

A Survey of Clinical Reports on the Application of Psychodrama

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ABSTRACT. The authors selected 34 case illustrations of psychodrama for a review of the characteristics of that intervention modality. From the data, they concluded that, in general, the practice is consistent with the theoretical model. The main features of psychodrama are that its sessions are based on role playing enactment, that the focus is on one protagonist, and that the basic unit of the intervention is the structure of the single session. The authors suggest that conceptualizing the treatment as a series of successive single sessions, each repeated many times with different protagonists, may place the methods in an ideal position to be easily incorporated into other traditional and modern forms of group psychotherapy.

Key words: applications of psychodrama, clinical reports on psychodrama, survey of psychodrama applications

PSYCHODRAMA LITERATURE OF THE PAST 25 YEARS featured five reviews in English in which the authors assessed the effectiveness of that intervention modality (D'Amato & Dean, 1988; Kellermann, 1982; Kipper, 1978; Kipper & Ritchie, 2003; Rawlingson, 2000). Three of the reviews were based on evaluations of experimentally controlled studies (Kellermann; Kipper; Kipper & Ritchie). The authors of the other two articles used a less rigid inclusion criterion, addressing a mixed bag of controlled studies and case illustrations. The most compelling evidence of the effectiveness of psychodrama comes from experimentally designed studies. Therefore, it is advantageous to separate experimentally generated data from data retrieved from clinical and case illustrations and to focus the analysis on quantitative studies. The advantages in following such a path are, notably, providing scientific validation; influencing economic, third-party-payment consequences; and demonstrating compatibility with mainstream practices. An example of this research strategy is the meta-analytic study reported by Kipper and Ritchie.

At the same time, one must not lose sight of the fact that there is a wealth of information to be gleaned from clinical reports and case illustrations. Therapists frequently contend that certain aspects of their clinical experiences cannot be adequately conveyed by the use of quantitative data and are best expressed through narratives. Consequently, there is a benefit in differentiating between experimental and narrative data. The former contains information about the validity or therapeutic effectiveness of psychodrama, whereas the latter is a description of the psychological dynamics and procedural aspects of the therapeutic process. The focus of the present study was on the clinical narratives.

The Model as Described in the Theory

For a description of the treatment model, we suggest a study of psychodrama theory, notably Moreno's landmark books (1946, 1953). Those provide information about a unique approach to the practice of group psychotherapy. Salient features of the model, gleaned from the theory, are as follows:

The treatment is based on a group format that, for the better part of the session, centers on a single person (*protagonist*).

The function of the group members is to serve as therapeutic agents (*auxiliaries*) the protagonist, to facilitate the concretization (*the enactment*) of various facets of the protagonist's life.

The primary focus of the roles portrayed by the group members is related to the protagonist's presenting problem(s) and not to the personal issues of the participating auxiliaries.

Auxiliaries may gain indirect personal insights from the portrayals of such roles, although such benefits are not always the explicit purpose of the auxiliary role.

Although the model seems to represent an approach that might be considered an individual treatment in the context of the group, some, albeit smaller, parts of the session address the group members. Every session proceeds in a set course, consisting of three parts (*stages*)—a warm-up, the enactment (action portion), and the sharing (*closure*) and processing. The theory places great importance on the concept of *spontaneity* and holds that spontaneity leads to creativity. Hence, the overall goal of the therapy is to train the protagonist to become more spontaneous.

This model, known as the classical model, remained intact for many years, and is the dominant model even today. It is prevalent among recent formulations of the applications of psychodrama, those that use the classical psychodrama method while subscribing to theories other than J. L. Moreno's. Parenthetically, it should be noted that there are a few different versions of

psychodrama enactment procedures that vary from the classical tradition. Those were inspired by the development of a new theoretical outlook suggesting a separation between the actual practice of psychodrama and its original Morenean theory. There was the realization that “[p]sychodrama is more of a praxis than a separate school of thought” (Blatner, 1996, p. 157). The most notable examples of authors reflecting that trend are found in the writings of Farmer (1995), Holmes (1992), Kipper (1986), and Williams (1989).

