Comparing and Using Psychodrama with Family Therapy: Some Cautions

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The authors discuss some specific confusions that recently have arisen from comparing and concurrently employing psychodrama and family therapy. The article clarifies the following for each of these therapeutic modalities: (a) enactment; (b) planning and directing; (c) being with the client(s); (d) temporality; (e) truth. The authors also provide guidelines for therapists who use these modalities concurrently in their work.

With the achieved prominence of family therapy as a key therapeutic modality, its methods and epistemology have recently been clarified by comparing it with other modalities, viz., psychodrama. A case in point is that the entire issue of the *Journal of Group Psychotherapy, Psychodrama and Sociometry*, Vol. 35, Winter 1983, was devoted to a comparison of family therapy and psychodrama. A further discussion of this comparison followed in a later issue of the same journal (Hollander, 1983). Metaphor and comparison are usually most valuable in rendering the unfamiliar familiar. However, such understandings can render both sides of the comparison oversimplified and distorted. There is a tendency to assume that one can use a term descriptive of one system in another compared system if it is the same term, e.g., "enactment." But such comparative usage ignores the point that we do not actually understand the meaning of terms by looking at what they denote but by noticing the moves they make as a "playing piece" in a game, a

"language game" (Wittgenstein, 1953). To use a term from one language game as an equivalent for a term in another language game often leads to an illegitimate reductionism.

In the opinion of the authors, current comparisons made between family therapy and psychodrama oversimplify and distort both modalities and promulgate some serious misunderstandings through the equivocation of some key terms.

Because there are considerable differences among the schools of systemic family therapy in theory, methodology, and terminology, we shall describe family therapy in language nonspecific to any one school, except where indicated (e.g., "strategic family therapy," "Bowen's concept").

Clarification

Specifically, in comparing family therapy and psychodrama, some distortions and misunderstandings seem most prevalent regarding these terms: (a) enactment; (b) planning and directing; (c) being with the client(s); (d) temporality; and (e) truth.

Enactment

Guldner (1983) uses the same term, enactment, to compare the intervention techniques of both family therapy and psychodrama. His comparisons offer some valuable distinctions between enactment for family therapy as compared with that for psychodrama. For instance, he points out that enactment in family therapy is, according to Minuchin, "the technique by which the therapist asks the family to dance in his presence," while in psychodrama enactment is "acting from within, or acting out, and a necessary phase in the process of therapy." Guldner goes on to say that enactment in psychodrama "is the primary therapeutic medium," whereas enactment is merely one technique a family therapist might use while working with a family. Guldner correctly says, "in psychodrama, enactment is used at all levels: for diagnosis, or therapeutic change."

However, in a very important sense, Guldner distorts both modalities because it is incorrect to characterize the psychodramatic action of a psychodrama as enactment (as used in family therapy). This is especially so when such action is likened to simulatory or isomorphic enactments in family therapy.

First, let us take a more careful look at enactment in family therapy. Enactment in family therapy serves several purposes. As Haley, a practitioner of strategic family therapy, points out, asking people to

describe how they are feeling encourages a verbal simulation and detracts from the experience itself (Haley, 1978). Consequently, Haley prefers to arrange for the family *to enact* that pattern giving rise to this feeling. In general, the family therapist is guided by the principle of isomorphism in family therapy—that is, that a pattern occurring in a system at one level tends to be replicated at another level. The levels may be different generations of the same family, but they may also be the family system, the therapeutic system, and the supervisory system as overlapping systems in contact with one another. To say that the family therapist is guided by the principle of isomorphism, then, is to say that one assumes that there is an underlying correspondence between the way the therapist and family operate during treatment (the therapeutic system) and the way the family functions at home. The therapist does acknowledge real differences in many areas between the treatment context and the (unselfconscious) home context. Any experienced family therapist knows that his own presence and the designation of the occasion as a therapy session initially creates a shift in family interaction such that the family presents itself as it would to an outsider—how they wish to be seen, rather than as they are. Isomorphically, though, the two are not dissimilar. Thus, in an enactment, Father would still function as the silent but disapproving observer of Mother's interaction with Son, Mother would override and interrupt any interaction that does not include her, and 8-year-old Son would squirm and distract whenever his parents began to communicate directly with each other. It is in these observable patterns that they are presenting their adaptation to their problems isomorphically to the problem pattern itself.

