

Psychodramatic Treatment for Psychiatric Patients

Dale Richard Buchanan, M.S.
Jacqueline Dubbs-Siroka, M.S.W.

The psychotic adult who has retreated to a world of imaginary friends and lovers, the depressed housewife whose children are grown and who now faces an empty nest, the nineteen-year-old female whose failures in school have alienated her from her parents and fostered a dependency on drugs, the manic-depressive salesman who has lost his job and now fears the loss of his family, and the elderly grandmother who can no longer live in the house of her quarreling daughter and son-in-law—all of these individuals, whose behaviors have caused them to seek help from a psychiatric center, are candidates for psychodrama.

All have experienced isolation or rejection from their social networks, a loss of functioning roles from their interpersonal role repertoire, a decrease in spontaneity and creativity in their interpersonal relationships, and a general retreat from the world around them to the world within.

History

In 1921 J. L. Moreno, MD, a Viennese psychiatrist, introduced psychodrama. From the inception of psychodrama in Europe to his pioneering work in sociometry, role

theory, and group psychotherapy, Moreno's focus centered on the importance of spontaneity and creativity for mankind (1,2). His initial work in sociometry, role theory, group psychotherapy, and social systems theory melded a psychotherapeutic methodology that is practiced today. In fact, psychodrama is rapidly becoming one of the "oldest emerging mental health professions" (3). Psychodrama has been in the ironic position of being ignored by the Viennese medical profession in the 1920s because of its radicalness and later being dismissed by the modern group therapy movement that burgeoned during the 1960s (4).

Despite this lack of acknowledgment, psychodrama has continued to grow and increase both in the number of its practitioners and the number of persons who have joined the American Society of Group Psychotherapy and Psychodrama, founded in 1942 by Dr. Moreno (5). Psychodrama's influence on the modern practice of group psychotherapy also is attested to by the increased emphasis placed on action methods and on the concepts of creativity and spontaneity in the field of mental health (6,7).

Psychodrama: Clinical Treatment, Consultation, and Training

The major foci in psychodramatic treatment are catharsis, action insight, and behavior change. Patients can acquire coping skills and the broad range of interpersonal and technical competencies needed to function in community living. The individual explores the nature of his needs, interests, capacities, limitations; he develops motor, perceptual, and cognitive skills while learning satisfying interpersonal and social skills (8).

The psychodramatist treats individuals through the structuring of action frameworks that concretize the individual's here-and-now life situations. These action frameworks allow for the development of both new affective styles and behavioral responses for coping with interpersonal relationships.

Saint Elizabeths Hospital utilizes action methods extensively for preservice, inservice and continuing education. Nursing assistants are oriented to their jobs by participating in role simulation exercises that depict scenes they are likely to encounter in their daily working situations. Nursing principles are taught through these action sessions. Similar action training sessions are conducted for other hospital personnel.

Consultation often includes planning, designing, implementing, and evaluating action training sessions for community agencies and personnel who are involved in the care or treatment of the mentally ill. Law enforcement personnel, community placement staffs, foster care operators, and nursing home staffs are examples of personnel who have utilized action training sessions.

In clinical psychiatric treatment, psychodrama is practiced for the total range of psychiatric patients. At Saint

Elizabeths Hospital, psychodrama services are delivered to the deaf, blind, physically disabled, children, adolescents, forensic, alcoholism and drug abuse, Hispanic, hospice, acute, and chronic patients. Of course, the goals for the group or individual vary according to the nature and extent of treatment as indicated in the patient's treatment plan.

Certification

Psychodrama should be practiced by mental health professionals; that is, psychiatrists, social workers, nurses, and psychologists who have received or are receiving training from one of twenty-two accredited psychodrama training centers. A growing number of psychodramatists are certified by the American Board of Examiners in Psychodrama, Sociometry and Group Psychotherapy. In order to be eligible for the practice of psychodrama all of these individuals are required to have a master's degree in a field relevant to mental health; seven hundred and eighty hours of training from an accredited training center; and, one year of supervised experience (9).

Howard Blatner, MD has commented on the necessity of appropriate training in all aspects of psychodrama for individuals practicing psychodrama. He cautions that the psychodrama methodology is very potent and quite dangerous when practiced by individuals with insufficient training. In fact, he speculates that some of the current resistance toward psychodrama may stem from psychodrama experiences that were conducted by unqualified personnel (10).

Hospitals seeking to hire psychodramatists should ascertain whether these individuals are undergoing or have completed training. The American Board of Examiners in Psychodrama, Sociometry and Group Psychotherapy maintains a list of certified practitioners of psychodrama.

Intake Interview

After a patient has been selected to participate in a psychodrama group, the psychodramatist often will conduct an intake interview, which frequently consists of a sociometric and role analysis of the patient's present life situation. During this process a Social Atom is also taken. One of Moreno's key theoretical concepts, the Social Atom consists of the significant individuals without whom the patient would be incapable of survival (11); Moreno views the smallest unit of mankind as the Social Atom.

