

Introduction to the Series on New Models of  
Psychodrama

# Classical and Contemporary Psychodrama: A Multifaceted, Action-Oriented Psychotherapy

DAVID A. KIPPER

---

**ABSTRACT.** This article is an introduction to a series of articles on new models of psychodrama. The author discusses recent trends in the development of group psychotherapy and examines psychodrama's position relative to the new, emerging realities. The author also identifies a number of issues that alternative models for the intervention procedure of psychodrama might address: psychodrama and a system of psychotherapy vs. a system of psychopathology, the ability of the models to generate prediction, the structure of the session vs. that of the entire treatment, types of the "here-and-now," boundaries, and misguided tele (transference and countertransference).

PSYCHOTHERAPY HAS UNDERGONE CONSIDERABLE CHANGE in the last two decades. In part, the change reflects internal developments—the evolution of a growing field and the culmination of advances in research and clinical experiences begun in earlier years. To a large extent, however, many of the changes occurred in response to external demands, most notably pressures for greater expediency in rendering effective treatments, including short-term interventions and a drive for disorder-specific treatments. These pressures have been attributed to mounting community-welfare needs (e.g., Leszcz, Feigenbaum, Saadavoy, & Robinson, 1985), changes in social norms (e.g., Andronico, 1996), shifting attitudes toward those who have been victims of abuse and isolation (e.g., Frost, 1996; Webb & Leehan, 1996) and, of course, the influences of financially driven managed health care companies

(e.g., Gross, 1997). The overall impact of these forces was manifested in the increased use of family therapy, behavioral–cognitive therapy, medication combined with psychotherapy, short-term individual therapy, art therapy, music and drama therapy, and time-limited group psychotherapy.

One of the clearest statements about the changes in the state of psychotherapy, in the light of modernity, social structures, our understanding of psychopathology, and economics, is in the fourth edition of Yalom's book, *The Theory and Practice of Group Psychotherapy* (1995). In discussing the schizoid patient, he remarked:

Times have changed! Many years ago, in previous editions of this book I began this section with the following sentence: "The schizoid condition, the malady of our times, perhaps accounts for more patients entering therapy than does any other psychopathological configuration." This no longer rings true. The fashion of mental health changed. Today, patients more commonly enter treatment because of substance abuse, eating disorders, and the sequelae of sexual and physical abuse. (p. 390)

Against the background of this emerging new reality, three specific developments seem noteworthy because of their implications for the future of psychodrama. First, group psychotherapy has grown in popularity. That is particularly evident in mental health institutions, ambulatory clinics, and child-welfare agencies, where it is frequently the treatment of choice. Second, contemporary psychotherapy is increasingly focused on devising disorder-specific interventions. Some of those interventions are new procedures, whereas others represent modifications of existing treatment modalities, specifically tailor-made for particular disorders (e.g., Allan & Scheidt, 1998; Belfer, Munoz, Schachter, & Levendusky, 1995; Correali & Celli, 1998; van Dulmen, Fennis, & Bleijenberg, 1996). Examples include specialized treatments for attention-deficit/hyperactivity disorder (ADHD), obsessive–compulsive disorder (OCD), substance abuse, eating disorders, borderline personality, sexual and physical abuse, and posttraumatic stress disorder (PTSD; e.g., Goodwin & Talware, 1989; Munroe-Blum & Marziali 1988; Rozytko & Dondershine, 1991). Third, interest in developing psychoeducational interventions is growing. These developments represent a shift in the focus of psychological treatments from clinical–therapeutic orientations in the medical sense to teaching, that is, training packages for the acquisition of a wide range of skills, in the educational sense. In many of the psychoeducational packages, action-oriented procedures are indispensable components, for example, in social skills training, treating shyness and loneliness, building self-confidence, reducing stress, or managing anger. Designed at first to be stand-alone treatments, the procedures were gradually incorporated into the more traditional psychotherapeutic modalities or were used as supplementary treatments.

