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# 18

## Psychodramatic Methods in Family Therapy

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Children's imaginative play was one of the inspirations of the inventor of psychodrama, J. L. Moreno, M.D. (1889-1974). When he was a student at the University of Vienna in 1908, Moreno also told stories to the children in the parks of that city and discovered that they enjoyed those fairy tales when they could become involved in play acting the events. He discovered that even more vitality was released when the children were encouraged to improvise alternative scenarios. Later, during his medical school years, Moreno was distressed with what seemed to him the sterility of theater in Vienna, and in 1921, after setting up practice, he also organized one of the first (if not *the* first) improvisational theater groups, which he called "The Theater of Spontaneity." From this, he discovered that the act of improvising and expanding one's role repertoire had psychotherapeutic effects in the lives of the actors—this was the beginning of psychodrama (Blatner 1988b).

Psychodrama integrates many of the elements of imaginative play in a form that adolescents and adults can also utilize in solving personal and group problems. Moreno's pioneering work in group psychotherapy, role theory, and methods of applied social psychology (i.e., sociometry) all combined with psychodrama in an active approach to diagnosis and treatment. Significant attention is given not only to intrapsychic dynamics but also those of the interpersonal field, and as early as the 1930s, after Moreno came to the United States and established himself in the New York area, he applied his methods in working with families (Compernelle 1981).

Drama provides a uniquely creative context for the psychotherapeutic

process, and the idea of promoting creativity as a vehicle for healing is the unifying central idea within all of Moreno's methods. This is especially relevant in family therapy, because people tend to use therapy as a forum for seeking justification, complaining, and blaming—maneuvers that express an unconscious parental transference. The family members want the therapist to act as judge and authority. Direct interpretation tends to evoke shame and resistance, but engaging the challenge as if all involved were playwrights who were trying to come up with a more creative resolution to the problem brings the clients into a constructive treatment alliance.

Drama in its creative phase is also somewhat of a playful process, and many researchers on the subject have noted the need for this more flexible and intuitionally receptive foundation for creativity. Therapists can show a positive, curious, even excited attitude at times, which also sets the stage. Yet it isn't necessary actually to enact any scenario in the sense of having everyone get up on a stage and perform parts. Psychodramatic methods may be integrated subtly into the way the therapist conducts the session. Indeed, notable figures in the field of family therapy such as Salvador Minuchin or Virginia Satir operate more like psychodramatists than psychoanalysts. In the following pages we'll discuss some of the techniques that can intensify and deepen the therapeutic process of working with families.

## WARMING UP

One of the first principles of psychodrama is that spontaneity is the root of creativity. Improvisation cannot be forced. It involves an interplay between conscious and unconscious processes, a direction of thought by the ego followed by a receptivity to the flow of preconscious responses. This imaginal flow requires a degree of warming up, as any improvisational musician, clown, or other type of artist knows. Also, the director's spontaneity is contagious and catalyzes the family members' exploration of new possibilities (Perrott 1986).

A related principle is that spontaneity emerges as anxiety decreases, and in therapy the anxiety relates in large part to performance: *How will what I do be interpreted by the others?* When therapists generate a playful context, this special frame of mind makes all events not really real, they don't count, behaviors are just experimental. "Let's try this approach," the therapist might say. "Well, that wasn't so successful, so let's see if we can do it better." Such encouragements reframe therapy as exploration.

Warming up invites the participants to talk about more peripheral, less emotionally loaded issues. An experienced therapist can always find clues to key dynamics and gradually lead the conversation toward meaningful considerations. But at first, it's important to set the stage, to create a context of play where, by definition, it's difficult to "do it wrong." Even seeming mistakes can be redefined quickly as the foundation for looking for a more constructive alternative (Blatner 1988a).

