

Psychodramatic spiral: the science and art of warming up

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Abstract

This study aims to present the use of the psychodramatic spiral in the warm-up process, and to verify its applicability through the discussion of a clinical case, in light of Moreno's and other contemporary psychodramatists' concepts and definitions. It searches for interfaces between the psychodramatic spiral and Elaine Goldman's diagram, looking at their complementary and possible overlaps. It aims to use the psychodramatic spiral for scripts used in sessions, whether working on the level of reality, imaginary or fantasy, and to investigate the emergence of revolutive, resolute and evolutive catharsis of integration. Considering that spontaneity, the backbone of psychodrama theory, can only be achieved and maintained by warming up to an ideal and appropriate level, the use of the psychodramatic spiral can contribute toward achieving these spontaneous states.

Keywords: Warming up. Spontaneity. Catharsis of integration. Psychodramatic spiral. Psychodrama

INTRODUCTION

This paper aims to present a methodological proposal called "Psychodramatic Spiral for Warming up" and its respective phases, superimposed on the Psychodramatic Diagram of Goldman and Morrison (1984) and its scenes. For this purpose, we will exemplify the spiral in psychodrama sessions performed with a patient, at real, imaginary or fantasy levels, with the aim of favoring the catharses of revolutionary, resolute or evolutionary integration.

Spontaneity is considered the backbone of all psychodramatic theory. A maximum degree of spontaneity is required at birth, since the warming up process is the operational expression of spontaneity (MORENO, 1974; 1975). Warming up is what leads to spontaneous states of quality. Among the 15 rules of psychodrama, established by Zerka and Moreno (MORENO; MORENO, 2006), three of them are applied to heating: Rule V: the warming up process goes from the periphery to the center; Rule XI: the warming up for the Psychodrama must be adapted to each

culture, and changes in the application of the method must be made; Rule XII: The Psychodrama session consists of three parts: warm-up, dramatization and commentary (sharing).

In order to assess the importance of warm-up, we use the brilliant metaphor of Davoli (1999), who, far from considering heating a "poor cousin" of the drama, equates the art of warming up in Psychodrama with soil preparation for planting in order to reap good results: "As a land that prepares to sow what kind of plant will be born, presenting reflections in its results, with productive or fruitless plants. [...] It is from this well-prepared land (warming up) that depends largely on the richness and beauty of the dramatization (DAVOLI, 1999, pp. 80-1).

Studies carried out with students, patients, athletes and workers point to the importance of the use of warming up. In these contexts, there are also illustrative examples of situations where warming up is flawed, situations that Moreno called "rudimentary warming up" (cooling) and "overwarming" (overheating), which can result in a distorted effect, impairing the duration and the maintenance of the state of spontaneity. In sports, lack or overwarming may be responsible for injuries or muscle injuries. In psychotherapy, these states manifest themselves in different ways and, therefore, require the therapist more or less investment, depending on the singularity and moment of each patient. Thus, "depressed" patients need a greater degree of warmth, while the "euphoric" need a lower degree. The ideal point is the rise of emotion.

In the diagram proposed by Goldman and Morrinson (1984), the authors describe the prototype of a session in which the patient reports the current problem, computed by the first circle (warming up), starting a journey back to the recent past. The director then guides the patient to set up the first scene (see Figure 1).

