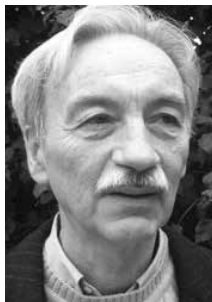


Group Work with Masks, the Body and Scenes

Mario J. Buchbinder (Argentina)



Dr Mario Buchbinder is a founding member of the Argentine Society of Psychodrama and Founder and Director of the Institute of the Mask, Mario Buchbinder is a psychoanalyst and psychodramatist, physician, writer and poet. He has published a number of books and essays on his work, as well as poems and plays. Some have been staged in theatres in Buenos Aires. He currently gives talks and runs workshops in North, Latin and South America and Europe. Email: mario@buchbinder.com.ar.

Abstract

In this paper, I describe the clinical experience of one therapeutic group and outline the implications for groups in general. This group had five participants who met over four therapeutic group sessions. I highlight the phenomena of identification and dis-identification, structuring and de-structuring using scene, body and mask work.

Introduction

In the first session, several members of the group participated in the dramatization of a job interview that Antonio attended in his search for work when he was interviewed by a group of three. He chose three people from the group to represent them.

In the second session, the participants used masks to construct fictional characters to de-centre them from their recurring personal histories and yet at the same time connect to them.

1. Juana chooses a mask that leads her to take on the character of a witch who flies to different places carrying out both good and bad deeds with her magic wand.
2. Pedro dresses as Superman, employing a mask that aids this characterisation, and plays at being invincible.

3. Antonio becomes a tramp and begs for alms from other participants in the group.
4. María is a gym teacher who tries to give classes to her companions.
5. Cecilia uses a mask with a closed mouth so she can neither use her body nor her words to express what she's going through.

In the third session, an aspect appears that I refer to as the 'non-knowing'. It appears when, through the use of masks and disguises, the group creates images that result in no one knowing who the others are on the stage.

These different characters are recovered in the last session, the fourth, which only uses words and no action. Here, finally, stories of each group member's past and present lives entwine together with the fictional creations. These two aspects – reality and each member's true history and fiction weave together and generate the conditions for elaboration. The dynamic of this last session is connected to the word, the scene, silence and expression. Rather than refer to only one topic, patients make associations with whatever they feel is important to them and communication expands on both the personal and what is beyond – the immanent¹.

1. Juana says she is about to move house. She has already moved twelve times within a short period and she is very happy with the new place she has found.
2. Pedro says doctors have told him that he has symptoms suggestive of an illness and he is going through the relevant clinical tests.
3. Cecilia speaks of her great anguish and her difficulty in both eating and verbalizing what happens to her.
4. Antonio says he has found a new job following a great deal of searching.
5. María says she feels calm and has recovered from an accident she had.

The exchange delves into the significance and connections between individual problems. A common theme begins to develop related to this sharing. This is the passageway through the personal that transcends the individual.

Making connections between these aspects is highly therapeutic. It generates conditions so that by the end of the session the rhetoric of interaction, which at this point is just a story, has reached such an intensity of inter-relation that it appears to integrate all the work undertaken in the other stages. Something of being and existence emerges in the tranquillity of interaction.

1 (Deleuze, 1995) 'That which is beyond the conscience and the confines of the subjective and relates to the concept of life, calls it absolute immanence.'

Four Strands

1. There are four strands that correspond to the four sessions:
2. The dramatic representation of real events from a patient's life;
3. The fictional construction;
4. The fictional construction of the 'non-knowing'
5. The discursive aspect – the story.

The last session redefines what happened in the previous sessions but each of these interweaves different experiential and reflexive aspects.

In the first session, the representation of reality accentuates identification of the problem of unemployment and the search for work, as in the case of Antonio, through its dramatization by several members of the group while others perform the role of the public. In different ways, the theme is made evident for all participants.

In the second session, through the fictional construction strand, taking a distance from individual identity highlights other facets of each member's character as if they were other people attending the session. This expands the field of significance and the possibilities of expression. For example, when Antonio takes on the character of a beggar, he manifests the significance and turmoil that being out of work has for him while at the same time his nomadic appearance, which links with the character taken on by María, the witch who travels about with her magic wand, demonstrates the pleasure of not settling in one place. The fictional character enriches and expands the story.

