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CASE STUDY

Head, heart and hands-on- Concerning, specific, visual and creative methods in psychotherapy. A case study.

Christina Löwenborg

licensed psychotherapist and a certified supervisor, Stockholm, Sweden.

christina.lowenborg@telia.com

ABSTRACT

The purpose of the case description is, from a user perspective, to describe a crucial element of a psychotherapeutic process, where client and therapist work to enact the client's perceptions and experiences via tangible, visual and representative methodology, and to explain, in context, relevant starting points in taping, psychodrama and the mode concept in schema therapy.

The case study is built on qualitative method and comprises a presentation of a psychotherapeutic process, as well as a description of theoretical and methodical starting points in the methodology. The case study consists of a selection of material from a psychotherapy process with a client during the period 2014–16.

The outcome is presented in text and images on the basis of a described change process.

The principal conclusions in the case study demonstrate that the combination of taping, psychodramatic techniques and the mode model from schema therapy share several common denominators. The theoretical and methodical starting points can be combined and can contribute to identifying the following factors as significant parts of the therapeutic process described: *visualization of vulnerabilities, identification of unsatisfied needs, mentalization and change in behavior.*

The case description is relevant given that the combined methodology is still an innovative area, and the case description has a contribution to make to development of the methodology within the area.

Keywords: *schema therapy, taping and psychodrama.*

1. Introduction

Psychotherapy is a form of treatment in the field of psychology that has existed for approximately a century, and research into the area of psychotherapy has been conducted for more than 40 years (Philips and Holmqvist, *et al.* 2008).

The section below presents a number of the key milestones in the history of psychotherapy research, followed by a description of a crossroad between two important directions of research, which forms a basis for this article.

The first systematic assessment of psychotherapy was published in 1924, after which a protracted period elapsed before additional assessments were made. There are two well-known articles that constitute the basis for subsequent research into the area. The first was written by Saul Rosenzweig in 1936, while the second, by Hans Eysenck, appeared almost two decades later in 1952. The conclusion of Rosenzweig's study was that different forms of therapy appeared to produce equally good results, even though they referred to different mechanisms of action. Rosenzweig was of the opinion that the different forms of therapy feature similar mechanisms of action, despite the fact that proponents of the different forms of therapy believed that different mechanisms were in play.

Eysenck conducted effect studies to examine differences in outcomes between patients who had received psychotherapy and patients who had received different treatment. His findings revealed that psychotherapy did not produce better results than for the control group, which had not received treatment. As a consequence of the study, interest increased

in the systematic study of the effects of psychotherapy (a.a.).

Comparisons were conducted during the 1970s and the pace of the research accelerated strongly during the 1980s. In 1980, Smith, Glass and Miller all published effect studies proving that psychotherapy is an effective method compared with patients who received placebo treatment or no treatment at all (a.a.).

Research into psychotherapy can be divided into two areas: *effect research*, which involves examining the effect of psychotherapy; and *process research*, which entails examining aspects of the therapeutic process and how these interact with other factors. The pace of evidence-based research increased during the 1990s. The objective was to identify those methods of therapy that were backed by research, and the method used was randomized and controlled treatment trials (RCT), which involved examining the patient group in relation to a control group (a.a.).

CBT treatments have been simple to compare in RCT studies, given that they are often based on manuals. Over the years, studies of effective mechanisms have gradually become increasingly important in the field of psychotherapy research. Philips and Holmqvist (2008) believe that the focus of research must shift from the question of whether a specific form of therapy actually functions, to the issue of *what elements of a given therapy are effective*. Determining what is effective is a question of what produces improvement in the individual (Philips and Holmqvist, *et al.* 2008). This latter form of research equates with what is contained in the concept of process research, to which this case description refers.

This case study describes how tangible, visual and creative methodologies can be applied in the context of psychotherapy. The method combines techniques from taping, psychodrama, and uses schema therapeutic points of origin. It comprises both theory and case descriptions that serve to explain and clarify the theoretical perspectives.

The article focuses on a case study in psychotherapy.

“Head, heart and hands-on” are key concepts that this action methodology comprises.

The Head stands for the cognitive component that allows an “outside-in” perspective and intelligibility of the context. *The Heart* represents an “inside-out” perspective, an emotional experience of the situation that can contribute to understanding, while *hands-on* corresponds to action in the situation in question, on the basis of intelligibility and understanding.

The following section focuses on methodology. This is followed by a chapter about taping as a method, psychodrama, schema-therapy and a case study drawn from a psychotherapy process, where a combination of taping, psychodrama and schema-therapy was used. Next comes a section about schema therapy and how the concept of modes can be utilized in taping. The final chapter presents discussion and analysis on combining these specific, visual and creative methods in psychotherapy.

2. Purpose, method and discussion of method

The purpose of this case study is, from a user perspective, to describe a participant’s experience and perception of a methodology

consisting of tangible, visual and representative methodology in psychotherapy.

The case study is built on qualitative method and comprises a presentation of a psychotherapeutic process, as well as a description of theoretical and methodical starting points in the methodology. The case study consists of a selection of material from a psychotherapy process with a client during the period 2014–16.

The outcome is presented in text and images on the basis of a described change process.

The principal conclusions in the case study demonstrate that the combination of taping, psychodramatic techniques and the mode model from schema therapy share several common denominators. The theoretical and methodical starting points can be combined and can contribute to identifying the following factors as significant parts of the therapeutic process described: *visualization of vulnerabilities, identification of unsatisfied needs, mentalization and change in behavior.*

*) In this article, the concepts of *client, participant* and *informant* are equated.

