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MONODRAMA AS A SPECIFIC INTERVENTION IN TREATMENT OF AUDITORY HALLUCINATIONS*

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monodrama
auditory hallucinations

Through a case description of three therapeutic processes, the author describes the use of monodrama in treating patients dealing with persistent hallucinations. She highlights the main healing elements, such as: the repetition of protesting exercises, reflecting upon the relationship towards the voices, reinforcing and developing the patient's potential, a specific patient-therapist relationship.

Summary

Objectives: The author describes the use of psychodrama in individual, short-term psychotherapy with a schizophrenia-diagnosed patient. The aim of these sessions was to reduce auditory hallucinations.

Methods: Psychodrama transfers internal conflicts, symptoms and problems to the stage, into a space of 'surplus reality'. This paper includes stories of three patients and descriptions of their monodrama sessions, where they were working with auditory hallucinations. On the stage the patients fought with their hallucinations and tried to find their resources and possibilities. They have been under pharmacological care throughout the whole therapy.

Results: After ten sessions, which took place every two weeks, their symptoms reduced significantly; the voices, which had been heard every day, started appearing only from time to time. The patients experienced the voices' gradual loss of authority over them. The voices lost their omnipotence and omniscience. Half a year later the reduction of auditory hallucinations was maintained.

Conclusions: Monodrama as a method of therapy for auditory hallucinations seems to prove an effective tool to obtain significant improvement in such symptoms.

Introduction

There is a long tradition of using drama, therapeutic theatre, psychodrama, and other so called "acting methods" in the treatment of mental illness. As early as the beginning of the 20th century, in the year 1908, Russian psychiatrist Vladimir Iljne and his psychiatric patients created a therapeutic theatre in Kiev. Hungarian psychiatrist and neurologist, SándorFerenczi discovered that the „active technique" is helpful in treating various dysfunctions, yet he did

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not further pursue drama therapy, as at the time it could not fit into the mainstream of psychoanalysis [1]. The creator of the psychodrama method, Jacob Levy Moreno, started with working with people with high psychological dysfunctions, who worked out their psychotic symptoms on stage [2]. Also, in Kraków, at the Community Programme for Treatment and Rehabilitation of Schizophrenia, there is a long-functioning ambulatory psychodramatic group, led by trained psychodrama therapists [3, 4]. The therapeutic theatre for schizophrenic patients in Kraków was founded in 1985. For thirty years it has been an ambulatory therapy group, in which patients continue their treatment through theatre following a stay at the day-care psychotherapy or rehabilitation ward [5-7]. This sort of theatre is a means, a way towards healing. During the long process of preparing a show, usually based on Greek or Shakespearian drama, the patients/actors create a community based on the idea of a therapeutic community. Together, they rehearse, and then play various roles, thus activating healthy ways to function; they learn the rules of the difficult, ambiguous "social game." It helps them face deep existential conflicts and experience the strong emotions and challenges that follow [5, 7, 8]. All this is reflected upon and discussed in therapy. After years of preparation, the performance plays also an educational role. The interpretation of Shakespeare's *A Midsumer's Night Dream* performed at a national theatre was, in the last five years, seen by over six thousand people, mostly high school students.

In 2013 I began my experience with individual psychotherapy using the psychodrama method with schizophrenic patients. The therapy was aimed at the reduction of persistent auditory hallucinations – long-lived and immune to pharmacology. I was inspired by my cooperation with Julian Leff when we were adapting the Avatar therapy in Kraków. Instead of picturing the patient's voice using computer graphics, we used a mask prepared earlier by the patient, through which the conversation between the voice and the patient took place [9]. It reminded me of the working with one's internal world on the stage used in psychodrama.

Auditory hallucinations and trauma

For years, psychiatrists treating mental illness have been exploring the nature of auditory hallucinations and how it responds to treatment. Clinical doctors experience problems with a considerable group of patients whose voices persist for years, resisting pharmacological treatment, psychotherapy, and other therapeutic interventions. Longden et al. [10] point out that research showing a link between auditory hallucinations with traumatic life experiences is growing. Studying a group of eighty people who hear voices led them to a conclusion that those hallucinations are a reaction to painful, unresolved conflicts of unclear provenance and results in various emotions [10].

