

Sociodrama and the Vietnam Combat Veteran: A Therapeutic Release for a Wartime Experience

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This article aims to encourage readers to increase their awareness of the Vietnam veterans and the contribution psychodrama can make in the treatment of veterans with post-traumatic stress disorder. Readers will become familiar with the application of psychodrama with these veterans. The discussion centers on the use of sociodrama with combat veterans at an outreach center in Washington, DC.

American troop involvement in Vietnam continued for a period of eleven years (1964–1975) and included over 8,500,000 men and women. Of that number, 2,800,000 actually served a tour of duty in Southeast Asia. It is estimated that 500,000 to 700,000 of these men and women now have emotional problems (Walker & Nash, 1981). These problems in adjustment reflect either delayed or chronic forms of post-traumatic stress disorder (PTSD) (Keane & Kaloupek, 1980).

According to the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychological Association, 1980), the essential feature of PTSD is the development of characteristic symptoms following a psychologically traumatic event that is outside the usual range of human experience. Langley states that PTSD usually occurs in a cluster of interrelated symptoms. Each component underlies the veteran's inability to cope effectively with the tasks of everyday life. The symptoms of this noncoping include guilt, depression, social alienation, irritability, high stress levels, catastrophic nightmares, sleep disturbances, aggression flashbacks, and exaggerated startle response. Because most of these veterans have been suffering from PTSD for a number of years, other problems such as marital, legal, vocational, as well as substance abuse, are evident.

The crumbling of the veteran's personal life after returning is re-

ported in studies done by Wilson and Doyle (1977), Pilisuk (1975), Wilson (1979), Huppenbauer (1982), and Harris (1971).

Since large numbers of veterans have not been able to cope with civilian life, therapeutic interventions have been necessary. The main modes of treatment used for Vietnam veterans have been "rap" groups run by veterans themselves (Shatan, 1973; Lifton, 1973; Egen-dorf, 1975); individual psychotherapy (Horowitz & Solomon, 1975; Egen-dorf, 1982; Haley, 1978; Balson & Dempster, 1980; Lemere, 1981); group psychotherapy (Walker & Nash, 1981); and family therapy (Stanton & Figley, 1978). Boman (1982) found that though the treatment philosophies varied, many of the same underlying concepts emerged. The most important concept is that combat experience is the essential issue to be dealt with and must be pursued at a reality level, not interpreted purely in transference terms.

As Perls (1951, 1969) and others (Goldberg, 1975; Goodyear, 1981; Heikkinen, 1981; London, 1982; Malolich & Turner, 1979; and Polster & Polster, 1973) have noted, the greatest emotional conflicts result in unfinished business and unexpressed resentments. Unfinished business in prior relationships and experience have to be completed or expressed in order to move on to new present experiences and relationships.

Brende (1981) in his research believed that an effective therapeutic modality should provide a means of integrating split-off traumatic experiences so that flashbacks, nightmares, and rage attacks can become here and now behavior to be worked through during therapy. Figley (1978) also agreed that when traumatic experiences are relived in the form of here and now behavior they become a necessary part of the therapy.

Psychodrama and the Veteran

Psychodrama is a group therapy approach developed by J. L. Moreno in the early 1900s. In psychodrama, the client dramatizes past, present, or anticipated life situations in order to facilitate constructive change through the development of new perceptions or re-organization of old cognitive patterns and concomitant changes in behavior (Buchanan, 1984). Another therapeutic goal is catharsis which allows the client to move past a trauma into here and now personal growth.

In research done by Hagan and Kenworthy (1951), Kreitler and Bornstein (1958), and Robbins (1972), psychodrama is shown to provide the opportunity for intimate and emotional exchange in both

intra- and interpersonal exploration. They state that persons in a psychodrama become so busy with their performance and so moved by the actual experience that they lose their intellectual defenses.

Fantel (1948, 1951, 1952) found that psychodrama was very effective in working with veterans of World War II about the conflicts they encountered upon their return to civilian life. He discovered that psychodrama enables patients to air suppressed resentments, build their egos, see themselves as others see them, and to understand themselves. Rackow (1951) found the main reason for World War II veterans entering veterans' hospitals was anxiety and tension. Psychodrama, he found, provided a considerable amount of the insight gain and experience formation essential to recovery.

