

POLICY AND PROCEDURE

PROGRAM III

Psychodrama

DEFINITION: Psychodrama is that professional practice based upon a spontaneous, collaboratively-directed, auxiliary-assisted, action-centered dramatic method, normally immersed in a climate of acceptance, which moves the group process toward the implied promise of reconciliation, healing alienation and estrangement, thereby calling forth from relational structures within and beyond those directly participating a free disclosure of restless pasts, current confrontations, and imagined futures, fostering the emergence of at least one protagonist, warmed up to self-presentation, enactment and re-enactment in encounter with fantasy and reality figures concretized in sequences of specific scenes depicting the private and public, creature and cosmic worlds from which they've been drawn, all to be role-played in the here-and-now as further amplified through the use of selected techniques such as doubling, mirroring and role-reversal in order that perception may be sharpened as barriers fall, alternatives expanded and explored, creativity unleashed, connections among levels of experience made, integrations realized and validated in sharing, enhancing the awakened capacity to risk deeper commitment to an ever more inclusive sense of community.

DESCRIPTION:

Psychodrama resembles a play. We set up a sequence of scenes, taking us from a beginning, through a middle, to an end. We use a stage, a director, actors, audience, and a protagonist. The protagonist carries the action forward; the psychodrama is done from his point of view. The director is on hand to guide the flow, as he helps the protagonist to highlight his central conflict and to bring it to some sort of resolution.

But unlike the drama, psychodrama creates its own script in accord with the protagonist's real goals and objectives. There is no rehearsal, no audience to entertain. The audience is there to give, not to get.

Thus psychodrama is like group psychotherapy, where the whole group acts as therapists. The designated leader, the director, tries to create a climate of acceptance, where people may feel free to reveal themselves without trying to hold up an image. We provide understanding and support while the protagonist takes himself apart and puts himself back together again--better this time!

But unlike group psychotherapy, psychodrama seeks to put the whole matter into its setting, acting in the here and now, rather than merely talking about something which happened at another time and place. Thus psychodrama engages the feelings early on, facilitating expression and integration. With a more vivid spectacle to

POLICY AND PROCEDURE
PROGRAM III
Psychodrama (Continued)

experience, others are in a far better position to understand and share what has happened to them which parallels what they've just seen happen to the protagonist on stage.

So, in psychodrama we function like a healthy family, providing an atmosphere which allows us to grow and gain resources for facing the world. Frequently we deal with anger, guilt and loss, seeking to work through the grieving process, so that we can take up our lives again and function effectively. We would put our pain behind us without bypassing it, in order to be fully present with whatever comes up later.

WHO SHOULD COME TO PSYCHODRAMA:

Staff: Persons in training would find psychodrama a clear and understandable frame-of-reference especially applicable to our patient population. Moreover, psychodrama affords ample examples of how one may be helpful in very specific situations.

Other staff may find basis for communication with specific patients, as their backgrounds are set forth in the psychodrama. The patients have an opportunity to hear staff as human beings, apart from quasi-parental responsibility for them. Staff self-disclosure leads to more patient willingness to confide in them.

Patients: Those chosen for psychodrama--

1. Should be able to sit for two hours.
2. Should come voluntarily after the first half dozen sessions.
3. Would also be likely candidates for other forms of psychotherapy.
4. Have shown capacity for participation in ward government and verbal groups. Such persons will make good use of the method. However, persons who fail to participate in usual group situations sometimes yield to the support psychodrama provides and develop enough courage to risk participation elsewhere.
5. Persons who need to develop interpersonal skills in order to function effectively outside the hospital may find role-training opportunities in psychodrama.
6. Persons with difficulty in coping with marital, sexual and parental roles may find increased understanding as complex situations are elaborated in dramatic form, for psychodrama provides opportunity for emotional expression which can be integrated into situations appropriately.
7. Psychodrama allows people to finish their pasts, resolving old hurts and losses. They may work through guilt and shame over their crimes, which will, in turn, make acting-out less likely, especially as they come to understand the conditions which facilitated criminal behavior. In psychodrama we may explore realistic, acceptable alternatives

Generally: Psychodrama is less confrontive than other forms of therapy, but can bring a person to the level when he can hear constructive criticisms based upon supportive relationships. Persons with a wide range of ego strength can function together in the same group, for the method calls for resolving issues raised in the course of a session at the time the session closes. Psychodrama sharing helps

POLICY AND PROCEDURE

PROGRAM III

) Psychodrama (Continued)

create a sense of communicating. Psychodrama provides a safe environment for significant contact with the opposite sex.

OBJECTIVES:

1. To train persons in the effective use of psychodrama.
2. To develop staff understanding of patients and patient's understanding of staff.
3. To provide psychotherapy for patients.
4. Supervise staff who work with these same patients.

SOME SPECIFIC AREAS OF USEFULNESS:

We seek to

clarify, enhance, resolve conflict within relationships past, present and future;
place one's crimes in their dynamic and realistic perspective;
explore the meaning of psychotic symptoms, especially delusions and hallucinations;
channel blocked feelings into appropriate directions, providing satisfaction and release;
present a framework within which the patient's behavior may make sense to him;
reduce the need to act out and to provide alternatives to acting out;
create a climate of acceptance, such that it may be forthcoming both from others and from oneself;
reduce guilt, raise self-esteem, self-respect, and create hope for the future;
provide role-training opportunities which would enhance one's coping skills in the environment both within and outside the hospital;
develop the power to cope with frustration, anxiety and loss, especially bereavements;
provide accurate information and training in relationships with the opposite sex and with children;
facilitate communication between patients and their families, and also with staff;
demonstrate the value of a psychodramatic understanding and sociometric process to patient care and staff effectiveness.

TOWARD ACHIEVING OBJECTIVES:

The chief vehicle for achieving the first two objectives above has been the processing of psychodrama sessions with the staff and volunteers who have been present in the psychodramas with the patients. This period allows for clarification as to our intent and methods for achieving the desired goals. Here questions and criticisms are welcomed. We believe there is more than one right way to do anything, and value input from staff and volunteers. We also present a point of view they may find useful, not only in the psychodrama but elsewhere in their work here at the hospital.

The chief therapeutic tool has been the psychodrama itself. The format we follow allows every patient an opportunity for expression at the beginning and end of the session, that is, during the warm-up and sharing phases of the psychodrama. There is additional opportunity within the action portion (the middle or "body" of the psychodrama) for at least one protagonist and for several patients playing auxiliary roles to deal more directly with their personal concerns. Research has shown that patients in the audience who follow what is going on derive therapeutic benefit for themselves, even when they have not been called upon to enter or exit the stage.

POLICY AND PROCEDURE
PROGRAM III
Psychodrama (Continued)

The psychodrama director supervises other staff and volunteers present, taking responsibility for the progress of the therapy, controlling its outcome.

The psychodrama director places in the interdisciplinary notes a succinct account of each and every protagonist, along with periodic reviews of the over-all participation and/or progress of everyone who attends several sessions. For those who have been frequent protagonists, it is our policy to prepare an adequate review in time to assist staffings, appearing in person or through a representative.