

Psychodrama: Conception, Evolution, Evidence and Applications

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Psychodrama has been evolving since its creation by Jacob Moreno in 1921. It is an approach that was designed to allow catharsis through spontaneous recreation of scenes from life, performed on a stage, and leading to enhanced balance in life. This review explores the development of and rationale for psychodrama, the stages of the process, the contemporary models and applications, particularly its use with those recovering from trauma, and the wider evidence base.

"Psychodrama was born on Fool's Day, April 1, 1921, between 7:00 and 10:00 p.m." (Moreno, 1946b, p. 1).

Psychodrama began as an experiment in improvisation and spontaneity on a Viennese stage in 1921, instigated by its founder Jacob Levy Moreno, a Romanian-American psychiatrist, psychosociologist, and educator (Moreno, 1946b). Today, Psychodrama is utilised worldwide as a psychotherapy which may be applied across different cultures, age groups and various mental health conditions, such as depression, recovery from sexual abuse, alcoholism and post-traumatic stress disorder (PTSD) (Dehnavi, Hashemi, & Zadeh-Mohammadi, 2016; Landy 2007; Sang, Huang, Benko, & Wu, 2018; Souilm & Ali, 2017; Varma, Karadag, Oguzhanoglu, & Özdel, 2017).

Psychodrama is defined as the action of the psyche, and is an individual action psychotherapy which uses a group setting (Landy, 2007; Moreno, 1946b; Propper, n.d.). The historical premise of Psychodrama was that all people are born actors in which they play different roles in their daily lives. By tapping into their spontaneity, recreating scenes from life and acting out past traumas on a 'therapeutic' stage, they are able to reach catharsis and achieve balance in their lives (Moreno, 1939).

Contemporary developments of Psychodrama include the Therapeutic Spiral Model, the Experiential Reintegration Model and the Cognitive Behaviour Psychodrama Group Therapy, which can be utilised with clients who have suffered various forms of trauma which has caused a disruption in a persons' life (Hudgins & Toscani, 2013; Kipper, 2000; Treadwell & Dartnell, 2017). There have been mixed results in outcome evidence for Psychodrama's effectiveness as a psychotherapy, however, there are claims it provides a safe environment for those who have suffered from trauma (Baim, Burmeister, & Maciel, 2007;

Napier et al., 2014; Treadwell & Dartnell, 2017).

As Psychodrama nears the 100 year mark since its conception, this review will survey its development from an experiment in spontaneity, historical applications as a psychotherapy, contemporary developments, research evidence, and how it is currently applied with individuals experiencing trauma. Psychodrama has evolved into many similar types of psychotherapy, including but not limited to, Sociodrama and Drama-therapy, however for the purpose of this review, Psychodrama is referred to as the original concept developed by Moreno.

Conception and Historical Development

While Psychodrama evolved as a therapeutic technique, its genesis was not like other psychotherapies of the time, for example psychoanalysis, through collaboration with therapy peers and scholarly documentation, it's conception was as a public performance by its creator J. L. Moreno (Moreno, 1946b). In a Viennese theatre in 1921, Moreno stood alone on a stage, with only an empty throne like chair with a crown perched upon it as company, in front of an audience of his peers and local townspeople (Moreno, 1946b). There was no play, no script and no actors; this event was an experiment in spontaneity. Moreno invited audience members to the stage, to sit on the throne and to share with the audience the drama of their lives. Essentially some members of the audience became the actors and the remainder of the audience became the jury (Moreno, 1940a, 1946b). Although this theatrical event was deemed a failure, Moreno continued to explore the premise of psychodrama and developed it further during the 1920s at the Theatre of Spontaneity in Vienna, and later in Beacon, New York (Moreno, 1946b). It was not until the early 1940s that psychodrama became a formalised psychotherapy with its own professional association, moving away from its traditional roots of theatrical improvisation and experimentation into a structured format that was subjected to rigorous experimental control (Kedem-Tahar & Kellermann, 1996; Moreno & Toeman, 1942).

