ABSTRACT. The term enactment is used to describe therapeutic processes in family therapy, psychodrama, and psychoanalysis. An enactment in family therapy involves an encounter between family members in their here-and-now reality, whereas an enactment in psychoanalysis, if it occurs in the transference, is dominated by the intrapsychic reality of the patient, which is, to a large extent, governed by experiences in childhood. In this article, I argue that these two very different types of enactment both occur in psychodrama sessions and that each has a different psychological significance for the participants. I present a clinical example of therapeutic work with a family in mourning in which both of these two types of enactment are involved.

THE DRAMA OF HUMAN INTERACTIONS is a feature of all forms of psychotherapy. It may be very apparent, as in treatments such as psychodrama and family therapy, or, as is the case with the more physically static psychoanalytic therapies, the drama may be a subtle but nonetheless powerful quality.

Enactment, which is a feature of drama, is considered to be an essential feature of both psychodrama (Blatner 1973, 1988; Kipper, 1985) and family therapy (Guldner, 1983; Minuchin & Fishman, 1981). In these therapies,
enactment is a process that uses not only the verbal and nonverbal communications common to all psychotherapy but also, at times, dramatic actions and physical movement.

Psychoanalytic therapists, however, tend to be very cautious about using overt action, and especially acting out, in the treatment, seeing it as potentially counterproductive to the therapeutic process (Greenson, 1967; Sandler, Dare, & Holder, 1973). They prefer the therapeutic drama to be in the transference and to be confined to verbal communications between patient and therapist.

This theoretical position has resulted in the psychological processes of the active therapies being seen by some as very different from those that occur in psychoanalysis (Williams, 1988).

This view tends to miss the point that drama and emotional action are also a feature of individual and group psychoanalytic psychotherapy. Indeed, the British psychoanalyst, Patrick Casement, has used the term enactment to describe the process that occurs in the transference (Casement, 1987).

It cannot be denied that there is drama in the psychoanalytic process, albeit more reserved than in some other therapies. The psychoanalyst, S. H. Foulkes, after experimenting with psychodrama in the 1940s, wrote:

I find that in the analytic group there is sufficient dramatic action going on between people on deep emotional grounds, and [I] have found "action" unnecessary. (Foulkes, 1975, p. 9)

Enactment in Psychodrama

A distinction can be made between the enactments in a session of structural family therapy in which, to a large extent, no illusions exist and the illusory enactments in the transference experienced in psychoanalysis.

I contend that these two types of enactment can both be observed in a psychodrama session. Each has its roots in a different psychological process that does not have the same significance for the participants.

The first type of enactment, which has also been called encounter, is related to the enactment described by family therapists. In an encounter, two people meet in their common shared space in which, as far as is possible, they treat each other as real. Their relationship can be thought of as being symmetrical.

When encounters occur within a psychodrama group, the participants' interactions and communications are modulated by tele, which, in Moreno's terms, is a process involving the reciprocity of attraction, rejection, excitation, or indifference (Fox, 1987, p. 4). In such enactments, reality predominates over illusion.

The other type of enactment in psychodrama is associated with the, use of role reversals, doubling, and the employment of auxiliary egos. In these circumstances, there is a suspension of reality testing. I believe that these enactments are more akin to the processes that occur in transference in psychoanalysis.

Enactment in Family Therapy
Salvador Minuchin described enactment thus:

[When the therapist gets the family members to interact with each other, transacting some of the problems that they consider dysfunctional and negotiating disagreements, as in trying to establish control over a disobedient child, he unleashes sequences beyond the family’s control. The accustomed rules take over, and transactional components manifest themselves with an intensity similar to that manifest in these transactions outside of the therapy session. (Minuchin & Fishman, 1981, pp. 78-79)]

This here-and-now interaction of family members in the therapeutic session is a crucial feature of most family therapy processes, in which the emphasis is on the systemic relationships between people. As Minuchin so graphically described, in the process of enactment, the “therapist asks the family to dance in his presence” (Minuchin & Fishman, 1981). Salvador Minuchin’s style of structural family therapy has been highly influential (Minuchin, 1967, 1974; Minuchin & Fishman, 1981; Guldner, 1983). However, many other styles and schools of family therapy also employ the same types of enactment in their therapeutic sessions.

