Section 2: Practitioner's Corner

Sociometry and Psychodrama Online: A Model for Telehealth Psychodrama Workshops

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Engagement in psychodrama workshops online is different than it is in person—and potentially equally powerful. What is lost can be gained visually with gestures, masks, props, and facial expressions; we are just beginning to explore the creative potential of telehealth. This article offers a brief history of telehealth and describes a step-by-step process we have developed for our telehealth psychodrama workshops. The aim is to enrich the conversation about doing effective sociometry and psychodrama with this new medium.

KEYWORDS: Empty chair; group therapy; psychodrama; sharing; sociometry; telehealth; warm-ups; Zoom.

We believe that engagement in psychodrama workshops online is different than it is in person—and potentially equally powerful. When we use telehealth, we are missing the view of the lower body, until the participant stands up and changes their camera angle, along with and access to the personal energy, touch, temperature, and smell that convey physical presence and even emotion to those who are sensitive. What is lost can be gained visually with gestures, masks, props, and facial expressions; we are just beginning to develop the creative potential of telehealth. It is a gift that we have the technology available and that the mental health community appreciates its value and accepts its use (Biancalani et al, 2021; Pugh et al., 2021). This article offers a review of telehealth and describes a step-by-step process we have developed for our telehealth workshops. The aim is to enrich the conversation about doing effective sociometry and psychodrama in a group session with this medium.

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A Brief History of Telehealth

Telehealth Origins

Throughout the ages, humans have sought communication, whether by smoke signals or telephone; we can imagine frantic villagers using torches from a mountaintop to summon medical or other help. In the last century, telehealth projects were first promoted by the National Aeronautics and Space Administration to monitor astronauts' vital signs in space and later by the call for a wider, more continuous reach of physician care to rural areas, prisons (Ollove, 2016), ocean liners, battlefields, and the sites of earthquakes (Mahell et al., 2002) and other natural disasters.

Telepsychiatry

With wider use of the Internet, visual and audio data has become easily transmissible. Telepsychiatry was found useful for the diagnosis and treatment of bipolar disorder, depression, addiction, and other psychological illnesses as early as 2007. Research studies found it to be as effective as in-person care and superior for some groups (e.g., agoraphobics; Chan et al., 2015; Hilty et al., 2013). Myriad problems ranging from the lack of mobility to potential infection disappear because users require only stable Internet access and a device at each end with audio and visual capacity. The global pandemic of 2020 escalated the use of telemedicine and created a shift; although licensing and reimbursement questions remain unresolved, telehealth is now recognized as a mainstream modality in medicine and mental health (Novotney, 2011; Wicklund, 2016). Zoom, Skype, Slack, FaceTime, and others compete for users; in addition, hospitals and institutions have developed private platforms. Zoom downloads numbered more than two million in one day in 2020 (Neate, 2020), and Zoom users rose to more than 300 million (Kapil, 2022).

Tele-psychodrama

Jacob L. Moreno, the father of psychodrama, believed we are each potentially connected to a life force within us, which engenders spontaneity and creativity, connecting us with one another (Hudgins, 2017; Moreno, 2010). Electronic communication facilitates these connections through audio and visual data sent across space, from one device to another.

Moreno sought a modality that would reach "all mankind" (Moreno, 1953, p. 3). Kate Hudgins (2017), in an excellent discussion of the use of telehealth for her therapeutic spiral model, notes that Moreno used radio, film, and television for his work; he envisioned mass audiences for psychodrama. During the global pandemic that exploded in 2020, telehealth created "connection with and for other human beings in the only way it was available" (Adderly, 2021). Facilitators need proficiency not only in clinical skills but also in basic telehealth technology. The Moranean emphasis on having spontaneity and creativity serves us; during waves of the pandemic, some technological competence may be necessary for clinical survival (Hudgins, 2017).

