

Psychodrama and Trauma: Implications for Future Interventions of Psychodramatic Role-Playing Modalities

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ABSTRACT. The author highlights points emerging from 4 recent articles on the use of psychodrama in the treatment of trauma survivors. He reflects on the salient characteristics of the interventions described, giving attention to their implications for the future, and discusses the place of psychodrama in the growing trend in psychotherapy that focuses on designing disorder-specific treatments. The characteristics discussed are the effect(s) of theories other than J. L. Moreno's (e.g., 1964) on the future practice of psychodrama, the benefit of incorporating alternative psychological theories accounting for the effectiveness of the method, the importance of the elements of experiencing and enactment in present and future psychodrama-based models, the centrality of the double technique, the advantage of using manuals for treatment, time-limited models, and the transient quality of role playing and the meaning of that.

FOR SEVERAL DECADES, the original (classical) formulation of the psychodramatic procedure remained the sole intervention modality taught and practiced by psychodramatists. Although calls for experimenting with other role-playing paradigms were voiced years ago (e.g., Kipper, 1986), only recently have the first encouraging signs of such a development been evident. Psychodrama is experiencing a period of expansion as it increasingly follows the same trend observed in other forms of group psychotherapy, namely, an emphasis on designing problem-specific treatment procedures. This trend is based on the concept that different diagnostic categories would best benefit from different treatment procedures. Such specific modalities can offer novel interventions with new or modified techniques. For the most part, however,

they are creative variations of already existing psychotherapeutic approaches. The new developments in psychodrama have been welcomed by therapists who have advocated for such progress (e.g., Blatner, 1996; Kipper, 1997). Those therapists have supported the creation of modified action methods procedures that might be integrated with other therapeutic modalities and the development of versions of the classical psychodrama that are suitable for specific clinical populations.

One area in which psychodrama has made an impressive stride is in the treatment of trauma survivors, both adults and children. In the introduction to a theme issue on this subject, Hudgins and Kipper (1998) noted that the notion of treating trauma survivors with psychodrama may appear rather surprising at first glance. One might not expect psychodrama to be a treatment of choice with such clients because of the probability that that modality could retraumatize the clients. Because psychodrama tends to produce vivid experiences and intense emotions, one is cautioned against its use with trauma cases. The possibility that role playing the traumatic event might overwhelm the client and hence result in uncontrolled regression makes psychodramatic treatment counterindicated. The articles in the theme issue of *The International Journal of Action Methods* (i.e., Hudgins & Drucker, 1998; Naar, Dorian-Michael, & Santhouse, 1998) and the article by Carlson-Sabelli (1998) in this issue speak to the contrary. These authors have explained how such a concern, although legitimate and real, can be properly addressed. They demonstrated how it is possible to reduce the likelihood of retraumatization, thus avoiding an iatrogenic phenomenon.

Psychodramatists are aware that the notion of countering traumatic experiences with “corrective emotional re-experiencing” is hardly a novelty. It was advanced by Moreno 60 years ago. He suggested treating highly intense naturally evolving experiences with intense psychodramatically induced experiences, specifically in treating psychoses. He called that technique (approach) *psychodramatic shock therapy* (Moreno, 1939). Accordingly, the therapist asks the psychotic protagonist, who has just completed a hallucinatory or delusional episode, to throw himself or herself back into the hallucinatory experience and relive it while it is vivid in his or her memory. Although there is no written evidence that psychodramatic shock therapy had ever been actually tried by anyone other than by Moreno himself, perhaps, or that indeed the intervention was therapeutically meritorious, the concept (analogous to the idea of “fighting fire with fire”) is challenging. The articles published in the special issue of *Action Methods* on trauma contain descriptions of processes of applying psychodrama in more sophisticated, delicate, and careful methods. Reflecting on the lessons to be gleaned from these articles, one can identify interesting features of the new directions for psychodrama.

Windows of Opportunity

Opportunity 1: The Effects of External Theories

Must the foundations for all future developments in psychodrama be restricted to Moreno's theoretical ideas?