**Enactment in Psychoanalysis: The Transference**

In psychoanalysis, the relationship between patient and therapist involves both participants in thoughts and feelings and sometimes in actions. To this extent, it is a horizontal relationship in the here-and-now. This relationship, however, is not symmetrical because the emphasis is placed on the patient’s reactions and feelings toward the therapist as if he or she were an important figure from childhood. These feelings are experienced in the present. Roles are involved, for example, those of father, mother, or son. Together the therapist and patient are involved in the drama (Greenson, 1967; Sandler, Dare, & Holder, 1973).

Psychoanalytic therapists are expected to acknowledge and react to the everyday reality of their patients. During the therapy session, they will obviously have many feelings toward or about their patients. These responses have been called the counter-transference and are considered to be an essential component of modern psychoanalysis (see Greenson, 1967; Sandler, Dare, & Holder, 1973). Some of their reactions will be reality (or tele) based, whereas others will be the result of the therapists’ own unconscious inner world and neurotic conflicts (Holmes, 1992; Racker, 1968).

The psychoanalytic process involves an enactment in the consulting room in which the patient is involved in reexperiencing a long lost drama from childhood (Casement 1987). Although the process of psychoanalysis is physically fairly static, with the participants either sitting or lying, there is usually tension and drama in the air. Indeed, the psychoanalyst Ralph Greenson states that the transference manifests itself by the patient’s “intense emotional reaction to the analyst” that differentiates this response from a relationship based more in reality (Greenson, 1967, p. 157).

The psychoanalyst John Klauber describes the transference situation as “therapeutic madness.” He wrote:
Perhaps illusion would be a more suitable word than madness, especially if you will accept a tentative definition of illusion as a false belief accompanied by uncertainty as to whether to give it credence. An illusion is produced by the breakthrough of unconscious emotion without consciousness surrendering to it completely. An illusion is a waking dream but somewhat less convicting. (Klauber, 1987, p. 6)

In the same book, Patrick Casement wrote:

[Klauber] says of this horizontal dimension in the analytic relationship: "What had been experienced in the past was also being enacted in a relationship between two people in the present." This enactment, in some measure, involves the analyst as well as the patient. (Casement 1987, p. 80)

The patient is experiencing the therapist as if the therapist were his or her father or mother from childhood. This therapeutic illusion involves the externalization or projection of aspects of, or objects from, the patient’s inner psychological world onto the therapist (Sandier, 1988). It is the interpretation and resolution of the transference that is a crucial process in the therapeutic power of psychoanalytic therapy.

The Use of Psychodrama Techniques with Families

To further our discussion of these issues, we shall consider the times in psychotherapy when the methods normally associated either with psychodrama or family therapy are used together in the same therapeutic session.

The use of family therapy as a method of psychological treatment is often seen as a postwar development, with many of the seminal books on the subject written as recently as the 1970s (Guldner & Tummon, 1983; Will & Wrate, 1985).

J. L. Moreno was, however, working with couples and families in New York in the 1930s, using his psychodramatic method (Moreno, 1969). From his published accounts, it appears to me that he was directing psychodramas, using the two different kinds of enactment.

As part of the therapeutic process, Moreno staged encounters between people, in which people met and interacted in their own realities. For example, in 1939, he directed a couple, Frank and Ann Mason, in a psychodrama of a marriage. He said to them, "Don't report what happened, don't tell a story of what you said to each other, but relive the situation as it actually occurred" (Moreno, 1969, p. 85).

Thus did Moreno direct this couple to enact an aspect of their relationship in the therapeutic session. Together they enacted a scene from their life that had happened a week before in their home. I would suggest that the conversation they had about Mr. Mason's mistress, Ellen, in Moreno's theater was an important encounter or interaction for them in the here-and-now. In Minuchin's terms, they showed Moreno aspects of the tortured dance of their marital relationship. Their session resembled that which might occur these days in the clinical work of any family or marital therapist. The relationship of the couple was symmetrical and occurred in the here-and-now reality of the Masons, Moreno, and his staff.
Surplus Reality

Later in this session, when Moreno used an auxiliary ego to play Ellen, he moved the drama into the realm of surplus reality.

