

# Integrating Moreno's Psychodrama and Psychoanalytic Group Therapy

MARVIN L. ARONSON

IN THIS ARTICLE, I will describe some of my personal experiences with J. L. Moreno and psychodrama, delineate why, for a long time, I believed that his work had little relevance to my practice as a psychoanalytically oriented group therapist, and, finally, discuss how I began to comprehend that there was a closer affinity between psychodrama and my own clinical practice than I had previously thought.

## Some Personal Recollections

When I first began to write this article, I realized that I actually knew relatively little about Moreno and his contributions. I was aware, even as a graduate student, that he was a major figure in group psychotherapy and was familiar with popularizations of his work, but I had never read any of his books or articles. I do remember having heard about his Friday evening demonstrations at the Moreno Institute in New York City, but I had never attended any of them.

The first time I saw him, about 30 years ago, was at a large professional conference at the Temple University School of Medicine in Philadelphia, where he was the star performer. The next and last time that I saw him was several years later at the Postgraduate Center for Mental Health, where he delivered a lecture and demonstrated certain principles of psychodrama. My impressions then were that he had a very flamboyant personality and really relished playing to the audience—certainly to a much greater extent than most of the psychoanalytic figures to whom I had been exposed. The one critical thought I had was that he seemed, occasionally, to be so carried away by his own performance that he was insufficiently attentive to obvious signs of embarrassment on the parts of several of the volunteer actors.

About 10 years later, I participated in a weekend workshop conducted by Fritz Perls, the leading guru of gestalt therapy, which took place in

Bucks County, Pennsylvania. I had the distinct impression that some of Perls' gestalt therapy techniques bore a definite resemblance to Moreno's psychodrama, but Perls made no mention whatsoever of any such connection. (He did go to great lengths, however, to express his contempt for what he referred to as "psychoanalytic mind-fucking.")

While still in training as a group therapist, I recall hearing that there was a great deal of animosity between Moreno and Samuel Slavson about who was the real "Father of American Group Therapy." I also understood, through the grapevine, that articles by Moreno and his followers were not accepted for publication in the *International Journal of Group Psychotherapy*—the official organ of the American Group Psychotherapy Association—which Slavson edited for many years. Although I maintained a cordial relationship with Slavson, I felt far removed from these battles because, both personally and professionally, I was much more involved with and influenced by such senior psychoanalytically oriented colleagues in the Postgraduate Center's Group Therapy Department as Alexander Wolf, Asya L. Kadis, Emanuel K. Schwartz, Helen Durkin, and Henriette Glatzer.

From 1974 through 1983, Dr. Lewis R. Wolberg and I edited an annual series of invited articles, entitled *Group Therapy—An Overview*. Each volume was dedicated to a prominent (deceased) personality who, we felt, had made a seminal contribution to the field of group therapy during his or her lifetime. The individuals we so honored were Nathan Ackerman, Eric Berne, Wilfred Bion, S. H. Foulkes, Donald D. Jackson, Asya L. Kadis, H. Peter Laquer, Paul Schilder, Emanuel K. Schwartz, and Samuel R. Slavson.

The 1976 edition of *Group Therapy—An Overview* was dedicated to Jacob Moreno, largely at the urging of Arlene Wolberg, who, incidentally, served as guest editor of that issue. I quote from our preface: "The present volume honors Jacob L. Moreno, who died in 1974, at the age of 85, after a long and exceptionally productive career. Although Moreno succeeded in reaching a wide audience during his lifetime via his prolific writing of books and articles, his editing of professional journals, and the memorable demonstrations he conducted throughout the United States and many parts of the world, it is only recently that group therapists have begun to appreciate the profound impact of his contributions."

*Group Therapy—1976* contained a dedication written by Zerka Moreno as well as the following four original articles: "The Contributions of Jacob Moreno," by Arlene R. Wolberg, "Psychodrama—Post Moreno," by Neville Murray, "The Significance of Doubling and Role Reversal for Cosmic Man," by Zerka Moreno, and "Psychodrama, Phenomenology, and Existentialism," by Jonathan Moreno.

## Why Psychodrama Did Not Initially Seem Relevant to My Work

In retrospect, I realize that as a result of my particular training as a psychoanalytic group therapist, I tended to conceptualize both psychodrama and gestalt much too narrowly. I saw them as dramatic interventions that could be employed very effectively by charismatic figures such as Moreno and Perls, in short-term formats, principally for demonstration purposes. In addition, I saw psychodrama as a series of techniques that were mostly applicable to in-patient psychiatric populations.

I did not see how psychodrama could be incorporated into clinical practices such as my own, which consists mainly of relatively well-functioning individuals who are geared to long-term analytic psychotherapy, initially in individual sessions and, only later in the middle phases of their treatment, in concurrent group therapy.

I found, over the years, that the introduction of psychodramatic techniques into ongoing analytic group therapy would evoke a great deal of initial interest. After a while, however, most patients would become restive and would insist upon returning to what they and I considered to be the main order of business—talking about things that bothered them in their personal lives or engaging in here-and-now interactions with each other and with me.