Other intervention modalities representing a modification of the classical model were evident in psychodramatic models designed for the treatment of special clientele, such as young children (Banister, 1997), trauma survivors (Hudgins & Drucker, 1998), or the intellectually disabled (Razza & Tomasulo, 2004). Others proposing revised models include Emunah (1994) for the application of psychodrama in drama therapy and Wiener (1994) for the use of improvisation techniques in family therapy.

Regardless of the version of the psychodrama model being practiced, the rationale for the practice retained three characteristics. The session is based on role-playing enactment, focused on one protagonist, and the single sessions have a predetermined (usually three phases) structure.

In this review, we explored the characteristics of the practice of psychodrama as reflected in published case illustrations and clinical reports during the period of 1970–2000. Specifically, we hoped to provide a clearer description of the model that emerged from the clinical descriptions of treating clients with psychodrama. To the best of our knowledge, this is the first review that is based exclusively on such data.

Method

Definition

To maximize the number of case illustrations and clinical reports in the present review, we adopted a broad definition of psychodrama; that is, we viewed a psychodrama treatment as a therapeutic method based on the dramatization of human experiences by means of role-playing enactment under a variety of simulated conditions (concretized scenes). We determined that a case illustration had to describe a therapy session or a series of such sessions that used at least one scene and one psychodramatic technique in a single session (Kipper, 1988). That definition excluded descriptions of techniques for the purpose of demonstrating their procedure or effectiveness, rather than illustrating a therapy case.

Inclusion Criteria and Selection Procedure

It was necessary to resolve two issues as we were determining the inclusion criteria. The first was the differentiation between a description of a therapy ses-

sion and that of a technique. That was important because we wanted to base the review on the ways psychodrama treatments are rendered in ordinary clinical practice. We concluded that articles presenting descriptions of new psychodramatic techniques did not fit that objective and, therefore, we excluded those. Usually, we found no difficulty in identifying such illustrations of techniques, mostly those concerning warm-up, because the authors always indicated when their article was a presentation of a new technique. The second issue was the need to adopt clear inclusion criteria. The reason for that was that several articles, which clearly were case illustrations, lacked vital information about the protagonist and the issue, and other basic data were lacking. In cases of such ambiguity, we opted to exclude the article from our review.

Therefore, to be included in the present review, we decided that case illustrations and clinical reports had to meet with certain requirements. They had to be written in English and had to be published in a professional, refereed journal. We made exceptions to the last requirement for the reports published between 1970 and 1979 in the journal *Group Psychotherapy and Psychodrama*, whose title changed to *Group Psychotherapy, Psychodrama and Sociometry* in 1976. During that decade, the journal was not considered a rigorously refereed publication. In that time period, however, a relatively high percentage of all clinical reports about psychodrama were published in that journal. If we discarded those articles, we would greatly reduce the available sample of case illustrations. As a result, we decided to leave them in the review. The article had to include the following information: the number of participants, both group members and protagonists; their gender and age; the number of sessions reported; the length of a session; the duration of the treatment; the setting; and the psychodramatic techniques employed. We recognized that the inclusion criteria adopted had a few limitations.

We considered only reports that appeared in English and only those published in professional journals, not in books. We also excluded any case illustrations that were conducted as empirical research, which provided quantitative data. We only considered those reports that were strictly narrative. It should also be noted that the articles accepted for publication in the journals of psychodrama are likely to favor the classical format.

Literature Retrieval

The publications base for the articles on case illustrations and clinical reports was the main psychodrama journal published in the United States and other journals published between 1970 and 2000. During that period, the main psychodrama journal appeared under three different titles—*Group Psychotherapy and Psychodrama*; *Group Psychotherapy, Psychodrama and Sociometry*, and *The International Journal of Action Methods: Psychodrama*,

Skill Training, and Role Playing. Those publications that we could not access in the library were located by computer through PsychLIT and Social Sciences Index. The vast majority of the published case illustrations and clinical reports (95%) appeared in the abovementioned psychodrama journal.