The purpose of the case description is to describe an element of a psychotherapeutic process, where client and therapist work to enact the client’s perceptions and experiences via tangible, visual and representative methodology, and to explain, in context, relevant starting points in taping, psychodrama and the mode concept in schema therapy.

The case description is relevant given that the combined methodology is still an innovative area, and the case description has a

contribution to make to development of the methodology within the area.

The purpose has been operationalized in the following areas:

Description of some of the client's experiences and changes during psychotherapy treatment featuring tangible, visual and representative methodology.

Description of the theoretical and methodological starting points in the tangible, visual and representative methodology applied in the psychotherapy process.

In part, the purpose of the article is, on the basis of a case description, to describe some of the informant's perceptions and experiences *through* enacting them with tangible, visual and representative methodology. The qualitative methodology consists of describing the work process in text and images.

The second purpose is to describe the theoretical and methodological starting points applied in the psychotherapy process.

Based on database searches performed, the literature has been selected on the basis of its association with the field of taping, psychodrama and schema therapy.

A qualitative method was selected in order to achieve a deeper understanding of how the client describes and perceives his own experiences. It centers on soft data, non-quantifiable data, accessing the informant's description and, through a case description, establishing a perspective viewed from the inside. The case study description aims to "perform a deep dive" and study subjective experiences (de Poy & Gitlin, 1999).

DISCUSSION OF METHOD

Reliability has to do with the trustworthiness of the findings and is intended to establish whether they can be reproduced by others and at other times. Validity has to do with the soundness or the plausibility of the study, and is intended to establish whether the method actually does examine what it claims to examine (Kvale & Brinkmann, 2014). Validity and reliability are generally considered to be lower in qualitative than quantitative studies (de Poy & Gitlin, 1999). The opportunity to generalize is likewise limited. On this basis, it is necessary to discuss some aspects concerning limitations and problems. First and foremost, the influence of the researcher needs to be discussed (a.a.).

Knowledge and experience of the field carry benefits, while the drawback is the risk of failing to maintain appropriate distance to what is being studied, which makes it difficult to apply an uncritical approach to the object of the study.

The reliability, or trustworthiness, of a measurement is problematic in qualitative studies. The researcher is the measuring instrument, which inevitably means that he/she will affect the outcome of the process in one way or another. (de Poy & Gitlin, 1999). For this reason, transparency of the research process is crucial and can enhance validity.

Photography of set-ups via a mobile phone was used during the psychotherapy process in order to collect the empirical material.

The validity increases if what you aim to study has actually been studied, i.e. the relevance of the data you are studying. The choice of method has an important role to play in answering the questions posed in the study.

Validation depends on whether the findings are checked, challenged and theoretically interpreted while the study is in progress (Kvale & Brinkmann, 2014).

Qualitative studies seek the distinctive, which means that in qualitative studies it becomes, by definition, problematic to generalize the findings. The opportunity to draw general conclusions does, however, increase if the theoretical foundation is solid. In this case description, the population is small and no attempt is made to generalize the findings.

The author of the article is of the opinion that research is not value-free. The researcher affects the selection, the processing of the empirical material, the choice of theory and the analysis. The author of the article is a licensed psychotherapist with experience of CBT, schema therapy, psychodrama and taping. With knowledge that provides prior understanding, it can be problematic to view the object of a study from an outside-in perspective. The author of the article is aware how this has affected the way in which she has understood and attempted to process the material.

It is important to include in the article a discussion of potential sources of error and other conditions that may affect the tenability of the findings, such that the findings can be evaluated realistically and that their importance is not over-valued and expanded to include areas outside the area in which they have been found to be valid (The Swedish Research Council, 2011).

The informant in the case description has been anonymized. In the presentation of the findings, fictive names and places have been used and personal expressions have been

deleted. Anonymizing the informant makes it impossible to attribute the descriptions to a specific individual.

PRINCIPLES OF ETHICAL RESEARCH

This article complies with the principles of ethical research in humanistic-social scientific research (<http://codex.vr.se/texts/HSFR.pdf>), as well as with good research practice (The Swedish Research Council, 2011).

3. Taping

Taping is a method that makes conversations visual and tangible by allowing the narrator to build up a scenario using figures and symbols that represent external and internal relations. The narrative thus becomes a palpable and detailed storyline. A visual creation.

The method was developed by Martin Soltvedt (Soltvedt, 2005), a psychologist and child psychotherapist in Norway, who was also the brains behind the approach that came to be known as Child Oriented Family Therapy.

Taping is a "doing method", an action-oriented method that transforms both the narrator and the conversation guide into two interacting players. Paradoxically, the person guiding the conversation can be more inquisitive, wondering and challenging, and can simultaneously be perceived as less questioning, which helps drive the process forward.

The narrative in taping can demonstrate an "outside-in" and "inside-out" perspective at the same time. In other words, it allows illustration of an external reality simultaneously with an internal one. The method can be applied in many different situations; it can be used to depict a conflict scenario, a vision, someone's life story or two

conflicting stories, a network around a person, an inner conflict or a set of circumstances perceived as ambivalent.

In this upcoming illustration taping is combined with psychodrama and schema theory, and specifically with the modes concept.

