

One-to-One psychodrama: applied to transgenerational psychotherapy

Manuela Maciel

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Abstract In this article, published in the Zeitschrift für Psychodrama und Soziometrie (ZPS), we will review and discuss the different one-to-one psychodrama methods that we teach at the Anne Ancelin Schutzenberger International School of Psychogenealogy and Transgenerational Therapy. It covers the use of the empty chair, the two chairs, internal psychodrama, psychodrama with objects, the minimalist bipersonal psychodrama and the ancestral psychodrama, together with some form of bilateral stimulation of the body.

Keywords Psychodrama · Empty chair · Two chairs · Internal psychodrama · Minimalist bipersonal psychodrama · Bilateral stimulation (tapping) · Trauma sensitive therapy

1 Introduction

Most psychotherapists operate at a one-to-one setting instead of the group setting, not the traditional setting for psychodrama when it was initially created by JL Moreno. However, the use of one-to-one psychodrama seems to be very useful and handy for most clinical practice.

At the Anne Ancelin Schutzenberger International School of Psychogenealogy and Transgenerational therapy, we teach different modalities of Transgenerational Psychodrama. Transgenerational therapy is a psychotherapy that focuses on exploring and addressing functional and dysfunctional patterns that have been passed down from previous generations within a family. The approach is based on em-

✉ Manuela Maciel
Rua do Guadiana, 76, 2785-319 Parede, Portugal
E-Mail: maciel.manuela@gmail.com

Instituto Superior de Psicologia Aplicada, Lissabon, Portugal

47 pirical evidence (Schutzenberger 1998) that unresolved issues and traumas can be
48 unconsciously passed down through the generations and thus impact the mental and
49 emotional well-being of individuals within the family.

50 Psychodrama, known as the therapy of the encounter, promotes a new under-
51 standing, the possible closure of unfinished business and healing from traumatic
52 situations. In the treatment of trauma, we should be aware that talk therapy may
53 have limited use if the trauma is stored mainly in the body and in the limbic brain.
54 Bessel van der Kolk claims how trauma can be “locked” in the body when we are
55 unable to put into action our most basic animal instincts for survival. Looked at in
56 this way, the concept of ‘unfinished business’ is a very real concept. It refers to the
57 body’s unfinished, instinctive actions of fight (fighting off the attack), flight (escape),
58 or freeze (to avoid being seen and attacked). Where such defensive actions are left
59 unfinished, they may remain as undischarged energy in the body’s nervous system
60 for many years. This undischarged energy may present itself through the symptoms
61 of post-traumatic stress disorder (PTSD) and may also be passed down to future
62 generations.

63 Psychodrama and related therapies such as dramatherapy, art therapy, somatic
64 experiencing therapy and body psychotherapy, being forms of therapy that involve
65 the body and emotions as much as the neocortical (front) brain, may bring great relief
66 to the protagonist when the protagonist is allowed, during the session, to finally flee,
67 fight back, avoid, mourn or otherwise respond spontaneously to (or bring to a close)
68 a traumatic event or attack. This applies even when the trauma or event took place
69 in previous generations and was not directly experienced by the protagonist.

70 In the One-to-One Psychodrama Method, as in Psychodrama in general, we know
71 that role-reversal and surplus reality are essential factors for the therapeutic results.

72 Role-Reversal is a technique where a person, the protagonist, takes the role of
73 another person, that we call antagonist. When in the role of the antagonist, the
74 therapist is repeating what the protagonist expressed in their previous verbal and
75 non-verbal behaviour. This technique allows for decentering, for empathy and also
76 for self-awareness. Role-reversal is known as the engine of psychodrama.

77 Surplus reality method allows the protagonist to experience a better alternative,
78 in a context of imagined reality, of “as if”, in which the psyche does not emotionally
79 distinguish reality from a new perception, which is co-created, within the active
80 imagination.

81 I had the privilege of not only reading the books of Bustos, Cukier and Fonseca,
82 all three Brazilian psychodramatists, who have developed the psychodrama method
83 to the one-to-one application, but also I was trained by all of them, especially in
84 the many workshops and trainings that I organised in Portugal with Jose Fonseca,
85 a psychoanalyst and a psychodramatist who has developed the Minimalist Bipersonal
86 Psychodrama or *Relationship Psychotherapy*.