### Psychodrama in the Future

For psychodrama, these developments bring encouraging news and present intriguing challenges. The good news is that the increase in the practice of group psychotherapy in mental health institutions and clinics as well as the proliferation of psychoeducational treatments stimulate interest in action-oriented methods and psychodramatic techniques. The trend to customize treatments for specific disorders, however, poses a challenge because it requires modifications of the classical psychodrama procedure, originally devised by J. L. Moreno and shaped by Zerka Moreno.

Ironically, psychodramatists who profess to trust the process—tolerate ambiguity (as in spontaneity), welcome change (as in creativity), and keep past heritage in perspective (as in cultural conserves)—have been most resistant to modifying the original psychodramatic concepts and method. They were, and to some extent still are, reluctant to question any of Moreno's hypothetical postulates and depart from his original model. For years, the procedure of conducting classical psychodrama was considered the sole *modus operandi*, a format not to be altered. The few changes incorporated from the mid-1950s to the 1970s were essentially cosmetic rather than substantive and included moving the double from the side to the back of the protagonist, excessive use of the mirror technique, allowing or forbidding spontaneous multiple doubling, developing new situation-specific techniques, overemphasis on the warm-up process, and preoccupation with warm-up techniques.

From the early 1980s, however, the spirit of change in psychotherapy caught up with psychodrama, beginning with Kipper's (1981, 1982) systematic, alternative model. Gradually, other authors suggested departures from the original psychodrama theory. Those suggestions were attempts to demonstrate (a) an integration of methods, Moreno's ideas, and other theories (Blatner, 1996; Emunah, 1994; Farmer, 1995; Holmes, 1992; Williams, 1989) or (b) a separation between the classic psychodrama method and its original theory, providing the former new conceptual underpinnings (Kipper, 1982, 1986). Concurrently with the conceptual departure from the original formulations, an additional development took shape that not only separated the Morenean theory from the classical psychodrama method but also departed from the traditional three-part psychodrama session. Therapists borrowed psychodramatic and nonpsychodramatic action techniques and applied them, as stand-alone interventions, within the more traditional, verbal psychotherapy.

Although it is definitely meritorious to continue the probe into the classical psychodrama model with its original ideas and hypotheses, the future of psychodrama as a contemporary psychotherapeutic modality lies in the effort to progress beyond Moreno. This endeavor may evolve in numerous ways and follow several directions. One reflection of the change is the new title of the

psychodrama journal and its broadened scope. The title change to *The International Journal of Action Methods: Psychodrama, Skill Training, and Role Playing* indicates that action interventions are no longer the exclusive domain of psychodrama.

Nowadays, role playing and psychological simulations are used either occasionally or more systematically in therapies and theoretical frames of reference that might be entirely unaffiliated with Moreno's work and philosophy. Furthermore, they are no longer associated exclusively with psychotherapy but are applied in other nonclinical areas. Psychodrama earned its prominent place in 20th-century psychiatry (psychology) as a specialized form of group psychotherapy that is exclusively associated with J. L. Moreno's intervention modality. To include all other models of role playing and simulations under one roof, scholars introduced a new, generic concept—*action methods*.

Even within the classical psychodramatic procedure, as differentiated from Moreno's psychodrama theoretical ideas, some variations are in evidence. Some of these variations appear in the series called New Models of Psychodrama that reflects suggested paths of modern psychodrama. In the series of articles in volumes 50 and 51, authors describe current models of psychodrama beyond Moreno. The first article in the series appears in the present issue—*Drama Therapy and Psychodrama: An Integrated Model* by Renée Emuniah.

### Alternative Psychodrama-Based Models

The readiness to entertain alternative conceptual frames of reference for the classical procedure is evident from recent challenges to theoretical positions that for a long time have been regarded as *sine qua non* in psychodrama. When observing discussions on electronic mail, one is struck by two phenomena: The number of challenges to the hitherto consensual psychodramatic assumptions and the number of comments and responses generated in those discussions that reveal a wide range of opinions rather than reiterations of the traditional theoretical line. Evidently, a spirit of change is in the air.