In the third session, the fictional construction of the 'non-knowing' also appears in whoever represents it, be that a character with a clearly defined identity or an emerging aspect in the session beyond the question of whether it has the structure of a character or not. Unconscious fantasies have a space in the session, even for those who portray them.

In the fourth session, only words are used. No other technique other than words and silence; the possibility of being carried along by them in the context of the story, where the strands of the previous sessions converge. It does not always happen this way since any of the other methods can formulate significant aspects but words always play an important role.

Paradigmatic Moments

The sequence I have just described can also be understood in terms of paradigmatic moments, not necessarily linked together, in a group process in which each strand performs an important role en route to the therapy.

In Strand 1, the identity, or aspects of the identity, of a subject or group and definition of a conflict or problem appear.² A saying and a doing occur, psychodramatic in this case, which could also be corporeal, mask-based, expressive, or playful.

In Strand 2, the fictional construction fosters a distancing from personal identity through the construction of another identity that we call 'fictional'. Patients burdened with a problem find that they are able to transform this problem into a character that relates to aspects of their lives.

In Strand 3, the ability to explore higher degrees of 'de-structuring' sometimes allows the deconstruction of the belief that there is only one version of a problem. It is necessary to first reach the level of 'non-knowing' so that through reconstruction, the phantasmatic journeys undertaken manifest as the path of elaboration. The dialectic oscillation between deconstruction and reconstruction is highly therapeutic.

In Strand 4, the dialogue arising from the significance attributed by each group member allows the creation of something related to the community. The dialogue arises not from the indication of what the other must do but rather from the resonance of the unknown in each member. Throughout the whole process, the link between structuring and 'de-structuring' is taken into account.

As Antonio enters the world of work, he describes the prejudices he felt at the moment of accepting a job. The ability to work out these prejudices enabled him to go back to work. Juana's elucidation in the sessions of the conflict between opposing nomadic and sedentary natures allows her to search for and find a new home. For Pedro, clinical analysis has prompted him to act in light of the diagnosis he received but the time elapsed between sessions allows him to face the medical tests with less anguish. For María, elaboration of the pain of her accident through drama and physical exercises gives her a certain peace and helps her to overcome her post-traumatic stress.

² I use the term 'subject' rather than 'individual' because the etymology of 'individual' refers to its unity and indivisibility, whereas 'subject' refers to a dichotomy, submission/subjectation and autonomy/agency, and allows for a multiplicity of aspects and splits within its nature.

Key Moments in a Therapeutic Group Process

	phenomena	Events	Processes
Strand 1	Dramatization and reality	identity of the event	Definition of identity
Strand 2	Fictional construction	New identities	Distancing and transformation
Strand 3	The fiction of the 'non-knowing'	Deconstruction of identity	Reconstruction
Strand 4	Story and discourse	New psychic act	Resonance and community

I should say that incorporating the 'non-knowing' paradoxically opens up other knowledge. I am with Bachelard (1965) when he states that, "non-knowing is not a form of ignorance but a difficult transcendence of knowledge".

Heterogeneity

Using concepts such as heterogeneity and poetics can be helpful in understanding that a heterogeneous individual is not an undivided individual but one that encompasses complexity. The tendency to standardise conflicts and ways of behaving is not unusual in groups. Heterogeneity is an approach that encourages the protection of differences. Both the coordinator and each group member have rights to have differences. Their heterogeneity methods of expression (words, gestures, body language, scenes, sounds, etc.) are also protected. A group is by definition heterogeneous although some groups may be more similar or homogeneous as in the clinical scenario just described.

Poetics

I define my approach to groups from the standpoint of 'The Poetics of Unmasking' and 'The Poetics of the Healing Process' (Buchbinder 2008, 2005). The word poetics (from the Greek poiesis) refers to creation in general and, in particular, to the creation of images; the subjectivity of creation. It relates to aesthetics, literary studies and also refers to style – the style of a therapist, of a patient and of an artist, etc. Every human being is 'in creation' and so it is essential for psychotherapists, teachers, social workers, body-workers or

for music therapists, art therapists, psycho-mobility therapists and for anyone who works with people.