4. Psychodrama

The other method is psychodrama. The word “psychodrama” comes from the Greek *psyche* (soul, life) and *drama* (action, theatre) and can be taken to mean “soul in action”. The distinguishing features of psychodrama are that the person’s internal, subjective images are displayed and given form, and are thus brought to life on the stage (Slettemark, 2004). Past, present and future can all be expressed in psychodrama. The internal images that are brought out into the open in the mini-theatre may have to do with incidents from the past, but they can also refer to circumstances in the here and now, and to the future. They may be unresolved situations, internal conflicts, fantasies and dreams. Everything is possible in psychodrama; numerous different perspectives can be represented on the stage at the same time in a *single* time dimension. Different realities can be merged, examined and brought to life on the stage. Psychodrama centers on bringing the action of the soul to life on stage.

Psychodrama is a theory and method that were originally developed by Jacob Levy Moreno as early as the beginning of the 1920s, and which have since been refined. Moreno has had a major influence in several areas, including group psychotherapy, personality psychology, sociology and social psychiatry. The method of psychodrama is an

action method with numerous areas of application. It is a way of working that is used for therapeutic treatment, crisis processing, personal development, supervision of professional groups, leadership work and organization development. Moreno viewed psychodrama as a science through which the subjective truth can be explored using psychodramatic methods.

The work method in psychodrama comprises different “happenings” or phases, which are distinctive of the process. Psychodrama commences with a warm-up phase. The purpose of the warm-up is to create a permissive and creative work climate. This phase often includes some elements of movement. It is during the warm-up that the group’s shared topic appears; this topic is then carried forward by one of the participants, who is appointed to act it out on the stage. This participant becomes the key figure or protagonist for the group, which entails being the spokesperson for both the group and for himself/herself. The warm-up phase is followed by the action phase, which is the main part of the process. Following an initial interview, the role of auxiliary ego is allocated, the stage is set and the protagonist starts to act. The action phase is distinguished by role reversals with the assistance of the auxiliary egos, doubling, concretization and mirroring. The action phase often culminates in some form of catharsis, after which the drama begins to draw to a close. The psychodrama concludes with a dialogue or participation phase – often referred to as “sharing”. During the sharing, the members of the group sit together and share their feelings and experiences from their role(s), or their own experience of relevant drama (a.a.).

Psychodrama comprises a number of classic components. The first is the *protagonist*, the leading actor who carries the group's theme into a psychodrama. The second is the *director*, who works with the protagonist to create a sphere and an opportunity to bring the internal image to life. The third component part is the *auxiliary egos*, played by other participants in the group. These auxiliary egos (also called simply "auxiliaries") represent important characters in the psychodrama and help drive the process forward. The fourth is the *audience*, which comprises the other group members who are not up on the stage. The audience is often involved in the process and experiences benefit of its own, without playing an active role on the stage. The fifth component part is *the stage*, which is a part of the space in which the drama plays out. The stage may be equipped with props in the form of items of clothing, hats and figures that can be used as symbols during the psychodrama. A number of techniques are used in psychodrama, which are characteristic of the methodology. *Role reversal* involves the protagonist swapping roles with his/her auxiliaries on appropriate occasions in the drama. Role reversal entails swapping roles with another person and viewing the world and yourself through their eyes; this generates insight and empathy and can help reveal projections. Role reversal provides an opportunity to examine the situation and the interaction, and presents an opportunity to find new approaches in the circumstances depicted. *Doubling* is another psychodramatic technique that involves a member of the group being tasked with playing the protagonist's internal and non-expressed self – a "doppelgänger". Doubling

entails an auxiliary taking on the persona of – and identifying with – the protagonist and his/her thoughts and emotions, and then expressing them dramatically on the stage. The role of the Double is to represent the protagonist's psychological experiences in as much depth as possible. Another function is to provide the protagonist with support so that he/she dares to take more risks. Doubling can be used as support in a difficult scenario or, for example, to highlight conflicting emotions. The Double can also suggest to the protagonist a more appropriate way to behave in a given situation (a,a,).

Mirroring is another technique that allows the protagonist to watch the unfolding scene while the auxiliary ego takes his/her place. The protagonist steps off the stage to obtain a better overview of the situation. On the basis of the new thoughts/insights the protagonist acquires through the mirroring, he or she can step back into the drama and try a new role.

Concretization is a technique that involves giving an inanimate object, a concept, a symptom or a thing a role on the stage as a dialogue partner – for example, a headache, stress, or a tree outside the window. Concretization provides a new opportunity for the protagonist to enter into dialogue with himself/herself.

These techniques are used to drive the psychodrama forwards. Emotions are liberated in action, but emotional representation and release only lead to change when supplemented by thought and knowledge-related insight. Psychodrama comprises both "head and heart" and its intention is to create "hands-on action

insight” within the protagonist. The action insight is distinguished by three conditions. Firstly, it has to do with a *personally perceived learning experience*. Secondly, learning is achieved through *doing*. It is not sufficient to talk about what you need to do. Thirdly, learning is achieved at *corporeal level*. This action insight is achieved during the action phase. The subsequent phase – sharing – is the setting for an integration of emotion and cognition; feelings and understanding are linked together. This integration takes place within the protagonist, and often within the other group members as well.

5. Schema-therapy

Schema therapy was developed by Jeffrey E. Young – considered the “father of schema therapy” – who discovered that traditional therapeutic methods were insufficient to tackle tougher issues.

Young therefore started work as early as in the 1980s on developing what is now an evidence-based psychotherapeutic model – namely schema therapy – that took as its starting points CBT, attachment theory (Ainsworth and Bowlby, 1991) and gestalt therapy.