Andrew et al. [11] also found a meaningful link between trauma and experiencing voices. They studied it in two groups: psychiatrics (PHVs, "patients hearing voices"), i.e. those diagnosed with schizophrenia, and nonpsychiatrics (NPHV's, "non-patients hearing voices"), that is people without a diagnosed mental illness. They aimed to compare the occurrence of trauma and its symptoms in those two groups. The PHV group consisted of twenty two people (from different psychiatric institutions), the NPHV – of twenty one people; the age span of both groups was 18-70. Among the methods used was the auditory hallucinations subscale of the Psychiatric Symptoms Rating Scales, the Belief Scale for the research on believes

concerning voices, the Posttraumatic Diagnostic Scale, and others. They found out that the PHVs heard voices more often and for longer periods; their content was more negative and the patients had a sense of small or none control over the voices and the stress connected with the hallucinations was larger. The NPHVs heard more "benevolent" voices, they were more engaged with them and experienced depression and anxiety. Both groups reported a lot of traumatic experiences, but in the group of patients hearing voices (PHVs) the instances of trauma were larger in number and more difficult. It must be noted that there was a high frequency of instances of childhood sexual abuse [11]. The studies of Romme and Escher show, that 70% of the diagnosed patients who hear voices, and 50% of non-patients have experienced trauma [12]. Escher's research proved, that among eighty children with auditory hallucinations, 70% started experiencing them in the aftermath of a traumatic experience, such as sexual or physical abuse, long-term emotional neglect, loss of a loved one or divorce of parents [13].

Auditory hallucinations and cognitive therapy

Chadwick and Birchwood [14], who represent the cognitive approach, point to a link between auditory hallucinations and its persistence with beliefs concerning them. The research emphasizes the relevance of the cognitive model to explore the behavioural, cognitive, and affective response to persistent auditory hallucinations, showing also the patient's reactions to the voices. The main reactions are *engagement* with the voices, a willing compliance, effective listening, and fulfilling their instructions, *resistance*, that is opposing them, incompliance, and avoiding objects and matters which may trigger the voices, and *indifference*, that is ignoring the voices. Those categories point out different beliefs concerning voices. The authors studied a group of twenty six patients with auditory hallucinations. All perceived the voices as omnipotent (i.e. having control over them) and omniscient (i.e. the voices knew everything about them). The beliefs concerning the identity and meaning of the voices led to them being seen as either benevolent, or malevolent. Further research shows that those core beliefs towards the voices may become a new therapeutic goal. The authors describe the use of an adapted version of cognitive therapy (CT) to treat drug-resistant voices in four patients. The patients were medicated at a consistent level, and their beliefs as to the omnipotence, identity, and goals of the voices were systematically discussed and tested. They noted significant and stable lowering of the certainty concerning such beliefs, linked with the lowering of anxiety, a rise in adaptational skills and, surprisingly, a decrease of the voices' activity. The authors of the study predicted, that CT will prove effective, especially in the case of malignant auditory hallucinations [14]. Heyward et al. [15] studied the relationship of a hallucinating person with their voices, along with a change of this relation with time. From the research on two hundred people with auditory hallucinations they pinpointed four observations: 1. The hallucinations appeared in moments of significant stress, at a difficult time for the patient; 2. The experience of hearing voices altered with time; 3. The positive effect of talking about the voices was confirmed; 4. There are different styles of "coexisting" with the voices, such as acceptation, ignoring, or fighting them.

The authors of the study emphasize the importance of the positive effect of talking with patients about the voices, they postulate that training in psychological intervention when working with patients with auditory hallucinations is paramount [15].

The qualitative research by Elizabeth Newton et al. [16] looked into the effectiveness of group cognitive therapy of young people with auditory hallucinations. The duration of the programme was seven weeks. Eight participants underwent a half-structured interview. Then, the data from the interview were written down and underwent the Interpretive Phenological Analysis (IPA). The two main topics of the study were: 1. The experimental qualities of the group therapy as seen by its participants; 2. The relationship between the four factors: the content of the voices' message, their understanding, provenance, the reaction to them, and the ability to cope with them. The participants themselves judged the group positively, stating that it was: a) a safe space for talking, b) were the normalization of symptoms and destigmatization takes place, c) a place where one can learn from others and each other, and d) they emphasized the role of the supervisor, who treated them as experts on voices. The participants helped each other and shared their own strategies for dealing with the voices. An observation was made that the relationship between the above factors placed the participants in two subgroups. The agentic explanators actively explain the voices as an internal form of a "breakdown" or "ill functioning." They are convinced that the hallucinations are a result of an illness, brain dysfunction, or stress. The passive explanators are convinced, however, that the voices are a result of an external force – by other people, supernatural or out-of-this-world powers, etc. The two groups develop different strategies for dealing with the voices, as well as diverse affective reactions. Patients who see the source of their voices to be external have less control over them, therefore the initial goal of the therapy may be the change of belief as to the source of the hallucination. The authors of the study claim that the beliefs as to the source of auditory hallucinations are responsible for the way that the person who hears voices reacts to them and deals with them [16].