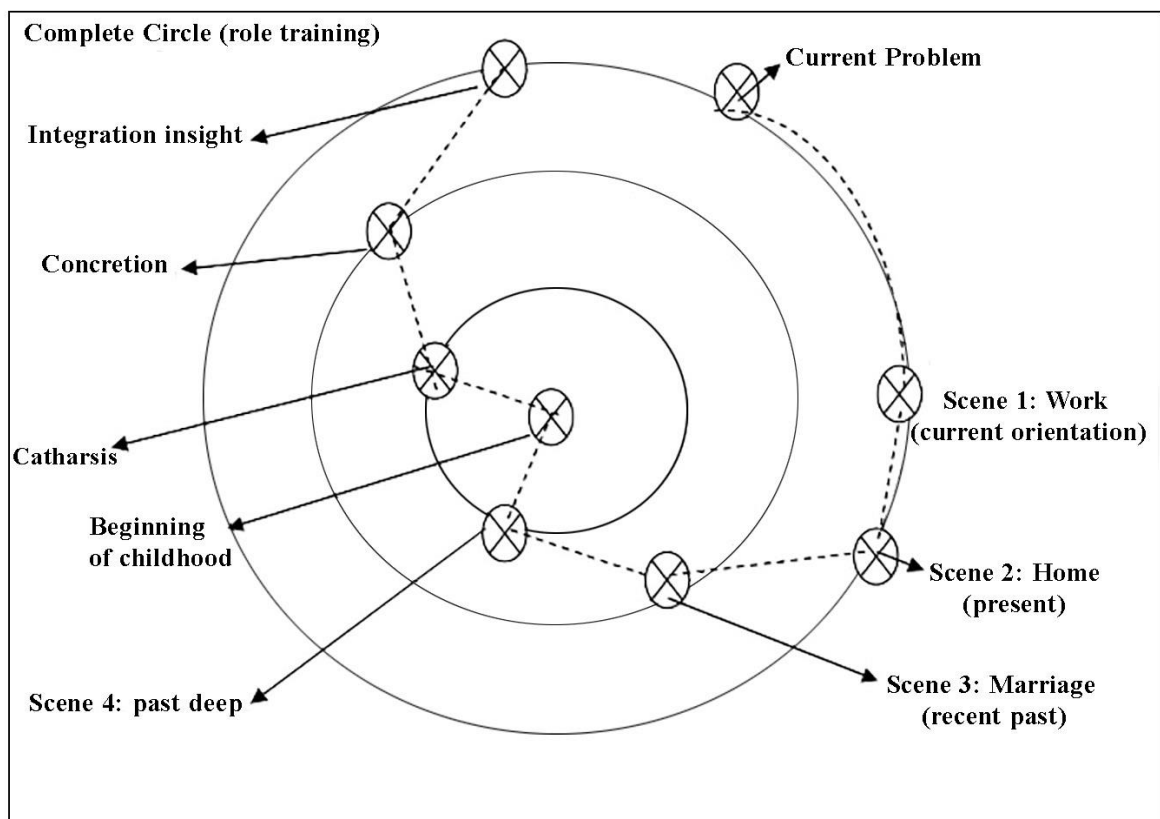


FIGURE 1. Prototype created by Elaine Goldman (GOLDMAN; MORRISON, 1984) describing a session in which the patient reports a problem she is experiencing.

In the diagram, using only verbal warming up, the first scene is set up, which refers to a problem that occurred in the patient's work at that time. Then, the second scene, in the present, takes place in the patient's home. Then, the scene of her first marriage, which occurred in the recent past. So far, there is what is called the horizontalization of scenes. The verticalization starts from the moment when scene 4, from the "deep past" is set; soon after, the scene of the "beginning of childhood" and, later, the catharsis of integration. Goldman and Morrison use the technique of concretion in the body of the outgoing emotion and close with the insights produced in the session and with training of a new role for this new situation, experienced in the course between the present problem reported and the beginning of childhood.

On the basis of this diagram, in which cuts are made in the scenes - verifying the intrapsychic in the direction of the center of the spiral so as to complete the circle with role training after the insight - we present the original proposal of this article: the creation of a psychodramatic spiral for warming up that seeks interfaces and interrelationships with the Goldman and Morrison diagram, in a perspective of complementarity.

In Figure 1, four scenes are presented that correspond to the dramatized scenes in a patient session:

Scene 1: Work (current orientation);

Scene 2: House (present) horizontalization;

Scene 3: Marriage (recent past);

Scene 4: Past deep verticalization.