One of the most intriguing observations about the new developments reported in the articles on treating trauma is that the models advanced by Hudgins and Drucker and by Carlson-Sabelli did not evolve out of Moreno's ideas. Rather, those theories were conceptualized and researched outside the field of psychodrama. One came from brain research (van der Kolk, McFarland, & Weisaeth, 1996) and the other from process theory (Sabelli, 1998; Sabelli, Carlson-Sabelli, Patel, & Sugerman, 1997).

In discussing some critical issues in psychotherapy, Hare-Mustin and Marecek (1997) made the following observation:

Traditional treatment approaches take as their task helping people adjust to their circumstances rather than transforming those circumstances that contribute to and [become] part of the problem. (p. 114)

The presumption among psychodramatists has been that all the ideas for innovations lie within Moreno's theoretical ideas. If I paraphrase the above quote and relate it to the present discussion, the following results: Traditional psychodramatists spend their time trying to fit psychodramatic concepts to other theories rather than transporting external concepts that can enrich the practice of psychodrama and improve on its classical methodology.

Lessons learned from therapists' clinical experiences with the treatment of trauma survivors suggest the contrary. For all its insightful ideas, Moreno's theory must not become a cultural conserve that functions as a prison for creativity.

Opportunity 2: Accounting for the Effectiveness of Psychodrama

Can there be more than one theory accounting for the effectiveness of psychodrama? Is there room for an alternative theory?

Researching an area that originally had nothing to do with psychotherapy or with psychodrama, van der Kolk et al. (1996) proposed a new explanation for the difficulties of recounting traumatic experiences. Their experiments had shown that exposure to a terrifying experience freezes the normal biochemical, physical, perceptual, cognitive, emotional, psychological, and behavioral processes. That results in an adverse effect on the neurotransmitters and a disruption of brain pathways and leaves sensorimotor memory unprocessed. Simultaneously it encourages primary thinking process, distorted object relations, dissociated intense affect, primitive defenses, and uncontrolled reexpe-

riencing behaviors. In other words, such experiences were registered primarily on the sensorimotor level. With their research, van der Kolk and his collaborators demonstrated that such (emotionally) overwhelming experiences have never been properly coded and therefore could have not been removed from intellectually coded memory. Rather than being repressed, they are stuck on the sensorimotor level.

To retrieve such painful memories, one needs to use methods of treatment that address sensorimotor memories by invoking the experiences on the level on which they have been stored. Art therapies (e.g., drama, movement, painting) and, in particular, psychodrama appear to be the interventions that can best perform that task.

Extending the same rationale beyond the specific case of treating trauma survivors, one wonders if the work of van der Kolk and his colleagues can serve as an alternative explanation for the effectiveness of psychodrama. In other words, because of its ability to address a lower sensorimotor level of functioning through concretization, psychodrama becomes a recommended treatment of choice for all psychological disorders stemming from unprocessed experiences that are stored in that primitive level. This holds true for memories stored there as a result of repression (i.e., painful memories that have been removed from consciousness) or arrested memory (i.e., extremely painful memories that have never reached or been properly processed in consciousness).

What makes this an attractive explanation for the effectiveness of psychodrama is the large body of traditional, scientific research that supports it.

Opportunity 3: Focus on Enactment and Experiencing

Is the critical therapeutic distinction of psychodrama that it is an action or a concrete, experiential therapy?

Classical psychodrama represents a philosophy, a theoretical approach, and an intervention methodology. As a philosophy, it values (a) the moment, the here-and-now, in which the past and the future meet to form highly significant experiences and (b) the interpersonal interactions among people who are related in some meaningful way(s).

As a theory of psychotherapy, it focuses on the healthy psychological process of the individual and the dynamics of the groups. Its emphasis is on the experiential facet of human behavior. Therefore, it develops a conceptual frame of reference that explains the mechanisms for creating a corrective experience either by rewriting painful and dysfunctional history or by supplying the experiences that are missing.

As a method of intervention, it has focused on enactment and concretization (sometimes referred to as *presentations*). It ought to be pointed out that

both components are part and parcel of classical psychodrama, and they are not synonymous. The former pertains mainly to the behavior of the role with human identities; the latter pertains to the physical representations of situations, feelings, ideas, and the personification of inanimate objects or nonhuman living creatures.