Using psychodrama in treating psychotic dysfunctions

As I mentioned at the beginning of the article, the creator of psychodrama – Jacob Levy Moreno – when bringing it into the arsenal of treatment, also used it in his work with patients suffering from various psychotic dysfunctions. He created a natural "laboratory" to treat patients using the psychodrama method, at the psychiatric hospital in Beacon. It is there that he first met his wife, Zerka, whose sister struggled with mental illness. Later they joined forces and together they treated patients and developed psychodrama and group therapy in the United States of America [17].

Contemporary British psychotherapist, John Casson, used psychodrama to treat patients suffering from psychotic disorders; he worked with positive symptoms of his patients, among which were also auditory hallucinations. In his book *Drama, Psychotherapy, and Psychosis* [1]he describes the use of various forms of drama, drama therapy, therapeutic theatre, and psychodrama in individual and group therapy. He also writes about individual psychodrama (monodrama) with his patient, which resulted in a significantly decreased intensity of their auditory hallucinations, a lowering of the threat of the patient's aggressive reactions towards self and others, an increase of their self-worth and confidence in dealings with other people.

The patient also became more spontaneous, creative, and more hopeful towards the future [1, p. 195].

Psychodrama moves the internal conflicts, symptoms, and problems into the stage: into the Augmented Reality, where – using symbols and metaphor – one might face figures and emotions of once past, as well as of one's future. One may also see their symptoms onstage. Among the basic psychodramatic techniques is Moreno's great discovery: role reversal. Thanks to a role reversal with one's fear or with oneself aged five, one can not only deepen their understanding of a particular situation, but also remould, change onstage what seemed unchangeable. Moreno referred to individual psychodrama as "psychodrama *a deux*." For the use of this article, I will use the term "monodrama."

Monodrama/individual psychodrama/psychodrama "a deux"

I began using monodrama in my practice in a particular context and with certain initial assumptions. I proposed a cycle of ten meetings as a monodramatic intervention aimed at the reduction of a symptom: auditory hallucinations. The meetings took lasted an hour and took place on a regular, bi-weekly basis. The patient was referred to me by their personal therapist, who stayed in constant, regular psychotherapeutic contact with them. From the start we decided that the patients will be those, for whom hearing voices is the only remaining positive symptom. During the sessions their regular therapeutic relationship persisted, the patient also continued to be treated pharmacologically.

Mariola's story: the awakening of the "golden butterfly"

Mariola (age 23) has been a victim of her alcoholic father's violence since her early childhood. The father was also aggressive towards her mother and elder sister, whom he abused physically and verbally. Towards Mariola he used verbal violence, he treated her with contempt and verbally abused (called her: "you're stupid, you're a slut, you're good for nothing!"). Mariola tried to commit suicide a few times, she was admitted to a psychiatric clinic and treated for depression already at seventeen (after one of her suicide attempts). After the treatment she returned home; then, after some period of time she started having auditory hallucinations, she heard voices telling her: "you are not good, you're stupid, kill yourself, you're good for nothing, you're a slut, a whore." The voices first appeared during a particularly dense emotional situation – her father was arrested, her mother asked for a divorce and too was tense, the daughters felt all this deeply and found themselves "in the eye of the cyclone." Since then the patient has been inunder regular psychiatric care. When Mariola was seventeen, her father was sentenced for a year and a half in prison for domestic violence. She has not seen him since then. After various treatments at different institutions and with many doctors and psychologists, the girl started treatment at our clinic, under the care of a psychiatrist and a psychotherapist. Her therapeutic relationship with her therapist helped her experience a different "father;" one that is warm, understanding, and wholeheartedly engaged in her healing. During the six years that she has been under his care she never tried to kill herself – before that she had four suicide attempts and multiple stays in the 24-hour wards in the psychiatric hospital. Mariola went to university, where she studied sociology and graduated with a master's degree last year. She lives with her mother, her sister

lives with her own family somewhere else. Auditory hallucinations used to be a constant part of Mariola's life, they never ceased and increased during stressful situations such as, for instance, a quarrel with her mother. She would hear them every single day.