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2 Bipersonal psychodrama

91 Professor José Fonseca (2004) describes this method as a kind of “guerrilla”, where
92 the therapist needs to be flexible, fast and creative, using a minimalist approach

93 where the therapist has to simultaneously play the role of the Director, Analyst
94 and Auxiliary Ego, making fast and direct proposals to the patient. The bipersonal
95 psychodrama, what Fonseca calls “Minimalist Psychodrama” or “Relationship Psy-
96 chotherapy” tends to be short, intensive and potent. It is a technical procedure derived
97 from psychodrama, but also founded by theoretical elements derived from Moreno,
98 Buber and Bowlby, as well as other authors of relationship psychoanalysis.

99 The therapist starts by saying for example: “Imagine that I am your grandmother,
100 even though I don’t look like her, and it will become more real as we go along.”
101 In this procedure, as a specific warm-up, we may also start the psychodrama by
102 interviewing the patient in the role of the antagonist.

103 Usually the protagonist expresses themselves towards the antagonist assuming
104 that all thoughts and emotions can be expressed in this reversible and safe context.
105 Afterwards the therapist instructs the patient to role-reverse, with no need to ex-
106 change seats, and the patient has the opportunity to answer in the role of the other,
107 after having heard the therapist in the role of antagonist repeating the essence of
108 what was expressed, verbally and nonverbally. The nonverbal expressions here are
109 very important to be noticed and mirrored by the therapist since they convey the
110 emotions and the subconscious processes.

111 Included in the method we can usually integrate the psychodrama techniques of
112 double (where the therapist encourages the patient emotional expression), mirror
113 (where the therapist mirrors the patient, repeating what he has done before), solilo-
114 quy (the therapist asks the patient to voice outloud their thoughts) and role-reversal
115 (where the therapist asks the patient to take the role of the antagonist).

116 After some time, and only if there is a resistance to change from the protago-
117 nist, the therapist may also introduce the technique of “interposition of resistance”.
118 Imagine, for example, a patient who feels guilty because she was not present during
119 the final months of her beloved ancestor’s life. Even after role-reversing with the
120 ancestor and going back to herself, where the guilt most often is relieved, we notice
121 that there is still a feeling of guilt and some resistance to change that. The direc-
122 tor/therapist might then alter the reaction of the ancestor to a more compassionate
123 one, introducing some new alternative that can help the process and check what
124 is the flexibility of the patient’s reaction. The interposition of resistance technique
125 helps to diagnose the rigidity or the flexibility of the patient to be open to changes
126 and new possibilities. Very often Fonseca (2004) also introduces his own technique
127 that he calls “double mirror”, where both the therapist and patient, speak as “we”
128 about what has just happened in the action phase. “The double mirror synthesises
129 the double and mirror techniques of classical psychodrama. It is like a conversation
130 between the self and another self of the person, played by the therapist” (Fonseca in
131 Figush 2009, p. 115). The function of a double mirror is to access and provoke an
132 inner dialogue that brings more reflection and integration of the work that has just
133 been done.

134 Another variation involves remembering a good moment with that ancestor and
135 transforming the image of that scene with a specific colour into an imaginary tattoo
136 in the body of the protagonist, a kind of anchoring to keep the connection with this
137 ancestor. The purpose here, according to transgenerational therapy, is to carry the
138

139 love and the bonding with the ancestor with the positive legacies and not necessarily
140 the invisible loyalties, which could have been dysfunctional.

141 It is important here that the protagonist finishes the dialogue in their own place
142 and that in the end the antagonist *derole*, literally *brushing* the energy of that role.

143 As Fonseca (2004) argues, bipersonal psychodrama, instead of interfering neg-
144 atively with the Transference process, seems to increase the *Tele*, which is a psy-
145 chodrama concept that relates to the co-unconscious and co-conscious, empathy and
146 mutuality. The term *tele* (*zweifuhlung*=mutuality) was used by Moreno to desig-
147 nate the perceptions that occur on the affective-emotional level between two people,
148 becoming able to mutually perceive each other. That is through the use of their
149 sensitivity they allow themselves to feel what happens in the other's private person
150 doing this "in a simultaneous and reciprocal way that can be noticed by a third
151 person" (Almeida 1993, p. 33).

152 Relationship psychotherapy aims to create a playful working space, an intermedi-
153 ary zone between the outside and the inside, between the conscious and unconscious,
154 the spontaneous-creative space of the relational co-conscious and co-unconscious.
155 In some ways the dramatic action reminds us of play-therapy: through play we deal
156 with serious things" (Fonseca quoted by Figusch 2009, p. 120).

