

Psychodrama in Nursing Education

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ABSTRACT. This article describes a nursing educator's experiences using psychodrama methods and techniques in a university setting. Methodological and ethical differences between classroom groups and training groups are discussed. Strategies used to reduce students' anxieties about psychodramatic teaching methods as well as specific uses of role reversal, sociodrama, and role training are described.

I TEACH PSYCHIATRIC NURSING to senior baccalaureate nursing students in a small, private, midwestern university. The university has high admission and academic standards; the students are bright, curious, and invested in learning and eventually being graduated. For the past 5 years, I have been using psychodrama as a teaching tool. At the same time, I have been a member of a psychodrama training/personal growth group and the leader of a psychodrama therapy group for clients in a community hospital for those with chronic mental illness. During the 5 years that I have used psychodrama in the classroom, I have found that the students in our nursing program enjoy learning with psychodramatic methods. Nevertheless, their inexperience with learning that involves the body as well as the mind and their natural self-consciousness in situations of disclosure to peers sometimes makes it difficult for them to warm up to action in the classroom.

One of the challenges of using psychodrama in a classroom is finding ways to help students move beyond the initial confusion and self-consciousness that can occur when there is a departure from the traditional lecture or seminar format. In the traditional lecture format of university classes, students, in the passive role of absorbers of knowledge, are able to maintain a measure of anonymity and emotional distance from the professor and from fellow class members. Beyond responding to questions and participating in discussion, students experience little engagement with others and little risk of self-disclosure. Self-consciousness and embarrassment often arise when it becomes necessary for students to en-

gage others on a more intense emotional level than is usually experienced in a classroom. The relative anonymity and safety of the traditional lecture format suddenly seems appealing when students are confronted with being "on stage" and possibly appearing foolish in front of peers.

When I first began using psychodrama as a teaching tool in the nursing program, I was puzzled by students' initial lack of spontaneity when they were given an opportunity to get into action in the classroom. I had assumed that, just as the members of my training group had responded, students would be eager to engage in action with their peers. It was not until I had been confronted several times with resistance to participating in action that I began to think about how teaching with psychodrama in a classroom differs from its use in training groups.

I have found that, in a classroom situation where there is an unexpected request for action, i.e., bodily involvement with class content, the result is often an immediate inhibition of students' spontaneity. This inhibition is apparent in the confusion that strikes when they are first given directions for action. Frequently, the immediate response to my instructions for moving into action is silence, as students sit motionless with blank expressions on their faces. It is clear that they are not sure what they are hearing, nor are they certain how to respond to a request to clear a space in the room so that we can move about. They are startled and need concrete directions ("get up out of your seats and push the tables to the side of the room") before they can respond. Such a request is obviously a departure from the lecture format of most classes the students have previously attended. Therefore, it takes a few minutes for them to comprehend that they are going to be allowed to talk and move about spontaneously.

In addition to dealing with the effect on students that learning through one's body has, a second challenge associated with psychodrama in the classroom involves the inequity of power between student and professor. In a traditional academic setting, the student/professor relationship begins differently from the way the relationship between psychodrama trainer and trainee begins. Student and professor often know little about each other as persons before they meet in the classroom. Unlike trainer and trainee, the student and professor do not negotiate about beginning the relationship based on mutual positive regard for each other. Students in a traditional classroom situation are in a position of increased vulnerability and dependency. They hope to receive a favorable report from the professor; in order to receive it, the expectation is that they will actively (and, the professor hopes, enthusiastically) participate in whatever has been planned for the class. When psychodramatic techniques are used, students may be wary of being put into action in a group of relative strangers.

