The Use of Psychodrama in the Treatment of Psychoneurotic Patients*

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PSYCHODRAMATIC therapy in the treatment of psychoneurotic patients has thus far found little application. This may be due in part to the fact that psychodrama as a therapeutic method has from its incipiency been more or less restricted to institutional settings in which technical facilities, personnel and large numbers of persons were usually available. Due to the fact that psychoneurotic patients are usually treated as out-patients, it is understandable that so little has been done in this area.

Psychodrama differs radically from regular drama in being primarily a spontaneous form of expression. In a sense it is a projective technique in which the patient's suppressed and repressed thoughts, feelings, behavior and reaction patterns, and past experiences may be more readily expressed and brought to conscious awareness. Actually, psychodrama acts as a device for outwitting ego defenses and resistances. As Moreno has pointed out, the ego is so heavily engaged in directing and performing that its capacity for creating resistance to therapy is markedly reduced. In psychodrama there is a dynamic portrayal of the player's own affectively charged life experiences rather than a portrayal of another character in a previously created and rehearsed presentation. There is no form, no plot, nor structure. It is entirely spontaneous.

Varying from this more orthodox type of technique, we have also employed the audience and spectator procedure, in which the impact, as in the classical drama, is created by stimulating identification responses. Identification can, of course, occur in two ways: first, conscious or unconscious identification by means of role playing; and secondly, conscious or unconscious identification as a result of spectator response. We can readily see that the latter type of therapy is particularly suited to the simultaneous treatment of fairly large groups of patients. We have found that most patients in our therapy groups have derived varying degrees of therapeutic benefits from audience participation. Audience and player reactions are ventilated and discussed following the presentation. This has proven to be of great value.

We have observed that this form of therapy may often be effective with patients who demonstrate marked resistance. For example, a patient who had been affectively undemonstrative for several months during individual and group psychotherapeutic sessions began to shed copious tears shortly after she embarked on a portrayal of a scene from her life with her punishing grandmother. The suddeness and spontaneity of response is often amazing, particularly, to one accustomed to the more orthodox and laborious methods for eliciting abreaction. Frequently one has the impression that it is as though an emotional chain reaction has been set off and the psyche overwhelmed with affectivity. Thus, for instance, a patient who has considerable anxiety, embarrassment or guilt feelings about expressing certain reactions may be activated into a marked outburst of emotion. For example, a skit was being portrayed by a patient and his supporting cast in which his tyrannical and cruel father was intimidating and beating his mother. At the height of the simulated beating a very withdrawn uncommunicative schizoid type of male patient arose in the audience to everyone's surprise and excitedly shouted as he gesticulated with his fists: "Good! Good! Give it to her." Later, this patient admitted that he loved to see women, and particularly a mother figure, beaten by men. This reaction was of great value in arriving at certain of the patient's basic problems.

The experience of expressing tabooed and repressed feelings without retaliation has great value in relieving anxiety. The anticipated punishment by the parental authority (therapist) and the group (patients, or siblings) is not forthcoming. Instead, the patient receives praise and understanding especially from those who either consciously or unconsciously identify with his experience and feelings, and thus may respond with greater sympathy and empathy. Of significance is the observation that certain patients who have been under individual or group therapy and who have failed to

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consciously re-experience deeply repressed traumatically painful affective experiences of their early life may often relive these in a strikingly realistic manner on the stage. I recall a case in which, the patient an extremely passive middle-aged bachelor, presented predominantly symptoms of depression, anxiety, and insomnia. In addition, patient complained about pressure type of headache and dizziness periodically. Patient stated that he had been drinking excessively for over twenty years. He admitted a high degree of dependency on his mother with whom he still resided. As he pointed out later, it seemed as though, "I were unconsciously bound (wedded) to my mother." He explained that he had had a domineering, punishing, alcoholic father, who had ever since he could remember abused both him and his mother. This, he said, drove us closer together. Mother would always act protective and still retains this attitude conveying repeatedly the feeling that, "I was too delicate, weak and otherwise inadequate to face the world alone. She always made me feel guilty about going out socially and leaving her alone. I felt trapped and found that only alcohol and mother could relieve my inner anxieties and guilt."