The enactments that are set in motion at the behest of the family therapist are, initially, isomorphic to and simulative of the normative family patterns. These simulations can be for purposes of assessment or for making obvious to the family what their normative patterns are, especially when the family therapist directs their attention to them. However, enactment's major use is the alteration of these simulated patterns. This may be accomplished *subtly* (as when the family therapist uses his or her own communication with the family to model or to set in motion a different sequence); *immediately/overtly* (as when he requests the family to accomplish a task during the session in a different-from-usual way); or *eventually/descriptively* (as when he assigns a task to be carried out between sessions). The changes sought are those that have as their aim either the undoing of the *status quo* (i.e., upsetting the homeostatic balance) or the establishment of a previously absent, functionally desirable pattern. For example, in the family presented above,

the family therapist might (subtly) imply that Father could better handle Son, (immediately/overtly) block Mother from interrupting Father as he attempts to engage Son, and (eventually/descriptively) assign the family a task in which the parents spend at least 15 minutes (during a time Son is awake and present) discussing their own relationship without permitting Son to disrupt their interaction.

On the other hand, the action of psychodrama is not an isomorphic simulation, and therefore is not an enactment. A simulation attempts to imitate or reflect the pattern of a real situation or an objective set of circumstances. In psychodrama the action is not imitation or reflection; instead, the action is a playing out of original, spontaneous perceptions and feelings of a protagonist. The acted out perceptions take their cues not by copying a consensual reality that others (e.g., a family) would attest to but by concretizing the feelings and perceptions of reality that are true for that protagonist. The aim is concretization and reduction of conflict in and handling of the phenomenal reality of the protagonist. Psychodrama makes the lived world—the phenomenal reality of the protagonist—more present, concrete, conscious, and thereby more able to be handled. Psychodrama accomplishes this with the *phenomenal* reality of the protagonist whether that reality is experienced as past, present, or anticipated future. On the other hand, isomorphic simulations in family therapy serve to highlight patterns of interaction that are going on in the present.

Planning and Directing

Readers can more easily see that the action of a psychodrama is not an enactment (as it is in family therapy) by noticing the differences between directing in psychodrama and planning in family therapy (although Guldner chooses, unfortunately, to see these as similar [1983, p. 147]). In family therapy, planning has the intent of deliberately following or altering the isomorphic patterns in the family. In psychodrama, however, directing is not a following or alteration of isomorphic patterns and is not designed to replay or alter any event or outline of a situation that exists. As a matter of fact, that part of the action that is truly psychodramatic is moving beyond what has happened in the lived world of the protagonist and is therefore action that is new. Planned enactments in family therapy are initiated to expose or alter the process or structure of a system, viz., the family. On the other hand, directed psychodramas take their cues from the perceptions and feelings of the *protagonist*, not from the initiation of the director. Although the director may initiate creative options for the protagonist,

these originate from *following* what the protagonist experiences. If such directing is not also a following, it becomes inconsequential and ignored by the protagonist, and thereby does not become a part of the psychodrama.

The above explanation disentangles family therapy enactments from psychodrama enactments. Guldner, by using the term enactment for both, wrongly describes the directing of a psychodrama as "determined by the . . . director" when "the director 'plans' the process for the drama" (p. 147). On the contrary, the protagonist determines the process of the psychodrama. The director's job is to follow-lead: by means of the cues given by the protagonist's display of his phenomenal reality, the director attempts to clear a path or lay down supportive emotional tracks ahead so that the protagonist's perceptions may improve and achieve their full concreteness. Unlike planning, directing cannot go where the protagonist is not ready to go or does not want to go. Any move made by the director not first indicated by or present for the protagonist is either ignored by the protagonist or weakens their alliance and the director's being with that protagonist.

Being With the Client(s)

This last point brings out important differences between the kind of being with that a family therapist has with a family in treatment, as opposed to the kind of being with a director has with a protagonist in a psychodrama.