The therapeutic intervention was aimed at a "battle with the voices," using the psychodramatic method, preceded by a meeting with her therapist and discussing the cooperation.

At our first meeting we established our contact; I learned the particulars of Mariola's story, and explained to her the method and its basic elements: the scene, the role reversal technique, doubling. At our second session, a chorus of voices representing the one heard by her entered the stage, it said: "you're stupid, you're worthless." I encouraged Mariola to disagree with it and give arguments proving why she is not, in fact, stupid. In this discussion with the "voices" she also tried to find a strength, courage to resist them. While discussing this exercise, we discovered that Mariola also thinks about herself in very negative terms, therefore we tried to find her positive qualities and potential. At one of the next meetings she was feeling worse – she had quarrelled with her mother, who also is a difficult person, who often criticizes the girl, cannot accept her late rising, calls her lazy. When Mariola leaves for a few days to university, she lives with her friends. She likes living in a dorm, where she feels "free" from her mother, yet at the same time she cannot imagine ever moving out of her home. The loudest voice is "kill yourself." I start to use a longer warm-up (walking, voice exercises). We work with this voice telling to kill herself, which on the stage is symbolized by a chair. It turns out, that Mariola likes it best when she is kicking the chair, at the same time disagreeing with the voice. After such an active fight with the voice she feels relief. Like previously, in the next scene she looks for arguments for living. After the active part we always discuss the scene, Mariola's feelings and thoughts.

On subsequent meetings Mariola fights with the voice telling her to kill herself. She has more confidence, more energy – I can feel the power and anger building up inside her. She says that when in her everyday life the voices attack her, she remembers the session and imagines what we did, that this helps. Now I propose an even longer warm up and longer voice fighting trainings, we always conclude the meeting discussing what happened during the scene. By the fifth meeting the patient is feeling much better; the voices have become less frequent and much weaker, they no longer are a daily occurrence. She is embarrassed and admits that she still hears one voice, telling her: "you're the devil" – and with that we work similarly as with the previous voice. We constantly come back to the kicking – this is the method that suits Mariola the best, she has very strong legs. I propose that she aimed her anger directly at her father, but that proves to be too difficult; this awakes a little, frightened girl in her, she treads back, so we return to the chair (still symbolized by the chair). Mariola also has very low, negative self-esteem, due to the constant criticism she has been hearing since childhood from her father and mother. I ask her to think about a positive part of herself and asked her to imagine it, what it looks like. She brought up the image of a "golden butterfly" (as she has seen on the internet, hovering over the ocean in Australia).To symbolize the "golden butterfly" we chose a golden shawl. I encouraged her to walk towards it, and with each step to say: "I am good, because… ." After this session the patient felt relaxed, content, she was smiling.

At the following sessions Mariola was calmer, more relaxed; she had a good Easter holiday at her sister's. Lately, the voices became a much rarer occurrence, only about twice a week, and they were not that strong, they weakened. After a short conversation she read me a letter to her father, in which she expressed her anger and resentment towards him. After talking the letter over, we return to the exercises. I dedicate a long portion of the session to Mariola's "good part." The patient puts the chair on the stage and lays a soft, green blanket on it, symbolizing this good element. I encourage her to sit on the chair, close her eyes and imagine, that she is this "good," this "golden butterfly." Then I interview her as the "golden butterfly" in a symbolic layer ("what kind of butterfly are you?" etc.), then we proceed to the realistic part ("what good feature of Mariola are you?" etc.). The girl can now further elaborate and talk more easily about why she is good, about her positive features, and so forth. They are still quite schematically repetitive, but the emotional atmosphere is much warmer. Mariola is much more confident, she is able to calmly talk positive things about herself, she does not show her previous anxiety. Later, during the concluding talk, she is very happy with herself. I ask her to describe the size of her "good part" when we started the meetings – she shows a small space between her fingers. And now? She opens up both of her arms widely, as if to embrace someone.