From this theoretical concept comes the clinical concept of treating the individual as a group. The group within the person consists of the persons (real and imagined, dead and alive) who provide the basic building blocks and reinforcement of the patient's interpersonal relationships. They often include—but are not limited to—parents, peers, siblings, mentors, spouses, children, neighbors, employers,

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co-workers, teachers, and family network figures. The patient lives within this Social Atom.

If a change in behavior is required, change in the patient's perceptual patterns concerning the members of his or her Social Atom will be necessary. The depressed housewife may be despondent at the loss of the previously functional roles she enacted with her children, who have now grown and moved away from home. Her depression may also be heightened by her husband's lack of interest in her role transition state. She also may believe that these "lost" roles were the ones most valued by her dead parents. Her depression also may be exacerbated by the role confusion caused by the changing perception of women in modern society, emerging economic conditions of unemployment and inflation that cause her to question the worth of her nonincome-producing role, and the views articulated by some of her feminist friends who have embarked upon new careers outside the home. At an older age she may now have to resolve the dependency and competency issues that she managed to avoid during most of her adult life. All these interpersonal, developmental, and cultural roles can be explored in psychodramatic treatment.

Thus, after the intake interview, the psychodramatist is able to view the individual patient and the social system in which he or she interacts, his or her sociometric position within the social system, the roles occupied in the system, and the roles that the patient wishes to occupy. After the intake interview, the psychodramatists can refer the patient to a psychodrama group in which the broad goals will closely parallel those of the individual patient.

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Psycho-drama is involved in the total therapeutic process at Fair Oaks, a private psychiatric hospital in New Jersey. The method is first used on the Neuro-Psychiatric Evaluation Unit where the patients, while undergoing a thorough diagnostic evaluation, begin to experience what it means to be part of a therapeutic community. On this unit, the goals of the group are to help the patient's therapeutic adjustment to hospitalization and to aid in the development of roles that provide maximum benefit during the course of hospitalization.

After evaluation, patients are transferred to adult or adolescent units where psychodrama becomes part of their therapeutic program. Individual goals derive from multidisciplinary treatment team meetings that are attended by personnel connected with the team. Goals in the psychodrama groups, broadly defined, include:

● helping patients cope with immediate problem situations and internal stresses that are interfering with their adequate level of functioning;

- examining roles and role relationships;
- developing skills that can prevent a recurrence of a similar crisis in the future; and,
- providing opportunities for the expression of feelings, clarification of perception, and the exploration of alternative behaviors and support systems.

Toward the end of hospitalization, patients are referred to a discharge group where issues of separation from the hospital and reentry into the community are explored. This group is designed in part to reinforce new roles and perceptions the patient has experienced during hospital-

● During the warm-up, the psychodramatist will guide, clarify, expand, and reassure members to explore their concerns, and in so doing will begin to make sociometric connections among members of the group. Thus, the group members will begin to be drawn out of their own private concerns and begin to make interpersonal relations that will transcend the psychodrama group."

ization. Emphasis is placed on aiding the patients to transfer new insights into situations they will encounter upon discharge.

One of the most popular psychodrama groups at Saint Elizabeths Hospital is the hospital living group, which focuses on developing spontaneity and creativity in coping with day-to-day problems encountered on a psychiatric unit. Role interaction patterns are examined and challenged in an effort to decrease institutionalization.

Case Study

After the intake interview, Mrs. G. is referred to a treatment group composed of eight to sixteen members who are in a similar state of crisis. During the first phase of the group session, called the warm-up phase, the patients are encouraged to verbalize and express their feelings, thoughts, hopes, dreams, despairs and fears.

For the first time, Mrs. G. may express her feelings of loneliness, which she feels are heightened by her physical separation from her home and resultant loss of her ritualistic but rewarding housewife roles. A chronic patient who has just been rehospitalized due to the death of a parent may express to her his feelings that she will be in and out of mental hospitals for the rest of her life. A psychotic young male may talk about the need for human love and contact, but also eloquently complain that the people of Earth have lost their capacity for human kindness and that the human race is doomed unless they heed the words of the Grand Vizier from the planet Venus. Another man may lament that his family is only interested in him as a money machine, and now that he is unemployed he fears that no one will care for him. A nineteen-year-old female may complain that she simply could not make it in school, so she turned to drugs and now is sure that her parents have disowned her. And, lastly, an elderly woman who had been living with her daughter and son-in-law may speak longingly of the older, better times and begin to talk to her dear departed husband.

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The general theme that the psychodramatist may select to explore in the action phase of the group may be the "fear" that group members express in losing control over their lives, and specifically, losing some old roles

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action phase of the group (13, 14, 15). By the close of the action phase, Mrs. G. may begin to realize that she is more than "just" a housewife and she may accurately assess some of her strengths and roles that she previously ignored.

The final phase of the session is called sharing. This is the process where other group members share their own personal reactions to the scenes that were enacted during the action phase of the psychodrama. Members of the group have the opportunity to express their feelings and concerns about similar situations they have or might have to face. For example, the nineteen-year-old female may wonder if there are different roles to play in her family other than the student role. Patients are again drawn out of their own concerns and share with one another their mutual needs, wishes, and desires. They also begin to share with one another the strengths they see in each other and may accurately confront some weaknesses, too. Because the protagonist has been in a highly self-confronting situation during the course of the action, emphasis is placed on the therapeutic aspects of sharing and inclusion, rather than on analytical interpretations that can be saved and reintroduced at the beginning of another session when there would be adequate time to confront and explore the issue.