Schema therapy thus involves working with emotional, cognitive, behavioral and relation-related interventions (Young *et al.* 2003).

One of the fundamental concepts of schema therapy (Lockwood, G & Perris, P, 2012) is that we are all biological beings born with emotional needs. These core needs center on having a safe and secure attachment – where we are met with understanding, care and acceptance. Another human need is autonomy, i.e. having the opportunity to develop one’s own identity, feeling of

competence and independence. There is a similar need for mutuality in relationships, the importance of being validated and respected for one’s own emotions and needs. In the same way, spontaneity and playfulness, having the opportunity to investigate, be inquisitive and explore new directions are also considered to constitute an emotional need. As are having realistic boundaries, guidance and empathetic limitation.

These core needs have to be covered in close relationships with others so as to allow the possibility of healthy development and maturity. When this happens, we develop healthy living patterns, known as “adaptive schemas”. In situations where the fundamental patterns, i.e. our “schemas”, are frustrated, emotional wounds develop, which, according to the Core Emotional Needs Model, can all be linked to the fundamental core needs. The vulnerabilities (schemas) that are developed here are defined by a combination of the individual’s innate temperament and previously experiences. These vulnerabilities are dysfunctional patterns and consist of thoughts, emotions, memories, cognitions and corporeal reactions (Young *et al.* 2003).

When our emotional needs are not met, we develop emotional wounds – i.e. schemas – which can take the form of a sense of abandonment when we lack stable accessibility to a significant other. Another example is how a lack of empathy, love, guidance and care can activate a wound of emotional neglect (Gyllenhammar & Perris, 2014).

Even though the literature (Young *et al.* 2003) describes various different schema modes, it has generally been agreed to divide modes

into four categories: The first category is the “vulnerable child”. This mode comprises emotions such as anger, shame and fear. Our innate emotions.

The second category is called “the internal critic and the demanding side”. This includes attitudes we have internalized from significant role models during our lives. If we fail to resolve a situation, the inner critic can attack the vulnerable side by saying something like “This is just typical of you! You’ll never manage it. You’re utterly worthless.” The third category is “the detached protector”, who puts a lid on the unpleasant emotion, using means such as distraction. There are many ways to distract oneself: go shopping if you feel sad, or perhaps start eating with a view to dulling the feelings. The fourth category is called “the healthy adult side” and is linked to the safe and secure attachment; it is a side that is understanding and forgiving and which can assist in navigating in a healthy manner in the long term.

The objective of schema therapy is to change the vulnerabilities (the schemas) that prevent the individual from living a full life and developing into a healthy adult person who, independently, can protect and nurture his/her fundamental emotional needs.

6. Head, heart and hands-on

“Head, heart and hands-on” are key concepts that this action methodology comprises.

The Head stands for the cognitive component that allows an “outside-in” perspective and intelligibility of the context. *The Heart* represents an “inside-out” perspective, an emotional experience of the situation that can contribute to understanding, while *hands-on* corresponds

to action in the situation in question, on the basis of intelligibility and understanding. Emotional learning is accorded a prioritized position as regards interactive processes that psychotherapeutic and psychosocial conversations with patients/clients entails and is termed the most effective component (a.a.).

In taping, the stage is variable. The narration can move through and between past, present and future. It can depict parallel happenings, and it can present an external and an internal reality at one and the same time. Figures can be moved back and forwards. All this facilitates the generation of reflections and the exploration of thoughts and ideas.

The method involves the use of Playmobil® figures, and the ones available represent people of different ages, genders and ethnicity. As they have moving parts, it is possible to highlight their expressions and attitudes by, for example, turning their heads, arms and legs, thus clarifying the relationship between those involved. They can stand close to one another, or far apart. They can turn to face one another or to face away from each other, depending on what is being played out on the stage.

In conjunction with the Playmobil® figures, symbols are used to make the narrative more finely shaded and illustrative. These include tangled balls of cotton that can be placed between figures to illustrate entangled, conflicted relations. There is also a stone, which can be used to represent a weight – possibly a mood of grief or depression. A heart can be used to symbolize a warm relationship. A transparent cube can illustrate a feeling of isolation or exclusion. A telephone can symbolize that the parties are communicating, while a fence can be used to

indicate the opposite. The symbols are selected by the narrator, who applies his/her subjective interpretation to them. In taping, the technique of externalization* can be applied through concretizing the externalized problem. For example, a stone can be used to illustrate someone's depression, thus separating the problem from the person so as to clarify that the person *is not* the depression. This also allows a "dialogue" between the person and the depression. Symbols for animals – such as a horse, dog, cat and bird – can be used to aid descriptions in the narrative. The figures need a delimited space – a stage where the action can take place. Tape and the fence symbol serve as external and internal boundaries in the narratives that take shape. An alter-ego figure functions as the narrator's representation of himself/herself, and in certain situations the supervisor may use an alter-ego figure in the supervision process. Wild and tame animal figures are used to express feelings and forces that find expression between those involved. For example, a bull can express powerfulness, while a little rabbit can be used to represent trepidation. A tortoise can be used to indicate how a person withdraws into his/her shell for protection, while a snake can be used to depict unreliability. The narrator chooses the symbols that express the emotions that need to be represented on the stage. The narrative receives support and emotional charge from tangible symbols. The actual image narrative presents a perception of a reality and the picture created remains clear in the memory.