How is a therapist *with* a family in family therapy? Family therapists, depending on both their theoretical orientation and their personal styles, exhibit a wide range of positionings vis-à-vis the family. It is axiomatic that the family therapist can never be completely outside the family he or she works with—that this involvement with the family in therapy constitutes a therapeutic system which operates as a new system. Family therapy is definitely not an investigation or study from the outside but a participating event for all concerned. The different camps or schools of family therapy differ most sharply over just this issue of where on the distant-involved dimension is the desirable place for the family therapist. At one extreme, the strategic therapists, especially those of the Milan school, aver that the greater the removal of the therapist the more effective the course of therapy. At the other extreme, experiential family therapists, such as Whitaker, regard the occasional immersion of the family therapist into the family process as the central way by which family therapy can work.

In this article, the family therapist's joining the family is regarded as

a knowing or deliberate act in which the family therapist assesses the family through the way he is permitted to be with them. In other words, assessment and intervention in family therapy occur together.

Very often the position from which the family therapist joins the family corresponds to that of a grandparent of the identified patient. This position is not only a function of the theoretically informed choice of the family therapist or of the family therapist's personal style. It is a willing accommodation to the present pattern of family interaction that the family therapist initially undertakes in order to have the subsequent leverage of an inside position to effect change.

Above all, the family therapist's effectiveness depends upon his flexibility in the service of change. Any lengthy consistency of position is likely to amount to the family therapist having been co-opted into the family system in a way that stabilizes the family at the expense of further change. As Whitaker puts it, the family therapist should regard himself as a foster parent rather than an adoptive parent vis-à-vis the family. In order to retain this flexibility, the family therapist must maintain his capacity to be *meta* to the family system; that is, his primary allegiance is to the attainment of defined change rather than to anyone's comfort or approval, or indeed to the maintenance of his own position within the therapeutic system.

On the other hand, in a psychodrama, a psychodramatist is with the protagonist in a very special and different way. An effective psychodrama is like an awake dream. It is the unconsciousness made into conscious experience. Psychodrama allows the freedom of association and wishes with the control and support of others that is not available in sleep's dreams. It is the being with of the director that supports these therapeutic processes making this kind of awake dream possible. To put it another way, the being with the protagonist that the director forms and sustains gives the protagonist the awareness and learning usually lost in one's forgotten dreams. The psychodramatist offers a being with the protagonist in order to concretize, unravel, and bring to confrontation the protagonist's phenomenal reality. At times this being with is so allied with and supportive of the outgrowth of this reality that the director is felt by the protagonist to be an extra part or extension of the protagonist's self and often stronger than the protagonist himself. In this sense, this being with is *meta*. It is similar to the position of the family therapist: a joining with the protagonist while keeping separate from him in order to direct. The support given in this being with gives the protagonist the ability that is needed to go beyond rigidity and break through resistances. This being with attempts to release the protagonist from locked in perspectives and releases spon-

taneity. This being with also enables feelings to come to the surface of awareness, makes them less avoidable, and thereby fosters confrontation and catalyzes resolution. The psychodramatist as director does not give his primary allegiance to the attainment of change, as might the family therapist with a family. Instead, his primary allegiance is to be with the protagonist fully in order to experience the meaning of the protagonist's world. It is also a being with that provides a tether for the protagonist to hang onto in order to try new feelings, perspectives, and behaviors while safe from the consequences of reality. The family therapist's being with is an intervening stance to promote a healthier configuration for the family. Unlike the family therapist's stepparenting, the psychodramatist's being with is as an allied godparent for the extension of the protagonist's world, repertoire, and rehearsal of new abilities.

These contrasts, at first glance, do not seem to argue as much for the differences between family therapy and psychodrama as they seem to reveal likenesses. However, such apparent similarities are dispelled when therapists take a careful look at temporality and at truth implicit in the interventions and action of family therapy and psychodrama.

Temporality

Although the family therapist's understanding is guided by the perspective of the family life cycle (as will be discussed later), the temporal sphere of action of each session and the family's experiencing of time is that of everyday time or clock time. It is true that the family's growth can be understood as stages within the family life cycle; but in the world, in each session, and between sessions, the family's understanding of time is that moment when it is time for Dad to go to work, time to eat dinner; time to see the therapist. Interventions and enactments initiated by the family therapist take place within this kind of awareness of temporality.

