. 1956)

When the group was faced with an urgent task in the actuality level, a "near sociometric" criteria ~~i~~was used, the director misunderstood the group sociodynamics by using hypothetical criteria about interactions that neither he nor the group had any real possibility of achieving in the concrete social here and now. So there was no real active participation in a real actual situation by group members. That kind of "near sociometric" questions or "pseudo-sociometric" sociodramatic assignment, does not give the members the opportunity to begin an immediate action into their real social context.

When "near sociometric" phenomena occur, there are serious distortions of the sociometric configurations of the group. It becomes more difficult to achieve real, highly developed and cohesive sociometric and sociogenetic levels of group communication and interactivity. Such phenomena frequently result in poorly thought through strategies, roles and actions.

On the other hand, the active exploration of action sociometric criteria spoken about on the *actuality* level, usually propels the members to release their spontaneity into an immediate new social situation. An example of this would be the sociometric choices and potential role development that need to be made while putting together a new project team in an organization.

SOCIODRAMA AND MODERN SOCIAL THEATRE – THE SOCIODRAMATIC TECHNIQUES

There are some approaches to sociodrama that come from modern theatre, though **modern social theatre** has itself been greatly influenced by sociodrama and psychodrama.

A **sociodynamic progress analysis** at the end of the performance will fully put social theatre into the sociodramatic framework. It does this by looking at:

- how the attraction and rejection forces, that were organized in different ways during the work, have changed the sociometric configurations;

- how the process of creating roles and rehearsing encourages the development of new sociometric criteria in the group, thus reducing isolation and altering the intensity of the choosing;

- how any "near sociometric" difficulties can be minimized whenever social, group and dramatic contexts are articulated;

- how events in the group context are reflected in the dramatic context, in the theme the group finally chooses and in the roles people choose to enact;

- how the social implications of the play are integrated into the concrete social network of the group and the related audience;

- how the beliefs, assumptions, attitudes and preferences of the participants are related to their experiences, roles and sociometric status;

- how the assumptions in the performance are socially and personally created in a specific historical and cultural context.

Modern social theatre performances (and other dramatic approaches to action learning for social groups and organizations) can be enriched by incorporating some of the sociodramatic techniques that so greatly influenced theatre during the second half of the twentieth century (Álvarez Valcarce, 1993; 2007). Here are some possible techniques for dramatic production, which are available to the sociodrama director.

- Use the concept of „Happening' (Kaprow, A. 1966) as an intermedia event and environmental theatre (Schlemer, O., Moholy-Nagy, L. & Molnar, F. 1961) with its intense visceral effect on all concerned, to enhance the sense of belonging;

- Include social and cultural rituals, looking for the analogies between them and for any symbolic implications. The symbols have to be situated between the drive that stimulates and the reaction that is provoked.

- Use masks to express cultural myths and enact them through psychodance (dance theatre techniques with live improvisation music) (Alvarez Valcarce, P. 1997, 2001) Enacting a Hero Myth is a way to elevate the ego to perform effective socially-conscious actions;

- Perform two scenes simultaneously, to relate symbolic scenes to actual social scenes;

- Uncover the family, team, organization or community generational myths, to cure the underlying trauma;

- Use fantasy to transgress and break the rules of the technical theatre roles; (for example when part of the audience decides where to illuminate the scene–with the use of lighting effects; or when masks are distributed to the audience and they are asked to improvise while actors make approving or disapproving comments from the role of "Greek chorus")

- Use a sudden slow down of rhythm and simplicity to allow reflection on our collective responsibility;

- Help actors go beyond creating a piece which is simply beautiful and aesthetically coherent, yet avoids challenging spectators' fears and expectations – help actors to find a way of showing what truly needs to be expressed.

- Create a context of freedom;

- Make use of any unexpected event to add even more dynamics to the plot; (for example in an accompanied team reunion during a team coaching process, the department director suddenly comes into the room demanding the urgent preparation of a reporting to for a Head Officer due in just two hours time. This gives even more dynamics to the "plot" as the director is invited to remain and plays roles in the sociodrama.)

