

# Multiple Family Psychodramatic Therapy

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**This article provides a description of multiple family psychodramatic therapy. Systems-oriented family therapy and psychodrama are the models of therapy used in the approach. Two case studies are presented in depth to show process and to highlight family structural issues focused on in the therapy. Outcome study results are briefly presented. The use of therapists in training is also discussed.**

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Systems-oriented family therapy and psychodrama have been my two primary interests during the past 10 years both in clinical practice and in training others. I struggled for some time as to how one might best integrate these modalities. My clinical case load got so heavy in 1974 that I decided to experiment by bringing together four families and doing classic psychodrama. When I had been involved in psychodrama training at Beacon under J. L. and Zerka Moreno, I remembered that the instruction was to use encounter methods when there were present the actual participants of a protagonist's drama. During that experimental year I worked with the standard warm-up methods which tended to be more individual- and group-focused than family centered. Out of the warm-up a person emerging with a problem would become the protagonist. Whenever possible I would use the actual people present with whom the protagonist was involved. I used auxiliary egos to enhance the drama. At the end there was sharing with the protagonist which also would involve some sharing with other family members. Throughout that experimental year I was uncomfortable with the process. Although there seemed to be some individual gains made, it was not having much effect upon families as an organizational system. I was searching for a better model when I was asked to do a 10-day family enrichment

at a summer camp. It was during that experience that I hit upon the model that I have used for several years. The model feels right for me as therapist-director and outcome studies indicate that it has been beneficial for families who participated in the process. It is this model that I want to discuss in this article. Dr. Moreno in the third volume of *Psychodrama* stated: "Husband and wife, mother and child, are treated as a combine rather than alone, often facing one another and not separate, because separate from one another they may not have any tangible mental ailment" (Moreno, 1969, p. 246). What Moreno was implying here is that the family is an organizational system and without understanding the nature of that system one cannot understand or work with family pathology.

General systems theory brought a radical shift in the understanding of problems within a family in contrast to psychodynamic theories. The latter theories saw pathology within the individual and so the therapeutic task was to work with the individual to bring insight and behavioral change. Systems theory is not focused on the individual apart from the person's interactions and transactions with other key elements of his primary system. Thus the therapeutic process is to work with changing the organizational structure of the family system. Multiple family therapy has been practiced and theorized by a number of therapists in the family field (Laqueur, 1968; Bowen, 1976 (a); Bowen, 1976 (b); Laqueur, 1976; Laqueur, 1980; Durkin, 1980). Despite the research evidence of these practitioners that the outcomes of multiple family therapy are as good as those with individual families, the practice has not had wide acceptance by family therapists. Many therapists feel overwhelmed with one family let alone attempting to work with three or four. Multiple family psychodramatic therapy provides a structure which is a combination of education and therapy. For the practitioner who has both psychodrama and family therapy skills, the use of the following model may help reduce the anxiety involved in working with a grouping of families.

Multiple family psychodramatic groups are composed of four or five families with children over nine years of age. Although I have worked with families with younger children I find that most benefit comes when they are able to conceptualize and integrate at a more developed level. They also do not become so tired in the rather long therapy process. Families are selected by availability and commitment following a general assessment session. During this assessment I learn something about the nature of the presenting problem, and how family members are responding to it. I also gain some observational knowledge about the organization of the family's system. I do not attempt to be selective by problem, socio-economic or intellectual level, etc. I find that this may create a bias in the method of conceptualization about families and in the style of working. Thus I put into the groups any family that is willing to make a commitment to the process for at least a four-session contract. The groups are opened in that families come into the group and move out of it as they achieve

their goals and as these are reflected in feedback from other family units as being accurate. The average stay in the group is about 12 to 14 sessions. The group meets for two and one-half hours one night a week. Since I believe that systems therapy is essentially the therapy of subsystem units I do not require that everyone in the family always be present. Thus if father is away on business the rest of the family can still come and participate. If a youngster has homework he must do, he can make the choice to stay home. If absence persists then it is confronted with the family by therapists and other family units.

