

GP 21(1) 1968

COMMENTS ON SOME COMMONLY-HELD RESERVATIONS ABOUT PSYCHODRAMA

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Professionals in the fields of psychiatry and related fields have been utilizing many new approaches to psychotherapy but they have had some reservations concerning the use of psychodramatic and action methods. In this paper, ten of the frequently expressed objections will be presented and commented on.

The first reservation about Psychodrama arises from the meaning of the use of action in therapy: is enactment equivalent to "acting out?" "Acting out" is generally conceptualized as an antitherapeutic discharge of neurotic tensions through behavior which repeats an unconscious psychic situation; one acts out instead of remembering fully with the appropriate attending emotions. Some people, however, may erroneously infer that the "remembering" must be *verbalized* instead of *enacted*, as the former seems to involve the "conscious" ego. The issue, though, is not verbalization vs. enactment, but whether or not the remembering is complete and done within a therapeutic framework. Thus, Psychodrama is not equivalent to acting out because the enactment takes place within the self-observing context of individual or group therapy. The "acting" occurs *in* the therapy and would better be called "acting-in." This method is analogous to verbal free-association: both are forms of "regression in the service of the ego." The unconscious and pre-conscious material can be brought into awareness and examined by therapist and patient. Furthermore, there is a mutual and voluntary control of behavior and a willing submission to the limits of time and reality. The enactment has the further advantage of focusing on multiple sensory modalities, as well as the spheres of intuition and feeling; yet the drama remains subject to the observing and analyzing functions of the ego.

The fear that enactment may lead to loss of control is based on a subtle norm of our culture which distrusts action and affect. In this society, enactment has the connotation of the "artificial;" it is associated with the theater, thus perceived as being somewhat frivolous and "unreal." The verbally-oriented psychotherapies of Freud, etc., were generated in a context that held these anti-dramatic values. Excitement and movement have been thought of as being part of a more childish and primitive area of life, an area which seemed to be the opposite of the cognitive and verbal spheres. The association

of action in therapy with a more impulsive and infantile mode of thought and behavior is thus based on a group of questionable assumptions.

Considering the intensity of the catharsis or the expression of conflict which can occur in psychodrama, the second criticism is raised: will the "overwhelming" anxiety precipitate psychosis or violent behavior? Although this will have to be researched statistically, there is no reason to expect that it should. The experience of anxiety occurring in any form of psychotherapy is subject to the context of the therapy and the individual's "social field." If the experience is associated with a sense of abandonment or a sense that others also fear that he may lose control, the anxiety becomes magnified. In the psychodrama, support arises from the presence of the group and the confidence and skill of the therapist. In this context, the idea of avoiding upsetting a patient is antitherapeutic. As in verbal therapies, the problem is not whether to generate anxiety, but rather how to structure this essential process in therapy: The channelling of anxiety is done through the use of proper timing and the maintenance of some effective coping strategies which are available as alternatives to the old patterns that must be renounced. The presence of the group lends further support to the protagonist, for it communicates to him that others will stay with him in his desperations. A cohesive and confident group can also be reassuring to the protagonist who fears loss of control. The phenomena of action and emotion are thus channeled to become strengths rather than liabilities in therapy.

The third objection to Psychodrama is that it seems too unnatural; that is, as a form of therapy it is quite different from what patients and some therapists may expect from a "medical model." What may not be realized is that all therapies are to some extent different in the nature of their context from the harsh and shallow everyday experience of the patient. Yet, one way of viewing psychotherapy is that it helps the patient re-experience his life and interactions in a new light. If we consider the verbal and content-oriented dialogue as one context, then the use of self-examined enactments may be considered another. These contexts could then be thought of as two different media; the world of verbal interchange is more familiar to most people, but involvement in the media of action methods opens new worlds of experience. As Marshall McLuhan suggests, "The hybrid or the meeting of two media is a moment of truth and revelation from which new form is born. For the parallel between two media holds us on the frontiers between forms that snap us out of the Narcissus-narcosis. The moment of meeting of media is a moment of freedom and release from the ordinary trance imposed by them on our senses." When an individual uses action methods,

however "unnatural" they may seem at first, he begins to see into the richness of the world of action, emotion, and imagination.