For a long period, the importance and validity of experiential therapy have been questioned and have been adopted with reservations. Although conceptually the potential power of role-playing enactment and concretization in psychotherapy has been acknowledged, in practice it has not received the recognition it deserves. The lack of a convincing theory and empirical research account for much of this situation. Yet, both the experiential component and the concretization and enactment constitute the foundation of psychodrama.

The literature begins to reflect most welcome scientific activities that raise one's hopes for a greater support for experiential and enactment (concretization) -based therapy (see Greenberg & Paivio, 1998; Hudgins & Drucker, 1998). Moreno's concept of *act hunger*—his rationalization for the use of role-playing enactment—has been lately addressed empirically by Bemak and Young (1998), who cited studies supporting the theory that unexpressed or partially expressed emotions tend to be completed by actions. Furthermore, the simulation model for role playing (Kipper, 1986) provided research support for the psychotherapeutic effectiveness of role playing enactment and concretization.

It appears, therefore, that future innovation in the practice of psychodrama ought continually to be nourished by the notion of providing experiential therapy that employs role-playing enactment and concretization. Research should also focus on these two components, separately or combined.

Opportunity 4: The Centrality of the Double Technique

The importance of the double technique in psychodrama has been long recognized. Blatner (1996) noted that the double "is perhaps the most important technique in psychodrama because it helps protagonists clarify and express deeper levels of emotions and preconscious ideation" (p. 28).

It has repeatedly been shown that double technique emerges as a key ingredient in designing new models of psychodrama. In classical psychodrama, the double is typically portrayed by a group member, traditionally selected by the protagonist. In general, the double is asked to serve as the protagonist's inner voice. Customarily, the double is not instructed to represent a particular attitude or to express a particular line of thought. Whatever is conveyed by the double is based on his or her empathy with, and understanding of, the protagonist. Furthermore, some psychodramatists allow spontaneous and unsolicited doubling by group members who have not been specifically designated by

the director as doubles. Hudgins and Drucker's (1998) model is different. Their containing double is typically selected by the therapist (and often is the cotherapist) and is trained to state certain predetermined words and feelings.

The published and clinical experience with new models of psychodrama reveals a tendency to use the double as a key intervention in creating new psychodramatic models. It appears, however, that gradually the doubles become prescribed doubles, that is, those specially trained to fulfill a particular function as specialists in certain ways of responding to the protagonist.

Opportunity 5: Treatment Manuals for Psychodramatic Role Playing

Few ideas evoke a stronger dislike among psychodramatists than the notion of preprogramming psychodramatic interventions. For psychodramatists, following a prescribed procedure is incongruent with spontaneity. That adverse reaction notwithstanding, the use in practice of preprogrammed role behavior for the auxiliary is not uncommon and is often practiced in certain circumstances. With the containing double, Hudgins and Drucker have demonstrated the therapeutic benefit of the application of a treatment manual for the double. Their experience, as well as the six-step manual for the double (Kipper, 1986, p. 154), raises the question whether or not some psychodramatic techniques may become more effective if therapists follow a treatment manual.

The use of manuals in psychotherapy has become a frequent phenomenon in the last two decades. Recently, a task force created by the American Psychological Association argued that in order to be considered as either a well-established, empirically validated treatment or a probably efficacious treatment, "studies must be conducted with treatment manuals" (American Psychological Association, 1995, Table 1, p. 21). In selecting that requirement, the task force acknowledged that the stipulation favors the cognitive and behavior therapies for which a step-by-step therapeutic procedure is followed. The recommendation is much more difficult to implement in the dynamic psychotherapies (of which psychodrama is one), thus placing them at a disadvantage. Nonetheless, the task force also declared that

with dynamic therapy in particular, the use of treatment manuals is crucial to accomplish some degree of treatment specification. This is because the dynamic rubric encompasses a wide range of treatments and because therapists of various styles and levels of training characterize themselves as dynamically oriented. (American Psychological Association, 1995, p. 5)

The idea of designing techniques that follow a predetermined set of principles does not necessarily mean introducing rigidity and needless structure into a psychodrama. Rather, the lesson gleaned from the preceding excerpt is that it may add effectiveness and make the intervention more amenable to research.

