

## **Mythodrama: From Stories to Inspiration**

*Summary: In this lecture I will talk about the use of stories in therapy, be it individual or a group therapy. After some remarks on the challenges we are confronted with as therapist, I will continue and explain the background theory of Mythodrama. This therapeutic approach is based on analytical psychology and was developed by the lecturer. My main focus will be on the power of stories. I will advocate the use of stories, in order to reach soul and free us from the boundaries of our minds. This approach will enable us to be inspired and gain new insights on our personal lives. At the end of my lecture I will describe the phases and necessary steps of Mythodrama.*

A fourteen year old girl is send to you. She has tried to commit suicide. Apparently the situation in school was unbearable for her. Nobody realized, that since years she was confronted with verbal insults and had been systematically ostracised by her colleagues. Not only had was she called bad names, but often other girls played dirty tricks on her, sending her false love letters or muddying her clothes. School had been a nightmare for her. Understandably the parents are deeply worried and confused, what went wrong, they ask themselves. The teachers feel, they failed to do their job. How come they were not aware of what was happening in class?

The girl sits in front of you, in your consultation room. When you ask her, how she is doing, she smiles and tries to assure you, that everything is in order. No worries. Of course, she had a crisis, but things are better now. Yes, her colleagues at school were really nasty, made life difficult for her, but she is avoiding them now. The girl then informs you, that she knows the reason her colleagues are wicked: they envy her intelligence and looks. You are a bit puzzled by her self-confidence, might feel slightly irritated. The impression you get is, that behind her poise an insecure, injured and deeply hurt human being is hiding. What shall you do?

We are all confronted with cases like that. As therapist it is our job, to help children or grown ups, when they are suffering and are not able to meet the challenges of their individual lives. Our works starts, when children are unable to face up the challenges and tasks of their lives. We therapist are called up, when parents and teachers are lost for answers, when normal education or training was ineffective. We have to become active, when children start to suffer, turn sick or begin to show sign of distress.

Now, you will surely agree, we have to try to be as effective as possible. But, we are in a dilemma: the clients we see are threatened, they fail to adapt to the circumstances of their lives. There culture, their surroundings seem to have a

bad effect on them. Their personalities don't seem to come to term with the challenges, deficiencies of their lives.

### The complex nature of human beings

As therapist we work with human beings. We have to try to use our influence on beings, which are not easy to understand. Unlike a computer, a car or light bulb, we have no definite and clear concept, on how this being called *homo sapiens sapiens* actually functions. Our clients relate to us, talk to us about their fears, expectations and experiences, but *we can't take their words at face value*. As we all know, human beings are bizarre and full of contradictions. What we say is not what we mean, what we do is not what we planned, what value is not what we live by. "Yes, I am very nice to my friends, I help them a lot and appreciate them!" a client might honestly assert. In reality – or according to the perception of her colleagues – she is untrustworthy and sneaky. Not at all the person she thinks she is. The statements about ourselves seem *delusional*. Working with violent youth I am always astonished, how peaceful and civil they portray themselves. "I am absolutely against the use of physical force!" a juvenile might declare, when in his actual life his fits of violence are notorious. We relate wonderful images, when we talk about ourselves.

As human beings we have a tendency to *blame* other others. Fathers, mothers, colleagues, the society or circumstances are held responsible. "My mother was never caring, all she was interested in was the reputation of our family!" A client of mine disclosed in a therapy session. According to her siblings she was the favourite child of her mother and father. "I am absolutely hideous and everyone is against me!" a female client and model complained to me. While she was saying this, she was on the cover of one of the main fashion magazines of Switzerland, chosen as the cover girl of the month!

Our body and our mind often don't speak the same language. We send contradicting signals to our companions. "Yes, of course I am very interested in what you are saying!" we try to persuade a friend, as we begin to yawn. Our body sends distinct signals, manipulates us, when we try to use our will power. We start a new project, try to be engaged and then suddenly are struck by a headache.

The problem we face as therapist is, that not only our clients are full of contradictions and riddles, but we are often also a mystery to ourselves. As we are also *homo sapiens sapiens*, it is not easy to understand our own motivations and intentions. We might have the impression, that we are open and attentive, when actually we envy a patient or abuse a patient for a narcissist need or a sexual fantasy. Of course we could never ever admit such motifs, as we adhere to our professional standards and identify with the norms of our profession.

Nevertheless: behind our noble, political correct statements maybe other, dark intentions are lurking.

So, actually as therapist we are working in a slippery field, our clients are delusional and we can't be sure of ourselves either. The question is, what approach do we choose, how shall we work in order to influence the client, be a child or a grown up, for the better. What shall we do, so we help a client.

### Anima Psychology

The current and wide spread answer is, that we should try to comfort and affirm the patient. We listen to him or her and try to gain his or her trust. Working as a therapist we should relate to the patient or child. We should try to understand him or her, intimacy, trust, confidence and relation are the key words.