- Experiment with all the roles, without identifying with any particular one;

- Focus, during the performance, on the dynamics between roles, positions, parts of an image, vectors and zones;

Elsewhere, I have described ninety-five different sociodramatic techniques for use with established groups (family, team & community) (Álvarez Valcarce, 1995).

THE PROBLEM OF HIDDEN AGENDAS IN SOCIODRAMA

In my experience, when working with sociodrama in organizations, communities, families and other established groups, the most difficult but most effective work is often done at the point where hidden agendas, secrets and taboos can be made explicit and brought onto the sociodramatic stage.

French and Raven (1959) talked about six types of social power:

1.power to coerce ; 2 power to recompense; 3.sociometrically-elected power or referred power ; 4.expert power; 5.power of information; 6. the power of other superimposed groups or subgroups (legal power)

In my experience, this last type of power is based in a hidden dysfunctional role: the role-holder is upholding the values and ideologies of other groups to which he belongs and then superimposing such values and ideologies onto the actual, here-and-now group, structure or team. This is what happens in a family psychogroup, when the official leader, mother or father, belongs to an extremist ideology, religious grouping or political party, whose values force the family sociogroup to remain at a low sociogenetic level. Another example would be the CEO of an organization who represents the power of a superimposed capital-risk group of stockholders, who want to make money in the short term and then sell the company out.

The specific sociodramatic action that is appropriate here is to turn these sociometric power dysfunctions into concrete social group structures, so as to achieve change and innovation, cohesion and the development of a socioemotional matrix.

A poorly understood group history will often underpin the existence of hidden agendas. Sometimes I invite team members to perform the sociodramatic history of the company/team. Old and unprocessed injuries appear and can be aired. At other times, I ask members to write down taboo themes on anonymous pieces of paper, after which they have to defend any paper randomly assigned to them, as if it were their own. Then I can work sociodramatically with the now-acknowledged taboos.

Another common cause of the existence of hidden agendas may be seen when teams mirror the environment and sociometric status of the different team roles that exist in the upper levels of the organization.

"Hidden agenda" is a well-defined sociodramatic concept, that introduces a distortion into the socioemotional matrix and generates role conflicts and team inefficiency. Sociodrama has to deal with a concretised hidden agenda, working sociometrically with the power relationships of the system.

SOCIODRAMA AND TEAM COACHING

Some of the purposes for which I may use sociodrama and related methods in working with teams are:

- to develop a diagnosis of the role structure and sociogenetic levels of teams;

- to set out the organizational constellations of teams;

- for team-building, where „the age' and maturity of the team will influence my chosen intervention

- to create specific action techniques for specific transitional moments in teams;

- for enacting the power relations within a team and in inter-team conflicts;

- to make explicit, explore and aid the process inside real team meetings;

- to explore issues of time management;

- to enable change in role dynamics and role boundaries;

- to bring about changes in team culture and values, using axiodrama;

- to build new project teams, using sociometry;

- to develop triangle and circular relationships, in order to overcome stereotyped „us-and-them' polarities;

- to surface transference, counter-transference and family metaphors, using team sociodrama;

- to develop team creativity and innovation.

Team coaching using sociodrama focuses on developing the collective efficiency process of the group as a whole and as a role system with well-defined boundaries, on its journey to experiential maturity. The types of interaction between different task roles (for achieving goals) and maintenance roles (to foster emotional stability) are the immediate targets of sociodrama when applied to team coaching (Álvarez Valcarce, 2008).

The basic procedures of a team coaching sociodrama are to look at actual meetings to focus on the roles in the communication system, coupled with workshops for the development of procedures and the resolution of any difficulties in the team's situation and its relationship to its' environment.

Sociodrama applied to team coaching uses tools from the theories of roles, sociometry, psychodrama, group dynamics and systemic constellations to help the team in its strategy. It is the team that takes, organizes and directs the process and content of the team coaching, based on an awareness of the unresolved issues in their role interactions, at both a cognitive and an emotional level. The aim of the work, using the emotional impact of action learning, is to help the team implement cognitive and behavioural changes that facilitate the achievement of team goals.