We start from the assumption that overlapping the psychodramatic spiral with the Goldman and Morrison diagram can be an indicated and efficient way to reach deepening levels in the multifaceted scene arrangement model. With the use of the warming up spiral in each scene and level, it is sought to favor the intrapsychic bridge between the present and the past as a way of repairing traumas that occurred at other moments of life. Thus, the following phase configuration would have occurred (see Figure 2), in which phase 1 represents the beginning of the spiral from the outer side, and phase 5, the end of the spiral, located in its core.

In Figure 2, the five phases corresponding respectively to:

Phase 1. Warming up (non-specific) physical / physiological (bodily and sensory). For example: stretching, breathing, shouting, gestures, dances, contortions.

Phase 2. Intellective / rational warming up (nonspecific) (thought and ideas). For example: "mental storm" of homesickness, shame, work, death, illness.

Phase 3. Warming up (non-specific) mental / imaginary (images and fantasies). For example: beaches, mountains, waterfalls, deserted islands, erotic scenes.

Phase 4. Scene (specific) warming up (choice and scene setting).

Phase 5. Warming up (specific) intrapsychic (bridge between the present and the past).

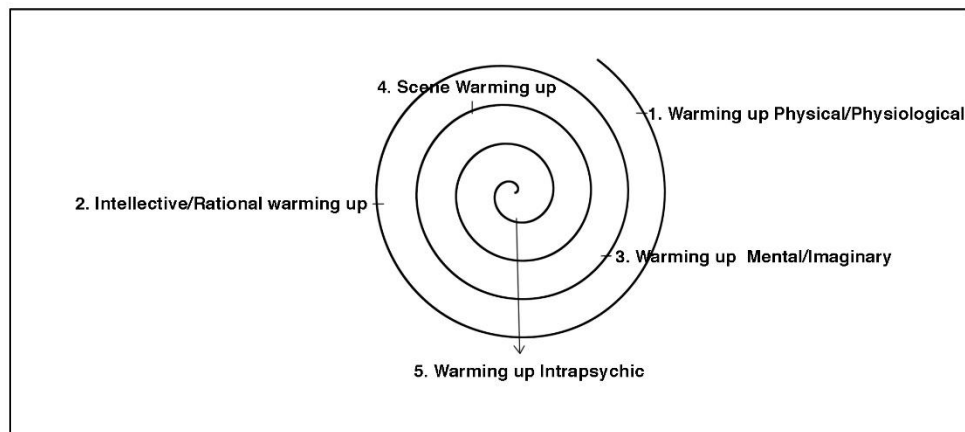


FIGURE 2. Psychodramatic spiral for warming up.

Here we highlight the types of catharsis: revolutionary, resolute and evolutionary, and their contribution to the spiral. Wilson Castelo de Almeida (1999) thus classifies and defines:

a) revolutionary catharsis occurs when the patient experiences a catharsis that sensitizes them, mobilizing them for further deepening, relieving accumulated tensions;

b) resolute catharsis occurs when the patient is aware of the psychological material experienced (repressed, downtrodden or oppressed); and

c) evolutionary catharsis occurs when the patient gradually adds and integrates cathartic elements arising in the psychotherapeutic process, such as: insights and feedbacks.

The metaphor of returning home can better illustrate each of the types of catharsis:

a) the catharsis of revolutionary integration, which usually occurs in the initial sessions, mobilizes thoughts, feelings, emotions and body, giving the sensation of being in an undifferentiated chaos, a disorganization or mental storm, which is often capable of disorienting The patient in relation to the direction of direction. Therefore, the way home is lost;

b) the catharsis of integrative resolution, once the patient is aware of the psychological material repressed to be revolved, awakens the consciousness of the direction where his house is located. It is as if he initiated an internal organization that projects itself to the outside, clarifying it and directing its direction; and

c) the catharsis of evolutionary integration, by favoring insight and feedback, brings unconscious material to the surface by removing "debris", creating conditions for more substantial and healthy elements to occupy these spaces. Hence the perception of knowing where your home is, as it is, but wanting a better one.