This approach is highly susceptible. The problem is the opaque nature of our client and our self. When we focus purely on understanding and relation, we might get sidetracked. We start relating on a personal to the patient and *lose the genuine therapeutic notion*. Understanding on a personal level can be delusional. When we begin to know a client through an intimate dialogue, we start to identify with his delusions, taboos and complexes. When we are open and sincere, we see his life through his eyes. A mutual understanding prevails and we believe his versions, his anxieties and definitions. It is only natural, that we start to participate in the client's world and see us a mentor or psychopompos, when he or her are confronted with challenges. The patient trust us often means, that we are fully involved in his or her world. We lose our distance, become involved.

### Empathy trap

There is a danger though. It is called *empathy trap*. Being close to a patient might also mean, that we fail to recognize him or her psychologically. When we relate to client from person to person, use our relational skills in order to understand him or her, then maybe we are sidetracked. We are in a paradoxical situation: the more we are under the impression, that we know him or her, the more likely we are unable to perceive his psychology and personality, a harmony took over. We are actually delusional. We believe firmly, that finally we *understand* the client, when actually we have become integral part of the subjective world of the client opposite us. We assimilated his or her complexes, feelings and definitions. We got lost. This results in feelings of closeness, understanding, but does not necessary lead to a deeper understanding of the psyche of the other.

Let me explain this point more thoroughly.

## Read the client and ourselves

Clients, as well as we ourselves are *mysteries*. The biggest challenge we are confronted with as therapist is, to comprehend our client and ourselves. Relation is only one tool in order to decipher us and our clients psychologically. We cannot trust purely on relational skills. As a therapist we should be able to read ourselves, as well as our clients. We have to look at our selves and our clients from a distance, with a cold, suspicious eye. Our perception should be based on the following adages.

Our words are *personal propaganda*. The descriptions of our lives, of our dear ones and relations serve a distinct purpose. We are not relating reality, but relating an image, which makes it possible to live with our selves. We paint an image of our self, which enables us to get up in morning, look into the mirror and say to our selves: I can still present this human to the world. What we say about our self *often has to be delusional*, because otherwise we would have a problem. We could become depressed, confused or bewildered. Our *mind* could not bear the fact, that we are unsympathetic, petulant or haughty. In order to function we need to repress more repugnant aspect of our personality. The shadow disturbs us.

The second adage: *we want to survive*. Our consciousness is focused on survival. We want to live, prevail and accomplish something. We want loving partners, success in our studies and profession, we yearn for wealth and fame. So when we present our self in therapy, we have to consider this instinct of survival. The client formulates his words and presents his case, so his chances of survival increase. What the client describes is part of normal mimicry and rhetoric, in order to keep his position and increase his chances in the world outside. *This is especially the case, when a therapy seems successful*. The *mind*, which is responsible for the fight of the fittest, dictates the words, expectations and set the goals. The patient might then feel empowered to fight for his stance and opinions.

Third adage: *blaming is a natural defence*. When patients tend to be onesided, blame their spouses, teachers, the system or the bosses for the problems and sufferings they are going through, this is only natural. It is a sign of health, when we fail to detect our responsibilities and see our selves as victims. Life get easier to bear, when we can blame others. The chances are, that we can keep our position

Fourth adage: *change is unnecessary*. To alter our life style, break with our pattern of behaviour efforts energy and determination. Naturally we are not

ready for that. We tend to rely on our accustomed behaviour patterns and habits. Changes means taking risks, putting our selves in danger. This is something, we usually don't want. Consciously we are looking for peace, quiet and avoid turmoil and stress. The client hopes that with help of therapy he is able to calm down, survive the stress and impose his interests on the outside world. "Thank to therapy I got people to finally listen to me!" was the conclusion of woman, after going through year of therapy. Her family and friends were rather astonished by this statement, as she was always known to talk continuously and relentlessly. Nobody dared to interrupt though. Therapy often produces such fallacies, usually to the benefit of the client.

Of course these four adages also apply to the therapist. He should look at himself or herself with a distant and cold eyes. The therapist also has to doubt his actions and words. As a professional therapist we of course adhere to ethical norms and values of his profession, but maybe our main motif is, *to hear gossip*. We enjoys hearing about failures, love affairs and the difficulties of other people, while sitting in his easy chair. He conceals his inadequacies or narcissistic needs behind the mask and code of his profession, the diploma as therapist and PhDs serving as a shield. Criticism can be fenced of by mentioning professional standards. Maybe as therapist we follow our secret agenda. We have a program, which we unconsciously stick to. We seek sexual abuse, sexual frustration or escapism in our patient. Secretly we want to transform their lives according to our unconscious wishes. We want to confirm our theories or live out our complexes through our patient. Naturally, we would all protest and proclaim our sincerity, but maybe we should remain sceptical.