The development of Psychodrama took place during the time when Freuds' individual psychoanalysis, the 'talking cure',

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was the dominant psychotherapy in Austria and across Europe (Landy, 2007; Moreno, 1946b). Psychotherapy was deemed a private matter and only for the rich, Psychodrama was met with resistance in Europe as it was thought to be bringing private matters into the public eye (Moreno, 1946a; Moreno & Toeman, 1942). Moreno believed that change occurred more in a person by dramatizing a previous trauma, that had lead the person to a place of imbalance or mental illness, unlike psychoanalysis which focused more on talking (Landy, 2007). Moreno found that people at the time, regardless of economic status, suffered from similar neurosis and maladjustments to those who could afford psychoanalysis. Psychodrama was one of the first forms of group based psychotherapy, and was a way for those from lower socio-economic backgrounds to be able to seek the help they needed (Moreno, 1940b). Psychodrama was used originally to treat many conditions including, alcoholism, marital problems, psychosis, manic depression and psychoneurosis (Moreno, 1939). Psychodrama was also utilised to help those who the psychoanalyst believed could not be helped, for example, misfits, narcissists and schizophrenics (Moreno, 1940b; Moreno & Toeman, 1942).

Spontaneity and Catharsis

The original aim of Psychodrama was to provide a therapeutic environment in which spontaneity and catharsis could be induced in a mentally ill person to bring back balance to the individual (Moreno, 1940a). Moreno believed that the dramatic re-enactment of a past trauma would access the unconscious parts of a persons' psyche, and by acting out or objectifying the problem or previous trauma on the stage, that it would produce a mental catharsis in the individual (Moreno, 1939, 1940a, 1940b). Moreno (1940a) defined mental catharsis, as the bringing back of equilibrium to a mentally ill persons' psyche. Although, mental catharsis as a theory of change was first introduced by psychoanalysts, they later abandoned the theory. Moreno believed mental catharsis still had relevance to produce change thus he incorporated it into his theory of psychodrama (Moreno, 1940). Moreno and Toeman (1942) identified three ways in which catharsis could be achieved: 1) self-therapy, where a person finds catharsis by themselves; 2) the dialogue method, where the person converses with a trained therapist to possibly reach catharsis; and 3) the dramatic and or group method, which contains both self-therapy and dialogue method. Dramatic method was shown in an early study to be more affective in an individual reaching catharsis than self – and or dialogue – methods (Moreno & Toeman, 1942). Another early study by Moreno (1939) showed that when a patient was in a psychodramatic state, they re-called more of the trauma in further detail, than was recorded during the initial interview.

Roles and Role Theory

As well as spontaneity and catharsis to promote change, psychodrama utilises Moreno's role theory. Role theory states that all people are interconnected, and each individual reacts in a different way depending upon the environment in which they find themselves at a given moment. There are three types of roles all individuals play throughout their lives, social, psychodramatic and psychosomatic. The social role is the role where individuals fit in relation to others, for example co-worker, daughter, or friend (Landy, 2007). The psychodramatic roles are ones of companionship, adventurer and the words we speak. The psychosomatic roles are our thoughts, feelings and

behaviour (Tavon, 2001; The Moreno Psychodrama Society, n.d.). People are considered to play many roles and counter-roles throughout their lives, similar to an actor on the stage. The roles in a Psychodrama include the protagonist (the client), the director (the therapist) and the auxiliary egos (other members of the group). The role each member of the group portrays, including the therapist, are essential to the mentally ill individual reaching catharsis (Moreno, 1940b).

The client in the dramatic act becomes the protagonist, the person central to the psychodrama, the portrayer of his own real world in an imaginary setting, the psychodramatic stage (Landy, 2007; Moreno, 1946a). The protagonist recalls an earlier scenario that has caused problems and conveys this to the director. The protagonist will most usually direct their attention to each auxiliary ego they wish to play each role of people in their real world, for example their mother (Landy, 2007). The director of the production is the therapist and in their role they act as producer, therapist and analyst of the scene (Tavon, 2001). It is important that the director be seen by all members of the group, and that they can see all the group, this fosters an illusion that communication and an interpersonal relationship is being made between all participants and the director, it also allows the director to see facial expressions, reactions and body language of all participants, which adds therapeutic value (Moreno & Toeman, 1942). The director sets the scene from the discussion with the protagonist and directs the auxiliary egos, chosen by the protagonist as to where to stand (Landy, 2007). The auxiliary egos are the other group participants, originally they were staff or confederates of the therapist, however, today auxiliary egos are other members of the therapy group. Auxiliary egos act as prompts or foils for the protagonist, which enables them to complete the imaginary scene (Moreno, 1940b). Auxiliary egos may take on the role of any person, for example an adult may play the role of a child (Moreno, 1969).