157

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159 3 Internal psychodrama

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161 When we refer to internal psychodrama, we refer to an imagination where the
162 dramatic action is often symbolic. The patient thinks, visualises and experiences the
163 action, but does not carry it out. This type of work always involves:

164

- 165 ● an initial phase of relaxation;
- 166 ● a second phase, based on some physical, emotional or imaginary indicator,

167

167 which leads to the internal world and its characters;

168

- 169 ● the interaction of these characters, where again the resources of classic psy-
170 chodrama are used, only this time experiencing the action mentally.

171

171 Dalmiro Bustos and Rosa Cukier wrote extensively on this method, and we tend
172 to use it more when the patients need to address a group of ancestors, or a lineage
173 as for example in mother-grandmother-great grandmother.

174 We also have developed many guided imagery meditations where the patient is
175 taken to encounter some beloved ancestor and receive from them some symbol or
176 some message or some other forms of encounter where some positive legacy is
177 reinforced or some dysfunctional pattern is released or transformed.

178 Internal psychodrama is very useful when the patient or the therapist does not feel
179 comfortable with playing the roles or even exposing their vulnerabilities. It helps
180 also to find more symbolic solutions and to free the imagination to whatever might
181 be needed to occur in the surplus reality.

182 We may also use it to work with transgenerational dreams and to find different
183 surplus realities and reparative closures for the disturbing unfinished businesses
184 present often in the recurrent nightmares.

185 **4 Empty chair**

186

187 Fritz Perls (1978), the creator of Gestalt Therapy as well as a contemporary of
188 Moreno, developed this technique.

189 The empty chair technique is commonly used in psychodrama, allowing the in-
190 dividual to interact with an imagined person or a part of themselves.

191 Following is a general outline of how the Empty Chair technique works:

192

193 1. Setup:

194

195 Place an empty chair in the therapy room, and orient it so that it faces the person
196 who will be using it. The person is asked to imagine that the person they have
197 unresolved issues with is sitting in that chair.

198

199 2. Projection and Expression:

200

201 The patient is encouraged to project their feelings, thoughts, and emotions onto
202 the imaginary person in the empty chair. They may express their unspoken thoughts,
203 emotions, and grievances as if the other person were physically present.

204

205 3. Role Reversal:

206

207 After expressing their feelings, the patient moves to the empty chair and imagines
208 themselves as the other person. From this perspective, they respond to the statements
209 or emotions expressed by their original self.

210

211 4. Integration:

212

213 To conclude the exercise, the patient may return to their original chair to reflect
214 on the experience. The goal is often to integrate the insights gained during the role-
215 playing and to promote self-awareness and resolution.

216

217 The Empty Chair technique can be a powerful tool for exploring and processing
218 unresolved conflicts, grief, or emotions related to relationships. It allows individuals
219 to externalise their internal conflicts, making them more tangible, and offering an
220 opportunity for deeper self-reflection.

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222

223 **5 Two chairs**

224

225 Also derived from Gestalt Therapy (Yontef 1993), the Two Chairs technique is very
226 useful when there is an internal conflict or dilemma arising, for example, from
227 conflicting invisible loyalties to different members of the family. This technique is
228 used to explore unresolved feelings or conflicts with significant others, whether they
229 are present or absent.

230

231 1. Setting up the Chairs:

232

233 Place two chairs facing each other in an open space. Assign each chair a different
234 role or perspective. For example, one chair may represent one aspect of yourself or
235 a particular feeling, while the other chair represents a conflicting or complementary
236 aspect.

237

238 2. Dialogue and Role-playing:

239

240 Sit in one of the chairs and express the thoughts, feelings, or perspectives asso-
241 ciated with that chair. After expressing one perspective, move to the other chair and
242 respond from the viewpoint of the second role or perspective. Continue this dialogue
243 by moving back and forth between the chairs. The idea is to explore and understand
244 the different aspects of yourself or conflicting feelings.

245

246 3. Awareness and Integration:

247

248 The process helps individuals gain insight into their inner conflicts, emotions, or
249 unresolved issues. The goal is not necessarily to resolve the conflict immediately
250 but to increase awareness and understanding.

251

252 4. Dialogue and Exploration:

253

254 The therapist may guide a back-and-forth dialogue between the two roles, al-
255 lowing the individual to gain insight into the conflicting emotions and perspectives.
256 This process helps the person explore different aspects of their own feelings and
257 gain a deeper understanding of the dynamics at play.

258

259 5. Integration and Closure:

260

261 Toward the end of the exercise, the patient may choose to sit in a neutral posi-
262 tion and reflect on the insights gained. Consider how the two perspectives can be
263 integrated or how the patient finds a resolution to the inner conflict.