Psychodrama is much more than the encounter of individuals in a group session. Moreno created the concept of surplus reality and added the associated techniques of role reversal, doubling, and the use of auxiliary egos to the therapeutic repertoire (Blatner, 1973, 1988; Holmes, 1992; Leveton, 1977). He wrote:

We do not practice such surplus reality techniques as role reversal in life itself; that is why we have started them in therapy. (Moreno 1966, in Fox 1987, p. 8)

As I will describe, Moreno used some of these techniques in his family therapy with Mr. and Mrs. Mason.

I believe that these aspects of psychodrama have a closer relationship to the enactment described in the transference of psychoanalysis than to the enactments that occur in the classical family therapies because reality testing is suspended and an illusion is created.

In his work with the Masons, Moreno created an illusion that Frank Mason's mistress, Ellen, was in the session. Ellen was played by a professional who was not a member of the family. This auxiliary ego joined the therapeutic dance, playing an absent member of the family drama. Moreno directed the session thus:

Now I would like you to pick an auxiliary ego to represent Ellen. Ellen is not here, but we can provide you with someone who has been trained to do this, and she will take the role of Ellen. (Moreno. 1969, p. 88)

With his assistant. Miss Sheffield, in the role of Ellen, the enactment in the family session continued.

I would suggest that the process that occurred in the enactment in the early parts of Moreno's psychodrama with Mr. and Mrs. Mason was akin to the enactments of the classical family therapists. The Masons showed Moreno their own habitual "dance" and brought the everyday reality of their marriage into the session.

Later in the session, a different psychological process occurred when Moreno asked the auxiliary ego, Miss Sheffield, to play a role. The Ellen of the psychodrama was an illusion, accepted by Mr. and Mrs. Mason to assist the therapeutic process. Indeed, the Ellen created by Miss Sheffield was the product of Mr. Mason's memories and impressions of his mistress and, to this extent, reflected aspects of his own internal world. A less involved person or a video camera would perhaps have shown greater objectivity in the creation of Ellen. The real Ellen was elsewhere and did not attend the therapeutic session.

At that moment, the psychological significance of the drama for Mr. Mason was the same as that which occurs for a protagonist in classical psychodrama when the techniques of surplus reality, including the use of auxiliary egos, doubling, and role reversal, are employed. Mr. Mason and the others in the session agreed to accept the therapeutic madness of the illusion that Ellen was in the room with them.
In the same way, the individual psychotherapy patient's experience that the analyst is his or her father or mother is also an illusion fostered in the service of the treatment. Unless the patient is psychotic, he or she knows well that the real father is not there.

The Jones Family--A Case of Family Loss and Delayed Mourning

To continue my discussion of these two types of enactment, I present a clinical example from my work with one family.

The Jones family was referred to me for assessment and treatment. Lucy, the 17-year-old daughter, was refusing to go to school and showed various depressive and hysterical symptoms. She felt miserable and found it difficult to leave the house for fear of panic attacks that were associated with a sense of acute unreality. Until a year ago, she had been an excellent and popular scholar; her parents were proud of her. In our sessions, Lucy was bright, positive, and cooperative. Both her parents were now deeply worried about her difficulties.

Other problems soon became apparent in our sessions. There were serious marital tensions and disagreements. Moreover, the parents were worried about Lucy’s older brother, who they feared was gay.

I learned in our early meetings that Lucy’s problems had started soon after the death of her maternal grandmother. The death from cancer had been sudden and unexpected. Mrs. Jones described her intense but ambivalent relationship with her mother. She had been very upset by the death but soon gave all her energies to looking after her distressed daughter. In our sessions, Lucy was able to express her deep regret that the death had been so sudden and that she had been unable to say goodbye to her much loved grandmother. At other times, however, she became preoccupied with her concerns about her sanity and health, worries that dominated both her mind and our sessions.

The Assessment

I formed the hypothesis that, along with other factors, the death of the grandmother still caused Lucy and her family deep grief. I suspected that the mourning process was, in part, inhibited because of the family dynamics that, as is often the case, involved difficult relationships across several generations. I also felt that Lucy was having trouble separating from her mother, a problem that could be conceived of both in psychoanalytic terms (see, for example, Margaret Mahler’s 1975 concept of individuation) or in terms of the family system (see Skynner, 1976). Thus, the problems I was presented with could be conceptualized in different ways.