### USING THE ROLE CONCEPT

"All the world's a stage, and all the men and women in it merely players," Shakespeare wrote, and this expresses the metaphor of drama. The idea of conceptualizing complexes of behavior and expectations as roles extends this metaphor and can help people to think about their lives as if they were parts in a play. Role theory thus serves as the basis for a user-friendly language for psychology (Blatner 1991), and the therapist enhances the treatment alliance by talking in terms that patients can both understand and learn to use themselves. My term for this practical application of role theory is *role dynamics*, and it offers a number of advantages.

First, almost everyone has seen movies and played in school skits, so the idea of talking about situations in terms of the roles being played is basically familiar. Just having a usable terminology, a way of analyzing a problem together, is itself a technique.

The second advantage is that reframing behavior as a type of role playing sets up a *role distance* between the actor and the role performed. It generates a self-reflective inner director and commentator, which in a sense is the heart of what psychotherapy is about. Children use role distance intuitively in the course of their play when they shift from actually playing a role to commenting on the way the play is occurring: "Hey, you're playing too rough." "No, give me a turn." "Now I'm the baby." "King X, I have to go to the bathroom." In this sense, they are shifting from the role of actor to that of director-playwright (Blatner and Blatner 1988).

Indeed, it is just this shift to a level of metacommunication, to a self-reflective position that is the essence of psychotherapy. Many popular articles have begun to use the term psychodrama to describe any psychologically complex, profound, or intense situation; this is an error, because in most of the situations described the players seem completely immersed in their roles. There is no role distance. It is when

people can step back from their performance and reconsider the foundations of their action that a deepening of consciousness occurs, and that is really what psychodrama is about.

Psychodramatic techniques (to be described more fully in what follows) can be readily applied to family therapy. Thus, a therapist can say, "Wait, let's do that interaction over," or "OK, now pretend that the others can't overhear our conversation." Sometimes I invite the family members to imagine that we are watching a video playback of their own interaction, as if we were sportscasters analyzing a game. This draws the participants into a more creative, exploratory frame of mind. They are rewriting the play, not just blindly acting in it.

The role concept further invites analysis in that roles can be divided into their component parts. Expectations, definitions, different elements can be more easily brought out into the consensus reality of the therapeutic setting, and this invites a more conscious reworking of the role definitions. Shifting from blame to negotiation is one of the most pervasive challenges in family therapy, and role analysis fosters this constructive form of problem solving (Williams 1989).

Of course the role concept is closely related to role playing, and so the terminology naturally facilitates the utilization of role-playing techniques. (Role playing is a derivative of psychodrama.) Speaking in this metaphoric language evokes a more playful, creative attitude, and usually a quality of amusement is evoked—not from any attempt to be humorous, but because when two incongruous elements, the seriousness of life problems in therapy and the playful and fluid shifting of reality in drama, are juxtaposed, smiles naturally occur. This doesn't involve the therapist taking the situation lightly, but rather recognizing that any exploration of a locked interpersonal interaction requires a breaking of set patterns of thinking in order to free up those involved to take new perspectives.

## SOME SPECIFIC PSYCHODRAMATIC TECHNIQUES

Psychodrama involves people not only in what actually happens, but also in what occurs only in the imagination. This second dimension, which Moreno called *surplus reality*, is what makes psychodrama "the theater of truth," because psychological truth often entails what people fear or hope for, indeed, events that could never occur in ordinary reality (Blatner 1989). In a play, an actor can pause and address the

audience in an aside, saying something that the other characters cannot hear. This basic theatrical device is especially valuable in family therapy. For example, when I do family therapy I might pretend that I am discussing a given issue with an imagined consultant. Or, in the same spirit of having them listen in on another dialogue, I could act as if the family were on one of those talk shows and, as a host, ask the imagined studio audience what they think. Then I offer what might be their response.