The original retrieval yielded a list of 289 articles. In the first round, we selected the relevant ones and considered approximately 100 as potentially relevant. Each of the selected articles was read and evaluated on a 14-point information-gathering form, relating to the kind of description reported in the article. On the basis of those evaluations, most articles had to be excluded for insufficient information. Finally, 34 articles were admitted to the review. The two researchers agreed completely about the final selection. The appendix contains the list of the articles accepted for our study.

Results

Table 1 contains the data for each of the 34 case illustrations under review. At the left of the table is a list of the authors of the articles and the years in which the articles were published. The next eight columns, from left to right, contain information about the treatment, including the number of protagonists involved in the case illustrations, the gender of the protagonists, their age, the number of sessions conducted with each protagonist, the length of the psychodrama session, the duration of the entire treatment, the setting in which the psychodrama took place, and the main psychodramatic techniques used in the enactment.

The Sources

The extreme left column of Table 1 contains the names of the authors of the selected articles and the date of their publication. The dates reveal that, notwithstanding the effect of the bias created by our inclusion criteria, over two-thirds (70.5%), or 24 of the 34 cases, were published between 1970 and 1979. Only three appeared during the 1980s. The number of the selected reports remained low for the 1990 to 2000 period, featuring only 7 sources. The drop is not necessarily an indication that fewer case reports were published but rather indicates that fewer published case illustrations successfully met our quality screen. The meaning of this is not entirely clear.

The Number of Protagonists

In the column entitled Number of Protagonists, we indicate that about half of the reports (47%), or 16 out of 34, involved a single protagonist (Boylin, 1971; Danielsson, 1972; DeCarvalho & Manteiro, 1990; Deaths,

TABLE 1. Characteristic of Psychodrama Therapy Sessions: Clinical Reports 1970–2000

Source	Number of protagonists	Gender	Age	Number of sessions	Length of sessions (in minutes)	Duration weeks	Setting	Techniques used
Friedman, 1970	5	M/F	—	MP			Youth employment office	RR, MI, Hot seat
Deaths, 1970	1	M	18	S			Residence hall	DB
Olson & Fankhauser, 1970	4	M	—	S			Hospital	RR, DB, EC
Clayton, 1970	7	M/F	—	S	60		Hospital	RR
Hittson, 1970	2	F	—	S			Church	DB, EC, Auxiliary ego
Wolf & Hall, 1971	1	M	30s	—			Church	RR
Boylan, 1971	1	F	—	MP				DB, EC
Pankratz, 1971	1	M	—	MP			Hospital	RR, MI
Olson, 1972	3	M	19	S				RR, DB, SOL
Danielsson, 1972	1	F	—	S				RR
Abraham, 1972	2	F	45	—		3 days	Training session	Magic shop
Friedman, 1972	2	M/F	—	S			Moreno Institute	RR, DB
Garber, 1973	1	M	30	22				RR, EC, Future shop, Psychodrama chest operation

	9	M/F	8	MP		1 year	Educational setting	RR, DB, Magic shop
Baum, 1973								
Gumina & Gonen, 1973	1	F	30	S	60		Hospital	DB
J. L. Moreno, 1973	1	M	18	S				
Lockwood & Harr, 1973	3	M/F	9	S				RR, DB, Auxiliary ego
Haskell & Larr, 1974	6	M	26	MP	100	10		Auxiliary ego
Naar, 1974	1	F	—	S		2 yrs	Private office	RR, Hot seat, letter writing
Z. T. Moreno, 1974	Several	F	—	S				RR, DB, Future projection
Pisa & Lukens, 1975	4	F	26	2			Treatment center	RR, DB, MI, Pillow
Farnsworth, Wood, & Ayers, 1975	1	F	31	S				RP, DB
Hill, 1977	1	M	17	S			Detention center	RR, DB, Hitting the ground with rolled-up towel
Gagnon, 1979	2	F	21	MP	120	32		RR, DB, fantasy
Guldner, 1982	2 families	M/F	—	—				RR, DB
Sidorsky, 1984	3	F	—	S			Hospital	RR, DB, Age regression

(table continues)