REPORT ON A SOCIODRAMATIC TEAM-COACHING WORKSHOP WITH THE MANAGEMENT TEAM OF AN INSURANCE COMPANY

I was asked to create a workshop,

- to foster motivation for personal development and active learning
- to bear in mind both individual and group needs for change inside the company
- to change habits and implant new tasks;
- to activate skills in the leaders, as motivators and activators of teams;
- to achieve balance between effective team role functioning and individual motivation;
- to create the systems and methodologies required by work teams;
- to improve communication techniques and the quality of communication in the workplace;
- to introduce people, in an engaging way, to personality models and psychological theories about how people function;
- to give feedback about individual communication skills.

The workshop began with various sociodramatic techniques applied to:

- the recognition and analysis of the different role task functions (using sculpting and the dramatization of real scenes, incorporating doubling, mirror and role reversal);

- accessing other bases of knowledge and their models together with a "sociodramatic discussion" of questions such as „what have you learnt about your way of thinking, perceiving, evaluating ,etc. from each role".

- creating the different team roles and their structural relationships – setting out the system.

It emerged that the Financial Operations Manager had a special link to the CEO, but was distant from his peers. This was crucial and became the focus of the sociodrama. The team created different scenes, aimed at finding strategies to achieve a change in the relationship with this team member. This was done by inviting the group to reflect on questions such as:

- How can you create a new type of interaction with...?

- What ideas can you add to...?

- How is this team structure a parallel to other areas of company functioning?

- What solutions would you suggest to...?

- Why is this so significant to you?

- Can you design a new...?

- To what extent is this situation responsible for the excess of complex products?

The team acted out scenes about confidence, distrust and cheating in the communication processes. Then they discussed sociodramatically the psychological contract established in the team, finding a new group stimulus to change and look for global solutions inside the team.

Then they explored sociodramatically the question *"what would happen if we did something differently?"*

A hidden agenda appeared, related to the privileged information gained by the CEO from his special link with the Financial Operations Manager (a sociometric isolate within the team) and the pseudo-cohesive phenomena related to this clique.

The team developed proactive functions to promote integration and co-operation between team members through future-focused sociodramatic scenes.

The CEO changed his leader role as motivator and activator of the team. Sociodrama helped the team to diminish their anxiety around delegated leadership. Fears of rivalry, of being attacked by followers, of accountability etc. were diminished through the use of family metaphors and sociodramatic techniques to explore power status. The team compared the relative merits of making individual and group decisions, through sociodrama scenes.

On returning to the real team meetings, they could experiment with strategic changes of role. In the next workshop, management team members asked for a sociodramatic analysis of their own fearful imaginings as leaders of their own teams. This way, the change spread out through the organization. Similar processes of sociodramatic team coaching were then followed with financial, new business, marketing, operations and information teams.

REFERENCES

Alvarez Valcarce, P. (1985) „Tratamiento con Sociodrama Familiar de un niño epiléptico con disconductas'. *Rev. De la Asociación Española de Neuropsiquiatría.* 13, and in *Modelos teóricos y técnicas psicodramáticas*. Libro editado por la Diputación Provincial de Granada, Spain.1986

Alvarez Valcarce, P. (1985) *Sociodrama Comunitario con el personal de la Unidad de Agudos del Hosp. Psiquiátrico Stª Teresa de Leganés, Madrid. Spain*

Alvarez Valcarce, P. (1986) „Sociodrama y Psicopatología Vincular del Epiléptico'. *Rev. de la Asociación Española de Neuropsiquiatría.* 16, Spain

Alvarez Valcarce, P. (1993) Teatro de la Locura, el rito y la transgresión. *Rev. Informaciones Psiquiátricas.* 132, 2º Trimestre. Spain. Available at www.psicodrama.info

Alvarez Valcarce, P. (1993) *Aprendizaje Social a través del Sociodrama.* Cursos en el Centro de Estudios del Menor del Ministerio de Asuntos Sociales de España. 1993-94. Spain.