On the eighth meeting, when I asked her where she could send this voice, so it would never return, she built her father's room on the stage and locked the "kill yourself" voice inside it. She repeated the exercise three times . Next, we put the chair of the "golden butterfly," her "good part," on the stage. On the ninth, penultimate session we talked about her everyday life – that she is finally feeling fine, that now she only hears voices in particularly stressful situations, like exams. Recently she wrote her last exam at university – now all she had to do was to finish her M.A. thesis, do the necessary research. We repeat the exercises in which she kicks out the "kill yourself!" voice and locks it in her father's room. Then we spend the same amount of time working on Mariola's own potential – using the chair of the "golden butterfly." While she sits there, she talks about her positive features, her abilities, her strength.

On our last session the patient is significantly more relaxed. Together, we talk about is important to do on this final meeting. As always, Mariola waits for me to suggest something. I propose that she take the voice that we have most worked on and send it somewhere, from where it can never return. Mariola suggests outer space. She builds it with the chairs onstage, she makes a boundary between our world and space. She wants to hide the voice in a box, close the lid and sent it out across the universe divide. That is exactly what she does – she uses a wicker container to symbolize the box. She takes one of the shawls to symbolize the voice, puts it inside, and says: "go away from me, you shall never be able to reach me again, I don't want you!" We repeat this three times. Mariola uses a strong, full voice. Afterwards I suggest that she construct the "golden butterfly" space to reflect how she is feeling that day. Mariola takes three chairs, she sits on the middle one with the golden shawl. Here, she is encouraged to talk about her good features and resources. Finally, after a role reversal, I ask her to speak – as the "golden butterfly" – to Mariola, to give herself some message. She says: "Believe in yourself, you are a valuable human being." We talk about this briefly, the patient is happy, she is feeling much stronger. We make an appointment for a follow-up meeting, to check how strong is her victory in the fight with the voices. At the time, she is able to be free

from hearing voices for an entire week, or only hears once a week, but significantly weaker. In October 2014, that is six months after the final monodrama session, the patient attests that she "almost never" hears the voices – which means that the symptom appeared only once or twice during the six-month period.

Maciek's story: Cuckoo's child

Maciek (aged 23) has been ill for a relatively short time, "only" about three years. His illness struck when he went to London to stay with a family member and start work there. He felt "strange" before, but he assumed it was due to the stress of moving and leaving the country. He first experienced psychotic symptoms when he was in London – those were delusions of reference, he thought he was being followed. Before leaving the country he used to periodically overuse soft drugs with his friends. He left London earlier than planned and was hospitalized in Kraków. This is when he started experiencing auditory hallucinations of condescending, commenting and commanding character. At present he is under standard medical supervision: a consultation once a month, a short conversation, getting his prescription. He finds me through a friend. When we meet he is still hearing voices – they comment on his behaviour and command him (for example: "dance!"), but mostly they make condescending remarks, criticize him, tell him that he will fail. It is an extremely exhilarating experience, he even feels as if he is being touched. The only place where he does not hear them is his home.

During our first meeting he gets to know the method, we established contact. He lives with his parents; his older sister lives with her husband and two children. Maciek and his mother visit her often, to help with her toddler. Maciek does not talk much, mainly just responds to questions. He smiles a lot – his smile seems glued to his face. After a couple of sessions sometimes you can catch, lurking behind that smile, a glimpse of the despair.

His story is that of an abandoned, uprooted child. His parents quickly separated emotionally; his father entered a relationship with another woman, moved in with her and fathered two daughters. Maciek's elder sister stayed with her mother and the boy spent his childhood constantly changing his living situation: sometimes he stayed with his mother, sometimes with his maternal grandmother, sometimes with his father and his new family, sometimes with his paternal grandmother. He constantly moved between three different homes. At his maternal grandmother's he would play with his friend, they would play among the airplanes at the training ground – he didn't have to worry about his parents. He was also very fond of his paternal grandmother, Grandma Janina. She was a happy woman, she used to sing and talk with him a lot. She told him stories about the concentration camp for Polish children in the ŁódźGetto. She was a shrewd little girl, she would steal bread to survive – the Germans nicknamed her "little fox." Grandma Janina died in 2011 – Maciek deeply mourned her loss, he sees it as his gravest lost. From his stories we can gather that she was the one person he was especially close to. His illness started about a year after her death. London was supposed to be another place where he had to find himself. Now, because of his illness, his parents moved back together. Maciek works cleaning semitrailers (he finished a vocational school).