When an individual explores something psychodramatically in a group, it is usually because he or she has chosen to do so. For example, students training to become psychodramatists may be members of a group whose purpose is to provide opportunities for personal growth as the method is learned. Unlike a traditional academic class, a training group probably has had sufficient sociometric exploration to allow trusting relationships between the members. In a classroom situation, however, the sociometric dynamics differ. Students in a classroom may have had little choice about who teaches the class or the way that it is taught, let alone have a choice with respect to fellow students. Whereas psychodrama students undertake training with an implicit understanding that a good part of the learning process involves being protagonists in their own dramas, students of other disciplines in which psychodrama is used to illustrate and expand didactic content may find themselves in a position in which they do not have much choice about what happens. One way to address the inequity of power between students and professor is for the professor to maintain an awareness of the tremendous power he or she has over students and to be sensitive about placing them in positions where they may reveal more of themselves than they are prepared to do.

Reducing Students' Anxiety

Some things can be done to alleviate students' anxiety and self-consciousness about participating in psychodramatic events in a classroom. First, the introduction to action in the classroom requires the professor's thoughtful timing and an awareness of his or her own level of anxiety as well as that of the students. Warm up for action might include some type of sociometric exploration of the class members as a group. The average class size in our school of nursing ranges from 18 to 28 students. Each year's class has its own personality. Some groups of students naturally are more expansive and spontaneous than others. I have found that, even with the most gregarious groups, the warm up of a class in which psychodramatic methods are used is extremely important in encouraging students to volunteer for the role of protagonist.

When I use psychodrama to enhance and illustrate didactic content on family dynamics, I introduce the action portion of the class with some sociometric mapping of the group. In our program, all of the nursing courses are taught in the junior and senior years at the school of nursing, which is located 50 miles away from the main campus. The majority of nursing students live in nearby apartments that the university makes available for nursing majors. They develop intimate associations with each other as they live together and make their way through the rigorous upper division nurs-

ing courses. Over the course of their association as a group, identifiable roles emerge in many of the classes. The warm up for action is begun by making an analogy between the students as a group and a traditional family and then by giving the students an opportunity to look at the class "family" dynamics.

I ask students to identify who in their class takes on the role of mother, of father, of big sister, etc., and they share their perceptions of each other in various roles. The mapping continues when I give students an opportunity to present additional personal information that is common to all in the group. For example, I ask students to identify themselves according to sibling position in their own families. All of the first children have a chance to come together in the center of the group, look at each other for a few seconds, and share with each other their feelings about their mutual family position. The rest of the group then has a chance to ask questions of these "first children" or to comment on their own experience. Following this, middle, youngest, and only children are identified and given an opportunity to express feelings about their experience in that position. Then I usually ask students to identify themselves with other information; for example, those who come from homes with single parents. These students are asked to step away from the others and stand together in order to see who belongs to this group and to share, face-to-face, the reasons for that status, such as divorce or death of a parent. Another piece of information that may interest the group is learning which students are parents themselves and having a chance to ask them about what it is like to care for a child and be in school. In each case, I ask the identified group to say something to the rest of the class and vice versa. After several instances of mapping, the students relax and spontaneously begin to share additional information among themselves. It is always interesting to see how much they discover about each other during this time, despite the fact that they have lived in close proximity in adjoining apartments for more than a year.

Another strategy that contributes to students' confidence and ease about being involved in action in the classroom is the introduction of an element of objectivity that allows them to maintain a sense of privacy. The class on family dynamics consistently is one in which students enjoy themselves and participate easily. I discovered, rather serendipitously, that the students engaged in action and subsequent discussions more quickly and unself-consciously when the class was presented as a demonstration of how psychodramatic methods can be used in family therapy rather than as a direct exploration of interpersonal relationships within the student protagonists' own families. Introducing the class and guiding the tone of the discussions to include students primarily as professionals maintains an element of objectivity by keeping the focus of the class within the context of nursing

care. Thus, they learn how therapists work with families, rather than focusing on individual students and their quirky families. Although we do eventually dramatize events and relationships within particular students' families as illustrations of the didactic content of the class, the exploration of interpersonal family relationships is accomplished in a less threatening way when the emphasis is professional rather than personal.