My poetics come from a basis of practice and theory, based as much in culture and arts as in the field of health. In my clinical practice, in fact in all my work, I think about poetics. It makes it possible, as in the manner of a mask, to glimpse the utopia of wanting to unite that which is fragmented in the West, at play: the body and the word; reflection and action; affection and understanding, the one and the multiple.

Poetics implies ‘a poetics of’ and ‘subjectivity’. Subjectivity understood as policy refers not only to the battles for power but also the implicit power in poetics and language. It implies not failing to recognise the twofold nature of experience and history (Agamben, 2001); the crossover between language and the body and the individual and social subjectivity. Poetics, understood as the relationship between subjectivity, language, ethics and politics.

I now intend to outline how the ‘techniques and corresponding applications’ that I practise as ways of being, thinking and feeling. Although techniques they also denote types of presence and the understanding of being and of existence.

As I trace a schema of the ‘sources’ or ‘destinations’ of my practice, I want to highlight: masks that reveal the self as countenance and myth; the poem and the body at the limits and at the height of language; rehearsal as thinking between the general and the specific; clinical practice, listening in action (theatrical, psychoanalytic, psychodramatic), as the organiser of fantasy and reality that opens to the ontological scene.

Since 1975, as founding director of the Institute of the Mask with Elina Matoso, we have practised psychoanalytic psychotherapy and psychodrama with masks, bodywork, drama, movement etc. My background in theatre and poetry have also influenced my working methods and thinking.

Interrelated Concepts in Practice

In this section I refer to specific aspects: the Scene, the Body, the Mask, the Play and the Word.

The Scene

The scene refers to a way of analysing and structuring reality. The scene relates to psychoanalysis, psychodrama and theatre but not exclusively. It implies opening oneself to a drama in space that reinforces what is reality and fantasy. I refer to the primary and secondary scene, fantasy, reality, an

individual's history, a character, a group, an institution, or a historic, mythical or cultural scene. Looking at the scene takes account of what has been said in context, in a specific space (the stage), where the body, the individual and the other are illuminated by a new gaze.

Dramatic action produces a truth that reveals subjectivity and the relationship with the other; an illumination of a saying and a doing that transcends the event itself, although it requires its existence.

Synchronous scenes (such as those specified in strands two and three) occur simultaneously in a determined period of time. What stands out in the diachronic scenes is the differentiation in the time in which they occur: present, past and/or future (strand 1), although the timing is complex and the present can act on the past (retroaction).

The scenes may have different origins and different degrees of structuration. We can term these primal (strand 3), and primary and secondary (strand 4), in relation to the conceptualisations of Aulagnier (1977).

They may have a classical structure, or the structure of the semiotic. In the first (Strand 1), it is possible to differentiate conflict, roles, protagonists, text, the development of the dramatic action and the stage. In the semiotic structure (Strand 3), there is a partial or fragmented body. The logic of dramatic development is related to the logic of the primary process (For example, something can be one way and, at the same time, its opposite: man-woman, living-dead, actor-spectator, etc.) and establishes a specific relationship between the word, objects and the body.

The Body

The corporeal encompasses the present and absent body, the known and unknown, erogenous and alimentary; the question mark of the body. This relates to what Freud (2000) defines as the navel of the dream, as much in the metaphoric as in the literal sense. The navel is the place of the unknown, the origin and also the corporeal point of residue of the union with the mother.

I differentiate, together with Dolto (1986), between the body schema and the body image. Schema (as Antonio exemplifies with respect to his body conflict) refers to the biological structure transmitted genetically by the species. The body image is stretched throughout its history between the perception of its unity and its fragmentation. The mother in the first years of life is the guarantor of the possibility of unity. It is at the same time an erogenous body (drive) and a product of history and culture.

There is fluidity in its journey and there is also the neuromuscular armour described by Reich – blockages of energy and significance in determined places, for example in the area of the thorax. The incorporation of the body into the group (and also, in particular, into psychotherapy) occurs from various standpoints. The first attitude is that of listening, that is, of not being unaware of the body. Psychoanalysis is created in dialogue with the body, through uncovering the hieroglyphics of the body and dreams and through giving voice to the body, especially to hysteria. Contemporaneity causes the meeting of bodily sensations and their transformation to require ‘something else’ alongside listening.

The ‘holes’ in networks of social and cultural significance mark determined existential situations and structures of subjectivity and the advent and/or predominance of ‘other’ pathologies that demand corresponding attitudes on the part of the therapist.