Psychodramatists working online know that some participants initially struggle with the technology. For example, they echo, "I can't find the link in my emails—please send it again." Participants are sometimes annoyed by the image freezing when the Internet power drops. Practitioners have developed ways to help them navigate the mechanics, including offering specialized tutorials prior to the workshop, or providing a technical advisor before or during sessions. Many practitioners have noted that physical distance makes emotional upset a significant issue. Some have recommended designating an emotional support person to be available to meet with upset participants in a breakout room. Others have recognized that because facial expressions and gestures predominate, facilitators can easily identify and attend to distress and participants are encouraged to signal their need for help should they feel emotionally overwhelmed. Noting advantages to online work, many authors have reported creative ways to use the technology to enhance the experience, including using breakout rooms for warm-up exercises, sharing the whiteboard for a group project, and supplementing the experience with background music, art, or a special background to enhance the experience of surplus reality (Giacomucci, 2020).

Many authors have noted that tele, fundamental to relationship, can be challenging to experience when mediated by images on a screen (Biancalani et al., 2021; Hudgins, 2016; Nery, 2021). We are asking participants to use virtual imagery to stand in for materiality and to experience virtual tele and virtual psychodrama as real. Nery (2021, p. 109) quoted one participant who said, "I am here and so are you, even though we are not"; Nery calls the online psychodrama experience "the imaginary together." The author noted that when we work online we are using a "condensed corporality—a body that presents itself for self and other but is mediated by the screen" (p. 107), and we use surplus reality to imagine the corporeality of our bodies. Without bodies, interpersonal touch is impossible. Missing the warmth touch can convey, another participant complained:

> The therapist who takes her hand, who puts her hand on your shoulder. . . in moments that touch you deeply, it is a severe lack, you feel a bit lonely, even though you are in the group, but you still feel alone (Biancalani et al., 2021).

Psychodrama works by externalizing and concretizing intrapsychic and interpersonal experience to convey psychological truth (Blatner, 2000; Moreno, 2010); in telehealth psychodrama, we use the technique of surplus reality and our imagination to believe in virtual reality. It is not new that we ask our participants to engage in surplus reality. In Brazil, *surplus reality* can be translated as *supplementary reality*, and Nery (2021, p. 109) said we invite our participants into "hypersupplementary reality," referring to the extra layer of imagination required to accept virtual reality. She suggested that the virtual imagery creates a movie of our work, an externalization of our process, a variation of the psychodrama action technique of concretization. A virtual psychodrama presents a shared "as if" scenario, concretized for the group on a

common screen. She compared it with the disembodied experience of a dream (Nery, 2021).

Challenges for the Facilitator

In order to enhance our surplus reality when our work is mediated by telehealth technology, facilitators are advised to provide direction more assertively and explicitly than in face-to-face sessions. The virtual warm-up involves extra care and perhaps time to create the interpersonal connections necessary to create and sustain cohesion and provide the experience of safety and belonging. Greater narration is required to maintain continuity from scene to scene and to help the group track the auxiliary roles, to keep the group members from becoming confused during a psychodramatic enactment (Nery, 2021). Role reversing requires careful guidance to differentiate roles on telehealth (illustrated in the next section). Breaks are necessary to avoid fatigue.

The Effectiveness of the Internet

Many authors attested to the power and effectiveness of using the virtual medium for psychodrama, sociometry, drama therapy, individual and group psychotherapy, supervision and consultation, team building, and sand tray, even before the pandemic (Hudgins, 2017). Recognizing its value, Nery (2021, p. 107) has aptly acknowledged virtual psychodrama as "the surprise of the quarantine period."

A Model for Telehealth Workshops in Sociometry and Psychodrama

This section outlines a step-by-step process demonstrating the model we have developed to facilitate workshops in sociometry and psychodrama on telehealth. The process includes preparation of the participants, workshop opening, zoom warm-ups, a psychodrama enactment, sharing, and closure.

Preparation of the Participants

We sent the following email with the Internet link to our Zoom platform to welcome the participants, warm them up for the workshop, and help them prepare:

Psychodrama: The Magic of Growth and Change

Group Psychotherapy can be a life-changing experience, offering relational experiences critical to the process of healing, growth and transformation; psychodrama experienced in a group format Is perhaps the most powerful and effective modality in our therapeutic repertoire. Our three-hour session showcases the use of psychodrama and sociometry, while teaching theory and technique invaluable for a psychotherapist, and for anyone working towards self-improvement. The participants of this workshop will have the opportunity to

experience the magic of growth and change, while gaining training and expertise in basic psychodrama action techniques. Participation in all exercises is voluntary.