Opportunity 6: Time-limited Treatment

The practice of time-limited group psychotherapy was introduced as a reaction on the part of mental health professionals to the restriction imposed by the HMO delivery system. Because third-party payments for long treatments had been canceled, researchers began to investigate ways of increasing therapeutic effectiveness in a limited time frame. Would psychodrama treatment of trauma survivors fit well into the time-limited treatment modality?

At this early stage, the answer to that question is still open because such a hypothesis has not been empirically studied. Although not investigating that particular question, Naar et al. (1998) indirectly raised the possibility that psychodrama may prove to be—perhaps even excel as—an effective time-limited intervention. The literature on psychodrama is of case reports and clinical anecdotes based on short-term treatment and often of a single session. It is possible that future problem-specific versions of psychodrama can be designed as time-limited courses of therapy.

The Existence Cycle of Roles

“Every role which an individual operates has a certain duration, a certain lifetime,” wrote Moreno. “Each has a beginning, a ripening, and a fading out phase” (Fox, 1987, p. 72). This statement contains two important characteristics, inherent in the concept of *role*: Roles are a transient phenomenon, and roles undergo a three-phase cycle of existence—a phase of formation, a period of maintenance, and a dissolution phase.

The Transient Quality of Roles

Productive (functional) roles, those that serve their owners well, do not last a long time. They change constantly, and once they have served their purpose, they disappear. They may completely disappear, as is often the case with age-related or situation-specific roles. Alternatively, they may change slightly, adjusting to the new realities. The latter is evidenced in roles that retain their position (and title) for a very long time, but their content and behavioral manifestations change. For instance, one may remain a father or a mother throughout one’s entire life (an unchanged role title), but the behavioral manifestations and attitudes associated with such roles constantly change.

Destructive (dysfunctional) roles, on the other hand, tend to lose their transient quality. They continue to exist for a long time, even after they have outlived their usefulness. They stubbornly remain functional, regardless of the changes that occur in the protagonist’s internal and external circumstances. It is the task of the therapeutic process to facilitate the termination (or comple-

tion) of their dysfunctional cycle of existence. Dysfunctional roles need to be offered a therapeutic process that will help them dissolve properly. One way of accomplishing that is by providing an opportunity to reexperience the three phases of the role differently, and in particular the last one. A repeated reenactment of such roles may not suffice. In fact, it could pose a danger in which reexperiencing might be perceived by the protagonist as a reinforcement of the dysfunctional role, thus contributing to its maintenance rather than facilitating its demise.

The Dissolution of Dysfunctional Roles

The last two phases in the cycle of existence of a role—maintenance and dissolution—are mutually exclusive. In other words, the relationship between the two suggests that as the factors that contribute to maintaining the role cease to function, the role begins to disintegrate and eventually disappear. Therefore, counteracting those factors that make the role function will lead to its demise.

Important clinical implications for designing new modalities include the need to create techniques incompatible with the forces that maintain dysfunctional (pathological) roles. Such pathological forces involve the feelings of fear, threat, inhibition, anger, rage, pain, and sadness. For instance, instead of using the double merely to expand and magnify the expression of fear, a double that helps first to expand but then immediately to reduce the fear ought to be introduced. The advent of such a double—the containing double, for example—represents the clinical use of the mutual inclusiveness feature described above.

Conclusion

It is hoped that the work begun by the contributors to the theme issue on treatment of trauma survivors continues. The potential of psychodrama and associated action experiential modalities to be treatments of choice for trauma survivors has been sufficiently demonstrated to warrant more work and clinical and research in this area. Future research needs to provide data about further refinements of the treatments, its positive and negative indicators. The interventions discussed above represent a first attempt to analyze the prospects for the next steps in the development of psychodrama. Only by additional application and evaluation of psychodrama with action experiential modalities can we know whether this is a foresight or merely a dream and a speculation.

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