The veteran's re-entry into society can be viewed in terms of Moreno's (1962) role theory. Moreno viewed the role as a functional unit of behavior, comprising both private and collective elements of individual differentials and collective denominators. According to Moreno, the self emerged from the role. In an article on role fatigue, Barbour and Z. Moreno (1980) stated that when we begin to value our roles less we begin to value ourselves less. A lack of satisfying role replacement can trigger psychosomatic illness or emotional problems (Hollander, 1968). The veteran can be seen as suffering from role fatigue or role stress. Psychodrama offers a modality that can concentrate on role perception and can facilitate development of new roles for the veteran.

Application of psychodrama with groups of Vietnam combat veterans is rare. Olsson (1972), in a case study conducted in a U.S. Naval inpatient facility, found that the use of role reversal, soliloquy, return to the scene, and doubling were a great help to veterans who were trying to turn away from drugs. Brown (1984) described the chilling irony of psychodrama as a possible therapeutic release for a wartime experience, that, in military lingo, was a part of the "Vietnam theater of operations."

A pilot project involving psychodrama was designed and implemented at a Vietnam Veteran Outreach Center in Washington, DC. It is hoped that the following model may prove useful for future research in psychodrama with Vietnam veterans.

Design of a Pilot Program

Part of the author's training as a psychodrama intern at Saint Elizabeths Hospital consisted of a research project. An interest in working with Vietnam veterans led to the idea of running an experimental

psychodrama group for Vietnam combat veterans, and a proposal was submitted to the Veterans Administration.

This would be a weekly psychodrama group, meeting for eight weeks and paired with a control group for comparison. A pre- and posttest, the Vietnam Era Stress Test (Wilson & Krauss, 1980), was to be the measurement tool. The leadership team was to consist of three trained psychodramatists, a black male psychodrama staff member, and two white female trainees. An introductory psychodrama workshop served to familiarize the outreach center staff with psychodramatic theory and gain support for the project. The staff members were also invited to see psychodrama in training situations at the hospital and elsewhere in the Washington area. The psychodrama team visited the center on an average of once a week for over six months. These interactions with veterans and staff served to establish trust.

However, the research project was not approved by the Veterans Administration because they felt psychodrama was too powerful a modality to be used at an outpatient center. The psychodrama team met with outreach staff to discuss limits and safety and decided to use sociodrama instead of psychodrama.

J. L. Moreno (1946) defined sociodrama as a deep action method dealing with intergroup relations and collective ideologies. Blatner (1973) stated that Moreno's sociodrama is a form of psychodrama enactment that aims at clarifying group themes. Sociodrama does not focus on an individual personal dilemma. A person may participate as a protagonist in a sociodrama, but the focus of the group is on the role and not the person. Because of the fear that the Vietnam veteran would become too involved in the sociodrama, it was decided that the trained auxiliaries would play the major roles. The team contracted with one of the staff counselors for two sessions. One session was used to get permission from the group members to do a sociodrama and to serve as a warm up to the sociodrama. The second session was for the sociodrama itself.

Sociodrama

The combat veterans were black males between the mid-thirties and early forties in age. They were mostly underemployed or unemployed, and several had had previous psychiatric hospitalizations.

During the first sessions these veterans expressed concerns about the team not being veterans. They also wanted to know motives for a black man and two white women running a group for all black veterans. The concerns of the group members were put into action by auxiliaries taking roles of trust and mistrust. The director incorporated the psychodrama

techniques of doubling and role reversal. This helped veterans to express their fears and understand more of the psychodramatic process.

The team introduced and explained the concepts of sociodrama and psychodrama to the group. The themes were all interpersonal roles with heavy emphasis on family and societal roles. The group selected "The Vietnam veteran and the wife" for the first sociodrama. They ended by focusing on the veterans' level of commitment to returning for the following session. The commitment level was high.

As an evaluation measure of the session, the director used a spectrogram. One point in the room was for those who felt that the session had been worth their time, and at the other end of the continuum was another point representing the idea of a waste of time. Eight of the nine members went to the point identified as "worth their time." The remaining veteran's position was close to, but not at the very end, of the continuum. In sharing, one veteran's comment illustrates the impact of the initial session: "You know I haven't smiled since 1977, but tonight you all made me smile; there is something in this."