### **The Structure of a Typical Session**

The evening begins with a learning-oriented warm-up process. This is what I learned in the family enrichment camp that was helpful. Families are often in difficulty because they lack information and/or alternative information. I saw the warm-up as being an educational opportunity. Thus the warm-up is geared to enhancing learning for individuals, subsystems and full family units. At times I or one of my therapists in training provides a mini-lecture which offers information we think is important for family functioning. This is followed by experiences that are in keeping with the lecture theme. For example, one lecturette is on the value of dyadic communication in the family: learning to talk to individuals rather than "spewing" it out to a nebulous group of people. This is followed by a communication exercise in which a family must negotiate an evening out and do so by engaging with dyads and then summarizing the information highlighting differences and agreements.

Other warm-up experiences are to have the kids advertise for ideal parents and the parents to write ads for ideal children. These are then shared. In another the kids pose a problem and then take it around the room and get interaction with each set of parents present. We have kids fishbowl in the center with parents around the side. The kids express concerns about families, growing up, family rules, sex, etc. Then parents reverse and fishbowl with the kids on the outside. The parents deal with their concerns, anxieties, fears regarding the issues their kids shared. Generally we have each family do a genogram early in the life of the group. These are shared and then are maintained and put up on the wall each evening so that they can be referred to throughout the life of the group when we want to track down some past generational data. Family of origin sculptures are also done by the parents. This is very revealing to children who often do not know much of the emotional history of their parents, especially their parents' relationship to their own families. We do sculptures of the emotional space that each family member experiences with each other currently and how each family member would like it to be at this time. This often emerges as a theme for a psychodrama.

There are literally hundreds of warm-up experiences which we have found are helpful to families in expanding their repertoire of awareness and information

concerning the nature of family process and structure. We find that in follow-ups families often rated the warm-up exercises as very significant in their understanding and change process. These warm-up experiences often take from forty minutes to one hour. This is followed by a fifteen-minute informal coffee/juice break, an important time-out for it brings about more "natural" groupings. Dads talk with dads and moms with moms. Boys not yet into associating with girls gather together and those boys and girls who are comfortable with each other get together. We find this process is an important "breather" for all involved in the experience.

After the break I check out with the group concerning who wants to work and what the topic or theme is of the work. Generally I find that at least three to four individuals have warmed up to a theme. It may be a need for more independence on the part of a late adolescent, a real fight that took place in a family that week, a father who claims his wife counters his interaction with his kids, or a mother who says she feels too alone in her parenting of her children.

The protagonist is selected by myself as Director. I often use sociometric methods to aid this selection, such as which of the persons or themes is the rest of the group most warmed up to. I will then go with that person or theme. However, I often select the protagonist for the theme that I "hunch" is most in need of work by this particular group of families. Often families will collude to avoid themes as a means of maintaining system homeostasis.

### **The Manner of Conducting the Psychodrama**

The next major change which I made from the previous experience with multiple family psychodramatic therapy was in the manner in which I conducted the psychodrama. I moved away from the encounter process and worked with the protagonist's perceptions of the people in his/her family system and his/her interactions with that person. I had found in the past experience that the use of multiple protagonists resulted in a process more akin to traditional therapy. Also I found that not being involved directly in a family member's drama, other members of the family could see or have "mirrored" their process. This "seeing from a distance," as we came to call it, enables them to better recognize the structures of the system and to make resolves for change or to follow prescriptions given to the families by therapists or other families in the group. Since each individual sees his/her family or members of it from a distinct perceptual stance, I felt it was important to work with those perceptions by use of auxiliaries rather than by using present family members. This resulted in more flexibility in the use of the group, more role learning as well as role identification, and maintained an important space function for the protagonist. It became his or her psychodrama and thus served as a unique form of differentiation of that person and his/her perceptions from the rest of the family system. Frequently

when all the family members are involved they will collude to work against change as a means of maintaining the previous system homeostasis. When working with one family member and using auxiliaries from other family units who may not covertly strive to collude for homeostasis, the protagonist is able to move through the drama, with the aid of the Director, in those directions that are leading from within for change. This change then can produce change back in the family system. In systems thinking we believe that if any one part of the system changes it can have an effect upon all the other parts. We do not need to work with the full family unit then to effect change within that system.

