

Mental Health Evidence Based Therapeutic Intervention: Literature Review and Efficacy

Analysis: Psychodrama

Kaitlyn Orquia

School of Social Work, Southern Adventist University

SOCW- 677 A

June 20th, 2023

Introduction

In 1921, Jacob Levy Moreno, a Romanian psychiatrist, founded an innovative therapeutic technique called psychodrama, which as the name suggests, integrates elements of acting and theater into therapy practice (Orkibi & Feniger Schaal, 2019). Since then, this therapeutic intervention has been heavily researched with diverse populations and it has been continuously built upon by others (Lopez-Gonzalez, et.al., 2021). Originally developed to be utilized in a group therapy approach, there are now a variety of evidence-based applications (Lopez-Gonzales, et.al,2021). This is part of what makes psychodrama unique. As explained in *Psychodrama as A Social Work Modality*, psychodrama is an adaptable treatment approach, allowing for the clinician to pair the practice with different therapeutic modalities and incorporate it into various settings including individual, group, and family therapy (Konopik & Cheung, 2013). This means that it is a versatile therapeutic intervention that can be used by mental health professionals of different backgrounds including social workers. Psychodrama is also unique due to the theories behind it and the five principles of psychotherapy set in place by Moreno to guide the implementation of this practice.

Theory

It is difficult to pinpoint the exact theories that serve as the foundation for psychodrama. However, Spontaneity-Creativity theory is generally cited (Leonardis, 2021). Moreno recognized the importance for humans to express themselves creatively and this idea of Spontaneity-Creativity refers to the ability to use energy to express emotion and innovate new actions and responses to situations (Lim, et.al, 2021). This theory relates to mental health in a unique way. The theory goes on to explain that when creativity and spontaneity are applied to the drama act, the protagonist can create a new reality where they may have deep emotional insights

and can develop and practice new habits of behaving through role playing (Lim, et.al, 2021). This theory helps to explain the therapeutic validity of psychodrama.

In addition to spontaneity-creativity theory, Role Theory can be applied to psychodrama (Blanter, 2007). Role Theory explains that from infancy, the energy, and actions one does develop into roles, or the behavioral patterns of that individual (Leonardis, 2021). In psychodrama, clients are encouraged to play a variety of roles. The technique of role reversal is cited as the most effective psychodrama exercise where individuals play opposite roles of their real circumstances (Lim, et.al, 2021). However, there are a variety of techniques that involve roles.

Five Principal Elements of Psychodrama

Psychodrama has been criticized for its lack of structure and loose definitions leading to inconsistencies in practice (Cruz, et.al,2018). However, there are five principal elements designed to be the foundation of this therapeutic intervention. First, there must be a protagonist that will act out different situations and portray the main role from their life; second is the role of an auxiliary egos, who is an assigned helper that acts as both observer and assistant as they play a co-role alongside the protagonist; third a director has the role of therapist, they must guide the therapy session by observing, processing, and implementing the therapeutic elements; fourth, is an audience which would be made up of other members of the group or family that are not assigned to other roles at that time and may serve as support and a “sounding box” for the others; lastly, the setting is important as it sets the scene for the protagonist (Lopez-Gonzalas, et.al, 2021). These principles unify the variety of techniques that fall under the category of psychodrama interventions and set the stage for this practice to result in therapeutic change.

The practice of acting out scenes related to the challenges faced by group members allows for processing feelings in the “here and now”, understanding patterns of behavior, and practicing new skills in a safe environment (Konopik & Cheung, 2013). As opposed to talk therapy, an important element of psychodrama is that clients are encouraged to assume roles where they talk to those in their life through these scenes instead of just talking about them (Orkibi & Feniger Schaal, 2019). This practice seems to utilize acting to create empowering narratives and build resiliency, aligning well with the social work model.

Warming up, Action, and Sharing

While there are many ways that psychodrama can be incorporated into therapy, there are best practices to be aware of. The three-step process of warm up, action, and sharing has been noted in research as the standard practice as developed by Moreno (Cruz, et.al., 2018). There are several examples of what this might look like in a session (see Appendix A for example). During the warmup phase, the clinician can select an activity, like a simple exercise, to get clients moving and comfortable enough to delve into spontaneous creativity, body movement, and communication with other members of the group (Litwińska-Rączka, 2018). Once this step is completed and the roles for acting have been decided, the group can move to the next phase, action, where the acting scene takes place. During this phase, the clinician may choose from a variety of evidence-based interventions such as mirroring, role reversal, or interview to select the technique clients will use to play out real or representational situations (Litwińska-Rączka, 2018). The final stage called sharing also plays an important therapeutic role and can be divided into two categories, group sharing and individual therapeutic processing (Konopik & Cheung, 2013).