The question remains: what is the alternative. When therapy cannot rely on relation, understanding, closeness and face to face dialogue, how shall we approach therapy and the patient. I now want to line out a more *archetypical, mythological approach*. An approach, which does not focus on the personal, but uses stories in order to reach the soul of the clients

The power of stories.

As we all know: life is not just milk and honey. We are all confronted with troubles and strives, traumas and seemingly insurmountable difficulties. We have difficulties with our selves, our dear ones and the uncaring society we live in. Life can be hard. Often we fail to understand, why something did not work out, they way we had hoped. Why did we fail in a relationship? Why didn't we get promoted? It is interesting though, how we normally react: *we seek an explanation*. We relieve our selves by creating a story. As we most often had no exact knowledge on why we fail, we begin to *fantasize*. We find respite, when we find a cause, a reasonable explanation, a *background theory*. We want to

derive our experiences from something else, an hidden scenery. On possibility is to turn to the past. Our personal past is an immense projection field for our stories. Here psychotherapy comes in. Psychotherapy has a long tradition in offering plausible causes: Robert Laing proposed the double bind situation of parents, which leads to difficulties in relation, Alice Miller talks about the drama of the gifted child and neurology stated in 70ties, that minimal brain damages might be the cause of behaviour difficulties of children. These explanations or stories have left the consultation rooms of the psychotherapist and psychiatrist. They have become common knowledge, *mainstream*. So people and prospective clients draw their conclusions themselves, without the scrutinizing eyes of the analyst.

Societies nowadays offer *symptom pools* for ailments, deficiencies and problems. The sufferings we go through are explained, we feel understood and relieved, when we hear or read about the common causes. We then can quote the prepared explanations. When we feel insecure, stressed, unloved and instable, maybe because we are victims of sexual abuse. Maybe we suffer, because we have been molested, raped or otherwise abused as a child. The symptoms lead to a story, a hidden scenery. Accordingly we tune in to the “repressed memory” theory, in order to get some relief. We hear about this story in the tabloid, in TV, on talk shows, or we might turn to a therapist, in order to have a story confirmed: according to Judith Harris Hermann at least 50 to 60 % of psychological problems are caused by repressed memories of sexual abuse. Through therapy we have to reconstruct our story, confront the culprits and regain our self-confidence.

Often the stories quoted from the symptom pool sound absurd: Alien abduction was an popular explanation in the eighties. People thought their sufferings were caused by aliens, people from out of space, who had abducted and raped them. Other believed they had participated in *satanic rituals* or had witnessed sacrifices of children. They recalled participating in rituals, involuntarily as a child. A guy named Georg Franklin was even convicted for murder, after his daughter remembered him killing a child (Showalter p. 146)

The symptom pool offers other explanations. Maybe we are victims of *electro smog*, of underground streams or allergic reaction. In our country people might suffer from the effects of an antenna, which is placed on their building, complain about headaches, nausea and vomiting, although the antenna is not functioning! The image of the antenna was strong enough to serve as a story. When in trouble, we connect with these symptom pools, in order to get a reasonable explanation, or story, of what we are going through. The story offers us a relief.

This phenomenon is not new. In 1880 thousand of people were suffering because of *railway spine*. Train passengers felt ill and had pain and stated, they had experienced a train collusion or accident. They imagined they had been in a train accident, made up a scene, which did not really exist. The train, the new way of transport, created a story, which people quoted, when they were suffering.

In 50tis major campaigns were organized by Kellogs in American schools. Thousand of lessons were dedicated to the prevention of a behaviour problems, which were seen as the cause of laziness, truancy and bad marks in schools. According to that campaign the reason was: masturbation. Pictures were shown to teachers and parents, so the “masturbating child” could be identified and treated.

In the medieval times stories about the *incubus* were quoted, when someone behaved irrationally. The story was, that during the night a strange demon entered the house, smuggled itself into the body of the respective being and started him or her to behave bizarre. He or he were not him- or herself. The story of the incubus served as an explanation. Often certain ethnic groups, parties or group were blamed. The *plague* was attributed to the Jews, who allegedly had poisoned the wells. Stories like that were always at hand and readily quoted, when something had happened. Thanks to the *symptoms pools* one is connected to the respective story.

We take respite in stories

The capability to create, quote and invent stories is a basic trait of us humans. *Through story telling we distance ourselves from life, transfer our selves into other realities.* Animals don't tell stories. Through stories we connect. I think to project stories, to see our surrounding according to stories is a very basic human trait. We are embedded in stories. If the story is true or false, is unimportant. These stories are not about realities, there are not about the truth, but they are created as vessels for our existential fears and tensions. We are the stories, we take refuge in the stories. The reality cheque is not our top priority.