Before I give some case examples let me complete the process of the evening. Following a psychodrama which may last from 45 minutes to an hour, the group as individuals may give feedback to the protagonist. This allows for any sharing of strong positive or negative feelings. This takes place over a ten-minute period. Then each family forms as a unit to discuss the implications of the psychodrama on their family system. The protagonist re-enters his/her family system with the instructions that the family is to take what they observed in the drama and deal with that information, *NOT* to get into discounting the protagonist or defending their own family role. After ten minutes of this sharing the protagonist and his/her family take the center. They share what the drama means for them and a homework task for the coming week that has emerged from their discussion of the drama. Then each family has five minutes to share the important elements of the drama that apply to their own family functioning and to indicate a homework task that they will work on which the drama stimulated for them. This homework is to be behavioral in nature, that is, one could see it in operation. This serves to reinforce the power of the therapy sessions in the span of time between sessions.

The evening ends with myself or a therapist in training making a summarizing statement that completes the circle by tying the psychodrama to the warm-up exercise and defines the theme structurally. We work with eight broad family structures which we define as system issues for the families. These are: boundary issues, power issues, affect issues, communication issues, negotiation issues, task performance issues, distance-regulating issues (space-time-energy) and self-esteem issues. It is our belief that by enabling a family to better understand its organizational structures its members are then able to operate within these at higher levels of differentiation where rational awareness supersedes emotional fusion.

The following cases give brief examples of the therapeutic process and kinds of changes which took place in the multiple family psychodramatic therapy.

### **Case 1: The Dwight Family**

The Dwight family was referred for therapy by the local school counsellor. David, the 15-year-old son, was doing poorly in school following a very good

school record up until entry into grade nine. When the school counsellor talked with the mother she indicated there were major problems at home between David and his father. At this point the family was referred to me for family therapy. The family consisted of Mr. and Mrs. Dwight, Nancy (18), David (15), and Karen (12). Neither of the girls indicated problems nor did the parents feel they had problems with them. "David and his father argued about everything," the mother reported. Mr. Dwight and David agreed although they could give no clear reason. This arguing had been taking place for years but with David's move into adolescence it had become more open and volatile. The Dwights were in the group for about four weeks before anyone sought to be protagonist. The first to do so was Karen; however she was not selected as protagonist that evening. About two weeks later, following a warm-up of round robin problem solving (where the kids in a family define a problem and take it to each set of parents in the group for negotiation) David sought to be protagonist. The problem he chose to work on was his being kicked off the football team at school. The first scene was a confrontation with the football coach (played by a father of another "angry" teenager). Through the use of a therapist-in-training double, David became very angry and at one point used the words, "You never see me, I'm nothing to you." Since David was also at the point of tears, I stopped him and asked where else in his life he felt that way. He said softly, "With my father." I had David select an auxiliary ego from among the other fathers to play his dad. He picked Mr. Towne, who was probably one of the most open, giving fathers in the group. David set a scene in the family home to show us something of how he and his father relate and through role reversal Mr. Towne created a distant and aloof "Mr. Dwight." In the midst of another conflict between David and his "father" the double used the words David had said earlier, "You never see me, I'm nothing to you." David began to cry openly. He was asked to reverse roles with his father and to have a monologue as his father about why he (the father) was so unable to be open and giving to his son. After giving several possibilities David shared this idea: "Maybe I'm scared to be close. You see my father died when I was 10 and I was raised by my mother and older sisters. I never had a man around as a model. Also I fear that if I were to get close to my son he might also leave me. I'm scared to be close to men in my life." I reversed him back into David and had the auxiliary ego father repeat that last line above David. David again began to cry. The auxiliary was instructed to comfort David. He told David about his fear and agreed with David to work on changing their relationship to one of being more open and risk taking. When the psychodrama ended at that point there was not a dry eye in the room including Mr. Dwight. Several shared with David and then Mr. Dwight moved down by David and said, "I learned more about me tonight than in a lifetime. You know more about me than I do and you are right. I am scared to be close. I still miss my father and I don't know how to be a father." The

two embraced and there were more tears in the room. In the family sharing time three out of the four families present agreed to look at their concerns of being close due to fears of loss. They worked out specific agreements in most families where members wanted more direct closeness or intimacy with one another. The Dwight family agreed that father and son would spend more separate time together learning how to be men with one another apart from the women in the family.