In their book, Konopik and Cheung describe that group sharing should involve all members of the session and each should be encouraged to share how the scene impacted them (2013). By sharing as a group, members can process ideas, practice communication skills, and apply takeaways from the experience to their lives. Sharing as a group is also important as it allows for the protagonist to gain support and feedback from the group (Lopez-Gonzalez, et.al., 2021).

Individual therapeutic processing, the second category of the final stage, happens between the clinician and the protagonist. This stage is described as a time for the clinician to dig deeper into the protagonist's emotions and thoughts after completing the scene (Konopik & Cheung, 2013). It is important to note that this phase is not included in all the articles reviewed, however it is an important component of Konopik and Cheung's practice.

Overview of Psychodrama Techniques

There are many psychodrama techniques available to be utilized by clinicians during a session. The term techniques refers to the specific drama exercise the clients act out (Litwińska-Rączka, 2018). While there are many, some common techniques recognized in psychodrama include "role reversal", "mirroring", and "empty chair", each having their own directions and purposes (Lim, et.al, 2021). In the sections below, each of these techniques will be discussed further.

Role Reversal, as mentioned before, has been shown by research to yield the most effective psychodrama results (Lim, et.al, 2021). As defined by Psychodrama Australia, role reversal is the act of using imagination and acting to swap roles with another individual, for example a child taking on the role of their parent (Psychodrama Australia, n.d.). This would look like one person completely taking on the personality and mannerisms of another. It is important

that one also takes on the feelings of that other person to deepen the emotional connection (Barone, 2013). The Michigan Psychodrama Center mentions that this technique can work well at the beginning of the sessions and notes that role reversals do not require both parties to be present (Barone, 2013). Role reversal has been shown to be therapeutically effective as it involves exercising empathy and promotes interpersonal conflict resolution (Psychodrama Australia, n.d.). It is also important to note that role reversal may not be appropriate for all clients. If a client is a victim of sexual assault, they should not be expected to reverse roles with their abuser (Psychodrama Australia, n.d.). It is up to the clinician to be competent in which exercises to avoid with certain populations to avoid re-traumatization.

Like role reversal, mirroring is a technique utilized in psychodrama. This vulnerable activity requires one member of the group to act as the protagonist while another group member pretends as though they are looking into a mirror (Giacomucci, 2021). Due to the requirement of two people, this activity would likely not work in an individual counseling setting. The purpose of this psychodrama technique is to give the protagonist a visual representation how they are perceived by others as well as how their reactions and interactions impact others (American Psychology Association, n.d.). This technique can be utilized to help the protagonist find a way out of the role they are currently in, identify negative behavior patterns, and can be used as a strengths approach to show members their own growth (Giacomucci, 2021).

Lastly, the empty chair technique (Appendix B), is interesting as it involves a prop and seems to combine elements from both role reversal and another technique, doubling, for the intervention (Giacomucci, 2021). For this technique, the protagonist would be instructed to conduct a scene with an empty chair by imagining someone/something sitting in the chair that is related to a current challenge (Giacomucci, 2021). It is important to note that it does not have to

be a person sitting in the chair, but anything related to the client's problem including an addiction, discrimination, or negative thoughts (Psychodrama World, 2022). From there the clinician would encourage the protagonist to speak to the chair as if that person/something was sitting in it. Since this activity only requires the protagonist to act, it can be done individually. The clinician would then ask questions through the process to assess how the client is feeling emotionally, physical sensations, and any thoughts occurring (Psychodrama World, 2022). Some of the benefits of this technique is that it allows evaluation and diagnosis, a physical representation of feelings, and deeper processing of challenges (Psychodrama World, 2022).

Each of these techniques can be applied to the psychodramatic spiral (See Appendix C). The spiral shows how psychodrama connects past and present roles and integrates them into training for the future (Giacomucci, 2021). This means that by utilizing these techniques to act out past and present situations, new behavioral patterns can be integrated for the future.