Alvarez Valcarce, P. (1995) Teoría del Sociodrama Familiar. *Revista Informaciones Psiquiátricas* 140, 2º Trimestre Spain. Available at www.psicodrama.info

Alvarez Valcarce, P. (1995) Psicodrama y Sociodrama. Teoría de la Técnica. Las Técnicas de Sociodrama Familiar. *Revista Informaciones Psiquiátricas.* 140, 2º Trimestre Spain. Available at www.psicodrama.info

Alvarez Valcarce, P. (1997) Sociometría y Sociodrama en la Prevención Primaria. Intervenciones Psicosociales. *Revista Informaciones Psiquiátricas*. 148-149, 2º y 3º Trimestres, Spain Available at www.psicodrama.info

Alvarez Valcarce, P. (1997) *Axiología y Axiodrama*. Actas del 1º Congreso Iberoamericano de Psicodrama. Instituto de Estudios de Iberoamérica y Portugal. Universidad de Salamanca, Spain Available at www.psicodrama.info

Alvarez Valcarce, P. (2008) *Técnicas Activas de Psicodrama y Sociodrama aplicadas al Coaching*. www.rrhhMagazine.com

Alvarez Valcarce, P. (2008) *Sociodrama y Constelaciones Organizacionales*. www.rrhhMagazine.com

Alvarez Valcarce, P. (2009) Niveles de Organización de los grupos. Bases sociogenéticas de los procesos de estructuración sociométricos (pp.459-463). Dinámica manifiesta de los Roles en un grupo (pp.463-464) In M. Filgueira Bouza et al. (2009), *Manual de Formación de la Asociación Española de Psicodrama. Normativa de Acreditaciones, Escuelas y Programa Oficial* (p.p.,459-464) USA: www.lulu.com

Alvarez Valcarce, P. (2009) Los roles en el proceso de interacción grupal. Sociogenética y sociodinámica grupales. In M. Filgueira Bouza et al. (2009), *Manual de Formacion de la Asociacion Española de Psicodrama. Normativa de Acreditaciones, Escuelas y Programa oficial.* (pp.104-106) USA: www.lulu.com

Bion, W. R. (1961) *Experiences in groups and other papers* London .Tavistock

Borgatta, E. F. & Cottrell, L. S. (1956) On the classification of groups. In Moreno, J. L. *Sociometry and the science of man.* Beacon House .USA.

Boal, A. (1980) Teatro del Oprimido. Ed. Nueva Imagen. México

De la Garza, F. (1984) Sociodrama, marginalidad y drogas. *Servicio de publicaciones del Ministerio de Trabajo y Seg. Social*. Spain

French, J. R. P., Jr., & Raven, B. H. (1959) The bases of social power. In D. Cartwright (Ed.), *Studies in social power* (pp. 150-167). Ann Arbor, MI: Institute for Social Research.

Kaprow, A. (1966) *Some Recent Happenings.* Something Else Press: N.Y. USA.

Kernberg, O. (1993) Paranoiagenesis in Kaplan and Sadock: *Terapia de Grupo*. Ed. Panamericana

Moreno, J. L. (1941) Foundations of Sociometry *Sociometry* 4, pp. 15-35

Moreno, J. L. (1943) Sociometry and the Cultural Order *Sociometry Monographs*. 2, p.331

Moreno, J.L. (1946) *Psychodrama Vol. I.* Beacon House. N.Y.

Moreno, J. L. (1960) *Fundamentos de la Sociometria* (Who shall survive?). pp. 88-93 Ed. Paidos. Buenos Aires. Argentina.

Nehnevajsa, J. (1956) Sociometry: decades of growth in Moreno, J. L. *Sociometry and the Science of man*. Beacon House. N.Y. USA

Schlemmer, O., Moholy-Nagy, L. & Molnar, F. (1961) *The theatre of the Bauhaus*. Middletown, Conn: Wesleyan University Press