Technical Tips: for our workshop include: using **headphones** if you have them or set your device up in a **quiet space**; use a device with the **largest screen** you have available; **ask others to give you space** and not interrupt as much as possible (other than cameos of children and cats). If you leave the camera view, please leave it on rather than turning it off, but mute your microphone to protect the group from excess noise.

We are learning how to enhance our spontaneity online. You would ideally have a **spacious setting**, with one or more **empty chairs** close by that can be accessible to the camera view for empty chair work and role reversal. You may also want **supplies**, including: 1) **scarves of different colors, masks, and hats to designate roles; 2) stuffed animals, puppets** and **socks**—surprisingly versatile! and other aids and props; 3) **paper and markers or crayons;** 4) **Kleenex** nearby and 5) **water** for hydration.

Workshop Opening

Entry Into the Workshop. As people enter the virtual space, in order to engage them and to begin building their sense of safety and connection, we, as cofacilitators, ask them to unmute and share what they are each hoping to get from the experience, opening the exploration of the issues of the particular group. After they answer, particularly if our workshop includes participants new to psychodrama, we may show Shelley's knitting bag close to the camera, ask them to imagine a tiny rabbit inside, and to signal "thumbs-up" when they see it. We look around the group at the faces as the thumbs emerge, and for those having trouble we suggest "it might be white, or pink . . . or blue . . . your choice!" We have fun doing this and talk about how imagination is an important element in psychodrama, because we will be bringing people into our work through role play, such as fathers, mothers, boyfriends and girlfriends, children, and others who are not really here, but who will enrich our work. They will emerge though the realm of the imagination, called *surplus reality* (Blatner, 2000; Wysong, 2017).

When everyone or almost everyone can imagine a rabbit, we suggest they see a moose with antlers, and then a herd of elephants. They generally giggle at this point and happily show their thumbs-up. One of us might reach in the bag and take out a small stuffed moose to establish our credibility.

Didactic. The facilitators move into a short didactic, perhaps telling a Moreno story. For example, we might talk about his going to the Augarten in Vienna and observing the children there (Blatner, 2000; Moreno, 1953). We would tell about the belief Moreno developed, perhaps by watching the children, that in every living being there is a "primordial force" or spirit, what Henri Bergson called the *elan vital* (Blatner, 2000). Moreno developed a theory of

spontaneity and creativity, and the idea that we can be trained to enhance both (Kipper, 1986; Moreno, 2010; Wysong, 2017). We share that we also believe that each of us has that natural force or spirit within and that is our hope that each of us will experience our own spontaneity and creativity during the workshop by accessing this spirit and continue to experience it and teach others how to access it after we leave the workshop and go into the world.

Guidelines. Next we name guidelines for the action portion of our workshop. We note six C's, beginning with *confidentiality*. The first author suggests that if we are going to see a herd of elephants in the handbag, we do not want people talking about us in the outside world. We ask for a pledge to keep confidential everything that goes on in the session and to never talk about what happens in any way that identifies any particular person. As in face-to-face workshops, we suggest: "Talk only about yourself and your experience. If you feel you need to refer to a particular person, use only an initial or change the name. We want to honor each other for our work, and we can all take more risks if we are assured confidentiality." We ask the participants to give a thumbs-up when they are willing to take this pledge.

We name *comfort* as another guideline, letting people know there will be a 10-min break midway through the workshop. Participants may come and go to get water or other items, throughout the session, but we prefer they always leave their *camera* on (another C) to show their place in the group and also message us in the chat (e.g., "BRB"—be right back). We ask them to mute their microphone if they are in a noisy environment or if they leave their camera view; otherwise, they should not mute their audio, to avoid a delay when they speak.

