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## An Introduction to Psychodrama for CBT Practitioners

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I am trained in Psychodrama and CBT and, having practised both for many years, I am convinced of the power of Psychodrama methods. I now frequently integrate Psychodrama within CBT sessions and supervision. This article introduces Psychodrama theory and describes novel techniques that may be of interest to CBT practitioners. Implication for CBT research and theory are also discussed.

### Psychodrama Theory

Psychodrama theory is rich and elusive. Original writings by the founder Jacob Moreno are an intriguing but difficult read. I recommend the books by Adam Blatner (1996, 2000) and Tian Dayton (1994) as accessible starting places that do not assume prior knowledge.

The Psychodrama method is experiential (focused on here and now experience) and existential (concerned with the universal nature and wholeness of the human condition and existence). It is health focused and normalises the experiences of the human condition. Encounter (genuine human connection and relationship) is considered central to the method.

Although frequently adapted for use as a one-to-one therapy, Psychodrama originated as a group method. Participants in Psychodrama enact events from their lives using five main instruments. The *stage* provides a flexible space for freedom of experience and expression. The Psychodrama *director* (a term used in preference to “therapist”) functions as counsellor, producer, and analyst, assisting the group to build an environment where the protagonist (main actor or client) can experiment freely with the assistance of *auxiliaries* (group members) who assist in guiding and exploring the protagonist's world, portraying the actual or imagined people and aspects contained in it. The

*audience* can be a sounding board of public opinion or subject of the drama. They may assist the protagonist or may be assisted by the drama portrayed (Moreno, 1993).

Crucial to Moreno's perspective is the principle of spontaneity. He emphasises “The root of the word 'spontaneous' and its derivatives is the Latin *sponte*, meaning *of free will*” (Moreno, 1977, p.81), clearly differentiating it from impulsivity, with which it is often confused. He defines spontaneity as the ability to meet each new situation with adequacy and to develop new responses to old situations (Moreno, 1977, p. 50). In a spontaneous state we are less self conscious, free to try new things, able to see ourselves and others in new ways and to use our imagination. Psychodrama training and therapy focus on developing spontaneity.

### Research combining Psychodrama and CBT

A handful of writers have combined CBT and Psychodrama. The writer who is perhaps the most interesting to CBT readers is Hamamci (2002, 2006). In her 2002 paper she describes a therapy that integrated aspects of CBT and Psychodrama, specifically targeting cognitive distortions related to interpersonal relationships. She demonstrated that the integrated therapy was effective in reducing cognitive distortions. In her (2006) study of moderately depressed students, Hamamci compared three groups: Psychodrama integrated with CBT, CBT alone, and a control group. Although she found no statistically significant differences between treatment groups in terms of effectiveness at the end of sessions, she found that the integrated therapy group was highly motivated and continued to improve on a number of measures from post-test to 6 month follow-up, whereas the CBT alone

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group showed a decline. Her findings suggest that integrating Psychodrama with CBT may assist engagement in therapy, facilitate ongoing improvement and offer protection against relapse.

### **Psychodrama techniques**

Most Psychodramatists understandably object to Psychodrama being broken down into a series of techniques. They consider Psychodrama a complete method, with the effectiveness of the techniques depending on experiential training and an understanding of the philosophy and theory behind them. However, an introduction to some of the techniques is probably the most accessible way to introduce readers to Psychodrama with the hope of encouraging some to explore this method further.

Psychodrama has a rich repertoire of techniques that do not rely on the spoken or written word, and some novel perspectives that can enrich the skills of even experienced CBT therapists. It offers an action method for teaching and learning, one that is very attractive for clients who prefer to *do* something rather than read or talk about it. The techniques all rely on an unusually strong and responsive therapeutic relationship and a willingness to completely enter the experience of the client.

I have selected a sample of areas that are novel compared with traditional CBT. For a more comprehensive discussion of Psychodrama techniques see Blatner (1996, 2000) or Moreno, Blomkvist, and Rutzel (2000).

#### Experience of emotion

Psychodrama makes use of an array of experiential techniques that enable the protagonist to maximise the experience of emotion and also paradoxically to maximise the experience of “stuckness” or inability to express emotion. Techniques include *mirroring* (having another person portray a situation with the protagonist observing), body work (attending to physical cues,

gesture, and movement in preference to talking about an emotion), and *doubling* (having a closely attuned auxiliary adopting an identical physical and emotional stance alongside the protagonist). Themes of emotional stuckness that are voiced by the client, for example being “dragged down” or “trapped”, can be physically created and experienced in action. These maximising interventions frequently lead to a new expression and movement within a client.

Psychodrama enables the protagonist to fully experience his or her feelings, and enhances access to emotionally charged cognitions. Catharsis of abreaction is a characteristic feature of Psychodrama, and can include energetic discharging of emotion or quiet and delicate expressions (such as gentle loving tears or softening of heart). Importantly, catharsis of abreaction is accompanied by catharsis of integration to “ground the learning on a cognitive level” (Dayton, 1994 p.16). This often involves a thoughtful reflection of the emotions expressed and an expression of new thoughts related to the situation.

#### Existential Time

Existential philosophy embraces the concept of human experience of time (in contrast to mechanical measured time). Most of us will have experienced time contraction or expansion, captured in statements such as “time stood still” or “I remember as if it were yesterday”. Imaginative Psychodrama techniques allow the therapist to fully enter and work with the protagonist's experience of time. Just as movie-makers dramatically capture the experience of flashback, time sequence reversal, multiple perspectives of the same scene, and slow motion action replay, Psychodrama uses similar techniques for therapeutic purpose. Using props or auxiliaries, the protagonist can engage in experiences, memories, and fantasies from different time periods sequentially (e.g., in several scenes) or concurrently (e.g., several sculptures or vignettes on the stage simultaneously). Multiple versions of the self can be on the stage at one time, for

example, Sad Jane and Angry Jane or “Child”, “Teen”, and “Adult” self, reflecting the complex experience of the client.