#### *Issues for Alternative Models*

Alternative theoretical models can enhance the position of psychodrama and action methods, provided that they do not include the weaknesses of the traditional model(s) and that they bring new strengths. The following sections describe a few key issues that still await further clarification.

*Added value.* In an indirect way, the question of whether the psychodrama procedure can survive without Moreno's theory has been already answered.

The work of several scholars that related the psychodramatic procedure to object-relations theory (Holmes, 1992), family-therapy models (Farmer, 1995), system approach (Williams, 1989), and psychological and behavioral simulations (Kipper, 1986) has demonstrated the viability of the procedure as an intervention modality independent of its original theory. It is of little consequence whether the motivation to propose another theory stemmed from idiosyncratic, personal reasons or an attempt to make psychodrama attractive to a wider, theoretically eclectic professional group. It is important, however, that whatever rationale is offered for the new proposals underscores the added value that is gained by replacing Moreno's concepts. It is also imperative that additional or alternative models do not reduce psychodrama and dilute its power.

*Is psychodrama a system of psychotherapy or a system of psychopathology?* The original philosophy underlying psychodrama promoted a view of the psychologically healthy person as one who is spontaneous and creative, has telic relationships, and has mastered a wide role repertoire. Simultaneously, it suggested principles for psychotherapeutic interventions that could facilitate the attainment of such a state of health: encounters, retraining, opportunities for corrective experiences through role playing, and action catharsis. In practice, one was said to gain those attributes through the use of a set of role-playing and simulation techniques. In essence, therefore, the classical psychodrama was a system of psychotherapy, a feature that is distinct from a comprehensive system of psychopathology, which Moreno did not provide. The lack of a psychopathology system created a theoretical void between psychodrama as a psychotherapeutic procedure and the etiologic conceptualization of the clients' psychopathology.

Alternative models may help in sorting out this issue and perhaps may provide a solution that connects psychodrama as a system of psychotherapy to a system of psychopathology. A perpetuation of the gap between the two systems may impede the success of offering disorder-specific psychodramatic interventions.

*Offering specific predictions.* One of the features of a good theory is its ability to generate multitudes of specific predictions. The term *multitudes* refers to the number of predictions that can be made. The term *specific* refers to the particular, pragmatic benefits those predictions yield. In other words, do they enhance the quality of clinical decision making and facilitate therapeutic effectiveness and expediency? Predictions lead to the generation of research hypotheses, thus increasing the likelihood of empirical verification of the theory and its pragmatic application.

Although Moreno's theory was formulated over 50 years ago, it did not

generate many, clinically important predictions. Furthermore, very few predictions turned out to be amenable to empirical research. Moreno himself admitted to this “unorthodox” aspect of psychodrama (Moreno, 1968). Additional or alternative models ought to demonstrate greater ability in stimulating a plethora of meaningful predictions.

*The structure of the session versus that of the treatment.* Virtually every book, chapter, or article on psychodrama has focused on describing the three-part structure of the psychodrama *session*. Psychodrama intervention consists of the warm-up, the action, and the closure components of the session. Hardly anything has been written about the structure and characteristics of the entire course of treatment. One is therefore led to believe that psychodrama comprises a collection of thematically disconnected single sessions with each session focused on a different protagonist who raises an unpredictable topic.

The exclusive preoccupation with the objectives, techniques, and structure of each of the three parts of the single session is puzzling. Missing is the psychodramatic view of the phases of the course of the group psychotherapy treatment—the changing character of members’ interactions with each other as a function of group development and its affect on the progress of the therapy. In view of the extensive attention given in research and other group psychotherapy modalities to this feature of group psychotherapy (e.g., Mackenzie, 1990; Rutan & Stone, 1993; Yalom, 1995), this lack seems surprising.

Future psychodrama models are expected to provide an action-oriented perspective to the group dynamics aspect of each phase of the course of therapy and to its developmental characteristics in the context of the entire treatment.