During the first five sessions I try to encourage him to stand up to his voices, which are symbolized by lightly woven red and yellow ropes, which he chose himself. We also train his own voice – Maciek learns to yell at the persistent voices: "Go away and never come back!" He is also so imaginative, that when the hallucinations appear when he is at work, he is able to sweep them away with the Kärcher he uses to clean the semitrailers. I encourage him to keep doing that. Good feelings start to appear in his dreams, in which he stands around with his friends and is able to talk freely and at ease. Those situations no longer happen in real life – he wants mainly to stay at home, he has no friends. He often visits his sister. After Christmas he manages to go snowboarding with her and her family, he is happy. Gradually, I start to feel that our relationship is getting warmer, my feelings towards him resemble those I would feel towards a small boy who is in desperate need of attention, warmth, human contact. On our sixth meeting we tackle his strong side – he calls it "motivation." During the role reversal he tells himself to fight the illness. He already has the first step behind him: daily exercise, snowboarding, running. Moving. Maciek is a tall, slightly stout young man. At the sixth meeting he mentions for the first time that the voices have weakened, that they no longer appear when he is at home or at his sister's. During this session he builds Mars out of the chairs on the stage – this is where he sends the voices.

By the eighth session he concurs that the instances of hearing the voices has decreased, usually when he has a less stressful day, for example during a day off. But he is also free from hallucinations when he is just out walking in Kraków, when he's running errands – this is the first time he has been so free in two years. We observe a gradual fading of the symptoms: at first he was only free from the voices at home, then also at his sister's, now they don't even appear when he's during chores around town. He is animated by his new idea – to open an apiary. This is a plan he has with his father, Maciek is really looking forward to it, he started reading and learning about bees and beekeeping. During the role reversal onstage, he envisions the freedom and the apiary project – he would like to expand this feeling of being free, this amount of energy and lack of anxiety. He sees the apiary as means of self-realization: "emancipation, own money, his own business." We continue to work on "fighting" the voices, Maciek throws them against the wall – this time with great energy, yelling: "Go away!" At the ninth meeting he is in a very good mood, truly smiling – it is the first time I see him so happy. He feels much better – the voices are much rarer, he doesn't hear them for longer periods of time. They "just swim away," he says. He is deep in his studies on bees, he exercises in order to lose some weight, recently he was also helping a colleague with his side job (putting together furniture). He sends the voices to the edge of the universe.

Onstage he builds a scene portraying his future – his life without the voices, where he is more relaxed, where getting up to work every morning is much easier, where he has a better relationship with his parents ("I won't isolate myself so much!"), where he finds a girlfriend.

At our last session Maciek says that the voices are much rarer, that there are days when he doesn't hear them at all, sometimes they are more quiet, no longer so powerful. By his estimate, he has about 70% less auditory hallucinations than at the start of the therapy. He is in a visibly good mood, his facial expressions are more lively, he smiles. He is extremely passionate to fulfil his dreams – the plan to one day have the apiary. For the time being he still does not want a lot of contact with people – he sees himself living in his small town, doing

jobs around the home, such as making a balcony, a storage space for the honey and the beekeeping appliances. Apart from that he considers travel – maybe he'll visit Paris with his aunt from London? For the last time he kicks out the voices ("I'll kick your ass!") and drowns them in the Atlantic Ocean.

At the follow-up meeting three months after the last session he confirms the reduction of the hallucinations – it is stable, he hears only about 20% of what he heard at the beginning of the therapy. The only stronger "relapse" of the voices, when they returned for just one day, was triggerd by a conflict with his sister.

Kamil's story: a longing for closeness

Kamil (aged 23), a young poet, was first hospitalized in 2011. The traumatic event that led to it took place about six months prior, when during a party he took part in an erotic game, but was unable to participate in it like his other friends. As a result, he felt humiliated and ridiculed. The "voice" he heard belonged to a woman from the party. As time went by, symptoms appeared: ideas and delusions of reference with an erotic subtext, he thought he was being watched, as well as violent auditory hallucinations: "You bloody papist! You bloody fag!" The "voice" told him, that if he listens to it, embarrassing material with him on the web will vanish, etc. Kamil also attempted suicide. Following the treatment, in 2012, he felt much better and went to university. As an effect of reflecting upon his situation in conversations with his therapist he decided to live on his own; finally he managed to buy a small flat. He continued his studies and his treatment. As his symptoms persisted, he had to undergo electroshock therapy and change his physician. Finally, his state became stable, they managed to find the right dosage for his medicine and Kamil managed to fulfil the decision to live his own and within a year he moved to his own place. The therapeutic community – regular, weekly individual and group therapy sessions – was a crucial element in his healing process. Kamil also has his own friendship group, a few colleagues with whom he attends literary contests and festivals. His relationship with his mother was complicated – she was a very critical, strict and demanding woman. When he was a little boy he was afraid of her – even his father was completely dependent on her and submissive.