How Psychodrama is Used

As discussed earlier in this paper, psychodrama is a therapeutic tool that is encouraged to be utilized alongside other psychotherapies. It is an extremely versatile and adaptive therapeutic intervention with studies showing that it can be applied in a variety of contexts. In the group therapy format, psychodrama has been shown to help those that have experienced trauma if clinicians are careful not to have clients participate in re-traumatizing roles (Clark & Davis-Gage, 2010). Psychodrama can assist victims to further understand and process the trauma they experienced along with the support of a group therapy environment (Clark & Davis-Gage, 2010). In addition to helping trauma survivors, psychodrama has been shown to have a positive impact in many areas of mental health. Studies on various therapy groups have shown that psychodrama

was found to have reduced insecure attachment, anxiety, hopelessness, and improved self-efficacy and self-esteem (Orkibi & Feniger-Schaal, 2019).

Besides groups, another way that psychodrama is used is in family and couple's therapy. When paired with Bowenian Systems Approach, psychodrama was shown to have benefits in assisting families to explore emotions and identify each other's strengths and could be used in situations of grief, trauma, conflict, and triangulation (Konopik & Cheung, 2013). Scene-based Psychodrama Family Therapy is a specific therapeutic modality that assists children and their parents in conflict resolution. This approach was shown to have a positive impact with both adolescents and their parents by improving emotional expression and problem-solving skills (Maya, et.al, 2020).

Populations of Impact

Psychodrama has been applied to a variety of populations with different backgrounds and reasons behind seeking mental health care. For example, psychodrama can be used across the lifespan with both adults and children finding benefits from the practice. A study done with school aged children that were diagnosed with a stuttering disorder were shown to have a boost in self-esteem after attending group therapy with psychodrama (Younis, et.al, 2021). Similar results were found when psychodrama was applied to populations of children with an autism diagnosis (Manna, 2021). Psychodrama has also been utilized at the university level with young adults to promote mental wellness by improving self-acceptance and personal growth (Kaya & Deniz, 2020). On the opposite end of the spectrum, older adults were found to be able to redefine their narrative again and found meaning in group psychodrama therapy making the argument that psychodrama could further healthy aging efforts. (de Marco Rodrigues & dos Passos Gomes, 2022).

Other populations shown to benefit from psychodrama include those in recovery from addiction. On study done with recovering addicts with post-traumatic stress disorder (PTSD) concluded that group therapy with psychodrama was able to help patients reduce intensity of (PTSD) symptoms as well as a deepening sense of connection and emotional safety in the group (Giacomucci & Marquit, 2020). When used in a group for anger management, participants showed a statistically significant difference in rates of anger pre and post treatment with improved scores (Bilge, 2017). A theme observed across all these studies is the theme of emotional regulation, self-expression, and self-acceptance. This seems to be the areas where psychodrama shines.

Evidence of Efficacy

When it comes to evidence of efficacy for psychodrama, there are some limitations. The first factor that makes establishing efficacy difficult is that psychodrama is generally paired with other therapeutic modalities, making it difficult to determine if impact is directly related to psychodrama, or other therapeutic factors (Konopik & Cheung, 2013). Another factor that limits information is that compared to other evidence-based practices, psychodrama has less literature available than others (Orkibi & Feniger Schaal, 2019). However, several studies have shown that psychodrama does have therapeutic validity and evidence does show that it can improve overall psychological distress and quality of life (Lopez-Gonzales, et.al,2021).

Culture and Diversity

An important factor to consider with any therapeutic intervention is its ability to be applied to diverse groups and adapted to cultural needs. Psychodrama is practiced all over the world and can be adapted to different cultural needs. For example, it is encouraged that practitioners encourage clients to speak in their native language while acting and incorporate

culture into the scenes (Baim, et.al, 2007). But beyond this it is important for a clinician to understand that culture influences creativity and expression in addition to influencing roles (Gershoni & Lipman, 2006). Keeping this in mind, it would be important for these cultural themes to be acknowledged.

Use in Future Practice

Psychodrama as a therapeutic intervention aligns well with the social work model due to its ability to be strengths based, culturally adaptive, and therapeutic. Therefore, I could see utilizing it in future practice. While I am not sure where my career will take me, I am passionate about working with older adults. It was encouraging to find that psychodrama can be utilized to promote healthy ageing as well as having an impact on self-esteem and self-acceptance.

Psychodrama techniques such as the empty chair could be integrated into practice to encourage clients to express feelings they may not have done before in order to process past trauma or resolve conflict. If I were to ever be in a position where I was a clinician for group therapy, integrating psychodrama would be an excellent way to break up talk therapy practice for something more creative that would still align with the group's therapeutic goals.