In short, the psychodramatic spiral aims to favor the production of catharsis of revolutionary integration (do not know the way home), resolute (knows the way but does not know which is the house) and evolutionary (knows which is the house but wants better one).

On the other hand, the proposal of the spiral also receives contributions of the theory on the bodies of Fonseca Filho (2000). In it, the author presents three descriptions: "'physical body' (represented in the case described by heart disease with specific lesions), 'psychological or symbolic body' (represented by the affective internal world and its emotional developments) and 'energetic body' between the two previous bodies)" (FONSECA, 2000, p. 123). This description resembles another configuration, which occurred during a session, in which I witnessed the appearance of imaginary bodies, as described below:

- 1) Physical body: physical pain, suffocation, stress, hematomas, allergies, fibromyalgia;
- 2) Mental body: thoughts, ideas, images, memories, scenes;
- 3) Emotional body: disappointments, frustrations, rejection, humiliation, fear, crying, anxiety, anguish, loneliness, depression; and
- 4) Spiritual body: deep depression, feeling of non-existence, abandonment, existential emptiness, undifferentiated chaos.

These views on psychological illness can be adapted or related to the phases described in the psychodramatic spiral for warming up, complemented or superimposed on the diagram described by Elaine and Morrison.

Faced with these abstract configurations, it is possible to establish a relation between the following schemes, previously discussed:

- a) Psychodramatic Spiral (Elaine Goldman Diagram);
- b) Psychodramatic spiral for warming up (idealized by the first author of this text);
- c) Physical, psychological (symbolic) and energetic (Fonseca Filho);
- d) Physical, mental, emotional and spiritual body (here proposed and described).

Thus, Goldman's diagram, superimposed on the idealized spiral, enables the effective treatment of the states of development in which the human being is, observing the existence of these imaginary bodies in the patients. Seen within the proposed scheme, these states may be better understood and their complaints better worked. Let us see how this is put into practice, based on the discussion of a clinical case.

CASE STUDY

To illustrate our suggestion of adapting the proposal of the psychodramatic spiral to the diagram, we will present a case in which this warming up methodology was employed. This is a case of a patient who participated in group consultations for patients with drug abuse-related care demands. Next, we will present the case, as well as one of the sessions performed with the patient, in which we illustrate the psychodramatic warming up spiral.

Dream of a substance user dependent. Patient A is 49 years old, married, Catholic, carpenter, with complete elementary education. He started drinking at age 15. He was present at work almost always drunk and with a successive drop in his income. He was daily drunk and delirium tremens. He was hospitalized twice. She lived apart from her children and lived with a woman and her stepsons.

For non-specific warming up, the group was proposed: 1) body games (light gymnastics, breathing, stretching, music and dance), walking through the physical space and looking at the other members of the group; and 2) mental storm: think about how the weekend was, how the married life is, how the family, the workplace, and the friends feel.

Director: *In a word, what is the feeling at the moment? Is there anything you would like to talk about, to share with your colleagues? Anything you'd like to work on, dramatize?*

The patient appears in the group as protagonist and reports a frequent dream that has been occurring in recent months. When he told it, he says he dreams that he is on the edge of an abyss and that he is very afraid of falling. He wakes up scared, like a nightmare.

Specific warming up: Lying on the rug and with eyes closed, it recalls the dream and describes it with details.

Patient: *I stand on the edge of a chasm, on a mountain of dark stones, similar to the Grand Canyon, alone, looking down. Deep down, I see something green. Like a balcony. There are rocky and dark stones in front of me.*

Director: *Open your eyes. Get up and let's set the stage.*

The patient mounts the wall with two members of the group in front of him. The rocks, also with two members of the group, are behind, with arms raised. He stands at the front and holds onto the rocks (on top of a chair), representing one of the rocks. Instead, he said he grabs the rocks because he feels safer. "*If you let me go, I'll fall and die*", he says.