The next C is *containment*, particularly important on Zoom where we cannot sense escalating emotions in one another as easily as when face-to-face. We ask everyone to monitor their emotions and let us know with gestures, such as holding up a forefinger asking us to pause, to signal "HELP!" showing both hands with fingers spread, or to say "HEY!" to get our attention, should they start to feel emotionally overwhelmed. If we are uncertain about the emotional stability of any of the participants, we also ask everyone to reflect for a moment and identify one person they could talk to during the workshop, including the facilitators. That way, should they become upset, they have already identified someone who could help them. Another C is *consent*, and we let them know that as facilitators we are guides, not gods; we are merely offering suggestions. We encourage the participants to prioritize their own intuition before consenting to follow our directives, and, if we are going into an area not in their best interest, to alert us.

At this point we review some gestures useful for *communication*: thumbs up, thumbs down, one finger for a question, and whole hands with fingers outspread to ask for help. The facilitators also demonstrate various props to show how they can help us designate particular roles: a baseball hat to designate the role of a brother, a gold scarf on the shoulders to introduce an elegant mother, or a scarf covering the face to convey the spirit of a deceased grandfather. The first author cuddles a stuffed animal to convey love and wields

a club (made of newspapers rolled up and wrapped in red duct tape) and bangs it on the desktop to express anger and release rage.

Zoom Warm-ups

Strengths Game. Especially for inexperienced students anxious about the new modality, as we move into action, we are likely to introduce a Zoom warm-up called the *Strengths Game*, asking our participants to reflect on the positive attributes they bring to their work, and to signal thumbs-up when they have one in mind. The facilitator starts the group off, choosing one person, and saying "I am choosing you because . . . ," naming an attribute they see in the person, because know what someone is seeing in us and what we are seeing in them, we connect more easily. Then they say to that person, "I bring to this workshop . . . ," naming one of their personal strengths. Each person, when chosen, is to choose someone else, say, "I see in you . . . ," naming one strength they see, and then name all the strengths that have been named and add one of their own. With this exercise, each member is chosen by someone for one of their attributes, surprisingly powerful for facilitating the sense of connection, safety, and belonging. The participants increase their awareness of their personal strengths plus the attributes of others useful in our work. When someone forgets an attribute, the group prompts them to remember; the game signals permission to make mistakes. The spirit of the exercise is playful and fun.

Zoom Stories. *Zoom Stories* is a warm-up intended to create a culture of kindness, build trust and cohesion, and help the participants to get in touch with issues useful for them to explore (Wysong, 2017). The facilitators suggest each person take a moment to think of something that has been or is upsetting to them. Because the group is generally built on dyadic experiences, the first volunteer is invited to pick someone to talk to and to tell their choice why they are picking them, as in *Strengths*. Then, the person is to share their story of something that has upset them, in a minute or less. Many in the group will feel drawn in. The listener says "thank you" to the storyteller, has the choice to offer a double, take on a role from the story and respond to the storyteller, or take their turn as the next person to share. In turn, they are to choose someone who has not been chosen, say why they chose them, and tell them a story of their own. The last person chooses anyone they would like; that is a perk for being chosen last.

When the listener takes a role, the facilitators may direct the storyteller to respond, and the group to offer doubles, and the two participants may be directed to role reverse to deepen the conversation; note that adding role reversals may add 30 min or more to this exercise, leaving less time for the psychodrama enactment that follows. This may be a worthwhile allocation of time, especially for participants who are new to these techniques to learn doubling, role play, and role reversal while practicing sociometry, building the connections within the group, and warming the participants up to their issues. Role play and doubling are illustrated in the following:

B. shared that it was Mother's Day, and, although his mother had died 2 years ago, he noted he still felt angry with her for her narcissism and neediness. The listener took the role of this mother and responded, "You never sent me good cards or gave me gifts. Some sons give their mothers candy or flowers." B. responded vehemently, saying "You never took care of me! It was always me taking care of you!" A group member doubled, saying "URGGGAH! I am so frustrated," which B. accepted and repeated. The listener then de-roled from the role of B's mother and took their turn, choosing the next listener.