7. Taping with modes

Taping can be used to help express a mode through the medium of symbols. When a

mode is concretized with the assistance of a symbol, the act visualizes the dominant and overarching state or mind in which the narrator finds himself/herself at that moment in time. As the narrator is also asked to stage how the other person is perceived, the exercise also reveals the narrator's perception of the other person's mode. The table is thus the "stage" for the components that are perceived as strong influencers for the issue or the problem. The image presented now comprises information about the current status, which can then be examined and understood. The narrator is given the opportunity to express emotions and cognitions on the basis of his/her current mode/status, and, if appropriate, to use symbols to try other modes and see how that might change the issue/the problem.

The following section presents a case study drawn from a psychotherapy process. The case study has been anonymized so that no actual persons can be identified. The illustrations depict the different emotional statuses that emerge during the narration.

The case study describe how the concept of modes can be used in taping. Concretizing dysfunctional modes – negative voices – and discovering more positive modes – voices that can converse with the negative voice – can help change the internal emotions and the external dialogue.

Healing factors also encompass changes in behavior as the individual learns to replace dysfunctional coping styles with more functional ones.

Common mode constellations in taping are "the vulnerable child and the demanding parent", "the critical parent and the healthy

adult” and “the vulnerable child and the detached protector”. Taping allows an opportunity to externalize modes, and externalization, in turn, supports mentalization. Having or developing a “healthy adult” mode entails being integrated in thought, emotion and action, as well as moving towards mutual satisfaction of needs in relationships.

In the upcoming illustration, case Benjamin, taping is combined with psychodrama and the modes concept in schema-therapy.

8. Case study

Benjamin is a young man looking to talk about his life status. He wants to make a change in his relationship with his mother.

The therapist introduces the taping material and asks Benjamin to show the things that

have been important in his background, as well as any influential factors he would like the therapist to be aware of.

Benjamin uses the tangible material to construct several scenarios on the table in order to illustrate several important “checkpoints” and events in his life. The taping material comprises a number of different parts: a stage to set the borders of where the narrative takes place; different figures to stand in for actual people; symbols to represent emotions, and details that can be linked to the situation with a view to increasing understanding.



Benjamin grew up in a family in the south of Europe, with a mother, father and older sister. The father dominated the family and was given to bursts of aggression linked to alcohol consumption. Heated arguments and raised voices were common in the home. Benjamin’s mother tried to protect his big sister, who was regularly a trigger for the conflicts. As he was only young, Benjamin was usually forgotten in the conflict situations. No-one seemed to understand how the situation was affecting him.

His father was an alcoholic, and many of the arguments were the result of jealousy. Benjamin shows and tells at the same time. His father was violent and aggressive, and Benjamin uses a ghost figure to symbolize the fear that he and the rest of the family felt. In the visual representation, the father is coming out from his own world, the mother is attempting to shield Benjamin’s sister, and Benjamin is standing alone behind a fence. He is scared. Benjamin explains how he builds up

a wall of cuddly animals on his bed to protect him, because no-one came to comfort and protect him. These situations deeply influenced Benjamin during his childhood. Fear of conflicts that degenerated into rows

and sadness that no-one could see he needed comfort and protection. Fear and a lack of protection and boundaries are factors that affected Benjamin during his childhood.



The narrative jumps to Benjamin's teenage years. Benjamin reorganizes the stage. His mother meets a new man and seeks refuge with him in another country. Benjamin goes with his mother. Brother and sister are separated. His sister, who now has substance abuse issues, stays with her father.

Benjamin uses the tabletop stage to demonstrate how the situation has changed. A fence represents the international border. A hash pipe symbolizes his sister's substance abuse. In the center of the image stand his mother with her new beau. Benjamin stands off to one side and he chooses a sad symbol to illustrate how the situation feels for him. In the visual representation, Benjamin stands with his back to the other people. He feels alone and overlooked – again. His teenage years were marked by break-ups and loneliness.

Benjamin finds himself in a new country where they speak a foreign language. He has been ripped out of his old life and didn't have time to say goodbye to his friends. His mother is fully immersed in her new relationship. Benjamin feels different in the new context: excluded and alone.



The narrative now jumps forward again and Benjamin uses figures and symbols to remodel the scene on the tabletop stage.

Benjamin is now a young man; he is a student and has met a partner. On the tabletop stage, he now stands facing his partner. His mother

has separated from her new husband and is living on her own in a different town. His mother is trying to make contact and Benjamin views her as intrusive. Benjamin avoids his mother's attempts to get in touch and he simply lets the phone ring when she calls. Benjamin chooses a bull to represent his

mother's intrusive side. The fence symbolizes the isolation in their communication, while the ostrich is used as a symbol for Benjamin's way of dealing with the situation. Just like an ostrich, Benjamin chooses to bury his head in the sand. He becomes evasive.



Benjamin's evasion serves as a form of protection for him. He is scared of being ambushed by feelings of guilt if he lets his mother into his life again. He is scared that her needs and lack of boundaries will take over. In the image, he illustrates what he is afraid of by lowering the protection between himself and his mother. The figure that represents himself

has now fallen down. Next to him stands the Eeyore figure, symbolizing the heavy, dejected and sorrowful emotions.

"This is what I'm afraid would happen if I let my mother into my life again. I'd lose sight of myself."



Benjamin needs to change his situation from feeling dejected and run down to feeling that he has the right to have his own life, his own emotional needs, a healthy relationship with his partner, and to be able to set boundaries

for his mother, who is intruding into his life. Using the materials, Benjamin shows what his ideal situation would look like. He is standing straight-backed, looking directly at his partner and his adult life. He places a heart between

himself and his partner. He chooses two emotion symbols for himself: one symbolizes setting boundaries, it represents a figure saying "stop" to his mother. The other figure symbolizes a healthy adult side, signaling that it is important to take care of his own emotional needs.