Indeed, it is surprising that the common form of psychotherapy seems so natural. The image of help arising from two people conversing in a quiet room fits many recent individual-centered norms in our society, but it is not similar to any cross-cultural "archetype" of therapy! It may be that since real lack of empirical or solid theoretical justification for any form of psychotherapy exists, and since there is a conservative tendency to follow the medical maxim of "Primum non nocere," (First, do no harm.), therapists often retreat to the least active form of therapy that is compatible with a medical model.

The needs of the therapists are perhaps reflected in the choice of a passive, conversational, and non-directive model whose roots lie in a respectable "scientific" origin of the Psychoanalytic tradition. The patient must give some validation to this overtly "medical" approach, for it is not too different (at first) from their expectations of their other doctors. These are only a few of the factors which have contributed to the norm of what is "natural" in psychotherapy in this culture.

In the light of these norms, some people might expect that it is difficult to participate in psychodrama; either in entering the enactments or taking assigned roles. Those who observe psychodrama for the first time are often impressed with how readily participants step into action and become quickly involved. Of course, the smoothness of this process will also depend on the adequacy of the warm-up and the skill of the director. Afterwards, rather than feeling that they have done something "different," participants report that their experience had been simply recreated, without having been subjected to any sense of artificiality. . . . A further criticism is that Psychodrama is "directive," implying by this that the therapist uses "tricky techniques" in an authoritarian effort to manipulate the patient's statements, so that they will fit into some preconceived theoretical bias. In answer, it should be noted that to be "directive," in the sense of requesting that the protagonist try out some activity, is not at all the same as being "directive" in the sense of imposing a focus of investigation or some interpretation on a patient. Within the drama, there remains a great deal of flexibility in the unfolding of the action, and a mutuality of choice exists as to the direction of investigation. The well-trained therapist has trust in the protagonist's creative ability to learn from the group and the enactment process itself, and will not have to spend time trying to get "points across" to the patient. Thus, it

quite possible to fully respect the protagonist's choice of what he feels ready to explore in even the most structured of psychodramas.

A fifth issue questions the usefulness of applying action methods to clarify group process. (9) The assumption may be that a group should deal with all intragroup conflicts by verbal discussion, with the implication that this is the most "direct" way of approach. In a group with communications difficulties, however, each member works from a particular perceptual and emotional frame of reference. Often only a *shared* experience can provide an object of focus to which all can relate and against which different expectancies and attitudes can be clarified. (7) The use of an action technique in this context can facilitate the group's verbal analysis of their conflict.

A sixth objection to the use of Psychodrama is that the use of "techniques" by a therapist is incompatible with an "honest and genuine relationship" with the patient. The phrase it is a "gimmick" has been used by some critics. Insofar as a therapist is not aware of his method of operating and is pretending not to be using techniques—or is unclear as to what they are—then he could justifiably be called "non-genuine." On the other hand, if the technique is used in an open manner, is explicit as to its nature, is time-limited, and is related to the enactment and not the therapeutic relationship, then the therapist is being neither insincere nor ambiguous.

A seventh criticism of Psychodrama arises from some observers who have observed the method directed by directors who have had insufficient training. These observers state that the enactments were boring to the audience, awkward for the participants, and destructive of the self-esteem of the protagonists. These criticisms relate not to Psychodrama, but to three common pitfalls of directing described below.

If the director himself is inactive, and demands only a verbal interchange with an occasional role-reversal, the enactment will seem physically and psychologically sluggish. The participants as well as the observing group will feel "bogged-down." Yet the reason for this feeling of construction in the process may be hard to recognize: For many people in our culture do not realize how action, expression, and the nuances of non-verbal communication are intrinsic to the sense of spontaneity, excitement, and involvement in our lives. Thus, to create an effective psychodrama, the director must use a proper "warm-up"; this involves, among other things, the use of a great deal of physical movement—a concept essential to the theory of action therapy. (5)

A second failure in technique arises from the director's assigning roles to the participants which are unfamiliar and/or too emotionally loaded. The

enactment will then seem awkward, because the participants will feel embarrassed and unsure of the behavior expected of them. To avoid this, a director must first build a sense of cohesion in the group, develop permissive norms of behavior, and properly "warm up" the participants. (5)