Psychodramatic sessions with Kamil began with scenes portraying the transformed traumatic situation: it was symbolized by a red bed (red blanket) onstage. This brought forth the voice demanding, that he took part in sexual intercourse. Then, Kamil tried to use his strength to resist this hallucination. He said "no" in a strong, firm voice. In our conversations about his situations we also talked about his relationship with women – actually, he never had any closer relationships, only fleeting acquaintances. On one of the subsequent sessions we had a long conversation about his relationship with his mother, who hurt him a lot, criticized him relentlessly. Kamil knows that this deeply affected him – he is afraid of women, does not feel at ease in their presence, he has low self-esteem as to his manhood, he can only talk with them about poetry. In our following sessions we practice chasing the voices away, he usually sends them to outer space. By the seventh session Kamil's hallucinations are much less frequent. He claims that he hears only 15% of what he heard at the beginning of our therapy, they have become sparser and softer. If they occur it is usually when he is home alone and feeling lonely, they fill up his lonely void. Kamil admits that actually the voices are the best

company he knows – he never had a better conversation, with them he can joke the way he likes.

A vital part of his treatment was the psychodrama with people who are important to them. In role reversal many colleagues, friends (mostly male), and one important female friend gave him their message. A big impression was made by one of his closest friends – "get better, get rid of those voices, and then write a book about it!" Kamil really liked this, even though he still struggles to get rid of the voices. At the same times he is at university, he is working on his bachelor's degree. He notices that the hallucinations appear when he has to deal with more stress than usual – for example when he prepares for the defence of his thesis. Our next sessions take place after his graduation, with summer holidays just around the corner – and what follows: a lot of free time. Kamil is not sure how to fill this period. He no longer hears the voices, he does not want to continue the exercises with them, claiming that "they are already out of the door," as they sporadically do appear, but now he pays no attention to them. He takes out the voices (red ropes) into the hallway. Now, the monodrama is mostly concentrated on his plans, activities, and forming social relationships. Onstage, we arrange his schedule – planned activities and meetings. His main support system is his weekly – both individual and group – therapy. He takes part in literary contests, meets up with friends (of both sexes), visits his parents.

On the last session he talks about how now he engages in various causes. The preceding two weeks were very busy: he attended a literary contest, which he won, he met up with his friends, attended a party, etc. He would really like to meet a girl, have a significant other. We return to the topic of his need to find a girlfriend, a partner. Onstage, in the process of role reversal, he converses with the girl he is waiting for. Now, Kamil has clear thoughts about his future, he got accepted to a master's programme, his outlook is very optimistic.

Final reflections

For the patients whose cases I described, the monodrama intervention was an element of a wider treatment. The voices they heard were resisting this treatment for many years, the time and the context of the decision (of both the patient and the therapist) to start psychodramatic treatment was also an important factor in making an individual qualification. All three patients were under constant and stable medical care. Both Mariola and Kamil were also under in group and/or individual supportive therapy. They had their own social group, albeit small – usually, apart from family, it consisted of two or three people. Mariola had friends at university, Kamil – fellow poets. Only Maciek had no relationship with his peers. Strong family ties were at the same time toxic, and healing – Mariola had a very critical mother, yet her sister and the sister's family provided a support system; Maciek had a good relationship with his mother and sister and was working on common plans with his father; Kamil was able to establish firm boundaries with his parents, at the same time remaining in close contact with them. Those factors raised the chances for a positive outcome of the healing process.

In the mentioned cases of psychodrama therapy there were a few recurring elements: regular repetitions of exercises in expressing firm protest and disagreement with the symptoms, accompanied by a reflection on the patient's feelings, relationship with the voices,

and then the key moment of merging what the voices said with what the patient thought about themselves. The last phase was the awakening, supporting, and developing the patient's positive potential: dreams, plans, their internal strength. A turning point was the realization of connecting the symptoms with their life history. As is illustrated by Romme [12], on the basis fifty cases of recovery – understanding the connection between life events and the occurrence of auditory hallucinations both helps and accelerates the healing process. In the cases I described here, the relationship with difficult situations and personal trauma seems obvious. Two of the patients were already conscious of this in their case before the start of our therapy, one realized it only during our sessions. Apart from that, a particularly strengthening experience for the patients was the noticeable gradual reclaiming of control over their behaviour and symptoms outside the sessions.