By contrast, temporality in a psychodrama is *not* clocktime. It is the phenomenal lived-time of a protagonist, but lived-time made present. In other words, the acted out experiences of the protagonist are played out just the way the protagonist experiences subjective time, but portrayed as happening now. For example, an experience that a protagonist anticipates as possible in the future is acted out as in the present. The psychodramatist is not guided by a conceptual framework of growth stages beyond how the protagonist experiences time. Both clock time and any concepts of maturation time are not primary while following the protagonist's felt sense of time.

This is not the case for the family therapist working with a family. For the family therapist, it is important to keep in mind that the family that is living in clock time is also best understood within a concept of maturation time: the family life cycle. The family life cycle is a powerful conceptual tool for working with families. Stated simply, the family life cycle identifies: (a) the thematic, sequential stages of family development that are culturally normative; (b) the developmental tasks that are required in order to accomplish successfully the transition from one stage to the next; and (c) the likely consequences of a failure to complete the developmental tasks (Carter & McGolderick, 1980). It is the transition phases between successive stages that are very often the endogenous sources of stress in families and individuals. For example, a young married couple may have developed a stable, harmonious relationship that unravels shortly after the birth of their first child. The family therapist treating this couple will utilize his knowledge of the family life cycle to inquire about the changes in status within the nuclear family (parenting roles) and even within the extended families, since he expects there may be difficulty in making the transition from a dyadic peer system to a triadic, multi-generational one, a change from a spousal to a spousal-parental system. Intergenerational family therapists such as Bowen or Nagy may also look for isomorphic patterns occurring across three or more generations around family life cycle transitions. It can be seen that the family life cycle concept implies surgency (stage-task temporality) in family therapy; the backdrop of family life cycle stages contributes to the context of the operative intervention such that what is appropriate at one stage may be inappropriate at another (e.g., parental discipline in early childhood vs. that in adolescence). Lastly, it should be noted that a number of respected family therapists have stated that a family therapist should not treat families that are at a later stage in the family life cycle than that attained by the family therapist since the experience of having been there in this matter is seen as crucial to the skillful movement of the family through transitional stages of development.

Readers can also see that family therapy interventions and enactments are quite different from the action of a psychodrama when we look at the temporality of the treatment session of each modality. The process of a psychodrama follows a very definite temporal sequence. The psychodrama begins in the warm up, becomes fullest in the cathartic work of the protagonist, and ends in the closure and sharing segments. Although the closure and sharing segments may become the warm up for new therapy work in a new psychodrama, in each psychodrama the entire sequence is to be completed with the director at

this place in time on stage—though the effects may, do, and should go beyond this place.

This temporal sequence contrasts with family therapy. There, each enactment may be only a warm up that takes place in the session with the therapist. The phenomenal time of a family member is not necessarily followed to catharsis or to closure or sharing. And the process begun with the therapist may continue outside the office by the family at home. In particular, strategic family therapists of the Milan school will typically end their sessions with paradoxical prescriptions for the family, decline to explain them, and send the family away for perhaps a month. A quite different use of time outside of the therapeutic session is employed by Bowen, who coaches family members to work on their self-differentiation from family of origin, a process that occurs outside of or parallel to conjoint family sessions over months or even years. In both cases structural changes are accomplished by family members with guidance from, but without the presence of, the family therapist.

A further difference in family therapy is that, unlike psychodrama, there is no time out between sessions from the consequences of revelations elicited during the process of therapy. Instead, there is a tacit recognition that all behaviors, expressed cognitions, and feelings occur in a present-centered context of relationship rather than in a suspended reality that is temporally free and in a permissive space on stage.

Truth

Probably the most important contrast to keep in mind when viewing or employing the modalities of family therapy and psychodrama is their different conceptions of truth and reality. A careful look at the epistemological differences here reveals not just a precaution in making descriptive comparisons between the two modalities but a precaution regarding praxis.