*The type of here-and-now used.* There are two views of the concept of the “here-and-now.” One is an existential here-and-now, and the other an objective one. The existential here-and-now is a psychological phenomenon in which the protagonist addresses his or her issues as if they are occurring in the present, regardless of when they actually did occur or may happen. This is the psychodramatic approach. Often, the second scene in a psychodrama addresses some event that occurred in the protagonist’s past but that is portrayed as if in the present. The emphasis in this approach is on the feelings and attitudes surrounding the *content* of the scene.

The objective here-and-now is anchored in the actual reality in which the issues raised emerge from the actual interactions that occur among the members of the group during the session. The second scene in such a drama, therefore, does not necessarily go back to the past. Rather, it remains in either the current interpersonal or intrapersonal psychological state of the protagonist(s). The emphasis in this approach is on the feelings and attitudes surrounding the *interactions* among the group members.

So far, the available models described in the literature have traditionally focused on the existential here-and-now. There is still room for model(s) that address the structure and process of an action-methods approach focused on the objective kind.

*Boundaries.* Traditional psychodrama did not pay much attention to the issue of resistance, but neither did it ignore it. In stressing the importance of clearly delineating the perimeters of the action space (the stage), Z. T. Moreno explained that it helped to see when the protagonist falls out of the role, which is a sign of resistance. Some protagonists, notably those suffering from paranoia, may refuse to be directed by another person. Therefore, they ought to be given the chance to direct themselves in an *autodrama* until they give up and accept the leadership of the director. Some authors allude to the refusal or resistance of a director to conduct a psychodrama (Fink, 1968; Z. T. Moreno, 1958).

Unfortunately, the emphasis on spontaneity results in a serious blind spot because it often obfuscates the boundaries of the role of the director, thus allowing dependency, manipulations, and projections on the part of the protagonists to remain unnoticed, unattended, and even encouraged. Future model(s) might provide a greater clarity in that regard.

*The misguided tele (transference and countertransference).* Transference was described as “a tele gone awry” (Kipper, 1992, p. 509). *Tele* refers to two-way accurate interpersonal perception and relations. In fact, the protagonist often projects onto those present in the session, both the auxiliaries and the director. The place of this phenomenon in action-methods and psychodrama theory and the way to address it therapeutically should be explored further (e.g., Fink, 1968).

Similarly, psychodrama has largely ignored the issue of countertransference, henceforth referred to as abuse of tele by the director. This is an omission of great concern, especially in the case of psychodrama, because of the likelihood that client–therapist relations may be unconsciously manipulated or abused by the director and be excused as spontaneity.

### Envoy

The scholarly involvement in exploring additional and alternative models for the psychodramatic procedure represents an exciting development. The co-executive editors of the journal wish to acknowledge those efforts and provide the opportunity for researchers who have been engaged in such activity to present their ideas in a series of articles under the general heading of *New Models of Psychodrama*. One such article will appear in each of the next few

issues. An effort was made to have the articles written along a similar outline, thus making comparisons easier.

Although these efforts are still in early stages, they nonetheless are congruent with the general trend in contemporary psychotherapy and group psychotherapy. The pressure not to fall far behind the mainstream is noticeable and compelling. New modalities that draw from updated scientific knowledge and clinical experience will inevitably change the face of psychodrama, refine and further systematize the intervention modality, and pave the way for creating effective disorder-specific applications.

