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The Use of Psychodrama and Sociometry Techniques in Psychodynamic and Other Process Groups

MARY W. NICHOLAS, PH.D., LCSW, CGP, FAGPA

ABSTRACT

Psychodrama and its handmaiden sociometry, once prominent in the field of group therapy, are rarely practiced in outpatient groups today. The author describes how simple-to-use, elegant, and powerful techniques from psychodrama and sociometry can safely and seamlessly be applied as first aid to a struggling outpatient group, enhancing the group's spontaneity, depth of connection, and capacity to engage in here-and-now process work.

P psychodrama is a complex and powerful approach to group work that features physical movement and the dramatic improvisation of group members' problems. It can be adapted as a whole or in part to virtually any educational, organizational, or psychotherapeutic setting or population (Kellerman, 1992; Sacks, 1993). Despite the apparent lack of incompatibility or inconsistency between dynamic verbal models and psychodrama (Blatner, 2009), for reasons that will be explained below, few practitioners have employed psychodrama in ongoing or short-term outpatient groups. This article will describe how psychodramatic techniques can be smoothly integrated into an ongoing outpatient process group.

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HISTORY, THEORY, AND APPLICATIONS OF PSYCHODRAMA

Dr. Jacob. Moreno (1889–1974), the inventor of psychodrama, was a maverick in the world of psychiatry from the outset of his career in Vienna in 1912. Disdaining dyadic treatment as elitist, he thought all therapy should take place in groups and should include physical movement and expression. Moreno conceptualized the group, rather than the individual, as the patient (Moreno, 1969/1975).

As a young psychiatrist, Moreno told Freud personally that the world would soon recognize psychodrama's superiority over psychoanalysis (Moreno, 1946/1972), which he claimed "replaces the mystery of existence by a scheme of unreal transactions, promising self-realization to the patient, but actually depriving him of finding his essence in life itself (Moreno 1969/1975, p. 24). By contrast, he saw psychodrama as full of life—a co-created group drama, led by a director not a doctor, that is existentially meaningful, and thus healing, not just for the *protagonist* of the drama, but for the entire group.

Moreno did not do ongoing therapy in the consulting room, rather he conducted single sessions in theaters and large public spaces. Viewed as theater, not therapy, there was no therapeutic contract, and confidentiality was not an issue. From the 1940s to the 1980s, there were open theaters in Manhattan and at Moreno's training center in Beacon, New York, where anyone could come in off the street and participate in a very intense and personal psychodrama group. Moreno did psychodrama everywhere—from a well baby clinic to Sing Sing prison (Moreno, 1969/1975), and in a myriad of other venues. His followers continue to do powerful psychodramas with large and difficult populations all over the world.

Psychodramatists have been very effective in their work with severely mentally ill patients and difficult adolescents. One would think that getting highly medicated inpatients or surly teenagers to improvise would be hard, but stimulating sociometry and psychodrama warm-ups readily get them out of their seats and chatting eagerly with one another. An advantage of psychodrama in inpatient and partial hospital settings with a revolving-door population is that each session stands alone, making it unnecessary to have a consistent composition from one session to the next. In all groups, including outpatient groups, psychodrama can add "vitality and affect to groups [like Dr. Newland's] that have become desultory or have low emotional involvement" (Sacks, 1993, p. 214).

PSYCHODRAMA'S THEORY AND METHOD: RESONANCE AND DISSONANCE WITH PSYCHODYNAMIC APPROACHES

Moreno believed that spontaneity was the life force, the primary agent of creativity, coping, adaptation, and love (Nicholas, 2009). The person struggling with depression, paralyzing anxiety, or schizophrenia is shut off from his spontaneity and is stuck in old roles or ways of being. Healing occurs when the spontaneity is tapped and the person takes on new and different roles in life. Spontaneity is not impulsiveness. A spontaneous response is not only novel but appropriate, which distinguishes it from impulsivity (Sacks, 1993).