TABLE 1. Continued

Source	Number of protagonists	Gender	Age	Number of sessions	Length of sessions (in minutes)	Duration weeks	Setting	Techniques used
Nordin, 1987	6	M/F	60+	S			Hospital	RR, EC, Role training, Future projection
DeCarvalho & Manteiro, 1990	1	F	34	S			Private office	RR, Auxiliary ego
Sasson, 1990	1	M	—	S	150		Psychiatric treatment center	Fantasy play
Dushman & Bressler, 1991	1	M	17	S			Treatment center	RR, EC, Past projection, Surplus reality
Holmes, 1993	1	F	17	12	120	12		RR, DB, RP
Siegel & Driscoll, 1995	Several	M/F	—	S		1 day	Training session	RR, DB, MI
Wolk, 1996	1	F	—	S			Training session	DB, "Alter ego"
Naar, Doreian-Michael, & Santhouse, 1998	2	F	—	S		36		Judgment technique

Note. M = male; F = female; S = a single session; MP = multiple psychodrama sessions; RR = role reversal; DB = double; EC = empty chair; SOL = soliloquy; RP = role playing; and MI = mirroring.

1970; Dushman & Bressler, 1991; Farnsworth, Wood, & Ayers, 1975; Garber, 1973; Gumina & Gonen, 1973; Hill, 1977; Holmes, 1993; J. L. Moreno, 1973; Naar, 1974; Pankratz, 1971; Sasson, 1990; Wolf & Hall, 1971; Wolk, 1996). About an equal number of cases (15) presented psychodramas with several protagonists, ranging from 2 to 9 per report (Abraham, 1972; Baum, 1973; Clayton, 1970; Friedman, 1970, 1972; Gagnon, 1979; Haskell & Larr, 1974; Hittson, 1970; Lockwood & Harr, 1973; Naar, Doreian-Michael, & Santhouse, 1998; Nordin, 1987; Olson, 1972; Olson & Fankhauser, 1970; Pisa & Lukens, 1975; Sidorsky, 1984). Two reports (Z. T. Moreno, 1974; Siegel & Driscoll, 1995) did not provide an exact number of participating protagonists, and one case (Guldner, 1982) reported a psychodrama session with two families treated together as one group. Some of the psychodramas that were conducted with several protagonists, however, actually were multiple sessions with each involving a single protagonist. Altogether, the picture that emerges is the tendency of the authors to describe psychodrama of a single protagonist.

The Gender of the Protagonists

In Table 1, the third column from left contains information about the gender of the protagonists, the letters M standing for men, F for women, and M/F for sessions with male and female protagonists. There is a slight skew in the gender of the participating protagonists, tending toward a greater number of females. The reports featured 15 cases about women and 11 cases about men. In 8 cases (23.5%), the reports described the psychodramas of male and female protagonists, but in two of those—Friedman (1970) and Clayton (1970)—had more women than men protagonists. Although the protagonists in psychodrama case studies were men and women, there was a slight preponderance of descriptions of female clients.

The Age of the Protagonists

Only about half (18) of the sources in the present review provided information about the age of the treated protagonists. For the other 16 reports, such data were not available. The present data show that the ages of the protagonists ranged from 8 and 9 years (Baum, 1973; Lockwood & Harr, 1973, respectively) to 60 years and older (Nordin, 1987). We disregarded the extremes, the very young and the elderly participants, and determined that the mean age of the protagonists was 24.8 years. In 14 of the 18 cases (77.7%), the protagonists' age ranged from 17 to 34 years. From that information, one can conclude that psychodrama is applicable with a very wide range of ages, from young children to adolescents, adults, and the elderly.