The family structures relevant to this psychodrama have to do with boundaries (lack of differentiation on the part of the father so that he could not relate in a clear father-son hierarchy with his son), affective issues (the inability to share with his son the fears and grief the father had in regard to his own father), and communication issues (the inability to talk openly about present and past events which affect the family system).

### Case 2: The Engle Family

The Engle family was referred to therapy by the family physician when Mrs. Engle was not able to rid herself of a depression pattern. The family consisted of Mr. and Mrs. Engle, Tommy (16), Mark (13), and Julie (11). Julie had been having difficulty with school work and had been held back a grade because it was felt she was too immature to be advanced into junior high. Mr. Engle was used frequently as a double or auxiliary because of his outgoing manner and insightfulness. Tommy had also been selected as an auxiliary by a 17-year-old girl to play her brother. I had had Mrs. Engle be an auxiliary ego (in the part of a bitchy grandmother) for that same 17-year-old. I thought this might enable her to get in touch with some of her anger, which she did. She indicated at the end she hated the role and seemed to feel guilty for her portrayal. However, this may have stimulated her to seek to be protagonist at the next session. What she presented to work on was the feeling of isolation she felt within her family. She indicated she felt like a "stranger in an all too well known territory." She was asked to pick from the group auxiliaries to represent members of her family. She then set a scene where she came home from work and no one made a move to recognize that she was present except to demand—supper, clean clothes, the hair dryer, etc. After she did a monologue of her inner feelings and thoughts she was asked to go back into her own family of origin. She put herself at six coming into the home from a very bad day at school. She went first to her mother who was too busy. When father came home she went to him and he put her off. She recreated two other rather similar scenes with her family, including one with a younger sister whom she viewed as more attractive and popular. The sister couldn't be bothered with her. I then put all the men in the group in front of her including her husband. I had her do a monologue regarding what she wanted in selecting a man to marry and what she thought her past history would

unconsciously attract her to. She was very clear in being able to indicate that what she needed and wanted was someone to be close and intimate with, who would be "just her own." She fantasized what kinds of things they would do together through a marriage. She then was asked to indicate what unconscious attractions were also present. She indicated that she would be drawn to a man who was secure but non-communicative, one who distanced himself through work and hobbies and who was also incapable of being close just as she was. She laughed and pointing to her husband said, "That's just what I got, my God." At this point the protagonist was given a double and told to dialogue with the double at any point while her husband created a sculpture of his family of origin. He highlighted a half dozen points of development to give a picture of an overly involved family where mother was too needy and demanding of father and father was too involved to give to anyone and increasingly became a peripheral father and husband in the home. Mr. Engle also began to detach himself from the home at about age 13 so that he would not be caught replacing his father. Following the sculpture the women in the group lined up and Mr. Engle talked about what he wanted from marriage and a family and what he might be unconsciously drawn toward. What he indicated in this latter part was that he was drawn toward a woman who appeared very competent, highly self-sufficient and not demanding. When asked who was like that he indicated his wife was all of those things. Mrs. Engle had commented several times with her double about her husband's process and was asked to summarize that openly at this point. She was then asked to recreate a scene with her family of origin in which she was to share with them her feelings about her programming for marriage from her past to her now. Mrs. Engle quickly got into her anger, almost into rage at her feelings of neglect and abandonment. She demanded that her family be more responsive. She was then asked to select an auxiliary current family and confront them with what she needs. She did this and was clear and specific, making dyadic connects with each as to what she wanted and would expect with each. The psychodrama ended with her getting physical contact and spontaneous words of caring from her auxiliary family. The group sharing was intense. The kids felt the power of past family influence and were both excited and rather frightened by what they had learned. The women tended to identify closely with Mrs. Engle and their need for response, especially as kids grew older. Her own family shared that they had not been aware of her need and the homework task that they agreed upon was that each would attempt to respond to her and she was also to affirm what she needed from each of them. Mrs. Engle's depression lifted following this session. They stayed in the group for eight more weeks. During this time Mrs. Engle and Julie formed a very close relationship which had a lot to do with Julie feeling better about herself and doing better in school. The system structures operating in this family related to distance-regulation (space-time-energy), affection and communication. These in turn had an effect on self-esteem issues within the family.