While Moreno would never have admitted it, psychodrama theories resonate more than they conflict with many psychodynamic assumptions. Louis Ormont (1993) touches on spontaneity when he recognizes immediacy in the here and now as a prerequisite to dispelling resistances in group therapy. Self-psychology groups encourage the absorption of needed parts of ourselves (“selfobjects”) through interaction with others in the group (Baker, 1993); object relations group therapists address the projection and introjection of internalized objects (Kibel, 1993). Yalom utilizes the group process to target and refashion maladaptive defenses (Yalom & Leszcz, 2005). Selfobjects, objects, defenses—all might to some degree be seen as roles.

One area where psychodrama differs greatly from psychodynamic groups is the high degree of attention paid to the body and the explicit encouragement of the physical expression of emotion. Psychodrama uses kinaesthetic awareness and physical action to identify and loosen fixed roles that are trapped in the body (for example, the hunched posture might represent the role of feeling shamed). While a psychodynamic therapist might verbally turn the patient's attention to the feeling in his body and assist him in describing his experience metaphorically (e.g., “My head feels like it's in a vise”), a psychodramatist might go further and invite a couple of group members to press their hands on his head and have him first talk to the vise, then reverse roles and speak as the vise to himself.

In terms of group dynamics, Moreno developed a set of methods which he applied to small and large groups, by which the group can easily assess and measure its own dynamics, such as the network of intra-group connections, subgroups, and themes (Hale, 2009). We will see a bit of how this works when we get to our work with Dr. Newland's group. Moreno believed that human beings are joined by units of connection that he termed *tele*. *Tele* is “the full range of conscious, unconscious, cognitive and emotional

communications in any genuine human contact or *encounter*" (Sacks, 1993, p. 215). It is the charge between people, positive or negative, in a group. It may be a function of commonalities, empathy, mutual aggression, sexual attraction, transference, or some kind of mental telepathy. Group cohesion is achieved when these networks of connection proliferate and are recognized and verbalized.

HOW PSYCHODRAMA MARGINALIZED ITSELF FROM MAINSTREAM GROUP THERAPY

The reason why so few people integrate psychodrama into their outpatient groups is not that it is contraindicated or difficult to do, but because they do not know about it.

As indicated earlier, Moreno, whom even his widow and professional heir, the renowned Zerko Moreno, called "narcissistic and aloof" (Fine, 1979), was publically contemptuous of all models of treatment besides psychodrama. He had a particularly acrimonious relationship with Slavson, the founder of the psychoanalytically oriented American Group Psychotherapy Association (AGPA), who was as narcissistic and jealous as Moreno (Scheidlinger, 1993). In the 1940s, Moreno broke all ties with AGPA and started his own organization, the American Society of Group Psychotherapy and Psychodrama, taking all his followers with him and developing a separate field of group therapy study that eschewed all other methods but his. He founded his own journal, *Journal of Group Psychotherapy, Psychodrama and Sociometry*, which to this day, 70 years later, contains barely a citation to mainstream group therapy literature. If any of Moreno's followers tried to branch out, or criticized Moreno, he would humiliate and shun them (Kellerman, 1992; Sacks, 1993). Psychodrama quickly became and still is a closed system.

Fortunately for me (and my groups), my late husband, Gene Eliasoph, had studied with Moreno and exposed me to psychodrama in the early 1970s, at a time when I was already learning psychodynamic group therapy. I became one of the very few clinicians to integrate the two (Nicholas, 1984).

APPLICATION OF PSYCHODRAMA AND SOCIOMETRY TO A RESISTANT OUTPATIENT GROUP

Dr. Newland's group is really stuck. There is a lot of sniping among members and at the leader, and no one seems curious about or caring toward

anyone else. People's reactions seem stilted, random, and inappropriate, the opposite of spontaneous. Diane, who has been humiliated and robbed the previous weekend seems distant from her own story, and she fails to elicit the group's support or even its attention. There is probably considerable unspoken agreement with Betty when she says she does not see the point of the group and wants to leave.