The Psychodramatic Session

There are three phases in a psychodramatic session, the warm-up, the action and the analysis. Each phase of the session has a specific purpose and takes place on a different level of the therapeutic stage, the stage was designed to add therapeutic value to the session (Landy, 2007). The psychodramatic stage has three levels and it is on the bottom level that the therapist/director sits facing the audience members, who will become the protagonist and auxiliary egos, to conduct the first phase of the psychodrama, the interview. The interview begins the session and consists of the therapist introducing a topic for discussion, from this discussion an audience member is chosen or volunteers to become the protagonist (Moreno, 1946b).

The Warm-up.

After the protagonist has been identified the warm-up phase begins, the director and protagonist sit together on the second tier of the stage facing each other at eye level, it is an important part of psychodrama that the client feels that they are equal to the therapist (Moreno, 1946b). The protagonist is asked to recall the time of a specific incident, for example a past trauma, and assumes that role through the use of body positions, words and mental imagery, this process is said to create spontaneity (Moreno, 1939; Landy, 2007). The protagonist also indicates to the director who else was present at the time and chooses auxiliary ego's to take part. The warm-up process may be short or long, the timing depends upon the protagonist (Moreno, 1939).

The Action Phase.

The action phase is where the scene of the trauma is acted out, the protagonist and auxiliary egos take their place on the top tier of the stage and the director begins the action (Moreno, 1946b). The director may use various techniques in this phase such as mirroring, role reversal, the double and the soliloquy, to invoke a response from the protagonist (Landy, 2007). In mirroring the protagonist, steps away from the staged scene to observe the action from the outside, they act as their own therapist, an auxiliary ego takes on the protagonist's role. Role reversal involves the protagonist switching to another role in the drama being acted out, for example, taking on the role of their mother. The double is an auxiliary ego taking on the role of the protagonist and projecting back to them the empathy they desire, the aim is for the protagonist to become aware of feelings and thoughts that may be buried deep inside. The soliloquy takes place between acts, the protagonist is left alone on the stage and acts out their thoughts and feelings they are having in the here and now (Landy, 2007; Propper, n.d.).

The Analysis.

Analysis of the session takes place on the bottom tier of the stage, which usually begins after the protagonist has reached an emotional release or catharsis. The analysis may include other group members sharing similar experiences with the protagonist, which may help the protagonist to further process the session (Landy, 2007).

Contemporary Developments and Rationale

Moreno's concept of psychodrama and its application have been approached in a transdisciplinary way by many current psycho-dramatists (Baim et al., 2007). Its development and reformulation over the years can be observed, among others, in Rogerian psychodrama, psychoanalytic psychodrama and Jungian psychodrama (Baim et al., 2007). Its aspects and techniques have also been used within psychoanalytic object relations theory, cognitive therapy, Glasser's reality therapy, behaviour therapy, Adler's individual psychology, Gestalt, Bowen's family system therapy and Berne's transactional analysis (Baim et al., 2007; Blatner, 1997; Gershoni, 2003). Currently, Psychodrama is represented around the world with individual associations in countries such as Britain, Australia & New Zealand, America and India (The Moreno Psychodrama Society, n.d.). Psychodrama forms part of the International Association for Group Psychotherapy and Group Processes (IAGP) which aims to advance the knowledge and scientific evidence of the effectiveness of Psychodrama (IAGP, n.d.). The IAGP is affiliated with psychodrama organisations and associations worldwide including but not limited to Brazil, Belgium, Costa Rica, France, Spain, Great Britain and Turkey (Rakhawy, n.d.). More recently psychodrama has been gaining popularity in Asian countries such as Taiwan and China (Lai & Tsai, 2014; Sang et al., 2018). The rationale of psychodramas inclusion in contemporary times is due to its wide range of applications to various mental illnesses, for example PTSD; domestic violence; survivors of natural disasters and war and an ongoing commitment from current psychotherapists to continue to build on Moreno's original concepts (Baim et al., 2007; Blatner, 2012; Hudgins, 2002; Hudgins & Toscani, 2013; Gershoni, 2003).