Director: *Who are these stones?*

Patient: *My alcoholism.*

Director: *Choose a group member to represent you and enter your place. What do you want to say to that person here?* [Indicating for the member of the group that represents him].

Patient: *Get rid of these stones and you are projected into the air you will find another life.*

Director: *What do these stones want?* [Role taking of stones.]

Patient: *Penetrate him. He is weak.* [Soliloquy of stones]: *Do not let me go!*

Director: *What do they say?*

Patient: *We're here not to drop you. If you fall, we will lose you. Hold him so he does not fall. Stay with us! You will always have pleasure and joy.*

Director: *And the rocks below, they say something?*

Patient [Role taking of the rocks]: *We are afraid he will fall, otherwise
We will lose it forever.*

Director: *And who's down there?*

Patient: *Hope.* [Role taking].

Director: *What is hope saying?*

Patient: *I'm waiting for you. I am the hope and I have faith that you will leave from above. Throw yourself down from above that I will save you from those damn ones.*

Director: *Are you thinking of dying?*

Patient: *No. I'm thinking of saving myself. The director orders the two members of the group to push him down, from up the chair where he was.*

Patient: *I'm scared. Very scared. [Trembling a lot].*

The director puts the member of the group, chosen by him, in his place, and asked him what he remembers when he sees that image or scene.

Patient: *I remember Jesus Christ wanting to disincarnate. Leave the land, the Jews and the guards. I remember the crucifixion of Christ. The rocks and the wall are the soldiers, leading Christ to be crucified. [Himself].*

Director: *What would you like to say to Christ?*

Patient: *Christ, when you're in heaven, remember me.*

Director: *Change places with Christ.*

Patient [as Christ]: *Have hope. There you will be to my right. [Role taking]: I hope so, Lord.*

Patient [as Christ]: *Even today he will be with me in the kingdom of the heavens. [Role taking]: I will shut up and wait.*

Patient [as Christ]: *I'll wait for you there, son. Come with me. [Role taking]: I will follow you.*

Director: *And now, what happens?*

Patient: *I expire at the same time that Christ also expires.*

Director: *Change places with Christ.*

Patient: *Expires.* [Bows down, just like Christ crucified.]

Director: *Look at this scene from the outside. What would you like to do?*

Patient: *Embrace hope, resurrect it together with the four soldiers* [before the walls and rocks], *with the following phrase: In the name of God, wake up.* [Forgive the soldiers and say he is going to leave for another life].

At that moment, the member of the group disappeared from the scene, without receiving any instruction for that.

To better illustrate this psychodramatic session, we return to Figure 2, where a correspondence is made between the phases of the spiral and the warm up used in the session, in which each phase corresponds to:

Phase 1. Physical / physiological warming up: light gymnastics, breathing, stretching, music, dance;

Phase 2. Rational intellectual warming up: "mental storm" (thinking high): weekend, married life, family, work, friends. What is the present feeling?

Phase 3. Mental / imaginary warming up: patient reports a frequent dream that has occurred to him in recent months, when he is on the edge of an abyss for fear of falling;

Phase 4. Scene warming up: lying on the carpet, with eyes closed, recalls the dream and describes it in detail; Phase 5. Warming up in the intrapsychic: "I remember Jesus Christ when I was about to incarnate "[...]" I remember the crucifixion of Christ".