Lucy’s behavior and symptoms could be seen as being the consequence of her own tumultuous inner world full of conflicts. Indeed, she reminded me of the hysterical young women in nineteenth-century Vienna whose treatment by Sigmund Freud and his associate, Joseph Breuer, led to the development of psychoanalysis (Freud & Breuer, 1893). I had no doubt that Lucy was an anxious, unhappy, and insecure girl whose long-standing conflicts, made worse by her recent loss, might well benefit from individual psychotherapy.
It was also obvious that the family as a whole had intense relationship difficulties, that Lucy had a special bond with her father, and that the difficulties in the marital relationship had their effect on Lucy. The Jones family had obvious structural and transgenerational problems (Minuchin, 1974); the family was a dysfunctional system (Gorrel Barnes, 1985; Skynner, 1976).

There was some pressure from Lucy's family that I see Lucy alone. However, I decided that, on the basis of my assessment, the situation and Lucy's problems might benefit initially from some sessions with the whole family I have already discussed elsewhere the complex issues of assessment and the choice of treatment modality (Holmes, 1989).

The Treatment

The family agreed to a series of weekly sessions, each about 2 hours long. I saw them, in all, for about 3 months.

Using Structural Family Therapy Techniques

In many sessions, I used the techniques of classical structural family therapy (Minuchin & Fishman, 1981). I observed the close alliance Lucy had with her father, a relationship that excluded her mother. At other times, I saw that Lucy sided with her mother "against the inconsiderate behavior of men." It was clear that Lucy had little experience of her father and mother as a couple working together at the task of parenting. The parents demonstrated their difficulty in listening to each other, and, as part of my therapeutic intervention, I encouraged them to discuss and negotiate their daughter's future and indeed the future of the marriage. The family enacted their styles of relationship in our sessions, and I used these family dramas, which occurred in the reality of our sessions, in my attempts to help them with their difficulties.

Using Psychodramatic Techniques

In several sessions, I also used methods that originate from the psychodramatic concept of surplus reality As I will describe later, I directed the family into actions or dramas that had a closer relationship to each individual's internal psychic reality than to the here-and-now family system. Psychodramatically, we brought the dead grandmother back into the session—a therapeutic illusion that joined the shared external reality of the family with the unconscious inner worlds (psyches) of each member.

The psychological significance of their psychodramatic meeting with the dead grandmother may have been, for family members, conceptually closer to the dramatic enactment that occurs in the transference in psychoanalytic practice (Holmes, 1992) than to the styles of enactment described by Minuchin and many other family therapists. To a large extent, the drama enacted derived from the "inner object world" of the individuals.

The reality of the drama was indeed an illusion and not reality (Klauber, 1989). Moreno said:
... psychodrama provides the subject with a new and more extensive experience of reality, a "surplus" reality, a
gain which at least in part justifies the sacrifice he made by working through a psychodramatic production. (Fox,
1987)

Surplus reality can be entered by the use of three basic techniques:

Role Reversal. In this technique, two individuals in the therapeutic drama change roles during the session. For
example, in my therapy with the Jones family, I asked Lucy and her mother to reverse roles. This was done
correctly in the session by telling them to change chairs and to adopt each others words, body position, and
attitudes. Role reversal, be it in family or in group psychotherapy, allows the individual to enter actively the world
of the other person, encouraging insight and an increase in what Moreno called role repertoire. With the Jones
family, it allowed Lucy to gain, in an experiential way, knowledge about being not only a mother but also her
mother.

Doubling. This is a technique in which one individual stands or sits behind another, and together they enact the
single role. For example, when the mother became rather stuck and speechless in a session, I asked Lucy to double
her and to speak those words (in the first person as mother) that she felt her mother could not say or perhaps
even think.

Scenes in Surplus Reality Such scenes involve having the director move the drama into areas that never occurred
and indeed may never now be able to occur. With the Jones family, this involved each member of the family talking
to the dead maternal grandmother and role reversing with this dead woman who (in a sense) was thus talking to
her family from the grave.