In the presentation the father figure was portrayed by Mr. James Butcher, a professor of drama at Howard University, who enacted the strong, aggressive, brutal, punishing father. In the stormy scene in which his father was shouting at him and beating him while his mother made her usual attempt to protect him, he began to shake all over, apparently paralyzed with fear. Afterwards he remarked, "Up there on the stage I felt as though I were about five years old again." He paused, seemed preoccupied, then went on, "I never realized that I was so terribly afraid of my father. That's who I've been afraid of all these years." Then he smiled and remarked, "But it really doesn't make sense now, doctor, he's been dead for over twenty years." In further discussion this patient realized that his fear of other men who represented aggressive and, to him, threatening personalities similar to his father, could be attributed to his early intense fear of his father, which he had unconsciously transferred to others. Since then this patient had been relieved of his symptoms and has become a much more aggressive male. His former passivity with women is greatly diminished and for the first time he has been able to demonstrate real initiative toward the opposite sex. He no longer displays his former acute uneasiness and anxiety around aggressive males. For the first time he has been able to experience a leadership role in a group. He has largely resolved his formerly strong maternal dependency feelings. As a matter of fact, he has been able to establish his first serious heterosexual relationship in which he has definitely established himself in a strong, dominant male role. For the past year, he has remained completely abstinent from alcohol and gives no indication of ever desiring, or requiring intoxicating liquors in the future, pointing out that he had drunk primarily to relieve his anxiety and to maintain his state of dependency.

The psychodrama technique further exploits another facet of human need, namely, the need to protest. Of what value is protest without an audience? The psychodrama group constitutes a fairly intimate audience from whom no reprisals or threat of such is present. Obviously, this is important since many protests are stifled, suppressed and repressed by fear of disapproval or reprisal. For instance, a female patient used the occasion when men were present in the group to register her strong feelings of contempt and bitterness towards men. She spoke of the gross injustices done her by men, of their selfishness and excessive demands upon women. It was one of the most blistering attacks upon males I had ever witnessed. Soon after one of the men in the group portrayed his feelings in a strong protest describing the bitter experiences with his first wife, he railed against her insatiability, her unjust demands, her lack of devotion, promiscuity and infidelity. This discharge of feeling went on for over an hour. Of interest is the fact that during repeated individual sessions at the clinic neither of these two patients had previously discussed their feelings toward the opposite sex.

Patients who in individual or group therapy situations are inhibited and self-conscious, in particular, overly group-conscious, may soon after initial performances reveal a rapid dissipation of such anxiety, commonly referred to as "stage fright." The dreaded faux pas does not usually occur and if it does, the patient finds that the audience is most sympathetic and non-critical for the most part. To deal with resistances due to the aforementioned anxiety as well as from other causes, the author has often employed the technique of the

third or hypothetical person and situation, as illustrated in the following example:

A young female patient was highly perplexed and troubled by her husband's strong feelings of mother dependency and his constant show of attention to his mother, often leaving her alone evenings on various pretexts that mother needs this or that, etc. Furthermore, she felt quite unhappy over her newly acquired mother-in-law's complete rejection of her. The mother-in-law, we discovered was true to type—a highly possessive, self centered personality with deep anxiety over losing her only son (as she put it). The patient was persuaded to write and direct a skit concerning a similar hypothetical situation. Soon after the performance of this got under way, she became so emotionally involved that she unconsciously substituted the names of her husband and mother-in-law for the simulated figures represented.

There are patients who reveal their concealed passivity by inability to portray an aggressive role. For example, one female patient selected another older male patient to portray her father, a strong protective person who would intervene on her behalf whenever she felt threatened or abused by her step-mother. In the presentation the supposed father was so weak and ineffective in his intervention that the patient began shaking her head and pointing out that he wasn't actually portraying her father. The supposed father figure had up to then skillfully in part concealed his real passivity by acting aggressively outwardly (pseudo aggression) talking excessively and in a loud manner trying to capture the attention of and dominate the group in discussion insisting on his being given preference and priority.

Then there are those patients whose feelings of aggression and hostility are so repressed as to present a very passive, quiet exterior. One middle-aged male patient was asked to play a role which called for a calm, dignified husband. However, in acting out the actual scene this patient got so aggressive with the wife figure shaking her so rigorously that she actually became quite frightened. Feeling relatively secure this patient had given vent to aggressive feelings which he ordinarily repressed. In another skit, a patient playing the role of the punishing father exploited his opportunity to deliver quite stinging blows to this supposed son's derrière.

Various gestures or postures may have considerable meaning. For instance, a male patient who when threatened in a scene by a punishing father figure clutched the arm of the mother figure for dear life. These gestures are of particular significance when they represent spontaneous movements of which the patient is consciously unaware. In another skit in which a female patient was acting out her feelings towards her husband, she reconstructed a scene in which the husband reached out his arm to assist her as they walked down the steps from church. In the scene she relived her feelings of rejection towards her husband by quickly pushing the supporting arm away and drawing back. Her thought at that point as explained in the discussion later was, "leave me alone, I need someone I can really depend on." She further pointed out that she had had an alcoholic father whose actions were unpredictable and upon whom she and her mother could never depend. Then she explained, "Oh, Jack is so wishy-wash, so weak. Why can't he be a man?" In public, her husband's displays of weakness and shyness embarrassed her in a manner reminding her of the humiliation that her weak drunken father had caused her. She told of how mother had to make herself independent, and go to work to support the family. This was the identical pattern to which the patient had adjusted herself in her marriage. Inspite of the fact that she had two children and despite the protests of her husband, this patient had gone to work. Because of her need to dominate in order to feel some measure of security, she had made a neurotic choice in a marriage partner, selecting a young man who was shy, dependent, and easily led. As she later put it, "I now realize that I had to have a man whom I could handle and who, therefore was no threat to me. I feared a repetition of the situation in which my poor mother at once found herself, dependent on and at the mercy of my alcoholic father." She further recognized that whereas father had made her mother suffer, she was now making her husband suffer domination, humiliation, and embarrassment. In the psychodrama presentation she clearly demonstrated her strong inner feeling of contempt for weak passive men.