Another important technique is that of *replay*, taking a given interaction over. This can involve a reenactment of some incident that has occurred either in the past, or between sessions, or perhaps in the immediately preceding moment. The goal is to examine the interaction in order to understand it, and based on whatever hypotheses emerge, to try out some different alternative behaviors. The therapist acts as a theatrical director in the process of rehearsal, working with the cast in order to develop the most effective result. There may be several reenactments of segments of the interaction, with the therapist offering suggestions about different ways for the various members to behave.

This technique is closely related to that of behavioral practice in social skills training. It also utilizes the element of modeling, so that the therapist might actually play the role of one of the family members in order to demonstrate a more constructive or self-disclosing way of relating. Alternatively, the therapist invites family members to show how they would behave in that role, or how they would like the other person to behave toward them. Sometimes this only involves one of the family members explicitly saying the exact words they'd like to have the other person say to him or her.

The technique of replay integrates some of the benefits of using videotape playback and, in fact, may be used synergistically with that technology (Heilveil 1983, Lee 1981). To make explicit the series of transactions involved, the therapist instructs the participants to replay the scene as closely as possible to the way it happened a few minutes earlier. The family is reassured that they'll be able to replay it another time with whatever revisions they'd like to make. This latter option encourages family members to shift from a defense of their position to an opportunity to experiment with alternative strategies.

Sometimes a family may begin a session with a report of a negative interaction that occurred days earlier. This can be reconstructed as a psychodramatic enactment both for diagnosis and for exploration of better alternative ways to deal with the problems. The adjunctive dramatic technique of coaching may be used to help the parties involved experiment with variations in wording, intonation, nonverbal commu-

nication, and so forth. Using a mixture of asides and several brief replays, a specific behavior can be openly rehearsed. This suggests a metacommunicative norm of the appropriateness of skill building as part of family therapy. A psychoeducational objective facilitates the human struggle involved, making the position of each person more understandable and less subject to staying stuck in blaming. More importantly, each participant is thus reframed as someone who can improve communication skills, which also reduces the focus on the identified patient.

### PROMOTING UNDERSTANDING

Interpersonal understanding is another way of describing empathy, operationally defined as one person tuning in to what it's like to be in the situation of another person. This includes some consideration of the uniqueness of that other person, the likelihood of different tastes, temperament, background. Empathy can be taught through the psychodramatic technique of role reversal, of having one person take the role of the other. In that role, the person is interviewed, coached, and drawn out until he or she begins to experience a complex of imaginal associations. In order to be successful, role reversal requires that the individual's feelings be engaged, not just his or her intellect.

Role reversal requires practice, to be sure. Also, there is a variable degree of innate ability, as there is with any talent. Still, most people's capacity for interpersonal understanding could be significantly enhanced through this form of imagination training, and it should become a more prominent part of the ordinary educational curriculum. In family therapy, it becomes a playful challenge for, say, a child to watch his father take the boy's role and be interviewed by the therapist as the boy. Intermittently, the therapist pauses, asks the real boy for corrections, and coaches the father. The goal is to encourage empathy, not to humiliate the person attempting the task, so the therapist should use this technique with tact (Remer 1986).

Another benefit of having people attempt to take each others' roles in family therapy is that it promotes trust. It's intuitively obvious that when one person attempts to feel into the situation of the other, the act of empathizing reduces barriers of insensitivity. One's own feelings and vulnerability must be softened somewhat in opening up to the realities of another's existence. Also, taking another's role constitutes an act of relinquishing egocentricity. In fact, role reversal is the basis for authentic encounter.

In using this technique, the therapist should have the person attempting the role reversal to address only one aspect of the other person's life—one role. It's impossible to encompass the complexity of another person because that involves a score or more of major roles and hundreds of minor ones. Yet it is possible to grasp what it might be like to have a single characteristic, such as, for example, a given attitude toward money. In other words, address the subroles in a relationship, such as mother-as-disciplinarian, or mother-as-source-of-affection, rather than all the dimensions of mother at once.