Over the course of psychodramatic treatment, Mrs. G. may begin to realize that she has placed too much emphasis on some of her "lost" roles and has neglected to accurately assess her strengths. She may also begin to transfer some of those lost roles to community situations in which they are valuable. She may begin to develop new roles that use the "lost" roles as building blocks. The depression could be further clarified through her completing developmental stages dealing with the issues of dependency and competency that might have been arrested because of her marriage at an early age. More realistic assessments of her current life situation may occur through her taking roles of the persons in her Social Atom. The complex interpersonal and cultural anxieties may become clarified and delineated; an increase in her spontaneity may enable her to confront other new life situations with a more adequate degree of coping and adjustment.

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that they fear will result in their expulsion from their social networks. The patients may fear that without those old roles, they will have no value to their social network, and will be doomed forever to inhabit the isolation and loneliness of mental hospitals.

Though the use of sociometric principles and group dynamics, a protagonist may be chosen for a dramatic enactment of scene(s) that have particular psychotherapeutic value to the patient and general therapeutic value to other group members.

The psychodramatist may select Mrs. G. as the protagonist for this particular therapy session for a number of clinical reasons:

- this is the first time she has verbalized her feelings of loneliness and worthlessness;
- other group members were extremely supportive of her and she responded positively, rather than her previous responses of rejecting "crazy" patients' support; and,
- several other group members have expressed a similar concern over the loss of old roles and also fear that they are no longer of any value to their social network.

During the action phase of the session, the psychodramatist directs Mrs. G. through a scene or scenes that further clarify and concretize her problems and aspirations. There is an emphasis on catharsis, action insight, and behavioral change. Spontaneity is emphasized in helping Mrs. G. develop new responses to old or novel situations. Other members of the group are selected to play the "key" roles of her husband, her mother, father, children, and her "idealized" self. The selection of auxiliaries is often based on therapeutic role assignments directly related to the auxiliaries' primary problems. For example, the man who feels that he is only a money-making machine for his wife might portray Mrs. G.'s husband. Thus all group members will be maximally involved in the dynamics dictated by the action.

Role playing techniques such as doubling, role reversal, mirroring, aside and sililoquy may be utilized during the

The group members may also experience important intrapsychic and interpersonal changes as a result of their participation in psychodrama. Many patients have become afraid of acting and reacting based on their inadequate responses to previous everyday situations. Their passive-dependent role styles may change as they become involved in the action phases of the psychodrama session. Feelings of potency and hope may increase through their participation with each other in coping with their problems. Their isolation patterns may break down as they become sociometrically connected with one another. The development of highly personal involvement obtained through playing highly charged emotional roles during the action phase of psychodrama can carry over to other hospital activities. Group members can learn to express their feelings and concerns and develop spontaneity in coping with new as well as old life situations.

Conclusion

Psychodrama can bring a new dimension to group work being conducted in mental hospitals. Patients can become eager and receptive to "acting" out their dreams and wishes; and, with the psychodramatist's and the group's help, they can develop plans of action for obtaining their dreams (16).

Action methods can bring life to patients whom verbal therapies have failed to tap. Through emphasis on spontaneity and creativity rather than pathology, an increased awareness of the person's potential and strengths can be uncovered and utilized in developing new role interactional styles. Working with sociometric principles, the patients may move toward one another and consequently away from their isolation. Thus, the members of the patient community can experience themselves as therapeutic agents for one another and they can begin to build the supports necessary for community living within their social systems.

Psychodrama has recently been gaining recognition. As W. G. Schutz wrote: "to my dismay, he (Moreno) was almost entirely justified. Virtually all the methods that I had proudly compiled or invented he had more or less anticipated, in some cases forty years earlier . . . So I invite you to investigate Moreno's work. It is probably not sufficiently acknowledged in this country. Perls' gestalt therapy owes a great deal to it" (17) □

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Mr. Buchanan is chief of the psychodrama section at Saint Elizabeths Hospital and is a member of the executive councils of the American Society of Group Psychotherapy and Psychodrama, American Board of Examiners in Psychodrama, Sociometry and Group Psychotherapy, and the Coalition of the Creative Arts Therapies.

Ms. Dubbs-Siroka is director, Psychodrama Services at Fair Oaks Hospital, Summit, New Jersey. She is also on the faculty of the Graduate School of Social Welfare, University of New York-Stonybrook; and, she is codirector of the New Jersey Institute for Psychotherapy and Psychodrama, 98 Waterman Avenue, Rumson, New Jersey 97760.

Both Mr. Buchanan and Ms. Dubbs-Siroka are certified as trainers, educators, and practitioners in psychodrama, sociometry, and group psychotherapy by the American Board of Examiners in Psychodrama, Sociometry and Group Psychotherapy.

The views expressed in this article are the opinions of the authors and not necessary those of Saint Elizabeths Hospital or Fair Oaks Hospital.