Role Reversal

Teaching with psychodrama, I have discovered, is easiest when students can draw from personal experience. For example, in a clinical conference for their psychiatric nursing experience, I ask students to think about a particular client who had made an impression on them. Then I ask them to role reverse with that individual, and several minutes are spent warming up to the experience of being that person. I ask students to think about what they looked like, to take the posture of that person and move around, to feel what it is like to be that person, and to be aware of what they are feeling at the moment. Then, from their roles, they are asked to tell the group what in their life is most important to them. Following this, they are directed to speak to one another, while remaining in role. During the discussion that follows, when the experience is processed, students almost always indicate that they discovered something significant while in the role of the client. The discovery is usually something that surprised them, something that they had not realized or thought much about from their own position as nurse. Frequently, the discovery that students make is that much effort is required to keep going day after day when one suffers from chronic mental illness.

In a class that looks at growth and development of aging adults, I ask students to think of an older person that they know fairly well and to reverse roles with that person. Five or six of these "older adults" are asked to volunteer to be interviewed by the rest of the class. The "older adults" have a chance to talk about themselves, what they have learned over the course of their lives, and what they think is important for nurses to know when caring for aging individuals. I am always amazed, as are the students, at the wealth of information and wisdom that they produce in this role.

Sociodrama

If students have no personal experience with a particular role, then I sometimes use sociodrama as a way to explore certain healthcare situations. In a class that focuses on the experience of being morbidly obese, I ask students to choose one of two roles, either the obese patient or the nurse

caring for that patient. Students in the role of the obese person are warmed up to the experience with imagery in which they are walked through a lifetime of struggling with an immense body. Students in the role of the nurse are warmed up to their feelings about caring for such an individual. Soliloquies are requested from individuals in both groups, and dialogue is directed between the groups before roles are reversed. This class usually ends up being a sociodrama on the stigma of obesity in our society.

Sociodrama is a natural focus for biomedical ethics. For a class that explores the issues surrounding the care of the mentally ill, I ask students to choose one of five roles: the mentally ill persons, the family members of someone diagnosed with mental illness, the mental health practitioners, lawmakers, and ordinary citizens. Students are directed to engage in each role and to speak to each other from these roles, discussing how mentally ill persons should be treated. One of the discoveries that students make during this sociodrama is how one's role in society can generate one's ethical position in such issues as labeling. The students also experience in a startlingly real way the stigma that is associated with the label of mental illness.

Role Training

In a baccalaureate nursing program, there are many occasions when psychodrama can be used to help students prepare for roles with which they have had little personal experience. The average age of senior students in our program is 22 years. Following graduation, these young persons will very quickly be expected to function in a professional leadership role. They will need skills in relating not only to patients and families but also to co-workers. In their last semester, while they gain practical experience in basic leadership positions in clinical areas, leadership theory is presented in a series of classes. One of these classes addresses conflict resolution in the work setting. In this class, I frequently ask students to recreate from their past experience in clinical settings some situations of conflict that they anticipate encountering as graduate nurses. They are asked to form small groups and to think of instances in which they have observed or been part of a conflict in a clinical situation. Subsequently, these situations are presented in action for the group. After each incident of conflict is presented, students are given a chance to make observations, suggestions, and, when appropriate, are invited to come into the scene and try out various roles in response to the situation. Students express surprise at the intensity of the emotions that the action engendered and the amount of emotional control required to remain in a situation that they wanted to avoid. They are also often surprised at the feelings they experienced while in the role of the person with whom they were in conflict.

One of my goals as a nursing educator is to increase students' awareness of the depersonalization that patients and families often experience in our healthcare industry (Anderson, 1981; Drew, 1986). In a class entitled Human Relations, I ask students to think of instances when they have either personally experienced or have observed depersonalization of patients and families. Students may have, at one time, been patients themselves and have experienced feeling excluded and depersonalized by caregivers, or, as professionals, they may have been involved in interaction that they suspect left a patient feeling distressed. In either case, I choose one of their experiences and have it dramatized so that the group can explore the feelings involved in each role: the hurt, angry patient who has been excluded from his or her own life situation; the caregiver who recognizes what is happening to the patient but is not sure what to do about it; the burned-out caregiver who responds mechanically to patients; the angry family member; and so on. As the scene is played out, students discover not only what it is like to be a patient but also which caregiver behaviors patients experience as confirming and which mitigate the depersonalization of highly technologized, short-staffed healthcare.