If this group had been cohesive in the past and was just going through a bad patch, I would not do any structured or leader-directed activities to bail them out, because I consider the group's working through resistance without excessive direction from the leader to be a vital part of group treatment. At this point, however, the group needs some serious first aid, so I am going to do some sociometry and psychodrama.

Me: Okay, everybody, we are going to do something really different. Let's get out of our seats and mill around a bit. Make eye contact with one another as you pass by and be aware of any feelings you are having. Okay, now pause in place and let us know what you are experiencing. Angela, you said you noticed Otto's eyes for the first time... Great... People agree with Diane that it feels good to walk around for a change?"

Me: Put your hand on the shoulder of the person you feel you know the best in the group... Mmmm, lots of people picked Angela... and look, Angela and Diane picked each other... What, Will, you are noticing no one picked you? That feels bad? Does it surprise you? No? Now everyone put your hand on the shoulder of someone you feel you know very little... What's that, Will? You are trying to pick four people and you only have two hands?... Now, put your hand on the shoulder of someone you would like to know better. Anyone feel uncomfortable with that? A lot of us seem to feel uncomfortable with this. Take a minute and discuss this with the person standing next to you.

We have already accomplished a lot: getting the members' blood flowing, inviting them to pay attention to each other in new ways, and getting them to look at some of the connections that exist within the group. We have made Will's isolation talkable and joined him with other members on the basis of their common fear of rejection.

As my sociometric warm-up draws to a close, I listen for a metaphor to emerge that expresses this central concern of rejection. Perhaps Will says something like, "I often feel shut out." In a cohesive process group, I would ask the high-risk question, "By whom do you feel shut out in this group," but this would be much too threatening for this group. Instead, I

move one step out of the here and now and use a standard projective psychodrama warm-up known as *the empty chair*.

I put out an empty chair in the center of the room and ask the group: "Who in your life has rejected you—shut you out?" Let's imagine that three people including Angela pick their fathers. Then I might ask Angela, who seems pretty warmed up, to "talk" to her father in the empty chair. We will pretend the empty chair is in a different room, from which she has been "shut out."

Angela might say (through the invisible door), "Dad, I never can get anything out of you. You are so damn quiet! You're always shutting me out!" I would ask her whom she might pick in the group to play her father. Ideally, she will likely pick Will. She says to Will, "You're so damn quiet." (Everyone would probably chuckle at the irony.) I would then have them *reverse roles*. As Angela, I would tell Will to echo what Angela has just said so she can feel what it is like to be in dad's shoes. But then, Angela goes further in dad's role. "Go away, Angela, I'm tired. Get me a drink for god's sake." From this interchange, Will discerns that dad's withdrawing from Angela has to do with his drinking, and when I tell him to reverse roles back and be the father, he plays the part accordingly, saying "Jesus, Angela, will you just shut up. I just want to drink my beer!"

Then I might ask if someone (perhaps Diane) would like to *double* with Angela—to play a sort of Angela #2, who empathizes and maybe takes things a little further, intuiting something like, "I hate what alcohol has done to you and our relationship." I would check with Angela to see if her double was on the mark, and if she was, I would have Angela say this to her dad in her own words. I would expect Angela to get pretty steamed up, and I would encourage her to yell and use gestures for emphasis. In reversing roles further, Angela will probably realize that her dad's drinking causes him to feel shut out too. The group will become focused and lively, with laughter and some tears throughout.

A full psychodrama might continue for an hour or two, perhaps playing out other scenes, depicting other relationships of Angela's similar to the one she has with her father, where she feels shut out but may actually be pushing people away.

In this group, however, I would stop the role-play after the first scene. Now that I have them spontaneous and emotionally involved with one another, I want to return as soon as possible to interpersonal reaction in the present. I do not want them to hide behind their roles for long.

In line with the final *sharing* phase of a psychodrama session, I will ask members to speak personally (no analysis) about what they experienced in

the drama and the action sociometry. Some may talk of struggles with their own drinking or with alcoholic loved ones, while others may talk about moments of connection they experienced in the sociometric exercises. I will validate their comments and tag things we might work on more in the next session.