In epistemology, truth can be defined *phenomenologically* (as it appears in direct experience), by *consensual validation* (as in agreement with the perceptions expressed by others), by *correspondence* (as agreeing with objective evidence), and by *coherence* (by definition or logical consistency). In psychodrama, not the correspondence theory of truth, or the coherence theory of truth, or consensual validation is the truth of the reality for the protagonist and the director in a psychodrama. Instead, what counts is what appears *phenomenologically* true for the protagonist. This is prior and primary, at least during the psychodrama. Certainly, consensual validation and checking the protagonist's phenomenal

world with the real world (correspondence) figures or may figure later in considering the overall program of therapy for the client. But, during the psychodrama, what appears as true for the protagonist (even though his entire family may consider what is presented as false) takes precedence and is given support by the therapist. The psychodramatist accepts "the patient with all his subjectivity" (Moreno, 1966, p. 237). In a sense, the support of the psychodrama is in part a buffer and protection from the influence of others on the protagonist's felt sense of reality and truth.

In family therapy, the phenomenological truth of each member of the family does *not* take overriding precedence. In the family, there can be no buffer or isolation of each member's phenomenological truth. It is the *influence* of the family on what counts as true that is crucial to an understanding of truth for this therapeutic modality.

Building on the psychoanalytic tradition, early family therapists noticed the interpersonal influence operating to deny, distort, or suppress the phenomenological truth of one or more members. In observing overt marital conflict, for example, each spouse can be observed to dispute factual narrations, negate opinions, and attach different (and usually opposing) interpretations to the behaviors and words of the other spouse. Another common pattern observed is one in which one spouse states flatly the way things are for both of them, or even for the other spouse, so as to imply that there can be no truth apart from this assertion, while the spouse spoken for appears to accept this state of affairs. In both patterns described above, consensual validation is suspect; what engages the attention of the family therapist is the persistence of the way that truth is arrived at, whatever the factual issues may be.

A second aspect of truth in family therapy arises from what R. D. Laing (1965) terms mystification. Briefly, mystification is a process in which an individual's phenomenological truth is systematically denied or distorted by others through manipulation of his reactions, resulting in an initial confusion and subsequent shift of that individual's reality. Not only do families have great influence over the consensual validation of an individual's truth by reason of their closeness to him over time, but the pattern of internal consistency, or familial coherence, creates a familiar context of meanings (similar to culture on a more intimate scale) that defines what the individual may know about himself (and how to value it) to a great extent. For example, a child who skins his knee when falling off his bicycle will feel physical pain yet will interpret this pain largely by the reactions of his family members, who might be unconcerned with the injury and full of praise for his daring

in riding. Conversely in another family, they might be highly empathetic and frightened for him, while conveying criticism for his foolhardiness.

A related concept of family truth is Ferreira's (1963) notion of family myths which are consensually validated beliefs that are at variance with objective evidence. As an example, suppose that the elder daughter is the favorite of her maternal grandmother, who is a dominant member of the extended family and prizes literary achievement. The younger daughter may actually be more accomplished in English composition; yet, because of the grandmother's influence, her older sister will have the reputation as the budding writer in the family. In such a family, evidence supporting this myth will be emphasized while contrary evidence (e.g., higher English grades by the younger sister) will be downplayed by all. Thus, the phenomenological truth of the family as a unit becomes the phenomenological truth of its constituent individual members. Younger sister will not experience herself as a gifted writer but will attribute this status to her older sister.

Bowen points out, for example, that often a great deal of what is believed or asserted by people is pseudoself, representing what is expedient to believe or assert within their relationship system, preeminently the family (Bowen, 1978). No one presumably operates entirely free from pressure in relationships; an individual's phenomenological truth is always influenced by the relationship system within which he is embedded.