At the second session there were seven veterans present, four of whom had not been at the first session. After a careful warm up to the idea of roles, the group went into exploring the roles of the veteran and the wife.

Just as "G. I. Joe" was the slang term for WW II veterans, this group gave the title of "Y'all" to represent the typical Vietnam veteran. The title of "Miss Lady" was given for the role of the young wife. As the group progressed, the auxiliaries enacted tableaux of their courtship, draft notice, life in Vietnam for "Y'all," home life for "Miss Lady," and the return home. The director had the veterans, as audience members, make doubling statements for the characters at various times. One particularly poignant scene occurred as the veterans began to chant in the war scene, "Y'all, who got it today?"

The action focused on the deaths of buddies, relationships with the Vietnamese, and letters home. It continued on through the veteran's return home to an unsympathetic wife. The group members were extremely active in statements given in the returning home scenes. At certain points veterans jumped up and took the role of "Y'all" or "Miss Lady" to express some of their stronger statements in an interactive dialogue.

With all the precautions to minimize involvement, veterans were still very emotionally caught up in the session. The team spent several hours working with individual veterans in the sharing phase to help clear up such issues as death of a friend, rage against a wife, problems

with family members around drugs, and initial sharing of individual losses rarely expressed.

The evaluation of the second session was done orally by the veterans with permission given for the oral evaluation to be taped. Two questions were asked:

1. On a scale of 1 to 10, how would you rate this session?

The numerical ratings averaged an 8, with a range of 5 to 9, out of a possible 9. Veterans felt 10 represented perfection, and nothing was perfect in life.

2. Do you feel this process would work for other Vietnam veterans? If so, why? If not, why not?

One veteran stated that it gave him a chance to open up and get some pressure off. In counseling he felt he was feeding in, but in action he felt he could feed in and also get feedback. Another felt he could talk and discuss for a long period of time, but seeing the actions made expressing his feelings easier. Several veterans said that they got to see and express feelings for both sides, veteran and wife. They said this helped them understand information about these roles that they had not previously put together. The main theme of evaluation for the session can be summed up in a comment from one veteran:

“This session was very beneficial; those were scenes and roles we don’t play out every day or tell our family. We need more sessions like this. I felt helped.”

Public and veteran safety is the key word when working at an outreach center. The team approach is highly recommended. It is suggested that the team be composed of three trained psychodramatists: One to act as director and the other two to take major auxiliary roles. The team approach provides auxiliaries to take major roles, thus enabling the veterans to keep their emotional distance.

Veterans use nonverbal more than verbal messages. A team is more likely than a single leader to stay aware of these nonverbal emotions and have veterans deal with them before leaving the session and going home.

Sociodrama is recommended over psychodrama when first working with an outreach population. Sociodrama gives the veterans a collective look at their role in society. It helps in giving structure to sessions and in increasing group cohesion. Auxiliaries in roles should be clear in incorporating doubling statements from veterans. This participation helps keep high the group ownership of the collective role. Role reversal, doubling, returning to the scene, and the use of sociometry are

psychodramatic techniques that work well with veterans. The sharing phase revealed that even though auxiliaries took the major roles, veterans experienced a lot of feelings. Moreno's (1946) concept of psychodramatic shock comes into play here. Since veterans leave the center after the session and go home, it is extremely important that veterans achieve closure. The team should be prepared to stay, extending the session until the emotions of the veterans are expressed and dealt with.

The major problem discovered in this project was that of veterans not returning for followup sessions. One of the outreach counselors reaffirmed this finding and felt this to be a major problem at this center and for anyone running groups. He felt longer sessions were better because veterans once present would stay for hours. It is recalled that Moreno used to run marathon sessions, and perhaps this is a possible answer to the treatment for Vietnam veterans. A day-long workshop could be designed where veterans are introduced to sociodrama, and then hold a sociodrama with the possibility of going later into individual psychodramas. This might be a way to approach the above-mentioned dilemma.

Clinical practice and research with psychodrama and the Vietnam veteran is needed. It is our hope that this project will serve as an incentive for more research. Combining psychodrama with the particular needs of veterans makes for powerful interactions. If the readers of this journal direct their spontaneity and creativity toward this potentially fruitful field, there may emerge guidelines valuable alike to veterans and psychodramatists.

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