Research Evidence

Many countries recognize psychodrama as a

psychotherapy method which is successfully utilized in the treatment of trauma, however, there is still a lack of systematic research on the effectiveness of psychodrama (Baim et al., 2007; Kipper & Ritchie, 2003; Uneri, Yildirim, Tanidir, & Aytemiz, 2016). According to the available research, experiential therapies are as effective as psychodynamic and cognitive approaches, and more successful when applied for treating anxiety and PTSD (Baim et al., 2007; Elliott, Greenberg, & Lietaer, 2004; Greenberg, Watson, & Lietaer, 1998). Altinay (2003) describes how psychodrama can be utilized when helping trauma survivors after natural disasters. The researchers went to Turkey after a massive earthquake killed almost 30,000 people and left 100,000 of others without any shelter. The researches ran a series of meetings for two types of groups, i.e. trauma survivors and those who were about to be train how to provide interventions based on psychodrama. Altinay formulated his model of intervention, however, basing it on core tenets of Moreno's original concept (2003). The results were more promising than one could have wished for. It was observed and self-reported by participants that even after one psychodrama session all the problems and anxieties caused by the earthquake trauma were gone (Altinay, 2003). The benefits of implementing psychodrama into psychological interventions were also observed by Chang (2005) who investigated how it was adjusted to cultural frame and possibilities when helping children who survived an earthquake in 1999 in Taiwan. There is evidence that psychodrama does not meet the standards for evidence-based research, yet Austrian and Hungarian governments give it accreditation to be utilized as a form of psychotherapy (Baim et al., 2007). It has been a challenge for researchers to create a valid and standardized psychological instrument that would measure the effectiveness of psychodrama (Napier et al., 2014). especially since there is a plethora of qualitative research based on self-reports or observations. The emphasis is put "... on meaning, not measurement." (Napier et al., 2014, pp.118). The analysis of available research on psychodrama described in Baim et al. (2007) found that there are at least a few studies that show good results when applied to treating various mental health disorders, especially PTSD and depression (Dehnavi et al., 2016; Souilm & Ali, 2017; Varma, Karadag, Oguzhanoglu, & Özdel, 2017). The future of more evidence-based research on psychodrama seems to depend on its combination with or implementation into one of the main psychological approaches such as, for instance, cognitive behavioural therapy (CBT) (Napier et al., 2014).

Psychodrama and Trauma

The Australian Psychological Society defines trauma as experiencing or witnessing a life-threatening or frightening situation that "...can result in difficulty in coping or functioning normally." (2018, para. 1). Traumatic experiences strongly influence cognitive, emotional, behavioural, physical, psychological and biochemical processes in our mind and body (van der Kolk, McFarlane, & Weisæth, 1996). In some people, memories of traumatic events may not get processed due to distortion of perceptions and thoughts, yet the body, on a sensorimotor level stays active as if the threat was still present (Dayton, 2005). What distinguishes psychodrama from other available therapies is that it perceives the client's use of body as a way of expressing hidden or unconscious thoughts and feelings (Fong, 2006). It serves as a bridge, which can help with the awareness of sensorimotor feelings to access and express verbally the experienced trauma. Under the counsellor's guidance through physical re-enactment, the body and mind are brought to

here-and-now, which enables the memories of traumatic events to be processed (Kipper, 1998; Van der Kolk, 2014). People who have experienced trauma tend to be hypervigilant and sensitive to any signs of danger in their environment (Van der Kolk, 2014). When they experience catharsis of emotions, the new insight appears and feelings, once perceived as being strongly conjoined get separated, hence understood much better, clients get back their ability to react adequately to various situations they face (Dayton, 2003). Since various psychotherapeutic approaches incorporate psychodrama technique in the gamut of the methods they use to help the client, this form of intervention is applied both in individual and group treatment (Baim et al., 2007; Clark & Davis-Gage, 2010).