Conclusion

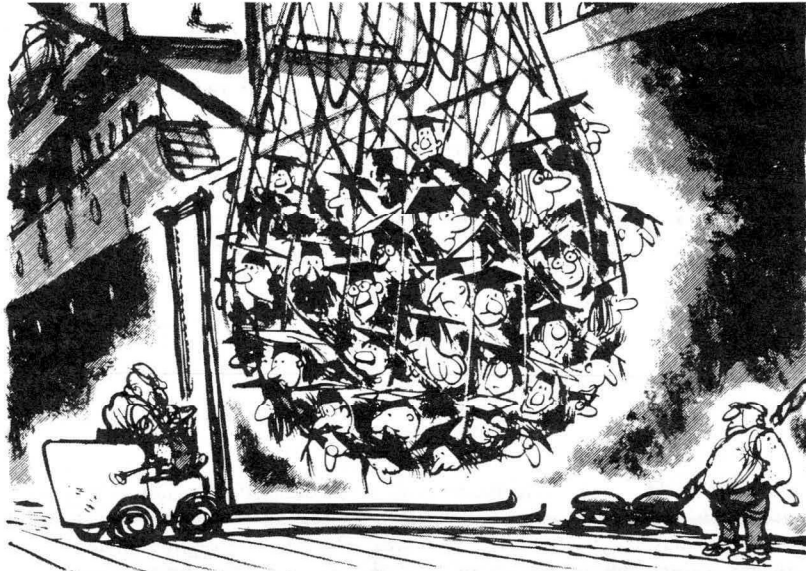
While preparing this paper, I retrieved the students' evaluations of my teaching over the past 5 years. Although students had both positive and negative reactions to psychodrama as a teaching method, the positive responses outnumbered the negative by five to one. One student wrote that psychodrama "brings information to a personal level." Another student echoed this by commenting that psychodrama "is the best part of [your] teaching; it makes learning more personal, meaningful and fun." As I reviewed the evaluations, however, I became increasingly aware of the comments from students who had not enjoyed psychodramatic methods in the classroom. Although these students did not state why they did not like psychodrama, I suspect that, in addition to normal shyness, they may have found the experiences more emotionally intense than they had expected and, therefore, were uncomfortable. Indeed, we know that psychodrama is frightening to some, which may be one of the reasons it is not more widely accepted.

I am committed to psychodrama and sociometry. My own experience as a protagonist, as well as my observations of others' experiences, convinces me that the method facilitates learning in nonlinear, quantum leaps as nothing else does. Because psychodrama is a powerful way to learn, I am tempted to assume that, once they have experienced it, others will be as enthusiastic as I am. But the truth of the matter is that not everyone shares this

perspective. Not all my students can or want to participate in psychodramatic methods in the classroom, regardless of how I value learning this way. As a psychodramatist and an educator, I have an obligation to use the power inherent in both of these roles in as sensitive and thoughtful a way as I can. Moreno stressed the ethical aspects of psychodrama and that includes a basic sociometric principle of paying as much attention to those who are excluded or isolated as to those who are chosen, visible, and engaged in a group. Students who are reluctant participants in psychodramatic classroom methods have as much right to my approval and attention as do students who enjoy action methods. One way to discharge the obligation that accompanies the role of educator is to convey to students that learning happens not only for those who actively participate but also for those who are present and only watch and listen. When I am able to maintain sensitivity for reluctant students who are hesitant in the face of the intensity of psychodrama, I have found that it can become an experience in which learning expands from a one-way track between professor and student to one in which students are drawn together and begin to learn from each other.

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