## Discussion

These are only two examples of dozens which could be reported. They are sufficient to give a flavor of the impact of this form of therapy. The Adlerians have done family counselling for years in an open forum model believing that the problems in one family are similar to problems in any other family. Where they work at insight and interpretation, multiple family psychodrama is an intense action-oriented therapy which presents the family members a "picture of their system organization." This picture enables them to see both the weaknesses and the problems of their system, as well as how the organization of the system can be changed. These are structural shifts. Despite the intense feelings often created by the therapy, I believe it is the ability to see behavioral patterns and alternatives which most enables participants to make change. The ability to communicate in a manner that enables each family to create homework tasks week to week to reflect system change places the responsibility for change on the family where it rightfully belongs and not so much on the therapist or the process. Thus as families work each week on new tasks which come from their own making they demystify the therapy process and come to believe that they have the power to make shifts in their family system which can better provide need attainment for all family members.

A follow-up study was made in 1980 with a sample of 30 families who had been through multiple family psychodramatic therapy since 1975. This sample was compared with 30 families who were seen in individual family therapy by the author during that same period. In response to the question: Following therapy your family has functioned Good-Fair-Poor, twenty-three MFP families responded good, four fair, and three poor. From the control sample eighteen families marked good, six marked fair and six marked poor. When applying a simple t test for significance results are:

	Ratings to the 1st Question			N
	Good	Fair	Poor	
MFP group	23 (76.7%)	4 (13.3%)	3 (10%)	30
CONTROL group	18 (60%)	6 (20%)	6 (20%)	30

The result showed  $t = 0.167$  (not significant for  $df = 58$ )

When multiple family psychodramatic families were asked to indicate what they most liked about the experience, 22 indicated that sharing with other families enabled them to recognize they were not alone with problems and that many problems of others were similar to their own. Eighteen indicated that the warm-up experiences were very valuable in learning about family organization as well

as learning new skills for family living. Twelve indicated that the homework tasks had been most beneficial. In general, the evidence would indicate that multiple family psychodramatic therapy is as good as doing therapy with individual family units. When one takes into account that the therapist can work with four to five families in the same time frame that one usually would see no more than two families then it becomes important to take time and cost accountability into consideration. The outcome data also reflected that families learn from each other, learn from structured group tasks, and learn how to learn from their self-determined homework tasks.

### A Word about This Context for Training

Since I am involved with training of family therapists and also conduct psychodrama training on a limited basis each year, I found that having five or six trainees in the group was excellent. It meant that I had available individuals who could be more easily coached in the roles of auxiliaries or doubles. Interns indicated that they learned skills of family therapy as well as psychodrama. Interns also got in touch with a good deal of their own family of origin and nuclear family material in the process. The trainees and I agree that it is an excellent context for learning.

### REFERENCES

- Bowen, M. Principles and techniques of multiple family therapy. In P. J. Guerin (Ed.), *Family therapy: Theory and practice*. New York: Gardner, 1976 (a).
- Bowen, M. Family therapy and family group therapy. In D. Olson (Ed.), *Treating relationships*. Lake Mills, Iowa: Graphic Publications, 1976 (b).
- Durkin, H. E. A systems approach to multiple family therapy—A connecting link between group and family systems psychotherapy. In L. R. Wolberg and M. L. Aronson (Eds.), *Group and family therapy*. New York: Brunner/Mazel, 1980.
- Laqueur, H. P. General systems theory and multiple family therapy. In J. H. Masserman (Ed.), *Current psychiatric therapies*, Vol. 8. New York: Grune & Stratton, 1968.
- Laqueur, H. P. Multiple family therapy. In P. J. Guerin (Ed.), *Family therapy: Theory and practice*. New York: Gardner, 1976.
- Laqueur, H. P. The theory and practice of multiple family therapy. In L. R. Wolberg and M. L. Aronson (Eds.), *Group and family therapy*. New York: Brunner/Mazel, 1980.
- Moreno, J. L. *Psychodrama*, Volume 3. Beacon, New York: Beacon House, 1969.

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