This visual representation is the last in the series of what Benjamin considers to have affected him during his life. He has a desire to have a healthy relationship with his mother and with his partner.

Listening to his own emotions and underlying needs, and daring to act on that basis will prove crucial in the process going forward.

Together, Benjamin and the therapist work to play out situations that generated feelings of fear and sorrow. They have also examined new ways to handle the situation. They have done so on the table with dramatic figures and emotion symbols, and in the form of psychodramatic representation on the floor, using chairs and role reversal. They have also worked with visualizations based on key scenes from his life. In this way, unexpressed feelings and thoughts could be put into words. The different ways of working all include a cognitive processing, an emotional activation and an adaptive encounter, as well as a behavioral change in the form of an action.



During one visualization, Benjamin is working with a situation that played out during his teenage years. He is sitting in his room when his mother bursts in and expresses her concern that Benjamin is strange. She is worried about his sexuality and that her son is going to follow in his father's footsteps.

"You'll end up just like your father! You'll treat women badly!" she shouts.

Benjamin feels ashamed. He can neither defend himself nor set boundaries for his mother. He capitulates, stays sitting on the bed and feels worthless.

In this case, the therapist asks to participate in the situation that has arisen, and to enter into the visualization. She tells Benjamin's mother that she needs to respect his boundaries, and to deal with her concerns herself. Her inner unease has nothing to do with Benjamin. She cannot simply burst into his room and act so uninhibitedly. The therapist asks Benjamin's mother to leave the room and let him be.

Afterwards, the therapist asks:

"How do you feel now, Benjamin?"

"It feels really good to have someone defend me. I'm not used to it," replies Benjamin.

In continuation of the conversation contact, Benjamin himself tried to set boundaries for his mother in different situations.

Benjamin grew up with a father who was violent and aggressive, and who scared him.

His mother had capitulated in the situation and was incapable of protecting Benjamin, who was scared and tried to hide.



On one occasion, Benjamin arrives for a session and wants to talk about something important that has happened. Benjamin uses the taping material. He and his girlfriend had been to visit his mother over the weekend, and an incident occurred on the Saturday, which Benjamin would like to illustrate.

On the Saturday night, Benjamin and his girlfriend heard an argument break out between his mother and her new husband.

"I think you're disgusting when you're drunk," shouts the husband.

"Please ... don't say that ..." His mother sounds sad and afraid.

Benjamin and his girlfriend are afraid, too, and don't know how to react. Benjamin uses the visual representation to illustrate how the husband launches a verbal attack. He uses a cannon to symbolize his aggressiveness. The mother figure is lying down, defenseless and dejected. There are some bottles in the image to indicate that they were both drunk. Benjamin and his girlfriend are behind the fence, in another room. The emotion figures – in the form of rabbits – symbolize their fear during the incident.



"I'm scared! Let's lock ourselves in this room," says Benjamin.

"Urgh, how unpleasant! I'm scared. Let's get away from here," replies his girlfriend.



One side of Benjamin is absolutely terrified. This is a situation and a feeling he recognizes from his childhood. But there is another side to him, too, one that is thinking "This isn't right! We shouldn't need to hide and run away!" Benjamin displays his fear using the emotion symbol in the form of a rabbit, and his thoughts about this being an unjust situation in the form of a big, strong bear.



Benjamin decides to do things differently. Benjamin goes out to the husband and says. "Get out of our house! Just go away!"



The man seems shocked to encounter opposition, and answers in surprise:

"I can't even stand to be here!" and leaves the house.

"And don't you EVER come back!" shouts Benjamin after him.



Benjamin feels both relieved and empowered. In a new situation, which reminds him of so many previous ones, he has acted in a different way. He has tapped into his anger to protect his territory. He has set boundaries and made the situation secure. Benjamin is satisfied. Satisfaction is a form of joy, a feeling that is linked to safety and security, and which has to do with the absence of unease. Benjamin has now created peace and calm both within and outside himself.

In the days that follow, his mother is both scared and angry about how the episode concluded. She feels abandoned and alone, and she turns her anger on her son. The figures in the visual representation illustrate both the fear and the anger.

"Now he's going to leave me! And it's all your fault!" says Benjamin's mother.



Benjamin now has access to his healthy adult side, represented on the tabletop stage by a

large bear. Benjamin thinks, "Yes, that is precisely how I've felt. This is how it's always been." This understanding gives him both a sense of calm and some perspective on the situation.



Benjamin makes a visual representation of both past and present at the same time, in order to understand the interrelationships in his history. He can clearly see how the pattern is repeating itself. The aggressive and violent men who have played roles in his various family constellations. His mother, who was unable to protect her son, and Benjamin himself, who has felt afraid both as a child and as a young adult.

"I feel that this situation, where I was able to set boundaries for myself, marks a turning point in my life. I've gained greater access to my inner, healthy adult side, which can guide me to make choices that better accommodate my emotional needs."

In conclusion, Benjamin creates a visual representation of himself and his healthy, self-compassionate adult side, which takes care of his own needs for protection and security. This is the picture he wants to remember. He picks up the camera and takes a photo.



In this illustration, tangible, visual and representative methodology in the form of a taping are used to tell a story. On the first occasion, Benjamin is asked to show the therapist what he thinks influenced him when he was growing up.