### Space

We all exist in physical space and have physical bodies, yet talking therapies such as CBT make very little use of this aspect of our being. Most of us get a strong sensation if someone is standing too close or too far away, and gravitate towards or away from certain people or places. This experience does not rely on words. Our earliest infant experiences were of being in physical proximity (or not) to loved human beings. Psychodrama makes use of space, and action in space. Physical and emotional distance are taken into account; body movement is significant and attended to. Techniques that utilise the body and space include staging that places some auxiliaries higher on a balcony or on chairs (e.g., to become authority figures to a protagonist who feels like a small child), concrete representation of emotional distance, physical fights (safely staged), and use of auxiliaries and props to define spatial features such as “traps”, or “mountain tops” and “oceans”.

### Reality

The experienced director remains open to *all* possible content and outcome of a session, valuing each client's unique view of reality. To remain truly naïve, to be fully open to the protagonist's world and to work with what emerges is one of the major and ongoing challenges in Psychodrama. Psychodramatists are trained to detect tiny body clues and seek out and develop the early glimmers of healthy functioning in the protagonist. However, the Psychodrama director does not know where the drama will end. Many different solutions or strategies may be experienced before some resolution is reached.

*Surplus reality*, a term coined by Moreno, “is a world which may never have been nor may ever be, yet it is absolutely real” (Moreno et. al., 2000, p.5). Our capacity to

dream, to create, to imagine, is a quality that makes us human. This capacity has given rise to painting, sculpture, architecture, drama, dance, music, and other arts. It is a quality that has enabled science and technology and resulted in humankind successfully inhabiting the globe. The process of imagining and engaging in something that has never existed or happened before is termed “surplus reality”. It is highly valued in Psychodrama and is harnessed for its healing potential.

Surplus reality techniques give the protagonist and director permission to play, to invent, to make leaps from the past to the future, and imagine *any* possibility. Techniques include the use of symbolism, metaphor, colour, sculpture, music, poetry, or engagement with fictional and real life heroes. Remember the fantasy play of childhood where everything is possible and incredible learning occurs? Psychodrama makes it possible for adults to experience this. Audience members, auxiliaries, and director all contribute to setting out a new reality on the stage. In a creative state, the protagonist frequently finds new and unique solutions to old problems, or finds within the resources to deal with new challenges.

### Cosmos

God, the universe, Mother Nature, death, and ancestors are frequent participants in Psychodramas. Spiritual beliefs are explored. God becomes a figure to love or to rage against. All human experiences are potential dramas – from the urge to kill and murder to the most tender loving. Current or past social systems are viewed as essential context to the protagonist's presentation and will usually become apparent on the Psychodrama stage using the technique of *concretisation*. Concretisation uses objects or group members to represent significant others or abstract concepts, including feeling states and ideas. The structure of Psychodrama enables hidden emotions, thoughts, behaviours, and their context to be shared in a supportive and engaged group, creating a powerful antidote to

shame and isolation. Those participating in such dramas are frequently moved and share similar thoughts and feelings or great compassion for the main protagonist. The universality of human experience becomes evident.

### Therapy relationship

Placing relationship at the heart of the therapy process, Psychodrama trainees spend hundreds of hours in relationship and group skills training and personal work. Valuing the relationship as a therapeutic element in its own right, and engaging in specific training related to this, assists Psychodrama trainees to develop capacity for a wide range of relationship situations. Strong positive relationship assists the protagonist or client to tolerate greater challenge; he or she is able to disclose thoughts and feelings more easily, is more willing to take risks in trying out new behaviours, and is more likely to stay engaged in therapy.

### **Research and future directions**

CBT research identifies that many clients will not make full and sustained recovery with CBT alone (e.g., Dimidjian et al., 2006; Gortner, Gollan, Dobson, & Jacobson, 1998). One possibility for enhancing the delivery of CBT is to borrow methods from other therapy schools. Many aspects of Psychodrama may be borrowed to enrich CBT. Psychodrama techniques can ease the tasks of CBT for many clients, bringing dry thought challenging exercises alive, facilitating access to emotionally charged cognitions, and providing opportunities for behavioural rehearsal and change. Psychodrama may be particularly useful for clients who have long standing interpersonal difficulties that inhibit progress or contribute to relapse in traditional CBT.

Psychodrama's contrasting perspective has the potential to stimulate CBT theory and research. Promising areas for further exploration and research include:

1. Consideration of Psychodrama's

extensive repertoire of methods that do not rely on spoken or written work for clients with language and literacy problems.

2. Developing CBT's repertoire of experiential techniques to include use of spatial relationships, movement, colour, body sensations, physical objects, and ethical use of touch.
3. Development of CBT theory and practice by considering Psychodrama's capacity for dealing with multiple time-frames and multiple clusters of experience (including several streams of cognition) simultaneously.
4. Consideration of spontaneity and surplus reality in the development of theory, practice, and training, particularly in regard to anxiety reduction, and motivation to experiment and "play" with new behaviours.

### **Conclusions**

CBT and Psychodrama techniques are very different but surprisingly compatible. The CBT therapist can enhance CBT by considering domains beyond standard CBT, including conceptualisations and techniques related to time, space, reality, and cosmos. Psychodrama philosophy and its focuses on growth, health, and the value of human relationships is a powerful counterbalance to illness focused medical models of practice. This is a perspective that opens a door to rich and creative experiences of the human condition.

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