The Number of Sessions for Each Protagonist

In the column about the number of sessions conducted with each protagonist, the letter S stands for a single session and the letters MP for multiple sessions. In three instances, the researchers did not include the exact number of multiple sessions. Thirty-one of the 34 case illustrations contained information concerning the number of psychodrama sessions that served as the basis for the report. More than two-thirds of those (70.9%) were case illustrations consisting of a single session. Of those, 11 reports (35.5%) contained descriptions of a single session for a single protagonist. Nine reports were based on descriptions of multiple sessions. Five articles described multiple sessions with a number of protagonists (Baum, 1973; Friedman, 1970; Gagnon, 1979; Haskell & Larr, 1974; Pisa & Lukens, 1975). Four of these were single sessions for each participating protagonist. Boylin (1971) and Pankratz (1971) reported multiple sessions for one protagonist. The overall picture that emerges for these data is that the majority of the reports depicted a single psychodrama session for one protagonist.

The Length of the Psychodrama Session

In only 6 out of 34 case illustrations did researchers provide information about the length of the psychodrama sessions. The available data show that the sessions varied from 1 hr (60 min) to 2½ hr (150 min). In three cases, the length of the session was within the traditional length of group psychotherapy (e.g., Clayton, 1970; Gumina & Gonen, 1973; Haskell & Larr, 1974). In three cases, the sessions lasted considerably longer, that is, 2 or more hr (e.g., Gagnon, 1979; Sasson, 1990; Holmes, 1993). The paucity of information about that issue makes it impossible to detect any definite trend.

The Duration of the Treatment

Only 8 of the 34 case illustrations, or 23.52%, provided data concerning the length of the entire course of treatment. In two instances, researchers reported intensive and relatively short treatment, lasting one to three days (Abraham, 1972; Siegel & Driscoll, 1995). Those were workshop or intensive weekend-type psychodrama experiences. The remaining six descriptions had varied length of a treatment course, such as 10 weeks for Haskell and Larr (1974), 12 weeks for Holmes (1993), 32 weeks for Gagnon (1979), 36 weeks for Naar et al. (1998), 1 year for Baum (1973), and two years for Naar (1974). The paucity of information about that aspect of the treatment makes it impossible to detect any definite trend. That conclusion notwithstanding, readers need to remember, when considering the findings in the table under the Number of

Sessions column, that two-thirds of the 34 cases of the present reviews conducted psychodrama treatments that lasted a single session, whereas only 9 cases extended beyond that one-time intervention.

The Treatment Setting

The second column from right in Table 1 lists the settings in which the psychodramas took place. Twenty-one of the 34 articles (61.7%) provided such data. The list of the treatment venues covers a wide range of settings, including hospitals, detention centers, private offices, churches, and training facilities. Evidently, psychodrama has been practiced in a full range of educational and mental health facilities.

Psychodrama Techniques

Researchers for all case illustrations and clinical reports used in this study provided information about the specific psychodrama techniques that they employed. We were not surprised to note that authors described a wide use of the basic psychodrama techniques, as reported in the extreme right column of the table. Of the list of techniques used in each report, role-reversal (RR), double (DB), and the empty chair (EC) constitute the most frequently used strategies. The mirror technique (represented by the letters MI) was not as frequently used. That technique was explicitly mentioned only in four case reports (Friedman, 1970; Pankratz, 1971; Pisa & Lukens, 1975; Siegel & Driscoll, 1995).

Discussion

Our analysis of the case illustrations led us to interesting observations about the salient features of the practice of psychodrama. We concluded that there is evidence that the practice is consistent with the theoretical model as described in the professional literature. We also concluded that regardless of the different nuances of its underlying rationale, the psychodrama method with its three fundamental characteristics, was evident in the cases studied. The illustrations repeatedly demonstrated that the three facets of the treatment served as the foundation of the clinical intervention. All the reports included descriptions of the use of role playing techniques with a focus on a single protagonist, and most of them were psychodramas of single sessions.