The role of the therapist. A question arises: what kind of relationship is formed between the psychodrama therapist and their patient? It seems that it is a particular kind of bond, based on positive transfer and an awoken hope of reducing the nagging symptom. The therapist takes care of the structure of the session: the warm-up, the concluding reflections. They are usually especially active in the initial phase; later, when the patient is already familiar with the subsequent elements of the session, they can slowly step back. During the psychodramatic session the therapist is on the stage with the patient, acts as their double, sometimes repeats what they said during the role reversal: with the symptom, with their mother, sister, their motivation or their fear. Oftentimes the therapist provokes, reinforces, or intensifies the messages in order to reinforce the budding confidence to fight for oneself. At the same time, the therapist is also wholly involved in the session through common action. They are alone, there is no co-therapists, no group. This makes the relationship between patient and analyst very intense on the emotional level. All patients claim that by the end of the six-month process they felt a great need to continue the patient-therapist relationship. At the end if this first stage of our cooperation, we make arrangements for follow-up meetings(the first one after three months, the second – after six months) to evaluate the stability of the healing. Moreover, I always tell my patients that if there is such a need, I am always ready to continue our sessions, if the directing therapist should see it fitting, but yet we had no need to repeat the therapy.

Moreno encouraged his patients to see their symptoms onstage. He claimed that through roleplay of their psychological world, the patients develop their "observing ego," through which they can distance themselves from their emotions and trauma and regain self-control. In 1930, he developed the "auxiliary word technique" in the psychotherapy of psychotic patients [18]. He worked with patients who remained in the state of active psychosis, like in the famous case of psychodrama with a man who claimed to be Adolf Hitler. Moreno stayed in his role of the therapist and allowed for the psychotic world to remain on stage; at the initial stages he invited male nurses to join them onstage and play the roles of Göring and Goebbels. Moreno built the patient's world onstage, using "auxiliary egos" and gradually bringing it into the reality [2]. Cassone [1] claims that using psychodrama in treating psychotic patients may help uncover the meaning of their experiences and lead to further insight. Kipper maintains, that the externisation of hallucinations onstage strengthens the patient and raises their feeling of control [1].

Apparently, the main strength of the monodrama is its ability to move the psychotic world – in our case auditory hallucinations – into the sphere of reality, thus regaining control over it. The symptom appears in the "augmented reality" of the stage, in the form of its symbol – sometimes it is a chair, sometimes colourful ropes or a red blanket. The patient is no longer hopelessly focused on what is happening in his head and what others perceive as "madness," but can finally face a real opponent. The voice becomes "seen" as well as "heard" by the patient and the therapist – similarly like in the film *A Beautiful Mind*, John Nash's hallucinations "happened" in front of the audience. Chadwick and Birchwood [14] explain that through this method, both the analyst and the patient experience the voice losing its control over the person hearing it – it loses its powers of omnipotence and omniscience.

Our early experiences with this work are very promising. It appears that monodrama is an effective mode of reducing auditory hallucinations in patients experiencing chronic, daily, and often long-term hallucinations. Those initially qualified for this treatment were relatively functional in the social life – they either worked or studied – and their cognitive functions were fairly intact. We cannot forget the role of previous experience with psychotherapy and other psychiatric help, which raised the patients' psychological competence and enabled them to better understand their psychosis, as well as the role of regular pharmacological help overseen closely by their psychiatrist. We aim to formulate more detailed instructions after further therapeutic work and a longer period of follow-up observation and evaluation of the therapy's effectiveness.

Conclusions

1. The effects of the use of psychodrama in treating auditory hallucinations seem very promising. In one case the voices stopped completely, in the other two this symptom has been creduced by about seventy present compared to the beginning of the therapy, and remains stable.
2. All patients claim that by the end of all the therapy sessions the voices' intensity has reduced, they occurred only once or twice per week or two weeks, usually triggered by stress.
3. The therapy was subjectively accepted, it was not time-consuming.
4. The process of healing gained a new "impulse."

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