#### REFERENCES

- Allan, R., & Scheidt, S. (1998). Group psychotherapy for patients with coronary heart disease. *International Journal of Group Psychotherapy*, 48, 187–214.
- Andronico, M. P. (Ed.). (1996). *Men in groups*. Washington, DC: American Psychological Association.
- Belfer, P. L., Munoz, L. S., Schechter, J., & Levendusky, P. G. (1995). Cognitive-behavioral group psychotherapy for agoraphobia and panic disorder. *International Journal of Group Psychotherapy*, 45, 185–206.
- Blatner, A. (1996). *Acting-in: Practical applications of psychodramatic methods*. New York: Springer.
- Correali, A., & Celli, A. M. (1998). The model-scene in group psychotherapy with chronic psychotic patients. *International Journal of Group Psychotherapy*, 48, 55–68.
- Eemunah, R. (1994). *Acting for real: Drama therapy, process, technique, and performance*. New York: Brunner/Mazel.
- Farmer, C. (1995). *Psychodrama and systemic therapy*. London: Karnac Books.
- Fink, A. K. (1968). When is a director not a director? When he is a protagonist. *Group Psychotherapy*, 21, 38–39.
- Frost, J. C. (1996). Working with gay men in psychotherapy groups. In M. P. Andronico (Ed.), *Men in groups* (pp. 163–179). Washington, DC: American Psychological Association.
- Goodwin, J., & Talwar, N. (1989). Group psychotherapy for victims of incest. *Psychiatric Clinic of North America*, 12, 279–293.
- Gross, J. M. (1997). Promoting group psychotherapy in managed care: Basic economic principles for the clinical practitioner. *International Journal of Group Psychotherapy*, 47, 499–507.
- Holmes, P. (1992). *The inner world outside: Object relations theory and psychodrama*. London: Tavistock/Routledge.
- Kipper, D. A. (1981). Behavior simulation intervention in group psychotherapy. In G. M. Gazda (Ed.), *Innovations to group psychotherapy* (2nd ed., pp. 242–278). Springfield, IL: Charles C Thomas.
- Kipper, D. A. (1982). Behavior simulation: A model for the study of the simulation aspect of psychodrama. *Journal of Group Psychotherapy, Psychodrama, and Sociometry*, 35, 1–17.
- Kipper, D. A. (1986). *Psychotherapy through clinical role playing*. New York: Brunner/Mazel.
- Kipper, D. A. (1992). Psychodrama: Group psychotherapy through role playing. *Inter-*

- national Journal of Group Psychotherapy*, 42, 495-521.
- Leszcz, M., Feigenbaum, E., Saadavoy, J., & Robinson, A. (1985). A men's group: Psychotherapy of elderly men. *International Journal of Group Psychotherapy*, 35, 177-196.
- MacKenzie, K. R. (1990). *Introduction to time-limited group psychotherapy*. Washington, DC: American Psychiatric Press.
- Moreno, J. L. (1968). The validity of psychodrama. *Group Psychotherapy*, 21, 3.
- Moreno, Z. T. (1958). The "reluctant therapist" and the "reluctant audience" technique in psychodrama. *Group Psychotherapy*, 11, 278-282.
- Munroe-Blum, H., & Marziali, E. (1988). Time-limited group psychotherapy for borderline patients. *Canadian Journal of Psychiatry*, 33, 364-369.
- Rozynko, V., & Dondershine, H. (1991). Trauma focus group therapy for Vietnam veterans with PTSD. *Psychotherapy*, 28, 157-161.
- Rutan, J. S., & Stone, W. N. (1993). *Psychodynamic group psychotherapy*. New York: Guilford.
- van Dulmen, M. A., Fennis, J. F. M., & Bleijenbergh, G. (1996). Cognitive-behavior group therapy for irritable bowel syndrome: Effects and long-term follow-up. *Psychosomatic Medicine*, 58, 508-514.
- Webb, L. P., & Leeahan, J. (1996). *Group treatment of adult abuse survivors*. Newbury Park, CA: Sage.
- Williams, A. (1989). *The passionate technique: Strategic psychodrama with individuals, families, and groups*. London: Tavistock/Routledge.
- Yalom, I. D. (1995). *The theory and practice of group psychotherapy*. (4th ed.). New York: Basic Books.

---

DAVID A. KIPPER, Ph.D., is research professor of psychology and director of the Institute of Group Research and Training, School of Psychology, Roosevelt University, 430 South Michigan Avenue, Chicago, IL 60604. E-mail: kipperda@aol.com