The therapist has the opportunity to come along on a journey by touching on a number of events (= checkpoints) in Benjamin's life. This provides the therapist with a good overview and some important information that will prove useful later in the process.

Together, they build up a shared image on the basis of what Benjamin relates. This turns into specific images they can circle back to in future conversations. Working at visual level reinforces the memory experience among the parties involved. The observer retains clear images. Just like Benjamin's final photo of himself and the big, strong bear, symbolizing his healthy adult side, images of strength can provide hope and courage to the narrator.

The methodology makes it possible to switch between zooming in and asking for details and zooming out to gain an overview of a course of events.

The visual way of working clarifies what is being highlighted in the narrative. If the point of emphasis is on understanding how a given course of events affected the person, the visualization of the emotions the persons in question are experiencing becomes an important part of the processing.

When the methodology becomes a recurring element in the conversation, patterns of interaction become remarkably clear, as does the appearance of certain emotions.

When an emotional activation takes place in the client, the therapist needs to have an

adaptive emotional encounter. It is especially important that when the client's vulnerability, founded on needs that have not been accommodated, is exposed, the therapist acts on the basis of limited reparenting. During Benjamin's visualization, the therapist enters the narrative as a healthy adult and defends Benjamin's boundaries in relation to his mother. In this way, Benjamin gradually gains greater access to his own healthy adult side and can then defend his own boundaries. In the situation where Benjamin steps in and sets boundaries on the drunk husband who has acted abusively towards his mother, Benjamin is acting on the basis of an inner, healthy adult side.

Schema therapy, which has provided an important basis for the treatment, has to do with understanding the vulnerability, focusing on the vulnerable side so as to decrease the vulnerability and increasing the healthy, adult side of the person.

Having or developing a "healthy adult" mode entails being integrated in thought, emotion and action, as well as moving towards mutual satisfaction of needs in important relationships to others. (Young *et al.* 2003).

The case study demonstrates that taping, psychodramatic techniques and mode models in schema therapy can be combined and contribute to significant factors in the therapeutic process, such as *visualization of vulnerabilities, identification of unsatisfied need, increased mentalization and change in behavior.*

9. Discussion and conclusion

In the title "head, heart and hands-on", emphasis is placed on the specific and unique aspects of the methods "taping", "psychodrama" and "schema model", and on

how the methods integrate the functions of cognitive analysis with the immediate emotional experience and active participation. Briefly put: head, heart and "hands-on" become one.

There are many similarities between taping and psychodrama, but there are several differences as well (Soltvedt, 2005 and Slettemark, 2004). The fact that both methods integrate head, heart and "hands-on", and that they are tangible, visual and creative methods, has made it possible to use the methods alternately in psychotherapy sessions and to exploit their respective potentials. Both feature strong elements of non-verbal communication, which is an asset when the exploration of the problem is sensitive in nature, and when the exploration itself risks becoming over-intellectualizing. The mode concept from schema theory is a usable model in combination with taping and psychodrama, and which brings sharpness and distinction to the work method with its clean-cut forms of dominant states of mind in the moment (Young, J., Klosko, J., Weishaar, M. 2005).

In the methods of taping and psychodrama, the actors in the narrative act; they speak and express emotions. In taping, the drama takes place on a table-top stage using acting figures, while in psychodrama, the narrator – the protagonist – physically acts together with his/her co-actors directly on the stage itself. In addition to the setting of a stage, taping and psychodrama share a number of significant component parts. Both have a leading figure – a protagonist – who tells a story, as well as an auxiliary ego on the stage, or other characters representing important people in the narrative. There is a conversation guide, or a "director", who helps drive the narrative

forward. In both cases, the relationship between the narrator, the protagonist and the conversation guide (the director) becomes more co-creative, which allows the players to become more challenging and wondering, without becoming more directly inquisitive. Moreover, the other group members are present in both contexts, becoming involved in the process in different ways on the basis of the narrative as it unfolds.

The schema therapeutic perspective encompasses emotional, cognitive, behavioral and relation-related interventions, which makes the theory suitable for integration with taping and psychodrama. Schema healing factors include changes in behavior as the individual learns to replace dysfunctional coping styles with more functional ones. When a wound (a schema) heals, it is no longer triggered as readily as it was before. The concept of modes opens the door to internal dialogue between different sides of the person. Having or developing a "healthy adult" mode entails not only the integration of thoughts, emotions and actions, but also a mutual satisfaction of needs in relations with others.

There is much to be gained by combining the methods. *Role reversal* is to be found in both taping and psychodrama. Role reversal is the technique whereby the narrator/the protagonist swaps roles with another actor in the drama, and it is one of the principal techniques for reinforcing mentalization capacity. Role reversal makes it possible to view the world from the other person's perspective.

The same technique is to be found in taping, when the narrator places his/her finger on another person's figure and answers his/her

alter-ego. Roll reversal, which boosts mentalization capacity, has to do with looking at oneself from the outside, and understanding the other person from the inside.

Mentalization capacity is supported in taping through the narrator "animating" his/her figures by moving them around the stage and speaking, thus taking on the perspectives, thoughts, emotions and needs of another person. Role reversal is also found in methodologies stemming from the schema model, with starting points drawn from gestalt therapy.

Switching from taping to psychodrama in role exchange reinforces the narrator's/protagonist's experiences and actions even further.

