

Combining Psychodrama and Process Group Psychotherapy

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Psychodrama group work differs from process group psychotherapy in salient ways, one being the structure of the sessions. Both modalities use group members to support each other, but in psychodrama, the group focuses on a situation of one of the members that is then enacted experientially; in process group psychotherapy, the group follows the verbal interchanges among the members. This article describes each of the two orientations and presents examples of the addition of a process group session to close a psychodrama workshop, on one hand, and presents examples of the insertion of sociometry and psychodrama techniques into process group sessions, on the other. Drawing from both orientations gives the therapist access to a wider repertoire of techniques than either orientation offers alone, and the overall effectiveness of the therapist familiar with both approaches is enhanced by the increased spontaneity and enriched understanding achieved from working with both modalities.

KEYWORDS: Psychodrama; process group psychotherapy; role; structure.

INTRODUCTION

Group psychotherapy of any type can be a transformative experience, offering its participants multiple opportunities for meaningful encounters with others, experiences critical to the process of growth and change.

Psychotherapy traditionally relies heavily on verbal communication, but expressive therapy groups facilitate the expression of thoughts, feelings, and

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experiences, which may be difficult or impossible to convey with only words without action (U.S. Department of Health and Human Welfare, 2005). In contrast to the verbal report and exploration of an experience that occurs outside the therapy sessions, expressive therapy groups focus on creating (or re-creating) experiences within the sessions (Korshak, Nickow, & Straus, 2014). Don Reekie quotes Zerka Moreno explaining to a group of international psychotherapists in 1994, "Why did Dr. Moreno create psychodrama? Because he recognized that *movement* precedes language in development, and is the highway to the psyche" (Reekie, 2013, p. 60).

Psychodrama, considered a type of expressive therapy, uses a specific repertoire of techniques (including soliloquy, role-play, role reversal, concretizing, mirroring, doubling, and surplus reality) to access and express the truth of the protagonist's experience in action. In a traditional psychodrama session, the focus of the activity is on the concern of one of the members, which is then played out in a psychodrama scene. Most often the therapist becomes the psychodrama director, directing a warm-up, psychodrama enactment, and postdrama sharing. The work focuses on the protagonist, calling for parallel shifts in the role of the therapist to director and of the other group members to roles of auxiliary and audience.

Other popular professionally led group types include psychoeducation, skills development, support, and various specialty groups, such as cognitive behavioral therapy, dialectical behavioral therapy, relapse prevention, trauma recovery, and process group psychotherapy. Regardless of theoretical orientation, the diverse benefits from group psychotherapy significantly overlap from one group type to another. For example, members of all types of groups potentially benefit from the support available in the group, which is the primary focus of support groups. Group psychotherapy is often conducted as an integration of multiple theoretical orientations and techniques (Loecz, 2009, p. 4176). The practitioner might become familiar with multiple group types, favoring one model but borrowing theory and technique from other group types to create a richer and more comprehensive treatment for group members (Korshak et al., 2014).

The first author is a group therapist and, specifically, one who practices integrating selected psychodramatic methods with process group psychotherapy. In process group therapy, the therapist opens and closes the group sessions and selects the membership. Within these boundaries, the therapist prioritizes the spontaneous development of the group processes as they emerge organically from the group, using well-timed interventions to bring guidance and structure to the sessions. As described by Korshak et al. (2014):

The therapist's interventions foster norms that promote safety, cohesion, and movement towards individual and group goals. The therapist encourages honesty, vulnerability, and risk-taking, side-by-side with setting managerial limits when necessary to help members regulate their feelings and behavior, particularly in the earlier stages of the group before the group members can perform these functions for each other. In doing group work, a therapist pays attention to important themes as they emerge in the group, such as grief and loss,

anxiety, shame, and abandonment, and helps the members deepen their shared understanding. The therapist also encourages open discussion of experience in the here-and-now of the group process as it unfolds. The group psychotherapist is in a unique position to identify group members' patterns of connecting and resisting connection in relationships in the here-and-now processes in the group and to expose the resistances group members have to each other and to more advantageous behavior. Finally, the therapist can help particular group members explore the dynamics of their childhood experiences and the impact of those experiences on their current functioning. (p. 109)

Although shaped by interventions from the therapist, the process takes on a life of its own. Roles develop and leaders emerge according to the predilection of the various group members. The process group psychotherapist serves as a model as well as a guide for the members, furthering healthy interpersonal functioning (Korshak et al., 2014).