EVALUATING THERAPEUTIC EFFECTIVENESS OF PSYCHODRAMA

If the ingredients of a good session are, as Moreno claimed, increased spontaneity and *tele*, then we have been successful. There are more conscious and valued connections among group members, and we can assume their feelings of isolation have been at least temporarily alleviated. My psychodynamic side recognizes that the drama has illuminated some of the transferences stimulated by the ineffectual Dr. Newland as alcoholic dad or passive mom. I hypothesize that the group's earlier previous passivity may represent an early defense—withdrawing against the pain of being shut out after being rebuffed by parental figures. We can explore this rich material at length in subsequent sessions.

The psychodrama will probably stimulate inter-member feedback, which is valuable for interpersonal learning (Yalom & Leszcz, 2005). Angela may hear from other members that they prefer her vulnerability to her former prickly ways. They will tell Will they appreciate his spontaneity in the drama and would enjoy seeing more of that part of him. Once feedback is in play, more negative reactions to one another can be safely shared and processed, such as the specific ways Will and others had shut people out in the group before, as well as ways in which the leader has failed them. The beauty of psychodrama is that people often spontaneously generate refreshing new ways of being with others, without having to bear too much criticism of their previous unattractive and dysfunctional patterns.

It is likely that Betty and others are now finding the group a more desirable place to be, which is good because attractiveness of the group to its members is a sign of group cohesiveness, which is key to its therapeutic value (Yalom & Leszcz, 2005).

Outcome Research on Psychodrama

Outcome studies of psychodrama have been sparse due to special challenges such as: 1) teasing out the therapeutic effect of psychodramatic interventions as distinguished from curative factors inherent in the group, for example, support and a feeling of belonging (McVea, Gow, & Lowe, 2011); 2) determining which

specific psychodramatic interventions, (e.g., warm-up, role-reversal) are affecting which outcomes (Kipper and Ritchie, 2003); 3) having to rely on asymptomatic nonclinical student subjects, which makes assessment of improvement difficult (Kellerman, 1992); and 4) evaluating the differential effects, if any, of a psychodramatic enactment versus a spontaneous enactment in the transference taking place “live” in a process group (Yalom & Leszcz, 2005).

Nonetheless, some research has been done. A solid study by Dogan (2010) demonstrated meaningful differences between a group of young adults who participated in psychodrama versus controls on anxious attachment styles, and pointed to improvement in understanding the self and developing insight, empathy, and coping—overall, seeing life from a more hopeful perspective.

DRAWBACK OF PSYCHODRAMA: LEADER-CENTEREDNESS AND IDEALIZATION OF THE LEADER

Psychodrama differs most strongly from psychodynamic approaches with respect to the centrality of the group leader and his/her role in making things happen. In psychodrama, the leader is a director, rather than a facilitator or analyst. Cognitive-behavioral and psychoeducational group therapists are directive, but in the case of psychodrama—which can be intense, magical, regressive, and highly gratifying—the leader’s high degree of charisma and influence, conscious and unconscious, on the group members needs to be reckoned with (Kellerman, 1992). Excessive idealization of and dependency on the leader in any format can discourage patients from learning that *they* must take responsibility for what happens in the session and in life. If the group knows it can rely on the leader to whip together a warm-up and a drama every time things get tense or stifled, they will let that happen, but the resistance will still be there the next session. My justification for using a little bit of psychodrama in Dr. Newland’s group would be to generate just enough spontaneity and support to spur people to speak up and more effectively deal with the inherent challenges of group therapy

THE UNIVERSALITY OF PSYCHODRAMA

One of the things I find most valuable about psychodrama is its universality and inclusiveness. Warm-ups such as the sociometric ones we described earlier cut across hierarchies, class, race, age, gender identification and preference, and just about every other dimension, and make real and

potential group divisions open for discussion. Dramas of loss, addiction, domestic violence, sexual abuse, and bullying exist in any social class and affect psychotherapists as much as anyone else. Everyone, like Angela in our mini-drama, has felt the pain of being shunned.