To role reverse on telehealth, the facilitators suggest that the protagonist stand up, turn around a few times, or wiggle their bodies in their chair and either move over to the side of their screen or move to a different seat within their space. We may also invite them to "sprinkle magic fairy dust" to become the role of the other. We may ask the protagonist to pick a prop to symbolize their role and ask the auxiliary to match that prop as closely as possible.

As in the pair-and-share exercise done face-to-face, group members bond beautifully even on the virtual platform, choosing each other and telling their stories while practicing the skills of doubling, role play, and role reversal. *Zoom Stories* has the advantage of using storytelling, a familiar activity to even novice participants, and everyone experiences the power and effectiveness of our psychodrama action techniques before moving into a psychodrama.

Virtual Chair. If the participants are not yet warmed up for an enactment after *Zoom Stories*, the facilitators introduce the empty chair exercise in a powerful warm-up we call *Virtual Chair*. We have a 3-in. chair (an ornament for a Christmas tree), and it fills the screen when we hold it close to the camera lens. We ask the group members to each reflect on who is in this chair for them, and we direct them to imagine that person in the empty chair. We then offer a choice of addressing their imagined person or reversing roles to become them. If they role reverse, we interview them in the role of the other, asking who they are, why they were brought to the workshop, and what they want to say about and then to the participant. Note that if the sharer is representing the central concern of the group (Buchanan, 1980), they can be directed to choose auxiliaries and move into a complete psychodrama enactment from this warm-up. In our experience, this exercise is generally more effective on telehealth than face-to-face, perhaps because working face-to-face, the participant walks across the room to the empty chair, whereas on telehealth, access to the imagined entity in a role reversal is immediate. Also, as generally true on telehealth, the facial expressions, front and center on the screen, have the potential for great impact.

Note on Timing. After the above opening, warm-ups, and the protagonist selection, with between four and eight participants we try to leave 90 or more minutes left for the enactment, sharing, and closure of our 3-hr workshop. However, a group with less-experienced participants may require a longer warm-up phase, leaving only 60 min for our psychodrama and sharing. This format was successfully adapted for 42 novice participants for a full-day workshop on Zoom. Specifically, regarding timing: In a 3-hr workshop with a

group of about eight participants with some new to psychodrama, we are likely to offer our introduction (15 min), use Zoom warm-ups, such as *Strengths* (15 min), the longer version of *Zoom Stories* while teaching doubling and role reversal (45 min), and the *Virtual Chair* (45 min), followed by a shorter psychodrama with sharing (60 min). For a mostly experienced ongoing group, we are likely to present a longer didactic and shorter opening Zoom game (30 min for both), a longer *Virtual Chair* exercise (60 min), and a psychodrama enactment and sharing (90 min).

Of course, whatever our planned agenda and timing, our plans may change, depending on our perception of the needs of the group.

For example:

> Cell phones lit up during our warm-up the moment Joseph Biden won the 2020 presidential election, and a heated and polarized discussion emerged. With the group consensus, in lieu of a psychodrama, we created a sociodrama of how to fix our country. Group members took roles: president, red-state senator, election captain, capitalist, person of color, homeless person, mother in poverty, and child of the future. We decided that Moreno's legacy—including listening to one another, using frequent role reversals, and enlisting spontaneity, creativity, and laughter—would be necessary.