DISCUSSION

Moreno attributes great significance and importance, in his work, to the warming up, given its spontaneous nature. This, in turn, warming up can be considered the backbone of psychodramatic theory, in the search for the creative and spontaneous being - with psychological warm up achieved through the practice of role reversal - that will lead to the me-you encounter. In this way, divine sparks are produced and released, as taught by Fonseca Filho (1980), or, according to the essence extracted from the work of Moreno (1975): "God is spontaneity. Hence the commandment: be spontaneous! "

In the case described, "dream of a substance user dependent", we can notice the existence of the three contexts, of the three stages and of four instruments, with the exception of the ego-

auxiliary. The techniques used were basically soliloquy, mirror and inversion of roles (in this case, role-playing). In the case presented, the religious content associated with the continuous use of alcohol, symbolized by the image of Jesus Christ on the cross, reflects the same feeling of suffering and pain caused by his dependence on alcohol. It should be noted that in order to reach this high point of warm-up, the patient had to go through each of the phases of the psychodramatic warming up spiral: non-specific (physical / physiological, intellectual / rational, mental / imaginary) and specific (scene and intrapsychic). From this point on, the bridge between the past and the future is created, and the therapeutic possibilities for the various possible paths of the dramatization towards reparation are opened.

In the first place, it is possible to emphasize, in the theoretical foundation: a) the unlimited potentialities of spontaneity, whose manifestation can be compared to the liberation of "nuclear energy"; B) the basic rules, from which we can not forget the fact that the warming up goes from the periphery to the center, besides that it must adapt to the culture in which the warming up is being applied; C) The most important factor that prevents the psychopathology of warming up is the care that must be taken so that there is neither overheating nor cooling of the group, besides looking for ways to maintain the ideal warming up.

Based on the theoretical contributions of Fonseca Filho (2000), we understand that if one of the bodies suffers, it causes immediate suffering in the others. For example, if the memory of a bad scene from the past (mental body) is brought into the present, it can cause the sensation of pain, releasing crying (emotional body). This pain may be located in the chest, abdomen, neck or head (physical body). Depending on the intensity and timing of this pain, it can lead to depression (emotional body); if you remain, you may experience discouragement, drop in vitality, dark feelings, deep depression (spiritual body).

Turning to the question of the importance of keeping warm-up, given the relevance that the subject requires, Perazzo (1994, 64) teaches us that "It is no use warming up if the warming up is not maintained. Of the good maintenance of the warming up depends on the fluid chain of the scene or the scenes and its natural opening in the reparatory action".

Another factor of slowing down is the therapist's prolixity, which is also responsible for the lows of the protagonist, the sessions and the members of the group. This factor is directly linked to the training of the director of psychodrama in the acquisition of theoretical knowledge, time and quality of his own psychotherapy, case supervision and clinical practice. Perazzo (1994: 70) warns of the therapist's prolixity: "the more concise he is, the more effective the action is and the more opportunity is given to the emergence of the protagonist's spontaneity and creativity."

Garrido Martín (1984) and Almeida (1998) enriched the psychodramatic theory with immersions in Moreno's thinking about warming up and techniques of the initiators, respectively. Garrido Martín highlights the importance of warming to unleash the creative force of spontaneity; Almeida established a didactic conceptualization of warming in which he involved other areas of human knowledge to his conclusions, such as sensory psychology and phenomenology of perception. The relevance of the set of contributions offered by the authors of dramatic games to the community of professionals related to the clinic, education or institutions is undeniable.

In proposing here the psychodramatic spiral, we allude to Moreno who warns us not to engage in psychotherapy if the method is not scientifically proven and officially recognized (MARTÍN, 1984). On the other hand, we recommend not to lose sight of the art present in the spontaneous and creative management of the trained psychodramatist director, who acts as a guide with the flashlight in hand to illuminate the patient's path, following him on the trail, either for the way back home, either to a new home or wherever the patient chooses (ALMEIDA, 1998). The director has the science and the art to provide the right amount of warm-up, which in turn

will guarantee the release of spontaneity and illuminate the unknown and ever-surprising path of psychodramatic action.

As the Spanish poet Antonio Machado (1969, p. 138) put it, "Caminante, no hay camino, se hace camino al andar...".

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