My clinical practice, which highlights the corporal, leads to a particular relationship with action, representation and the effects of signification.

The Mask

Masks have been with us since the origins of humanity and manifest the contemporary, the historical and the mythical.

We differentiate between the everyday masks that form over the course of an individual’s history and those that are constructed from different materials that allow us to reveal who we really are.

In life, the mask is the superficial organ of all social relations. In clinical practice, it examines the image of the individual and of society. It simultaneously hides and reveals. Bridges are built between image, affect and discourse, and between the individual and the social. When members of the group put on masks, characters emerge that examine each group member’s identity and the relationships between them.

Among the multiple and complex possibilities that exist for the inclusion of masks in psychotherapeutic practice, I distinguish five functions:

1. Unmasking and restructuring: when people put on a mask and hide themselves behind it, an effect of unmasking takes place. This grants the possibility of casting off repetitive masks that are conflictual for the individual. It also allows the restructuring of other masks, histories and significations opposing those that have hold of the individual.
2. Way-marking: masks allow one to use beacons to mark points of conflict at the level of the body, or those of personal and family rela-

tionships. In this case the mask indicates part of the body, a character or a particular moment.

3. The metabolism of fantasy: masks allow one to leave a determined fantasy and produce its transformation.
4. Construction of a phantasmatic body map.
5. The metabolism of the image: masks make present the predominant image of an individual and promote connection with other images. This leads to work on identity.

The Play

The psychotherapeutic relationship generates a playing field for communicative and representational play. Opposing the repetitive play of destiny it gives the possibility of rehearsing other forms of play, which is what generates its therapeutic qualities. Transference and countertransference help us to understand the quality of the play.

The playing field is a field of forces from which it is difficult to withdraw. It is a transitional field between the internal and external word; between the One and the Other.

The actors in the present are determined by, and at the same time determine, the field. Masks allow entry into the world of play and lead to the representation of aspects and characters from an individual or group. They offer the chance to play new games different to those habitual to the individual. The dramatization and dialogue set out in the group become modes of play.

The Word

To quote Heidegger, "language is the house of being". Alongside language and the symbolic is that which lies beyond: the semiotic. Our clinical practice has always taken into account this double aspect of the human relationship: the word as an act in which the other is implicated in language play, in a scene that determines it at the same time as it is determined or created in the process of its passing.

Techniques

Psychoanalysis contributes the technique of listening to the unconscious to hear what becomes a symptom and generates pain and suffering. Together with verbal expression, we take into account the body, action and affect, which are essential for the comprehension of the group phenomenon. Psychodrama works in particular with the conflict in the scene put on stage. The

value of play and creativity is highlighted. These practices can be classified as structuring and de-structuring, with literal and metaphoric use of the mask. They develop the therapeutic functions of the masks, as previously described.

These different technical resources, rather than contradicting psychoanalysis, recreate it, examine it and put its principles to work. The poetics of unmasking (*Poética del Desenmascaramiento*, 2008) and the Poetics of healing (*Poética de la Cura*, 2008) set out the fundamental theories on which my practice is based.

Concluding Notes

The group weaves together the singularity of the individual and society within which we highlight the community. These are different but interrelated instances. It is important to be able to differentiate the particular and common aspects of each of these instances.

The utopia of group work is to arrive at the doors of individual subjectivity, settle there and be able to pass beyond to arrive at a place that is no longer just individual but related to humankind – an empty, singular, particular, universal and community place. This is the place of the threshold – that of Janus, the two-masked god of Greek mythology who guarded the door that led in or out. Defined by desire, it is the dialectic between the continuous and the discontinuous; the erotic and the sacred that Bataille (2008). A quote attributed to Tolstoy suggests that if you paint your village, you will paint the whole world. Folk music also suggests both the universal and the particularity of the symptomatology of each us, which grants one the ability to surpass narcissistic pleasure and access this empty place of being.

Wearing the mask demands an emptying in order to enter a state of overcoming being human that is neither universal nor singular. The group ceases to be the place of mass phenomenon in order to define itself as an empty ensemble wherein this entity termed the human being is generated. I am also concerned about the relationship between the intimate and the public, the liberty of life in the face of bio-power and the social pressures of the spectacle and merchandise. These exceed the boundaries of this text.

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