Note that many phenomena of process group psychotherapy as described here develop in psychodrama groups as well. For example, group members are free to interact with one another as well as with the therapist. The emerging relationships in the group deepen the attachment of the members to each other, the therapist, and the group, enhancing the group cohesion. The group becomes a forum for the myriad experiences possible in the relationships in the group and the rich learning from those experiences.

PSYCHODRAMA WORKSHOP: ADDING A PROCESS GROUP SESSION

The first author routinely conducts half-day and day-long psychodrama workshops. As in traditional psychodrama, in these workshops one person is chosen to become the protagonist, while other group members play roles of auxiliary and audience. Typically, after a three-scene psychodrama enactment, the supporting group members share with the protagonist how they resonated with some piece of the drama.

Sometimes, some group members, particularly those new to the forum, feel marginalized or neglected by this traditional structure. Psychodrama and sociometry offer many antidotes for marginalization (Korshak & Shapiro, 2013). However, the author has found that closing the day with a 60- or 90-min process group session allows for further integration of the psychodrama experience; further, members who felt marginalized have the opportunity to participate freely. The shared experience is the focus for everyone, and the group members tend to continue to discuss issues from the drama, relating to aspects of it from their own personal experiences, enhancing the sense of intimacy and belonging.

PROCESS GROUP: POTENTIALLY A PRODUCTIVE EXPERIENCE

The first author also has experience in facilitating ongoing long-term process groups. In weekly sessions of process-oriented group psychotherapy, group members often report on experiences from their week that they want to work with,

and time may be spent discussing those situations. The cohesion of the group draws on identifications from some members, whereas other members will likely suggest contrary or differentiated perspectives. The group members learn to explore the feelings, behaviors, and personality traits that either facilitate or impede desired consequences. In varying degrees, all group members feel enriched from the discussions, as members learn about themselves and about each other.

In one mature process all-female psychotherapy group, with encouragement from her therapist and the other group members, a high-functioning lawyer, overwhelmed with her workload, made gains shifting from her compulsive focus on work and achievement to enjoying being with her husband and her three young daughters. (Details have been changed to preserve the confidentiality of all subjects in this article.) She found herself collaborating more effectively with her supervisor at work and delegating work to her coworkers. She began setting boundaries around her workday, abstaining from working at home on evenings, weekends, and vacations. This group member likes psychodrama in her individual work, but it seems forced to her in the group setting. All members of this group, including this member, generally decline direction to engage in empty chair work; in this group, the members are eager for feedback from others and generally choose verbal interchanges over structured exercises.

In the later stages of group development, the individuals move forward together to achieve new ways of being. When the woman in the above example reported a series of positive interpersonal experiences in her life with her supervisor and others, other group members became instigated to also do well, faced with their particular challenges. A younger woman opened up to her parents about trauma from her childhood that she had previously kept secret, a theatre manager spoke boldly to her producer about needing better working hours and an assistant, and a woman devastated by the breakup with her boyfriend began building friendships at her athletic club and elsewhere. The lawyer and others seem to have needed not only the insight developed from the discussions during the sessions looking at various facets of self-care and self-authorization but also the experience of a cohesive group cheering them on. Her successes generated hope and courage for the others, and her positive energy became motivational for them.

UNSTRUCTURED PROCESS GROUPS: THE GROUP CAN DRIFT

The warm up, sharing, and closing are somewhat similar in both of the modalities, but unfortunately, in process group psychotherapy, especially when the group is new and members are not fully committed, do not know each other well, or attendance is spotty, the conversation can drift and become unproductive. The therapist may invite people to share something they want to work on, direct a question to an individual group member, or raise questions for the group that point to a common struggle.

The therapist's traditional interventions provide structure for a group, but even with the therapist's guidance, it may take a while for the group to make significant progress. The conversation may be interesting enough to satisfy those who enjoy interacting with others and also those who are resistant to exploring their issues but who want to sustain the illusion that they are "getting help" for

their problem. (The renowned founder of gestalt psychotherapy, Fritz Perls, is alleged to have said that most people really do not want to get better; they would rather feel better without really changing.) In other words, the members of a process group can wallow in their self-reinforcing psychological patterns, and the work may go slowly or stall altogether. In both process group psychotherapy and psychodrama group work, similar benefits are available (Blatner, 1996, 2000), but adding selective psychodrama action techniques and sociometric exercises to a process psychotherapy group can significantly accelerate the progress.

USING THE SOCIOGRAM IN PROCESS GROUP PSYCHOTHERAPY

Psychodrama and sociometric techniques can facilitate the expression of emotion that could be otherwise latent, defended against, or disguised. A therapist, Debbie Moss (personal communication, January 13, 2014), disclosed that in one of her psychotherapy process groups, members tended to intellectualize and were reluctant to disclose their feelings.

