

BRIEF REPORT

Managed Care and Inpatient Psychodrama— Short Sessions Within Short Stays

Psychodramatists need new ways of conceptualizing and providing psychodrama in this era of 7- to 14-day inpatient stays, with programmed group times being only 45 to 60 min once weekly. Our experience at several psychiatric hospitals in Chicago has shown us that we can be surprisingly effective by making the following changes in our technique:

1. We have found we can eliminate the warm-up because the patients interact and are continually working together on their issues. This interaction reduces the need for the director's having to focus the group and build interpersonal trust.
2. We generally do not have to spend much time setting a scene because the protagonists often prefer to remain "grounded" in the safest space they know, the group room itself, and because the scenes that are to be played often are set in a surplus-reality context in which the actual surroundings are irrelevant.
3. There is less need to begin in the present and search for a past scene because, often, patients have been dealing with the past with their other therapists or in a psychotherapy group and can go directly to that scene.

We take no shortcuts regarding sharing and de-role-ing and give integration a priority by the end of the session. We reassure other patients who have played problematic roles that they are not being seen as embodying those qualities.

Special Considerations

Because many psychiatric inpatients have chronic schizophrenia and have decompensated following their stopping their medication, and because they often have lived for years in the deinstitutionalized settings of residential

hotels, sheltered care, or assisted living situations, I do not find them to be candidates for intensive work on past experiences. Rather, they benefit more from help in developing interpersonal skills and assertiveness training, so we sometimes use psychodramatic enactments for this kind of role training.

Patients who have suffered acute breakdowns often have a past history of significant physical or sexual trauma. However, considering the current length of stay—rarely more than 2 weeks—and the realities of how psychodrama is being used—that is, only one session per week—these experiences cannot be fully dealt with in the hospital setting. Nevertheless, certain specific scenes are often helpful when there is follow-up by the therapeutic staff, such as creating a “safe” scene in which the protagonist is able to confront perpetrators, or re-doing a traumatic episode with a more successful resolution. These must be carefully structured, and the protagonist’s “vulnerable victim state” should not be re-evoked. Small vignettes of mastery in the hospital become touchstones for later, deeper processes of working-through when the patient is in an ongoing “holding” therapeutic relationship, such as a day-treatment program.

A Typical 50-Min Session

Because of the relatively rapid turnover in patients, each session at our hospital begins with an explanation of psychodrama. Apparently, the group has familiarized new patients enough so that it suffices simply to ask, “Who wants to work? Usually there is at least one protagonist, and if more than one, we divide the time for doing briefer vignettes or re-schedule a volunteer who is likely to be at the next session to be the protagonist then. Choosing a protagonist through sociometric methods is too time-consuming. Only once in 4 years has no one volunteered, and at that session, we began with an empty-chair warm-up and moved into an enactment. On chemical dependency units, the technique of enacting the sending of an amends card operationalizes the ninth of the Twelve Steps and functions as a warm-up if one is needed.

The protagonist then negotiates an informal contract with the director, such as: “I want to tell him what he’s done to my life,” “I want to yell at the man who raped me,” “I want to say good-bye to my grandma,” “I want the girl I shot to forgive me,” or “I want to tell off my boss here so I won’t do it there.” We then proceed with an enactment.

For maximum group participation, we use the hit-and-run doubling approach (Sachnoff, 1991). When the scene is finished, the auxiliaries and protagonist de-role and the group shares.

Sometimes a psychiatrist will suggest something in particular to a patient, who will then propose this as the theme for an enactment. It is especially helpful when the patient who is to be the protagonist also has his or her therapist present. For example, a young man needed to “re-do” a gangland-type torture-

murder he witnessed but did nothing to stop. He wanted to replay the scene so that he could stop the crime and receive forgiveness from the victim. This patient's therapist accompanied him to the session and in the enactment played a supportive double role. In the scene, he attempted to stop the murder, but his sense of forgiveness came in part because he saw in the action that it would have been impossible for him to interfere.

As can be seen from these examples, a great deal of depth and intensity can be achieved in conducting psychodramas in inpatient hospital settings, in spite of the constraints of time and the length of stay. Therapists need to recognize, however, that some modifications of technique must be made so that within these limitations, the patients are best served.

REFERENCE

- Sachnoff, E. (1991). Why and when to use "hit-and-run" doubling. *Journal of Group Psychotherapy, Psychodrama & Sociometry*, 44(1), 41-43.

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WHATEVER HAPPENED TO BEACON HOUSE?

Beacon House, the publisher of most of Moreno's books, monographs, and journals, was an operation essentially synonymous with Moreno himself. For the most part, the editing and publishing were done in Beacon, New York, about 60 miles north of New York City on the Hudson River, where Moreno had his home and sanitarium. After he died in 1974, the publishing venture remained there for a while and then moved to the Horsham Clinic about 20 miles north of Philadelphia. In 1981, the American Society for Group Psychotherapy & Psychodrama (ASGPP) contracted with the Helen Dwight Reed Foundation (Heldref) for the continued publication of *Group Psychotherapy*, the main journal related to topics on psychodrama, which was founded by Moreno in 1947. Meanwhile, Horsham Clinic continued selling back issues of Moreno's books and journals. Recently, ASGPP arranged for the reprinting of a few of Moreno's books—*Who Shall Survive?*, *Psychodrama Vol. 1*, *The Words of the Father*, and Zerka Moreno's *Love Songs to Life*.

In the last few years, Dr. Donell Miller managed the sale of back issues of Moreno's books and journals at the Horsham Clinic. Don recently left Horsham and has taken most of the remaining books with him to California. A number of the old books as well as a few complete sets of the early (before 1982) journals are still available! Those developing a library of psychodrama materials should procure these. Moreno's *Psychodrama Volumes 1 & 2* and the journal equivalent of Volume 3 can be obtained as sets. Write to Dr. Miller at 1610 Helena Ln, Redlands, CA 92373, or phone him at 909-798-2765.