The third pitfall involves directors who feel that the therapeutic element of the psychodrama arises from interpretation. As in individual or group psychotherapy, confrontations without a context of support, or poorly-timed interpretations can lead to a distressing loss of self-esteem in the protagonist. Because Psychodrama can lead to even more exposure of the participant's feelings and fears, and allows the group to comment on his non-verbal behaviors which cannot then be denied or rationalized, there is a correspondingly greater vulnerability to ego-deflating remarks. The therapist must ensure a supportive response after the enactment in order to minimize the sense of destructiveness which can be felt by groups in the post-enactment discussion, (e.g., using techniques of "sharing," "ego-building," etc.). Often the drama itself has provided a great deal of "confrontation" to the protagonist, and the skillful director will make the fullest use of this without having to resort to intellectualized interpretations.

Related to the improper use of interpretation by the director is the pitfall of subtly altering the goal of the psychodrama towards ends not desired by the protagonist. For example, if the task of the group is to increase skill-training, (e.g., in teaching, nursing, counselling), it would be inappropriate for the leader to allow a focus on the personal problems of those in the role-playing enactments.

If the unskilled director falls into these errors of technique, it should be noted that it is not the method of psychodrama that is to blame.

An eighth criticism of psychodrama is that any use of "roles" is artificial and is contributing to a "phony" and "game-like" mode of behavior. This view arises out of a growing confusion about the meaning and implications of "taking roles." There is a growing bias against "superficiality," and many cultural tendencies which have created a distrust in the idea of roles. (It is not appropriate here to deal fully with an enumeration of the factors which have led to this bias.) Let it suffice to say that the concept of "role" has many aspects and has roots in psychological and sociological as well as psychodramatic theory. It is not a concept which need imply "phoniness," but is compatible with a model of man as an involved, spontaneous, and fully self-actualizing being. (10)

The ninth question arises from a suspicion that enactment creates distortion of the protagonist's conflict, thus rendering the method invalid. This

criticism can also be directed at the verbal psychotherapies: the reconstruction of past events is subject to the censorship of the patient. However, the introduction of action leads to a mobilization of somasthetic cues which in turn stimulate action. This immersion in the sense-memories of the protagonist leads to his further involvement and a reduction of defensive maneuvers which would distort the revelation of the historical event. Indeed, the criticism of "distortion" might be less relevant to psychodrama than to other therapies.

The last reservation about Psychodrama that will be commented upon is that the method awaits the validation of properly-controlled outcome studies. Although this problem is relevant to other forms of psychotherapy, there is nonetheless a responsibility of serious workers in the field to continue to subject their activities to rigorous theoretical and empirical research.

In summary, this paper has presented an attempt to answer ten commonly-held reservations about the use of the psychodramatic method in psychotherapy. The author hopes that this commentary will stimulate further dialogue about the indications and applications of these different techniques.

REFERENCES

1. BLATNER, H. "Goal Orientation & Action Orientation as Two Criteria for Patient Selection in Therapy"—Unpublished.
2. KREITLER, H., & EBBLINGER, S. "Psychiatric and Cultural Aspects of the Opposition to Psychodrama" *Group Psychotherapy* 14:215, 1961.
3. MORENO, J. L. Significance of the Therapeutic Format and the Place of Acting Out in Psychotherapy, *Group Psychotherapy*, 8:7-19, 1955.
4. McLuhan, Marshall. *Understanding Media*, Signet, 1967.
5. KIPPER, D. A. On Spontaneity, *Group Psychotherapy* 20: (#1), March, 1967.
6. BIRDWHISTEL, RAY. Keynote address to V.P.G.A., March 31, 1963.
7. BACH, GEORGE. *Intensive Group Psychotherapy*, Ronald Press, 1954.
8. DEUTSCH, FELIX. "Analytic Posturology and Synesthesiology" *Psychoanalytic Review*, 50:40-67, Spring, 1963.
9. BLATNER, H. "The Use of Psychodramatic Techniques in Group Therapy," 1968 (in a syllabus edited by H. Blatner).
10. BIDDLE, BRUCE J., & THOMAS, EDWIN J., Eds. *Rohle Theory: Concepts and Research*, John Wiley & Sons, New York, 1966.
11. MANN, JOHN. "Evaluation of Group Psychotherapy: a Review in Evidence" in *The International Handbook of Group Psychotherapy*, Moreno, J. L., Ed. Philosophical Library, New York, 1966.