Contemporary Models

There are three contemporary therapeutic models, developed on the grounds of Moreno's classical psychodrama, and utilised to with clients who have had traumatic experiences: The Therapeutic Spiral Model (Hudgins & Toscani, 2013); the Experiential Reintegration Model (Kipper, 2000); Cognitive Behavioral Psychodrama Group Therapy.

The Therapeutic Spiral Model's (TSM) theoretical base lies in Moreno's spontaneity and creativity idea as well as Blatner's Role Theory (Blatner, 2000; Hudgins & Toscani, 2013). Blatner's role theory differs from Moreno's in the following aspects: presence of observing ego, management of defences, intrapsychic, intrapersonal and transpersonal strength (Baim et al., 2007). TSM is a three-day workshop with the key goal to ensure that the client will not be re-traumatized when faced with their intense emotions (Baim et al., 2007). TSM is effective and safe for those who, after experiencing trauma are struggling with dissociative mood and PTSD (van der Kolk, 2014; Hudgins & Toscani, 2013). The signs of trauma lessen through spontaneity and creativity that create change by enabling a new self-organisation, relating to others empathetically, adaptive use of emotional release (catharsis) and repair, and new personal narratives (Baim et al., 2007).

The Experiential Reintegration Model (EMR) also known as Experiential Reintegration Action Therapy (ERAT) is applied in a group therapy setting and its main goal is to enable, alter, enrich, replace, examine or correct the painful experiences of trauma. The client re-enacts the traumatic event with no alterations, however, the client implements a new satisfactory ending and their stored-up emotions can be released (Baim et al., 2007). ERAT consists of the following key elements: "experience, a significant experience, context, emotional reactions, reintegration" (Baim et al., 2007, pp. 42). Experiences that are processed during ERAT are divided into four categories from two-dimensional perspective, i.e. its occurrence in the past or not; emotional perception of the event, either positive or negative (Baim et al., 2007). Such division enables the therapist to choose the directional strategy appropriate for the given category of the experience. The emphasis is put on changing the impact traumatic experience has had on the client by allowing and encouraging the protagonist to create a new alternative positive ending, an experience that will be cathartic and that will provide the client with some perspective (Baim et al., 2007). The other approach within this model is to allow the client to enact the worst-case scenario. The aim of using this strategy is to help clients realize that the difficult situations they have had experienced may have had more damaging impact on them and their life (Baim et al., 2007). There are some restrictions concerning applying this

technique, namely the clients' past experience should be rather moderate in its nature and be used only when the therapist is sure that "...the protagonist's ego is strong enough to prevent unintended harm." (Baim et al., 2007, pp.49). Moreover, the last two strategies refer to the present and the future since the client is encouraged to enact the new experiences he or she would like to occur in reality and to practice the acquired skills (Baim et al., 2007).

Psychodrama techniques have been successfully combined with cognitive behavioural therapy when working with groups (Fisher, 2007; Treadwell & Dartnell, 2017; Treadwell, Kumar, & Wright, 2002). Treadwell created a Cognitive Behavioral Psychodrama Group Therapy (CBPGT) approach that focuses on clients recognizing their negative thought patterns and then rehearsing new behaviours in the safe environment of group session (2017). Moreno's influence can be observed in the way sessions are structured, i.e. they consist of three following parts: warm-up, action, and sharing (Treadwell & Dartnell, 2017). The similarities of cognitive approaches and psychodrama were investigated (Baim et al., 2007; Fisher, 2007) and showed that they can complete each other (Treadwell & Dartnell, 2017).

In conclusion, Psychodrama seems to be widely acclaimed as its application can be observed in different schools of psychotherapy and there are no signs that its time has come to and end. On the contrary, Moreno's work has given rise to many contemporary developments of psychological interventions. Psychodrama as a method has been shown to help people to process traumatic experiences, through spontaneity and mental-catharsis and effectively reduces symptoms of trauma as well as other mental health problems. The combination of psychodrama techniques with cognitive approaches seems to be very promising, as far as evidence-based data is concerned. Moreover, the research shows that it appears to be as effective as other psychological approaches.

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