264

265 This technique is versatile and can be applied to various situations, such as
266 exploring conflicting emotions, making decisions, or gaining insight into different
267 aspects of oneself.

268

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270 6 Psychodrama with objects: family atom

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272 In a one to one context in presence or online we also may use some little and neutral
273 human figures like *Playmobil* little people or other small objects that are very useful
274 to help the patient build their family atom, real and ideal or in different moments of
275 the patient's life.

276

277 We usually ask patients to choose an object to represent themselves and the two
278 previous generations including their siblings as it was in the first years of their life.

279 Through these sculptures, paying attention to the proxemic and other synchro-
280 nistic details of the positioning of the objects we can understand what the patient's
281 sociometry (family atom) was within the family of origin: the family atom.

282 The method is playful and therefore helpful to deal with some resistance to the
283 serious analysis but is also insightful since through the concretization and interme-
284 diate objects, the patient can observe the situation from a distancing stance, finding
285 also an optimal window of tolerance for people that maybe very triggered by the
286 topic of their family.

287 It is also a projective method since many unconscious connections are expressed
288 and become more clear for both the therapist and the patient (Casson in Maciel et al.
289 2007 pp. 201).

290 We may also use pillows, chairs or other objects to build the family atom or to
291 concretize roles of the genogram that then might evolve into psychodrama, being
292 able to include the techniques described above.

293
294

295 **7 Psychodrama with tapping**

296

297 As an EMDR Practitioner (Eye Movement Desensitization and Reprocessing), using
298 this method in my clinical practice for more than 14 years, I have adapted the bilateral
299 stimulation to integrate it with the different psychodrama modalities.

300 The underlying theory is that bilateral stimulation helps to process traumatic
301 memories by engaging both hemispheres of the brain. This process is thought to
302 facilitate the reprocessing of memories, leading to a reduction in emotional intensity
303 and the formation of more adaptive and less distressing associations.

304 There is empirical evidence (Shapiro 1995 and Van der Kolk 2015) supporting its
305 effectiveness in treating post-traumatic stress disorder (PTSD) and trauma-related
306 symptoms. Therefore the so called *tapping* activates an autonomous healing process
307 that is very useful to process trauma and to release any emotions, physical tensions
308 and cognitive distortions that were frozen in time, since the trauma has happened.
309 It can be very useful to release traumatic symptoms but also to install positive and
310 healthy brain networks. As Van der Kolk (2015) said "the body keeps the score",
311 being more and more relevant to fully engage the body in the releasing of the
312 trauma whether it is personal, collective or family, transgenerational. It is important
313 in all Psychodrama modalities to bring attention to what is happening in the body,
314 emotions, thoughts and to introduce bilateral stimulation in order to facilitate the
315 catharsis and the healing at a deeper level.

316 This combination of psychodrama and tapping leads to a reduction in the emo-
317 tional charge associated with traumatic memories and also reinforces the positive
318 memories and positive family legacies.

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8 Sharing

In Psychodrama, the usual final stage of the session is the sharing. The director must ensure that the comments don't take a critical or evaluative route, since the dramatisation has stripped the protagonist bare and weakened him or her to some extent. On the contrary, this exchange of experiences aims to re-establish a certain symmetry between those involved. So sharing is about *loveback* and *carefrontation* and not so much about rational and cold interpretation.

In bipersonal procedural psychodrama, this sharing of personal experiences and emotions from the therapist should be done with a certain amount of caution. First of all, the therapeutic relationship is, in fact, asymmetrical in many respects. Basically, it's a professional relationship, where the patient pays for the therapist's work and expects to be well looked after by him or her. Therefore, even when the therapist exposes some peculiarity of their personal life, this asymmetry doesn't disappear.

Bustos (1990, p. 56) says that the most appropriate conduct in a sharing comes from both the empathy and the authenticity of the therapist. The important thing is also that what is self-disclosed by the therapist is always for the benefit of the patient and not the therapist.

The therapist may also share what they felt as an *auxiliaire*, as a participant observer, and this testimony from someone who was engaged in the field is much more profound and rich than just sharing from what they just have listened from the patient's description about that specific relationship in the patient's life. For example: "In the role of your mother, I felt that you didn't trust what I was saying".

As Zerka Moreno used to say "Words don't cover the Psyche". This *intersubjectivity* relates to what Moreno referred to as the common unconscious and conscious in a dyad deriving from the encounter, what he called the *co-unconscious* and the *co-conscious* (Moreno 1966, p. 78).