With techniques like doubling to foster empathy and role reversal to help members appreciate the experience of the “other,” group leaders can help the group explore commonalities of human experience; deal with and integrate the isolates of the group; foster an honest examination of personal prejudices; and help the group deal with aggression, competitiveness, and desire for power. Utilizing movement and pantomime mitigates language differences, and the performance of various rituals and customs in the context of a drama broadens the group members’ experience with different cultures.

A LITTLE PSYCHODRAMA CAN GO A LONG WAY

As I said earlier, I do not want to pamper my group or make myself the focus if the group can achieve the same results without my help. That said, I have found it useful and easy to integrate a little psychodrama into the group process at times of need without appreciably sacrificing autonomy and responsibility-taking on the part of members. Once they are “cooking” on their own, I can put my psychodynamic hat back on, sit back, watch, and listen.

REFERENCES

- Baker, M. (1993). Self psychology and group psychotherapy. In H. Kaplan & J. Sadock (Eds.), *Comprehensive group psychotherapy* (pp. 174–185). Baltimore, MD: Williams and Wilkins.
- Blatner, A. (2009). The place of psychodramatic methods and concepts in conventional group and individual therapy. *Group, 33*, 309–314.
- Dogan, T. (2010). The effects of psychodrama on young adults’ attachment styles. *The Arts in Psychotherapy, 37*, 112–119.
- Fine, L. (1979). Psychodrama. In R. Corsini (Ed.), *Current psychotherapies* (p. 428). Ithaca, NY: Peacock.
- Hale, A. (2009). Exploring interpersonal connection. *Group, 33*, 347–358.
- Kellerman, P. (1987). Outcome research in classical psychodrama. *Small Group Behavior, 18*, 459–469.
- Kellerman, P. (1992). *Focus on psychodrama*. Philadelphia, PA: Kingsley.

- Kibel, H. (1993). Object relations theory and group psychotherapy. In H. Kaplan & J. Sadock (Eds.), *Comprehensive group psychotherapy* (pp. 165-175). Baltimore, MD: Williams and Wilkins.
- Kipper, D., & Ritchie, T. (2003). The effectiveness of psychodramatic techniques: A meta-analysis. *Group Dynamics: Theory and Practice*, 7(1), 13-25.
- McVea, C., Gow, K., & Lowe, R. (2011). Corrective interpersonal experience in psychodrama group therapy: A comprehensive process analysis of significant therapeutic events. *Psychotherapy Research*, 21(4), 416-429.
- Moreno, J. L. (1946/1972). *Psychodrama* (Vol. 1, 4th ed.). Beacon NY: Beacon House (original edition, 1946).
- Moreno, J. L., & Moreno, Z. (1969/1975). *Psychodrama* (Vol. 3). Beacon, NY: Beacon House (original edition, 1969).
- Nicholas, M. (1984). *Change in the context of group therapy*. New York, NY: Brunner/Mazel.
- Nicholas, M. (2009). Introduction to the special edition on psychodrama with some comments on Moreno's concept of spontaneity. *Group*, 33, 291-296.
- Ormont, L. (1993). Resolving resistances to immediacy in the group setting. *International Journal of Group Psychotherapy*, 43, 399-418.
- Sacks, J. (1993). Psychodrama. In H. Kaplan & J. Sadock (Eds.), *Comprehensive group psychotherapy* (pp. 214-227). Baltimore, MD: Williams and Wilkins.
- Scheidlinger, S. (1993). History of group psychotherapy. In H. Kaplan & J. Sadock (Eds.), *Comprehensive group psychotherapy* (pp. 2-9). Baltimore, MD: Williams and Wilkins.
- Yalom, I., & Leszcz, M. (2005). *The theory and practice of group psychotherapy* (5th ed.). New York, NY: Basic Books.

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