Psychologists are not investigators. We are not responsible for the reality cheque, *we are responsible for the quality of story.* We should not focus on whether something had really happened, but on the structure and quality of the story. Stories need to be cultivated. Psychologically all story are true and false at the same time.

The art of story telling

Stories have an existence by themselves. They exist beyond the personal situation and experiences of the individual beings. Stories help interpret the world, they create metaphors and make statements, irrespective of personal views, attitudes or values. A story can confirm our outlook, irritate, shock, arouse or inspire us. A story is an entity by itself, can transform us. Through a story I can connect you with another reality, maybe of something, I am not aware of.

The power of a story is, that it is not deluded, weakened by a personal situation or a relation. A story can be experienced as an intruder into our private world: some stories we try to fence off, we don't want to hear them, other begin to intrigue us. For instance: if I told you, that bullying school is caused by false learning techniques, you might be interested, if I told you, the Pope has a secret girl friend, you might be curious but if I told you, playing decreases our intelligence, you might be ready to listen. You don't want to believe that story. Each story does something with us. It is a container for images and metaphors, which might provoke reactions and emotions.

### Mythodrama

And now, finally, to Mythodrama. In Mythodrama this approach is envisaged. Instead of relating to a client on a personal level, starting by investigating his personal topics, problems and desires, *the therapist chooses a story*. Of course it cannot be any story, but it needs to be a story, which reflects and contains some of the issues, the client is confronted with. The client or the group is presented with a story, which mirrors to some extent his or her topics. The story is chosen by the therapist after diagnosing the main issues or problems. He turns to literature, mythology or film, in order to find a story, which he thinks might contain the issues of the patient. The therapist at this point might not be fully aware of the personal situation of his patient or group, but that does not matter. A story is selected, which in order to ignite a process. The reaction of the patient or the group is important and hopefully the empathy trap is avoided.

The story, he or she selects, has to conform to certain qualities. For one it should contain so called *mental movers*. These are scenes or figures or happenings, which cognitively are hard to understand. Scenes or elements, which puzzle, bewilder or baffle us. Why is this none wearing an apron with two penguins on it? How come does the main character of the story suddenly scream Mathilda, as he races through the shop? A mental mover can be a detail, which does not compound with the rest of the story or a twist in the story, which does not make sense. Mental movers are important, in order to stop the client or group to intellectually understand the story and then put it aside. Mental movers serves thorns, which might irritate.

Another quality, the story should have, is should sound *alien*. In Mythodrama we rely on stories, which are not known by the patient, which are unfamiliar. Often we choose a story from another culture or from another time. In the story scenes are described, which are foreign to the listener. In Switzerland we might present a story, which originated in Hokkaido or the Sudan, or maybe relate a story about a marked during medieval times. The listeners are transferred to a scene unknown to them. Smaller children are often presented with story about animals, sometimes fairy tales, adolescents we tell seemingly real life stories, but which often also originate in the realm of the imaginal.

Preferably the story should contain certain typical figures, as described in Christoph Voglers book about story telling: a mentor, an enemy, a threat, a call, a danger and an impending climax. Often we invent the story according to this basic structure.

The story can contain violent or obscene scenes, which shock or disturb us. Violence is psychologically not a problem, in reality it is of course very different. Psychologically it is very important for us to be confronted with violence, in the realm of the imaginal.

The story often haven archetypical qualities. Figures and scenes appear in the stories, which indicated archetyps, like the trickster, the hero, the adventurer or an anima figure. By using archetypical figures we invite the listener, to leave his personal sceneries and fantasise himself into another realm.

The stories are told in different ways. Either we relate them verbally or we tell the story, by presenting snippets, parts of films which describe archetypical figure. We might confront a

Story does not have any ending, we stop just before the impending climax. The clients imagine the end of the story them selves.

The next step is drama or drawing. We work with ends, the clients produced. If a group the clients might enact an end, if an individual he might draw a painting.

### Interpretation

We now inteprete the drama or the drawing. With help of therapist the clients have to looks parallels to their lives. We look at their story end, their drawing as a resource for new idea. What they played, drew can be resource for new ideas.

These idea then are implemented in their lives. Concrete changes are important.

## Final thoughts.

Mythodrama tries to work with stories, which reach the psyche or soul of the clients. The psyche often pursues an agenda, which is different from the mind. By using stories we try to reach soul and elude the defences of the mind. Because the stories are bizarre, hideous and strange, the corresponding topics are allowed, like violence, victimisation. It makes it possible to talk about tabooed topics. The story serves as opener of the mind, we are able to think beyond common sense and the expectations of the therapist. It is more possible for the clients to open themselves and voice issues, which are not on the agenda of the therapist. The ritual of therapy is changed. It is not the therapist, who in relation to the patient writes the story of the patient, but the patient is being developed with the help of the therapist a story by himself. Hopefully we reach soul more directly.

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