Further analysis revealed that she did not feel secure in her coital relations with her husband due to both his passivity as a lover and because he suf-

...red from ejaculatio praecox.

In psychodrama, as aforementioned strong iden-...ation reactions often occur. A skit was being portrayed of a father who was brutal and tyranni-...al towards his wife and children and as a scene ... the father beating a child was enacted a female ...tient who had previously been unresponsive and ...d refused to go on the stage cried out, "That's ... That's me! My father treated me even worse ...an that." The patient was then invited on to the ...age where she literally poured out her strongly ...ressed feelings of hatred towards her father. ... even went so far as to reveal that she had ...lled a young man when she was but seventeen ...ause he was trying to forcefully seduce her. He acted so much like my father and I had sworn I would never let any man lay his dirty hands upon ... the way father did mother." She later came to ...lize that her long repressed desire to kill her ...ther was spent in stabbing a man whom she un-...ciously identified with her father.

DISCUSSION

Psychodrama, as noted earlier, can often activate ...rkedly repressed and inhibited patients. After ...nessing several performances we have observed ... a quite passive, inhibited patient may first talk ...dividually to certain patients in the group and ...ly later take part in the general discussion. Fol-...lowing a moving scene, he may become emotionally ...volved in the dynamic situations presented.

Finding that his initial contributions are well ...ived, he may then overcome his anxiety towards ...others, feel a greater degree of acceptance in the ...oup and consequently enhanced self-acceptance ... this trend continues.

Abreaction within a group may be in many in-...nces beneficial, in particular as far as the relief ... guilt is concerned. Often the group alone can ...vide the necessary social acceptance and forgive-...s which the patient requires. Anxiety laden sym-..., experiences and problems are often reduced ...real proportions in the group, for example, I have had that kind of pain"; "I've experienced ..." "You have nothing to worry about or sim-...ar types of spontaneous responses from other ...ients. There are patients who resist portrayal of ...ir own past conflict situations and are more ...n likely to accept a role in the dramatization ... another patient's problems.

If the conflicts dramatically presented are identical with those of the patient, he may discharge considerable affect and reveal some of his repressed feelings and thoughts.

Where resistance is manifest and particularly with a new group of patients, it is well to devote some time to dramatizing motives and reasons for feelings of resistance.

Patients who formerly felt resistance which has been resolved are often very effective in aiding others to cooperate more fully.

Hypothetical types of resistance based on clinical observation can be presented in order to create insight and induce discussion of resistance.

We have observed that psychodrama is often an excellent method for evaluating the progress of the patient. As for example, in determining the degree of excessive feelings of passivity or aggression, dependence or independence, inferiority or superiority, etc. In spontaneous acting out, as previously indicated, a patient suffering from concealed passivity finds it well-nigh impossible to satisfactorily portray a character role calling for a strong display of genuine aggression. When the patient can do this, he has already largely resolved his passivity.

The most desirable responses are usually obtained when the patients consent to portray episodes from their own lives. The results can then be direct and spontaneous.

I have found this technique often has a very particular appeal to the rather infantile omnipotent-omniscient and narcistic type of patient who is obviously quite flattered at the unique opportunity to become the center of attraction on the stage—to have an audience with the possibility of winning attention, praise and admiration. Such patients are often quite resistive to and impatient with longer periods of glamorless psychotherapy. Very often, the most effective therapeutic impact on such patients can be achieved by placing them in the spectator role, so that the childish behavior patterns similar to their own can be forcefully portrayed in a "reductio ad absurdum" manner. To quote Burns,

> "O wad some power the Giftie gie us
> To see oursels as ithers see us
> It wad from mony a blunder free us
> An foolish notion."

CONCLUSIONS

Psychodrama affords a technique by means of which the following ends can be achieved:

1. Facilitation of recall of repressed painful, traumatic episodes.
2. Abreaction.
3. Increased insight and understanding of one's problems.
4. Strengthening of ego and transfer of initiative to patients.
5. Dissipation of social anxieties and increased social maturity.
6. Group acceptance.
7. Realization of needs for recognition by others.
8. Increased self-acceptance.
9. Therapeutic gains from identification reactions with other patients or hypothetically created examples as well as over all indentification with the group as a whole.
10. Value of this method for the discharge of repressed guilt, anxiety and hostility is indicated.