There is much contrast between how a protagonist displays the truth of his experience in a psychodrama, and how a person presents himself and what is true for him in conjoint family therapy. This is due chiefly to the impossibility of compartmentalizing revelations in family therapy from each individual's private life. Therefore, the truth that is overriding and that interests the family therapist (compared with that which is most attended to by the psychodramatist) is not the expression of phenomenological truth by each individual; nor is it the consensual validation among the family's members; nor is it the coherence of truth within the family rules. Rather, for the family therapist, truth inheres in the *meaning* that underlies the interactional patterns he himself observes. Most systemic family therapists do not regard it as necessary that families be made aware of these meanings in order to effect change, although they may direct attention to them when they expect this to be useful. Nor, in direct contrast to the psychodramatist, need the family therapist always support or align himself with client(s)' perceived truths. Instead, change in these interactional patterns can often be facilitated by the family therapist's presenting the family with

a reformulation of their own truth (called reframing) that shifts the meaning of behaviors so that the family is released from an endlessly recurrent, undesirable pattern. Notice here that it is the family therapist's intention to shift the conjoint truth of the client(s), while in psychodrama the guiding principle is to help unwrap the phenomenological truth for a particular protagonist while shielding him or her from external influences on that truth.

Conclusions

The contrasts and comparisons generated between family therapy and psychodrama are not merely academic. Recently, family therapists have used psychodrama in their practice, and psychodramatists are often working with whole families, not just with individual protagonists. It seems to us that from the clarifications made in this article several guidelines and precautions are warranted for the proper concurrent usage of these two modalities:

1. Psychodramatists working with a protagonist who is also a client in family therapy need to keep in mind that the truth displayed in the psychodrama is only the individual's phenomenological truth. When it is time for the protagonist to work on his therapy (and his family's), his psychodramatic truth must be seen in the light of, and naturally be influenced by, the truth of the family. It is then that the supportive barriers of psychodrama must be lifted for the integration of all the systemic variables present in the family.
2. Similarly, the protagonist who is also a client in conjoint family therapy must not simply be seen within the framework of his own phenomenological temporality but also within the temporality of the family life cycle.
3. The psychodramatist must keep in mind the power of systemic membership on his protagonist. Specifically, the psychodramatist must realize that the sharing group at the psychodrama, though important, does not present the protagonist with the system effect his family has on him. Bodin (1981) points out:

> Therapy groups usually contain people who did not know each other before the therapy and who will go their separate ways after the therapy. . . . [O]n the other hand . . . families have a history of interaction and an expectation of future interaction and interdependence. . . . . In other words, the family is an *ongoing system* in which the principles of general systems theory operate more plainly and more powerfully than they do in ad hoc therapy groups. (p. 272)

Since the family is a matrix of identity (Minuchin, 1974) for its members, meaning that individuals are defined by other members and by the rules, myths, expectations, and legacies of the family system, it follows that there can be far less freedom from the constraints of one's family identity in conjoint family therapy sessions than in a psychodramatic group. This is not in itself disadvantageous, however, as it affords families the opportunity to work directly on dysfunctional patterns. In contrast, the zeal with which many an individual returns from a psychodramatic group session (or encounter group weekend) determined to fix things in his family quickly dissipates or is readily nullified after just a few hours or days of family interaction.

4. Related to the third guideline, another important difference between families and psychodramatic groups is that power (access to information, life experience, economic choice, physical strength, etc.) is not distributed equally within families, nor is there typically a presumption in families that equitable power distribution is desirable. By contrast, psychodramatic groups have an underlying egalitarian ethos among their members.

5. A related point is that unlike the family therapist, who frequently works to re-align the interactive power positions of family members actually present, the psychodramatist deals with only that felt sense of power (or loss of power) as expressed by the sole protagonist.

6. Enactments performed by a family when initiated by a family therapist are more simulatory (of the underlying patterns of the family) than they are psychodramatic. It is not advisable to mix the two actional modalities and their purposes. A psychodramatic warm up will not, in itself, reveal patterns, nor can such a warm up be staged and simply left. Also, the therapist cannot move a protagonist through the protagonist's emotional work (his phenomenal working out) in front of his family, and expect the same results as a family "enactment." Nor, from our clarifications above, can the therapist simply mix the kinds of being with in psychodrama with those kinds in family therapy. Since these are all special and different, since the kinds of action, temporality, and truth are indigenous to their own modality, the practitioner should approach the planning and directing of each with these aforementioned distinctions in mind.

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