In searching for evidence of the therapeutic effectiveness of the enactment, we found it useful to differentiate between two aspects. The first is related to the hypothesis that the concretization of internal and external realities in the form of role playing or behavioral simulation (Kipper, 1982,

1986) has a therapeutic advantage. That has been the long-standing theoretical stance of classical psychodrama (J. L. Moreno, 1946, 1953, 1966). Although that position appears intuitively true and has been supported by clinical experience, it still awaits scientific validation. The other hypothesis concerns the therapeutic value of each individual psychodramatic technique, most notably role-reversal, double, the empty-chair, and the mirror techniques. The hypothesis claims that those techniques, and perhaps others as well, are therapeutically meritorious, partly because each tends to activate a different psychological process (Kipper, 1986). To a great extent, that claim has been empirically validated (e.g., Kipper & Ritchie, 2003). The clinical practice reflects that scientific reality. The techniques constitute the foundation of the psychodramatic enactment. They are introduced as essential instruments to facilitate role-playing explorations in classical psychodramatic scenes. Also, they are used intermittently to intensify members' interactions and reach deeper explorations of psychological conflicts in the context of verbal therapy (e.g., Farnsworth et al., 1975; Naar, 1974).

The second aspect concerns the vast majority of the clinical reports that presented descriptions of a single session, suggesting to us, implicitly and explicitly, that the single-session-per-protagonist format is the basic unit of the treatment. In fact, both the theoretical model and the clinical practice treated the entire course of the psychodrama therapy as a series of successive, same-structure, single sessions in which each session focuses on a different group member. That model of psychotherapy is becoming increasingly popular among newer modalities, for example, Cognitive Group Therapy or Interactive Behavior Therapy (Razza & Tomasulo, 2004), in which the design of the single session is repeated many times over, thus comprising the entire course of the treatment.

Conceptualizing the entire course of treatment in such a manner differs from the traditional view held by verbal forms of group psychotherapy. According to the latter, the course of the treatment follows a process that recognizes three or four phases. Each of those elicits unique interpersonal dynamics and is characterized by different themes and issues and different levels of intensity and depth. Although the names of the phases vary from one approach to another, all address a similar fundamental structure. For example, when describing psychodynamic group psychotherapy, Rutan and Stone (1993) distinguished among four phases that they described as follows: the formation of the group, the reactive phase, the mature phase, and the termination phase. Yalom (1995) identified three phases, which he described as the beginning, the advance group phase, and termination. Corey and Corey's (1997) four phases were labeled the initial stage, the transition stage, the working (or working through) stage, and the ending stage. The system-centered group therapy (Agazarian, 1997) developed through three phases classified around the issues of authority, intimacy,

and life and dependency. The emphasis of those group psychotherapies focused on the phase structure of the entire course of treatment, paying little attention to the internal structure of the single session. The psychodrama model reflects the opposite approach. It has placed a heavy emphasis on the composition of the single session. The reason for the absence of published discussions on the phase structure of the psychodrama therapy is unclear. To the best of our knowledge, there has not been a serious discussion about whether there is a difference regarding the themes, the issues, and the conflicts between psychodramas portrayed in the beginning of the group therapy and later in the group's existence. From our review, we concluded that the single-session structure has become the hallmark of the psychodrama intervention.

One thought that comes to us as a result of our discussion is that the strength of psychodrama seems to rest in the potentially powerful outcomes that result from a well-executed single session. Because it is easy to transport a model based on a single session intervention, as a unit, from one form of treatment to another, perhaps the strength of psychodrama lies in the element of its transportability. Therefore, one might encourage the incorporation of a psychodrama single-session format into other modalities of group psychotherapy.

It is not clear to us why there was a drop in the publication of clinical reports during the last two decades. Two-thirds of the 34 cases reviewed appeared during the 1970s. After that, very few clinical reports appeared in the psychodrama journals. Also, we would be remiss not to mention the issue of the quality of the case illustrations we reviewed. We wished that they provided complete information about the protagonist, the circumstances of the therapy, the intervention, and its outcomes.

It is fitting here to raise a note of caution. The inclusion criteria that guided the selection of the material made certain that the cases to be reviewed contained the necessary information for our analysis. In so doing it excluded clinical reports that were deemed incomplete or lacking basic, necessary data. We considered only clinical reports and case illustrations published in English and in professional journals. We did not review cases that appeared in books or that were part of experimentally designed, quantitative studies. Therefore, although our sample may represent the best of the case illustrations, it may not represent all the studies that have been published.

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APPENDIX

Published Case Studies Included in the Kipper–Hundal Survey Study of Published Articles on Psychodrama Techniques

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