Conclusion

Psychodrama is an evidence-based therapeutic intervention that can be applied to a diverse range of settings and populations. Evidence has shown that psychodrama can be helpful in regulating emotion, resolving conflict, and establishing/practicing new behavioral patterns. It is a unique practice involving creativity and the body to portray emotions and experiences that may not arise in traditional talk therapy settings. Psychodrama aligns with social work values and can be paired with other psychotherapies making this a great intervention to consider integrating into practice.

References

- Akerman, A., E. (2015). Dr. Pendzik's pdf resource. Positivepsychology.com.
<https://positivepsychology.com/drama-therapy/#activities-drama-therapy>
- American Psychology Association. (n.d.) APA dictionary of psychology. Dictionary.apa.org.
<https://dictionary.apa.org/mirror-technique>
- Baim, C., Burmeister, J., & Maciel, M. (2007). *Psychodrama: Advances in theory and Practice*. Routledge.
- Barone, P. (2015). What is role reversal. Michiganpsychodramacenter.com.
<https://www.michiganpsychodramacenter.com/what-is-role-reversal/>
- Bilge, A. (2017). Evaluation of the effectiveness of anger management education enriched with psychodrama. *Journal of Psychiatric Nursing*. <https://doi.org/10.14744/phd.2017.08760>
- Blatner, A. (2007). Morenean approaches: Recognizing psychodrama's many facets. *Journal of Group Psychotherapy, Psychodrama, & Sociometry*, 59(4), 159–170.
<https://doi.org/10.3200/jgpp.59.4.159-170>
- Clark, T. L., & Davis-Gage, D. (2010). Treating trauma: Using psychodrama in groups. Retrieved from http://counselingoutfitters.com/vistas/vistas10/Article_59.pdf
- Cruz, A., Sales, C. M., Alves, P., & Moita, G. (2018). The core techniques of Morenian Psychodrama: A systematic review of literature. *Frontiers in Psychology*, 9.
<https://doi.org/10.3389/fpsyg.2018.01263>
- de Marco Rodrigues, A., & dos Passos Gomes, D. (2022). Psychodrama with older adults. *Psychodrama in Brazil*, 101–112. https://doi.org/10.1007/978-981-19-1832-2_9
- Gershoni, J., & Lipman, L. (2006). The Link between Creativity and Work with Diverse Groups: A Psychodramatic Perspective. American counseling association.
<file:///C:/Users/kaitl/Downloads/Gershoni.pdf>
- Giacomucci, S. (2021). Essentials of Psychodrama Practice. *Social Work, Sociometry, and Psychodrama*, 253–275. https://doi.org/10.1007/978-981-33-6342-7_13
- Giacomucci, S., & Marquit, J. (2020). The Effectiveness of Trauma-Focused Psychodrama in the Treatment of PTSD in Inpatient Substance Abuse Treatment. *Frontiers in psychology*, 11, 896. <https://doi.org/10.3389/fpsyg.2020.00896>
- Kaya, F., & Deniz, H. (2020). The effects of using psychodrama on the psychological wellbeing of University Students. *Perspectives in Psychiatric Care*, 56(4), 905–912.
<https://doi.org/10.1111/ppc.12510>