With Christmas and New Year's Eve coming, she directed group members to create a sociogram, designating a point at one end of the room for those who are dreading the holidays and a point at the other end for those who were looking forward to them. She continued, "Imagine a line running between these two points. Each of you choose a point on the line that represents how you feel about the upcoming holidays."

She directed members to raise their hand when they knew the point on the line that marked how they felt about the holidays and then directed them to move to that point on the line. She then interviewed the members, who, having declared themselves physically, had nothing more to hide. They poured out their honest feelings about being with their families and without their families, and they bonded as they identified with each other's experiences.

The first author also introduces psychodrama and sociometry techniques to her psychotherapy process groups when they seem useful. When one group member, Mary, in an ongoing psychotherapy process group, voiced her ambivalence about being in the group and her desire to terminate, the therapist invited her to make a pen-and-paper sociogram (designating circles for herself and each group member on a piece of paper, diagraming all her relationships in the group). The therapist then directed sharing both forward (from Mary to another group member) and in reverse (from the addressed group member back to Mary), as described elsewhere (Korshak, 2015). The rationale was that the patient had judgments that were not being openly stated and that keeping those judgments unexpressed was blocking her from participating spontaneously. The discussion of her placement of the figures on her sociogram took until the end of the session and continued over the next several sessions. The exercise evoked greater honesty, openness, and cohesion in the group as a whole. It facilitated the group member accessing, expressing, and resolving the blocks in her relationships in the group, and it became a template for achieving clarity and resolving other blocks in the group in the future, as they developed. Three years later, Mary has not talked about leaving the group again, and she remains an active and valued participant.

USING THE EMPTY CHAIR TECHNIQUE IN GROUP THERAPY

Psychodrama action techniques are extraordinarily effective at re-creating experiences from outside the psychotherapy session in the here-and-now of the session. When Terry comes to group angry, for example, her process group psychotherapist routinely pulls out an empty chair and directs everyone to imagine in the chair “one person who you are or have been angry with.” The members are directed to speak in turns, popcorn style, to the object of their anger. With this use of the empty chair technique, the angry group member is no longer the sole angry person in the group because others acknowledge their anger, also, with people in their lives. If the original angry group member is willing to have a conversation with the target of her anger in role-play, communicating and reversing roles to respond, others in the group have become warmed up to play auxiliary roles.

When group members become angry with each other in a process group session, one option is to direct them to reverse roles with each other (note that this technique is also useful in couple and family sessions), while inviting other group members to double either of the roles to help make each of the parties better understood. Another option is to ask each of the group members to set up an empty chair for their adversary in the group. In speaking to the empty chair, the group member may speak to another group member playing the adversary in the empty chair (which is experienced as less toxic than speaking to the actual adversary), reverse roles with the adversary, and be interviewed by the therapist. Each group member may be mirrored or doubled by the other party, as well as other group members, both when playing himself or herself and when role reversed to the role of the other. The therapist who suspects transferential anger may ask in an interview, “who else have you been angry with on this issue?” The group member may be directed to set up another chair for the mother, father, sibling, spouse, ex-spouse, or whatever person was the instigator for anger being transferred onto the other group member; at the discretion of the director, a psychodrama enactment may follow.

CLOSING DISCUSSION

Although psychodramatic methods can be used in individual, family, or couple therapy, originally and mainly J. L. Moreno, the founder of psychodrama, thought of psychodrama as a group method. In 1942, he organized the American Society of Group Psychotherapy and Psychodrama (ASGPP). That same year, Samuel R. Slavson began organizing the American Group Psychotherapy Association (AGPA) and served as its first president. Both organizations value group work, but ASGPP offers workshops primarily in psychodrama and sociometry, whereas AGPA offers workshops primarily in process group psychotherapy. These two organizations have worked in parallel over the decades, each evolving improvements on their particular orientation. Can the therapists of each organization benefit from the work of the other? The patients will be the beneficiaries.

This article describes the two modalities and discusses examples both of the addition of psychodramatic and sociometric methods into process group psychotherapy sessions and the insertion of a traditional process group technique

into psychodrama workshops. The discussion in this article, although pointing to differences between the two modalities, also points to the overlap of goals. As psychotherapists, we endeavor to access, express, integrate, and release emotion; surrender our blocks to spontaneity and authenticity; and improve our relationships with ourselves and others. Confronted by the goal of facilitating change, the therapist who draws from both orientations has access to a wider repertoire of techniques than either orientation offers alone; further, the overall effectiveness of the therapist is potentially enhanced by the increased flexibility, enhanced spontaneity, and enriched understanding possible from working in both modalities.

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