Most analytic group therapists take the position that, after an initial period of educating patients about the process, the leader should encourage them to take on more and more responsibility for the optimal functioning of their group. “Playing God,” in Moreno’s sense, would seem to me to be totally antithetical to this goal. Also of importance here is the fact that many middle- and upper-middle-class patients, at least in a city like New York, are not that much in awe of psychotherapists and would be unlikely to submit for any length of time to a leader who insisted as firmly as Moreno did in controlling the group’s *modus operandi*. (In this connection, I recall my own feelings and those of a number of colleagues from the Postgraduate Center who participated in a presentation by Henry Ezriel at the Tavistock Institute in 1971. Our reaction was that if we were patients of his in a therapy group, we would simply not tolerate the kind of rigidly leader-centered approach that he advocated.)

From the point of view of psychoanalytic group therapy, one of the principal advantages of placing patients into groups in the first place is to afford them the opportunity to receive spontaneous and perceptive feedback from individuals who know them very well and who are usually strongly motivated to be helpful. Restricting the role of group members to acting as auxiliary egos who will intervene in ways that are defined pri-

marily by the director, à la Moreno, has seemed (and still seems) to me to be a waste of the potential contributions of these individuals.

To summarize my views, I had, until rather recently, regarded psychodrama as quite interesting, even fascinating in certain instances, but not really congruent with the overall goals and format of combined individual and group analytic psychotherapy.

### **Incorporating Certain Aspects of Psychodrama into Psychoanalytic Group Therapy**

The more I have thought about psychodrama, the more I have come to conclude that my thinking is not as fundamentally different from the theory of psychodrama as I had initially thought.

I realize as I listen to my patients' communications, both in individual and group sessions, that I am constantly trying to visualize (in a very literal sense) the contents of their *inner dramas* or *projection screens*, in order to get at their fantasies about what catastrophes might ensue if they were to enter into a more intimate relationship with significant others. Such fantasies, in my opinion, underlie all of our patients' core interpersonal interactions. One of the group analysts' chief tasks is to elicit these fantasies and to demonstrate to the patient how inextricably they are intertwined with his or her overt interactions past and present.

More precisely, I try to ascertain the specific fantasies my patients harbor, preconsciously or consciously, regarding the following:

1. What they wish to obtain from the object (e.g., love, sexual gratification, adulation, accurate mirroring)
2. What they expect the object will do to them as they attempt to enter into a more intimate relationship with it (e.g., castrate, humiliate, embarrass, abandon, control, beat up, betray, or, in various ways, expose it as a fraud, loser, wimp, flash-in-the-pan, or intellectual lightweight)
3. What they, in turn, are afraid that they will do to the object as they become more intimate with it (e.g., destroy, envelop, abandon, betray)
4. What they are afraid others (either in triadic situations, in family interactions, in the extended family, or in the community at large) might do to them and to the object as they watch them interacting (e.g., lynch, turn thumbs down, excommunicate, ridicule)

In general, fantasies involving interaction with a single object are most effectively elicited and dealt with in prior or concomitant individual analytic therapy, whereas the group is especially useful for dealing with the interaction of the patient with more than one object and/or with an audience.

The directorial aspects of the group leaders' role functioning, so heav-

ily stressed in Moreno's psychodrama, have often been underplayed in the training of analytic group therapists. Clinical experiences with my own therapy groups, as well as those of colleagues whom I supervise, have repeatedly impressed upon me how difficult it is to be a patient in an intense psychoanalytic group. Even professional therapists who enter such groups as patients can experience enormous anxiety when powerful transferences, identifications, projective identifications, and group resistances well up and summate.

At such moments, it is incumbent on the leader to do much more than simply interpret defenses and interpersonal defensive maneuvers as well as the underlying fantasies and impulses. He or she must *direct* the group. The director of the group must use expertise in small group dynamics to maintain the group at an optimal level of functioning so that it functions as a viable therapeutic instrument. Once this has been accomplished, the director must then, based on an assessment of each member's fundamental psychodynamics, direct each member in how to go about getting the most benefit for himself or herself in each session. It is not enough to delineate the patients' conflictual fantasies and dysfunctional interpersonal behavior. Patients will not be able, in most instances, to hit upon more adaptive responses spontaneously. They need direction from the therapist and other group members concerning which alternative actions are available in the group and how to go about experimenting with them effectively.

As discussed earlier, the time pressures that impinge upon therapist and patient alike during standard-length group sessions make it less likely that they will be able to enter into a frame of mind conducive to psychodramatic interventions.

The therapeutic advantages of maintaining a fixed frame with respect to the length and frequency of sessions have been well delineated in the psychoanalytic literature. What is less appreciated are the advantages of alternating regularly scheduled group sessions with periodic extended sessions that are built into the treatment regimen from the outset. In my own practice, for example, most of my groups meet weekly for 90-minute sessions. Once a month, the group session is extended to 3 to 4 hours.

It is in these extended sessions that I find I can most profitably employ modifications of psychodramatic interventions without having to be concerned about interrupting the group's communicational flow and without risking the dangers inherent in one-shot marathons.

How much can the beneficial effects of such sessions be ascribed to the introduction of psychodramatic techniques *per se*? How much can be attributed to the excitement and specialness inherent in the time extension itself? As far as I am concerned, this remains a question.