Psychodrama Enactment on Telehealth

Protagonist Selection. After the warm-ups, the facilitators may pause for the group to explore "what is the central concern of the group?" reviewing and integrating the themes that have emerged, pointing to what Jim Enneis (1951, p. 17) called "a crystallization of the more basic areas with which the group will deal." Sometimes our enactment would be a sociodrama or other action approach, but if we think a psychodrama is what the group would benefit from most, we invite everyone to get in touch with one personal issue they would work on if they were going to be the protagonist and name the issue. We then ask everyone to consider how eager they are to be the protagonist and to name a number from zero to 10 that reflects how warmed up they are. We draw an imaginary line from the top to the bottom of the screen and ask the participants to place their hand on the line conveying their number, with 10 being the top of the screen indicating "I am warmed up and raring to go!" We ask that the participants who are warmed up to each restate their issue. According to Buchanan, Moreno stated that "the protagonist must serve as a vehicle for the group . . . [and] the theme be a truly experienced problem of the participants" (as cited in Buchanan, 1980, p. 47). Therefore, we ask everyone to name whose issue they most resonate with from these issues; as in a face-to-face protagonist selection, we seek to select the person whose issue is most representative of the group (Wysong, 2017). When we have clarity regarding who will be the protagonist, we invite the participants to each say how they resonate with the protagonist's issue, so that each participant knows how they personally relate to the work and the protagonist knows how their work might be useful to others.

Psychodrama Enactment. For a psychodrama enactment, the facilitators ask the protagonist to choose one facilitator to direct the psychodrama. The director chosen instructs the audience to support the protagonist by resonating with the unfolding drama and to consider taking the role of an auxiliary should they be chosen. The director asks what the protagonist wants to get from the work and makes a contract to fulfill that desire. The director moves the protagonist into a statement of the problem as it occurs in the present or recent past and asks the protagonist to envision and then describe the setting. The director might ask the size of the room, and if there are windows, what the protagonist sees outside the windows. They might ask the protagonist to choose an auxiliary to play the role of an inanimate object such as a picture on the wall, because role reversing with an inanimate object might be useful for a highly emotional protagonist to access an unemotional, more objective perspective later (Wysong, 2017). A summary of the drama from a recent workshop:

> The protagonist, a stay-at-home mother of two young children who is in the process of a divorce, said she wanted to "ask for the moon." She chose an auxiliary to be the moon and demonstrated the role with a silver scarf tied around her neck and a gentle smile, inviting her to ask for anything. She role-reversed back and told the moon she could not ask for anything. When asked what was in the way of her asking, she noted messages from her mother, played by another auxiliary holding up knitting needles (symbolized by pencils in the position of knitting needles) in their childhood home, instructing the protagonist to be satisfied with knitting sweaters and baking cookies. She then noted messages from her father, portrayed by an auxiliary slouched on the couch drinking from a beer mug, telling her through a sequence of role reversals that work is "long hours with low pay," "drudgery," and "soul-killing." She became angry with her father as she talked with him, and with the help of a supportive double from the group, she screamed at him for his making her work a thankless job in a factory as a high school student, a job where she was heckled and harassed by aggressive coworkers, played by other auxiliaries donning baseball caps, for being young and pretty. As she finished with her father and the auxiliaries were de-roled, she was directed to role reverse with each group member, introducing new messages: "your spirit is hugely attractive to people," "your compassion is amazing," "your humor is a big plus," and "your creativity is never-ending!" After this, she wanted to talk to the moon again, and this time she clearly and emphatically asked to have work that she would love; she said we had completed her contract.

As in the previous example, the protagonist invites auxiliaries into the drama, and the drama unfolds largely through enactments between the protagonist and the auxiliaries. On telehealth, we often ask the protagonist to choose a prop to be a symbol for the role, like the silver scarf, knitting

needles, beer mug, and baseball caps in the above example, and we ask the auxiliary to pick an analogous symbol and to use it in view of their camera when playing that role; this designates who is who in our role reversals. On most telehealth platforms, group members can press down on their cursor and move the squares to place the actors where the configuration makes sense to them. For example, they might put a supportive auxiliary next to the protagonist, or an antagonist in a far corner. Some directors use the speaker view or ask everyone except the protagonist, director, and auxiliaries to hide their video, but we strongly prefer to see the facial expressions of all group members simultaneously in order to read their level of engagement. We may or may not go back in time to a formative experience and an earlier scene (Hollander, 1978; Wysong, 2017) and choose auxiliaries to play the seminal people from that scene. Conflicts are expressed from various perspectives as the protagonist addresses the different auxiliaries during role play and role reversal or perhaps does so from the mirror position. Emotions are experienced and released, creating catharsis. In the example, the protagonist confronted her father about his forcing her to do factory work and had an emotional catharsis of her anger. As in face-to-face psychodramas, the emotional catharsis can be transformative, rendering lifelong defenses unnecessary. We usually return to the opening scene to address the original dilemma. Often, because of the work, the protagonist has the clarity and freedom necessary to create a solution for their original problem. If so, the original contract is fulfilled. The protagonist in the example was able to address the moon and, because of the psychodrama, ask for what she wanted.