I used the techniques of role reversal and doubling to help all the members of the family to gain insight and access
to the roles of the other family members.

In my experience, these techniques, which may seem very strange and bizarre to a family, are best undertaken
when the therapist is well accepted and trusted by all the family members. Instructions about the process must be
given very clearly and firmly. The director/therapist may need to explain more than once what he or she wants. In
the role reversal, it will be necessary to ensure that the patients sustain the reversal. For example, Mr. Jones must
remain in role as his distressed daughter, and Lucy must maintain her enactment as her father. In such a role
reversal, I initially request that the players change seats and roles, allowing the family members to use their
creativity and spontaneity to talk from their new roles.

In protagonist-centered psychodrama or psychoanalysis, the illusion that someone important from the patient's real
life is in the session involves another person (the auxiliary ego or the psychotherapist) who usually has no deep
developmental family history with the patient. However, when techniques such as role reversal or doubling are
used in family therapy sessions, the situation is more complex. In our case history, Lucy's mother is both a real
person in the here-and-now and an internal object or role in Lucy's mind.
Object relations theory describes how the inner world, or psyche, of an individual is made up of the internalized objects of self and other in relationship (Holmes, 1992; Kernberg, 1976). These inner object relationships are the result of an individual's experience and relationships in the real world.

Thus, both Lucy and her mother have internal object relationships of "mother relates to daughter." of course, in Lucy, the self-object is that of daughter and the other-object is that of mother, whereas in her mother, the self-object is that of mother. (Note that in this context, I use the term self-object in a different way from that adopted by Kohut 11977]. See Holmes [ 1992] for a more detailed development of these ideas.)

In terms of her relationships with the world or in the transference, should she be in psychoanalytic therapy, teenage Lucy will relate to others as a daughter. However, through her identification with her internal mother object, she will also be able to identify with both her own mother and the more general role of mother, a role, no doubt, that will become more central in her role repertoire when she becomes a parent.

The use of role reversal in family therapy thus allows for the internal object relationship of both participants to be externalized and explored. Each person has the opportunity to enact his or her internal object, which is internalized as a result of one's experience of life, in relationship with the person from whom this object derives.

Doubling in family therapy also has a somewhat different significance from that which pertains in classical psychodrama. When Lucy doubled her mother, she was taking on a role that was already a major part of her own inner world. It might be expected that in individuals who have difficulty separating self from other, the experience of doubling the other might resemble a return to a physically fused (undifferentiated) state (Balint, 1968; Kernberg, 1976; Mahler, 1975).

Indeed, this was Lucy's initial experience when doubling her mother. Her sense of self and (m)other became confused. However, this regression to a more fused state seemed to help her, for when she ceased to double and reverted to her own role, she was able to differentiate more clearly those aspects of herself that were truly self and those identifications, with all the associated roles, feelings, and actions that, although part of her psyche, represented the other.

Once the family members have reversed back to their own roles, a process of discussion, sharing of experiences, and correction of misconceptions may occur. This is, of course, an essential aspect of the therapeutic task, the aim of which is to alter the family's habitual patterns of interaction. The use of role reversals increases each family member's understanding of each other's roles, helps correct inappropriate alliances, and assists the formation of generational boundaries (Minuchin, 1974).

The Process of Mourning Loss

In my assessment of this family, I had formed the hypothesis that Lucy's recent difficulties related, in part, to the family's, especially her mother's, unresolved grief for the dead grandmother. I felt that Mrs. Jones had been able to avoid her own grief and depression by her intense commitment to looking after her "sick" daughter. Lucy, too,
avoided her grief and rage over the death of her grandmother by the unconscious adoption of the sick role in the
family.

Freud (1917) discussed the psychopathology of loss in his work Mourning and Melancholia. He described the
process of mourning as the "detachment of the libido" from the "lost object" or the dead person. This process is
clearly intrapsychic and occurs in the inner world as the dead person no longer exists in the real external world.
The nature of the inner object relationship must change in the face of the reality of the loss through death of the
external person. It seems probable that this process involves a slow decathexation of the object, followed by an
identification of the self with positive or good aspects of the lost person. The inner self-object is also able to relate,
with less anxiety, to the inner other-object, allowing this object relationship to exist with less psyche tension or,
indeed, torment.