As mentioned earlier, it is the therapist's duty not to simply challenge a family member to take the role of another, but rather to warm that family member up to the other's role. (This is one of the most common pitfalls of role playing, and it can be avoided if the therapist, as director, takes some extra time to help the "actor" warm up and become able to be more spontaneous in the role.) Again, the point of role reversal is not to caricature the other person's behavior but rather to become more compassionate through gaining an appreciation of the other person's predicament—for every role has its own unique blend of advantages and disadvantages.

## BRINGING OUT UNSPOKEN FEELINGS

One of the most common tasks in psychotherapy is that of bringing into the open those feelings and attitudes that tend to remain unspoken. Especially important in working with families is to help people to see the vulnerabilities that often underlie behavior and understand what motivates the apparent anger, distraction, passivity, and so forth.

The psychodramatic technique of the double may be used by the therapist as a variation of having family members reverse roles with each other (Leveton 1991). The therapist announces that she or he will now speak as one of the family, and taking, for example, mother's role, makes a number of statements that reflect a deeper level of self-disclosure and insight. Doubling may be thought of as a type of active empathy, and its use can significantly accelerate the flow of the treatment.

This technique is similar to making interpretations, but instead of putting the patient on the spot by asserting, "You must be feeling . . .," it's less intimidating to say, "If I were in your situation I might feel . . . Is that right?" This frames the family member as the playwright, invites him or her to correct the therapist, and then the

therapist (now as actor) gets to try again. Furthermore, the therapist, in being willing to correct herself, thus models a more flexible and creative attitude.

Indeed, exaggerating some position often evokes a corrective from those who tend to be more restrained. Making a silly exaggeration also introduces a playful element into the process and breaks the ice. Of course the therapist from the outset must repeatedly remind the family of the need to correct the therapist, to keep the therapist on track. This slightly one-down admission reframes the therapist as vulnerable, and draws the family into an effort to educate her.

### MULTIPLE PARTS OF THE SELF

This psychodramatic technique has many implications also for our basic theory of personality. It works from a view that we not only play many roles, but that the unity of the personality is something that is continually being constructed and thus relatively more tenuous than generally recognized. It's often more effective for a patient to be encouraged to speak in terms of "part of me feels . . . , while another part feels . . ." In general, then, the therapist should eschew the question, "What do you *really* feel?" and ask instead, "What are some of the different kinds of feelings you have about . . . ?"

A variant of this approach, which also models more appropriate behavior, is the technique of disclosing multiple reactions. For example, in response to a manipulative maneuver on the part of one of the family members, the therapist might say, "Well, one part of me wants to go along with you on that, because (and here the therapist adds extra and perhaps even some exaggerated reasons for that manipulative position). On the other hand, there's another part who isn't really buying this, because . . . Which side should I take?"

In family therapy, the use of the metaphor of the different parts of the self functions to humanize the participants, making them less caricatures and more beings in conflict and process. In turn, this facilitates the family members beginning to empathize with each other. As each person discloses an honest conflict, it permits others to admit their own humanness and mixed feelings. In this context, stereotypes crumble and cooperative negotiations can begin.

### FAMILY SCULPTURE

This technique, popularized in family therapy by Virginia Satir in the late 1960s, was originally a psychodramatic technique called *action*



*sociometry* (Seabourne 1963). Recognizing its roots allows it to be used more flexibly, extending the exercise so that it leads into more creative dialogue. The technique involves one member of the family using the others as if they were mannequins, setting up the spatial arrangements and nonverbal gestures so that they express the unspoken relationships among them (Constantine 1978, Jefferson 1978). It's also especially useful in multiple family group therapy, and of course can be used in conventional group therapy for an individual to describe or work with his or her own unresolved family conflicts.