Sharing on Telehealth

As in face-to-face enactments, during the sharing the participants are asked to de-role if they played a role and were not de-roled during the action and share with the protagonist how they resonated with at least one piece of the work with an experience from their own lives (Wysong, 2017). There is to be no judgment, either positive or negative, and no advice. The sharing fosters cohesion in the group as group members share their experiences and discover they are not alone. They become reconnected with one another out of their roles, and everyone understands the psychodrama better from hearing about other experiences.

As in face-to-face workshops, sharing helps the participants release the emotions that have been activated during the psychodrama, and, again, seeing all the facial expressions simultaneously and tracking the emotional state of each participant becomes important. We can easily hold up our empty chair and invite a distressed group member who played the role of an unpopular auxiliary to imagine that auxiliary in the chair and speak to them, furthering their differentiation. We can also invite a group member to talk directly to someone in their life who activates feelings that came up during the psychodrama, facilitating more complete emotional release, when useful.

After the psychodrama enactment in our example, the auxiliary who played the protagonist's father was directed to imagine the father in the empty chair. He talked first to him, saying, "You shouldn't have made your daughter work in that horrible factory!" He then imagined his own father and told him, "I hated you for making me work a paper route when I was 8 years old, telling me it was for my own good! I had to wake up every morning at 5 a.m. and go out on my bicycle, sometimes in freezing weather!" The relief on his face afterwards was impressive.

Closure on Telehealth

Rituals. As in face-to-face workshops, closure of the workshop can be facilitated by rituals that enhance cohesion and consolidate gains. After the sharing, the facilitators might invite the participants to choose a symbol, prop, gesture, or phrase to convey what they are feeling in the moment; an eagle might symbolize freedom or flowers might represent joy. We might ask each person to each name one thing they want to take away with them from the workshop, which helps the group members review the high points of the experience. If one or more group members seem unresolved around material that emerged from the work, we might suggest that all group members name an issue they could work on in a future workshop.

Group Counting. Time permitting, we may introduce *Group Counting* to enhance group cohesion while bringing gratification and closure to the group. This exercise relies on the contribution of each of the individuals while they work together to create enough consonance to complete the task. The group is instructed to count to 10 as a group, with each participant adding at least one number, according to their individual timing. When two people say a number at the same time, the facilitator starts the counting again, starting off the recount by calling out "Zero!" This is a sociometric intervention, because group members become aware of their own participation within the group. Within a few tries, impulsive contributors slow down and shy participants speed up. At that point, the counting goes smoothly. The participants have learned to give up the pathological edges of their individuality to become part of a cohesive, harmonious group (Spolin, 1999).

Zoom Hug. We might close with a *Zoom Hug*. Each person hugs themselves, imagining they are hugging everyone and being hugged by everyone. We thank them for their participation and announce the date of our next workshop. We encourage them to then take a big deep breath; they are then directed to make an imaginary ball from the inhaled air, toss one ball to a group member, and catch another.

Discussion

Psychodrama has changed not only how we do our professional work but also how we live our personal lives. Instead of conceptualizing ourselves as isolated, we now know we live within multiple relationships and various communities. Instead of living trapped in our brains, we access our guts and

our hearts. As Blatner (2000, p. 97) noted, surplus reality, and by extension psychodrama, "is a call to go from being in mundane and prosaic living, . . . to dare to create new images and ideas—poetically, artistically—and to grant these the truth of their psychological potential."

It is a blessing that we have telehealth available and that we have, as a therapeutic community, accepted its use, so we can continue doing the work we love and the work that helps us grow. We love giving these psychodrama workshops online, and we hope that what we do helps our participants work through their conflicts, becoming not only more skilled but also enlivened; we further hope this article helps you, our readers create or enrich workshops of your own.