Concretization is to be found in both taping and psychodrama. Both methods can concretize the external as well as the internal representation within the narrator/protagonist, both separately and simultaneously. Taping allows inner images to be concretized – for example, the feeling that the person encompasses both a large, capable persona and a small, frightened one, which can be represented through the use of two different figures/animals/symbols. In psychodrama, an auxiliary ego can be cast as the large, capable persona, while another auxiliary takes on the role of the small, frightened one. In both cases, concretization allows the narrator/protagonist to engage in internal dialogue. The concept of modes, which covers a variety of states of mind in which the individual may find himself/herself, is *one* way to conceptualize and concretize the different sides the individual displays in a given situation.

Externalization is also to be found in both taping and psychodrama, and the concept of

modes, in and of itself, is one way to externalize different sides of oneself and of others who are active in the situation. Externalization is a concept that is closely aligned with concretization. The technique is intended to separate the problem from the person so as to clarify that the person has a relationship to the problem—but *is not* the problem *itself*. Externalization of “partial selves” occurs when the narrator chooses different figures as representations of himself/herself, which clarifies how the narrator views his/her internal world, and those of others. When externalization takes place in psychodrama, the role of “partial self” is played by an auxiliary ego. The concept of modes in the schema model corresponds to the “partial selves” concept in psychodrama.

Doubling is a psychodramatic technique that it is beneficial to use in taping. In psychodrama, the group members have the opportunity to assist the protagonist in expressing messages and emotions that he/she finds difficult to bring out, by physically stepping onto the stage and expressing their emotions through the protagonist. In taping, it’s developed a way for the therapist to double the narrator during the reflection phase by placing their finger on the principal actor’s alter-ego figure and suggesting messages. In the same way as in psychodrama, the narrator/protagonist always has the option of declining the suggestions put forward. Doubling can take place through the narrator’s alter-ego figure, and through externalized modes.

Mirroring is a technique that appears in both psychodrama and taping but takes different forms in the two methods. In psychodrama, the protagonist steps off the stage while an

auxiliary ego takes on the role of protagonist. The intention is for the protagonist to take advantage of the distance to gain a better overview of the happening and thus to come up with thoughts and ideas about what he/she should do in the situation. In taping, an overview is always available through the physical distance between the narrator and the figures on the stage. The conversation guide can switch between the narration playing out on the stage, and reflections derived from the overview that the scene provides.

In the case study, mirroring is used to allow the narrator to gain distance from the situation, and to think about what needs to be done.

There are also similarities in how the process is concluded in taping and psychodrama. In taping, the activity is concluded by looking up from the scene playing out on the tabletop and reflecting on what has happened; how the narrative that has played out becomes useful to the narrator. It is in the conclusion phase that links are established between what happened on the stage and reality. What was created on the stage must, in one way or another, be applied in reality. The conversation is elevated to a cognitive level, concerns can be generalized and become issues for each and every member of the group.

In psychodrama, the session is concluded with a period of “sharing”, where everyone present shares the emotions and perceptions they experienced over the course of the drama. During “sharing”, an integration process takes place where emotions and understanding are merged. Both methods engender an experience of “I am not alone in my issue, my dilemma, my emotions ... they are something I share with others” .

The miniature format of taping makes it possible to establish multiple stages at the same time; this creates structure and a broad overview of the happening. Presence in multiple settings can be built up simultaneously; different perspectives on one and the same issue can be illustrated in this smaller format, while the large format of psychodrama does not present the same opportunities. The taping stage can be used to visualize a *helicopter perspective* and keep the complexity alive. The different views of a mother and a father on a custody battle can be brought out at the same time.

Both methods are action methods and encourage people to express themselves in action. The actors – regardless of whether they are representative figures or actual people on a stage – can look at one another, look away, raise and lower their voices; the dialogue plays out in front of everyone's eyes. In the same way, different modes can enter into dialogue with each other.

The methods can move through different time perspectives: past, present and future. When characters address one another, they do so in the present tense; this augments both the sense of reality and the emotional temperature. In both methods, new dialogues can be tested between the characters. If the narrator/protagonist needs to find other ways to act, he/she can experiment with bringing new approaches to old situations. New dialogues can be trialed on the table-top stage or in the psychodrama before they are tested in reality.

The originators of taping, psychodrama and schema therapy all emphasize the importance of play and creativity in the therapeutic work.

Soltvedt describes his desire to turn the conventional relationship between play and conversation upside down, with the purpose of tapping more strongly into the desire to play in the adult person in the change process.

For his part, Moreno describes the psychodrama method as a method for allowing people to train their spontaneity. He believes that spontaneity is a precondition for allowing change. Creativity builds on spontaneity, and creativity is indispensable in the supervision process.

In his theory of schema therapy, Young (2003, 2010) describes spontaneity and playfulness – having the opportunity to explore, to be curious and to tread new paths – as being one of our fundamental core needs. This core need has to be covered in relationships with others so as to allow healthy development and maturity to occur. The need to be spontaneous and playful, and to have the chance to explore, constitutes a key aspect in psychotherapy. It seems that emotionally charged incidents are stored at a deeper level in our memory system and are processed more deeply in our brains, which makes it easier to associate with similar situations subsequently (Pakzad, F. 2019).

The case study demonstrates that taping, psychodramatic techniques and mode models in schema therapy can be combined and contribute to significant factors in the therapeutic process, such as *visualization of vulnerabilities, identification of unsatisfied need, increased mentalization and change in behavior*.

Changing factors are the interaction between a cognitive processing, an emotional activation, and an adequate emotional encounter followed by a behavioral change.

An integration takes place between the
different components. Head – Heart – Hands-
on become One.

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