Some modifications that have not been described fully enough include the following. After setting up the family, have the sculptor, who in psychodramatic terminology would be called the *protagonist*, then go around and tell each person in the sculpture a characteristic line to speak. Then have the sculpture come alive, each person speaking in turn. Following this, have the protagonist enter the scene, playing his or her own role in the sculpture, and again have the family members (or the group members playing the roles of the family) speak their instructed sentences. It might be even more powerful to have them all speak at once, as that generates the feelings of being pulled in different directions. Then have the protagonist answer each member of the family.

From this, a more extensive dialogue might emerge between the protagonist and one of the family members. The others are excused from their positions and another scene is set up between the two active participants. When that interaction is worked out, using role reversal, replay, coaching, and other techniques, another encounter can be introduced with another family member.

For younger children, instead of actually sculpting the family, a variety of transitional objects may be used to create a play sculpture: coins, chess pieces, various hand puppets. These and other items have symbolic value and can express a variety of feelings. For example, a child who chooses a mouse to represent the father and a lion to play the mother's part may be expressing a problematic power relation of some significance.

## ENCOUNTER IN FAMILY THERAPY

A common tendency for family members in conjoint sessions is to address the therapist rather than each other, as if they have reached a point where they no longer believe that they can work it out together

and instead turn to the expert. To reempower the family members as the sources of their own healing, a directive approach is required to continually redirect and remind the family members to speak to each other instead of to the therapist. This also allows the speaker to rephrase and explicitly own the statements, similar to the Gestalt therapy technique of asking the client to repeat what has just been said a moment earlier. Furthermore, there is room for the therapist to intervene and either reframe the sentence or freeze the action, review with the speaker what has just been said, and allow for a modified expression in the form of a replay.

An associated technique is to encourage a modification of eye contact or other facial expression as the family members begin to speak with each other directly. Again, in some cases such a move requires a good deal of coaching. Yet the sustaining of eye contact develops in the speaker that quality variously known as a sense of responsibility, self as locus of control, or existential authenticity. A further modification that intensifies the interaction is to have the family members involved move their chairs close to each other and take each other's hands. This can be done not only with two people, but even with five or six. Good judgment must be exercised in the timing of this intervention, but it can have powerful effects.

## THEORETICAL FOUNDATIONS

While psychology is based on a theory of mind, psychotherapy is based on a theory of praxis, that is, an understanding of how the various techniques are effective in promoting constructive change (Blatner 1992). There are many different principles involved, just as there are many different ways that the wide range of physical treatments work to foster healing.

One dynamic that is especially relevant to the use of play in therapy is that of the enhancement of vitality. This term I believe to be a better description of what Freud referred to as *primary narcissism*, being less demeaning and misleading. The vitality of early childhood, if its innocence is sustained, is not necessarily egotistical or even egocentric. Celebrating the vividness of one's own flow of emotional, imaginative, intuitional, physical, and cognitive responses leads to a consolidation of a healthy sense of core self. Yet this process is often stifled as many parenting figures or teachers seem to lack the capacity to discriminate between *childishness*—with all its immature egocentricity, all-or-nothing

modes of thinking, and capacity for quasi-dissociative modes of self-deception—and *childlikeness*, with its spontaneity, intensity, imaginativeness, vigor, and physicality. Part of the challenge of life is to preserve the latter while gradually shedding the maladaptive qualities of the former.

The cultivation of imagination, which is part of the dramatic process, invites a receptivity to the flow of the creative subconscious, and as people discover how unending and rich this flow is, they begin to enjoy and respect this natural source of vitality and individuality. In turn, developing this healthy basis of self-esteem, along with realistic achievements in becoming competent in interpersonal relationships and problem solving, all make it easier to relinquish less adaptive habits of relating and thinking.

## SUMMARY

Psychodramatic techniques are the distillation and focused expression of the natural play processes of childhood as applied in a matured format in therapy. By making use of the capacity for imagination as operationalized through the vehicle of drama, alternative viewpoints can be established. This fosters increased levels of disclosure, an increased capacity to consider other family members' points of view, and a vehicle for practicing more effective behaviors.

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