REFERENCES

Adderly, D. (2021). A year (and more) of sociodrama online: The COVID era 2020/2021. *Zeitschrift fur Psychodrama und Soziometrie, 20,* 281–294.

Biancalani, G., Franco, C., Guglielmin, M. S., Moretto, L., Orkibi, H., Keisari, E. J., & Testoni, I. (2021). Tele-psychodrama therapy during the COVID-19 pandemic: Participants' experiences. *The Arts in Psychotherapy, 75.* https://doi.org/10.10.1016/j.aip.2021.101836

Blatner, A. (2000). *The foundations of psychodrama: History, theory and practice.* Springer Publishing Company.

Buchanan, D. (1980). The central concern model: A framework for structuring psychodramatic production. *Journal of Group Psychotherapy, Psychodrama, and Sociometry, 33,* 47–62.

Chan, S., Parish, M., & Yellowlees, P. (2015). Telepsychiatry today. *Current Psychiatry Reports, 17,* 1–9.

Enneis, J. M. (1951). The dynamics of group and action processes in therapy. *Group Psychotherapy, 4,* 17–24.

Giacomucci, S. (2020). Other experiential approaches similar to psychodrama. *Social Work, Sociometry, and Psychodrama, 1,* 291–308. doi:10.1007/978-981-3-33-6342-7-15

Hilty, D. M., Ferrer, D. C., Parish, M. B., Johnston, B., Callahan, E. J., & Yellowlees, P. M. (2013). The effectiveness of telemental health: A 2013 review. *Telemedicine and e-Health, 19*(6), 444–454. doi:10.1089/tmj.2013.0075

Hollander, C. E. (1978). *A process for psychodrama training: The Hollander psychodrama curve.* Snow Lion Press.

Hudgins, K. (2017). Action across the distance with telemedicine: The therapeutic spiral model to treat trauma—Online. In S. L. Brooks (Ed.), *Combining the creative therapies with technology: Using social media and online counseling to treat clients* (pp. 137–168). Charles C. Thomas.

Kapil, Y. (2022). A critical analysis of Zoom video communication for intrapreneurial efficiency in pandemic era: A real warrior. *Journal of Positive School Psychology, 6*(5), 2609–2614.

Kipper, D. (1986). *Psychotherapy through clinical role playing*. Workman Publishing Co.

Mahell, M., Whitten, P., & Allen, A. (2002, February 28). *E health, telehealth and telemedicine: A guide to startup and success*. John Wiley & Sons.

Moreno, J. L. (1953). *Who shall survive: The foundations of sociometry, group psychotherapy and sociodrama*. Beacon House.

Moreno, J. L. (2010). *The theatre of spontaneity*. The Northwest Psychodrama Association.

Neate, R. (2020, March 31). Zoom booms as demand for video-conferencing tech grows. *The Guardian, 31.*

Nery, M. da P. (2021). Online psychodrama and action methods: Theories and practices. *Revisita Brasiliera de Psicodrama, 29*(2), 107–116. https://revbraspsicodrama.org.br/rbp/artice/view/442

Novotney, A. (2011). A new emphasis on telehealth: How can psychologists stay ahead of the curve—And keep patients safe? http://www.apa.org/monitor/2022/06/telemheaalth.aspx

Ollove, M. (2016, January 16). State prisons turn to telemedicine to improve health and save money. *Huffington Post*. https://www.huffingtonpost.com

Pugh, M., Bell, T., & Dixon, A. (2020). Delivering tele-chairwork: A qualitative survey of expert therapists. *Psychotherapy Research, 31*(7), 843–858. https://doi.org/10.1080/10503307.2020.1854486

Spolin, V. (1999). *Improvisation for the theatre*. Northwestern University Press.

Wicklund, E. (2016). On telehealth license portability: Each state follows its own path. http://mhealthintelligence.com/news/on-telehealth-license-portability-each-state-follows-its-own-path

Wysong, W. H. (2017). *The psychodrama companion*.