9 Psychodrama as an informed trauma approach therapy

Psychodrama needs to follow a therapeutic approach that is sensitive and informed by trauma and that prevents retraumatization (Giacomucci 2023). Trauma-sensitive therapy is an approach to mental health treatment that recognizes and responds to the widespread impact of trauma on individuals.

The following principles of trauma-sensitive therapy aim to create a safe and supportive environment for those who have experienced trauma.

1. Safety:

Establishing a sense of safety is paramount. Therapists create an environment that is physically and emotionally safe, ensuring that clients feel secure during the sessions. This may involve setting clear boundaries, explaining the therapeutic process, and prioritising the client's comfort.

369 2. Trustworthiness and Transparency:

370

371 Therapists strive to build trust by being honest, transparent, and reliable. Clear
372 communication about the therapeutic process, goals, and any interventions helps
373 foster trust between the therapist and the client.

374

375 3. Empowerment and Collaboration:

376

377 Trauma-sensitive therapy is collaborative, with a focus on empowering clients.
378 The Psychodrama model is based on a philosophy that favours empowering the
379 autonomous healing centre and the natural potential of every human being to self-
380 regulate and heal. Therapists work with clients as partners in the healing process, re-
381 specting their autonomy and involving them in decision-making regarding treatment
382 goals and interventions.

383

384 4. Cultural Competence:

385

386 Therapists are culturally competent and aware of the potential impact of culture
387 on trauma experiences. They approach each client with sensitivity to their cultural
388 background, acknowledging and respecting diverse perspectives.

389

390 5. Understanding the Impact of Trauma:

391

392 Therapists have a deep understanding of the effects of trauma on the individual's
393 mind, body, and spirit. This includes recognizing and knowing how to deal with
394 symptoms of trauma, such as hypervigilance, dissociation, and emotional dysreg-
395 ulation. The idea is to find an optimal window of tolerance for a more effective
396 approach.

397

398 6. Flexibility and Individualization:

399

400 Trauma-sensitive therapy recognizes that each person's experience of trauma is
401 unique. Therapists tailor interventions to meet the specific needs and preferences of
402 each client, avoiding a one-size-fits-all approach.

403

404 7. Strengths-Based Approach:

405

406 The focus is not solely on pathology but also on identifying and building on the
407 client's strengths. Encouraging resilience and highlighting existing coping mecha-
408 nisms contribute to a positive and empowering therapeutic process.

409

410 8. Awareness of Triggers:

411

412 Therapists are attuned to potential triggers that may retraumatize clients. They
413 work collaboratively with clients to identify triggers and develop coping strategies
414 to manage emotional and physiological responses.

415 9. Mindfulness and Grounding Techniques:

416

417 Mindfulness practices and grounding techniques are often integrated into trauma-
418 sensitive therapy to help clients stay present in the moment and manage overwhelm-
419 ing emotions. These techniques can include deep breathing, guided imagery, and
420 sensory awareness exercises.

421

422 10. Continuous Education and Self-Care:

423 Therapists engaged in trauma-sensitive work continually educate themselves
424 about trauma research, interventions, and best practices. They also prioritise their
425 own self-care to prevent burnout and maintain the capacity to support their clients
426 effectively.

427

428 These principles guide trauma-sensitive therapists such as Psychodrama in creat-
429 ing an environment that promotes safety, healing, empowerment, and resilience for
430 individuals who have experienced trauma.

431

432

433 10 Conclusion

434

435 The use of one-to-one psychodrama with a Transgenerational approach or other
436 approaches brings the therapy to a deeper level of intersubjectivity, where the ther-
437 apist becomes an observer that enters the co-conscious and co-unconscious dimension
438 and is able to feel and sense what is happening in the relational world of the pa-
439 tient. This allows to go beyond and transform the usual narrative and to allow for
440 a deeper engagement and awareness of the patient as well of a widening of their
441 role repertoire and flexibility.

442

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477 **Manuela Maciel** 1963, Clinical and Health Psychologist, Psychodrama-
478 tist, EMDR Practitioner and Co-Founder and Teacher at the Anne Ancelin
479 Schutzenberger International School of Psychogenealogy and Transgenera-
480 tional Therapy, Teacher at International Association of Group Psychotherapy
481 and Group Processes (IAGP), Sociedade Portuguesa de Psicodrama (SPP),
482 EMDR Portugal and ISPA (Psychology University in Lisbon).

Author queries

1 page 1

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2 page 4

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