- Konopik, D. A., & Cheung, M. (2013). Psychodrama as a social work modality. *Social Work, 58*(1), 9–20. <https://doi.org/10.1093/sw/sws054>
- Leonardis, P. (2021) Psychodrama theory: three basic assumptions. psychodrama.world. <https://psychodrama.world/theory/psychodrama-theory-three-basic-assumptions/>
- Lim, M., Carollo, A., Chen, S. H. A., & Esposito, G. (2021). Surveying 80 Years of Psychodrama Research: A Scientometric Review. *Frontiers in psychiatry, 12*, 780542. <https://doi.org/10.3389/fpsy.2021.780542>
- Litwińska-Rączka, K. (2018). Jacob Levy Moreno's psychodrama as a work technique for treating patients in group and individual psychotherapy. *Current Problems of Psychiatry, 19*(4), 248–259. <https://doi.org/10.2478/cpp-2018-0019>
- López-González, M. A., Morales-Landazábal, P., & Topa, G. (2021). Psychodrama Group therapy for social issues: A systematic review of controlled clinical trials. *International Journal of Environmental Research and Public Health, 18*(9), 4442. <https://doi.org/10.3390/ijerph18094442>
- Manna, N. (2021). Velvi's Theatre Intervention for Children with Autism Spectrum Disorder (ASD): An Assessment of Effect of Drama Therapy. *Indian Journal of Health & Wellbeing, 12*(3), 361–366.
- Maya, J., Jiménez, L., Lorence, B., Moral, G., & Hidalgo, V. (2020). Scene-based Psychodramatic Family therapy with troubled adolescents and parents: A pilot study. *Family Process, 59*(1), 111–126. <https://doi.org/10.1111/famp.12401>
- Orkibi, H., & Feniger-Schaal, R. (2019). Integrative Systematic Review of Psychodrama Psychotherapy Research: Trends and methodological implications. *PLOS ONE, 14*(2). <https://doi.org/10.1371/journal.pone.0212575>
- Psychodrama Australia. (n.d.). Role reversal in psychodrama. [PsychodramaAustralia.edu.au](https://www.psychodramaaustralia.edu.au/role-reversal-psychodrama). <https://www.psychodramaaustralia.edu.au/role-reversal-psychodrama>
- Schaller, R. (2021). Empty chair work in individual setting. psychodramaworld. <https://psychodrama.world/practice/empty-chair-work-in-individual-setting/>
- The Empty Chair Technique (n.d.). [scribd.com](https://www.scribd.com/document/384597418/The-Empty-Chair-technique#). <https://www.scribd.com/document/384597418/The-Empty-Chair-technique#>
- Younis, J. R., Shattla, S. I., Abed, G. A., Shereda, H. M. A., & Elyzeed, S. M. A. (2021). Developmental Psychodrama Therapy: Effect on Social Anxiety and Self-Esteem among Children who Stutter. *Clinical Schizophrenia & Related Psychoses, 15*, 1–11. <https://doi.org.ezproxy.southern.edu/10.3371/CSRP.RJIS.101121>

Appendix A

Susana Pendzik ©

WARM UPS:

Pair warm-up – embodiment

Playing each other like an instrument

Goals:

- To warm up physically by discharging tensions held up in the body.
- To establish trust and generate a sense of intimacy among members.
- To generate body awareness.

Procedure:

- Pairs distribute themselves in space and name each other “A” and “B”;
- “A’s” start as the “instrument” and “B’s” as the “players”.
- “A’s” stand up straight but relaxed, take a deep breath, and begin to exhale producing a uniform, consistent sound (preferable using the vowel a”). They repeat the sound for three consecutive breaths.

Meanwhile, “B’s” move “A’s” bodies, swing their limbs, play with their face, shoulders, etc., tapping on various parts of their bodies so as to alter the sound they produce.

- After 3 consecutive breaths, they swap roles; everyone should play at least twice in each role.

Comments:

- The sound should be altered only by the player – not by the instrument.
- On the second round, instruct “players” to sense where their “instruments” are holding up tension and try to help them discharge the sound from

Appendix B



The Empty Chair Group Exercise:

You may erroneously think of it is all there is to Gestalt Therapy. But you know it. You love it. Please welcome,

The Empty Chair.

You might as well use it.

Instructions:

1. Invite the participant to set up two chairs facing each other.
2. Inform the participant that the chair will be representative of whatever (s)he wishes to put in it; a part of him/herself, a person, drug of choice, a problematic behavior, etc.
3. Once the participant has chosen what will go in the chair, invite him or her to begin by saying whatever (s)he needs to be said to what the chair represents.
4. Role reversal should be employed throughout, i.e., whatever is in the chair is given a voice. During this “role reversal,” the protagonist switches chairs and acts the part for a minute or two.
5. The scene plays out in this way until completion, i.e. the protagonist feels finished.
6. At that point the facilitator/director instructs him/her with, “Say the last thing you need to say,” and then calls for quiet.
7. After a quiet pause, processing begins.
8. The facilitator/director may ask specific questions regarding his/her internal experiences, i.e., body sensations, emotions, thoughts, memories, insights, etc.
9. Finally, the facilitator/director invites the audience (those in the group who were not directly involved in the scene) to provide feedback to the protagonist regarding his/her feelings about the scene. Prompts such as “How has what you’ve witnessed or been a part of related to something in your own life?” may be offered to clarify the type of feedback is being solicited.

Appendix C