This painful, but normal and essential process, takes time, at the end of which, according to Freud (1917), "the ego
becomes free and uninhibited again." Freud recognized that a failure of normal mourning could lead to depression
or other hysterical or somatic symptoms.

Clinical experience since Freud has clearly demonstrated that the existence of deeply ambivalent feelings held in
life toward a person (in which love is suffused with anger or hate) may make the process of normal mourning for
that person after death more difficult, leading to depression or other symptoms. It is as if the dead person cannot
be released and must be clung to, against the objective reality of his or her departure. This clinging to the dead
person may be seen in various ways, including hallucinations, maintaining his or her room unchanged, and other
somatic and psychological symptoms.

Mourning with the Jones Family

I felt that each member of the Jones family had, in his or her own way, unresolved and unfinished business with
Grandma that, in part, resulted in Lucy's and the family's problems. With their agreement, I directed a session in
which we moved into surplus reality We brought Grandma back, for a while, into the family. We reversed the
process of death to give this family the opportunity for some resolution of its relationships.

To increase the drama, I turned the lights down in the room and provided a chair in the family circle for Grandma.
I asked each member of the family to start by telling her a little of his or her life events in recent months. I then
asked Mrs. Jones to role reverse with her mother by moving into the chair of the old lady (which was, of course, in
reality empty). I then asked "Grandma" about herself and her life. one of the most magical features of role reversal
is how completely any of us can become the other person. The illusion was very powerful and moving.

Next, I asked Mrs. Jones to reverse back to her own role. The family members were then able to talk to
"Grandma"; to say things that had remained unsaid, to unburden themselves of certain preoccupations and
ruminations about her sudden death, to express their anger with her as well as their sense of loss. From time to
time, I asked them each to role reverse with Grandma and, in role reverse, to talk to the family, to give advice, and
to provide support as if from the grave. I was impressed with how healing and positive each family member was when playing the grandmother.

Clearly, in this session, the drama enacted was an externalization of the painful and conflicting object relationships that formed part of each family member’s psychic self. These inner worlds could also be described as the family’s memories of the grandmother.

As director, I then told the family that the time was coming when Grandma must die again, to leave the family once more to go back to her grave. I encouraged them to say good-bye, to let her go more fully and peacefully, to remain loved in their memories and hearts, but not to cling to anxiety and distress. I began to feel the gradual easing of tensions. Tears associated with deep calm filled the room as the individuals prepared once more to say good-bye.

Lucy, however, seemed to find it difficult to let Grandma go. I asked her to role reverse once more. As Grandma, she had no difficulty saying that she had to go and that she hoped that Lucy would remember her with love while getting on with her life as a healthy, happy teenager. once role reversed back to her own chair, Lucy was calmer and able to let go of her grandmother. In psychoanalytic terms, she was now more able to reduce the libidinal cathexis to the dead person, allowing her grandmother to become incorporated as an inner object associated with less ambivalence.

To end the session, I once more increased the level of the light in the room, and we all shared our very moving experiences of the recent drama enacted in surplus reality.

This was not our final session, and in subsequent meetings, we continued to explore the family’s dynamics, usually using more classical family therapy techniques (enactments in reality). After a time, Lucy was able to separate more from her parents and returned to school a more relaxed, mature young person.

Mrs. Jones had become more aware of her need to face her own depression and to work on her own difficulties with her mother in further therapy If she were to choose analytic psychotherapy, one might expect that she would reexperience through the medium of the illusion of transference her relationship with her mother and thus be able to continue to work on this difficult relationship. If instead she chose to join a psychodrama group, she would no doubt enact dramas in which an auxiliary ego would take the role of her mother.

**Conclusion**

In this article, I have described a session in which I, as therapist, encouraged family members into two psychologically different types of enactment. In the first, they encountered each other in their shared here-and-now; their confrontations were mainly based on a shared reality They also said farewell psychodramatically to their dead grandmother. This second type of enactment was driven, in part, by each family member’s unconscious inner world.
I have endeavored to demonstrate that in important ways, many enactments in psychodrama have a similar psychological significance to the process of the transference in psychoanalysis. These types of enactment must be differentiated from "encounters in reality" that occur in family therapy and in psychodrama at times.

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