

The Potential Abuses, Limitations, and Negative Effects of Classical Psychodramatic Techniques in Group Counseling

ROBERTA KANE

ABSTRACT. To be effective in group counseling, a psychodramatist must be highly knowledgeable, experienced, and well trained. The impact of inappropriately applied psychodramatic techniques implemented by inept or inadequately trained psychodramatists can be damaging to clients' mental health, especially those clients who are emotionally vulnerable. This article, the result of both a review of literature and personal observations, illustrates some of the pitfalls of classical psychodrama and seeks to prevent psychotherapists from abusing or misusing psychodramatic techniques.

CONSIDER SHAKESPEARE'S WORDS in *As You Like It*: "All the world's a stage, And all the men and women merely players: They have their exits and their entrances; And one man in his time plays many parts, . . ." (2.7.139-142). J. L. Moreno, founder and developer of psychodrama, could have quoted Shakespeare in defining his action-oriented, drama-based therapeutic approach. To Moreno, throughout real life (the world's stage), people (players) assume (perform) a variety of roles (parts).

In therapeutic settings, however, it is the psychodramatists who are responsible for helping their clients "play out" their roles to accomplish positive or constructive outcomes. To be an effective psychodramatist requires that one have a considerable amount of knowledge, expertise, and practical experience. In group counseling, the impact of inept, inadequately trained psychodramatists or their inappropriate application of psychodramatic techniques can be harmful to clients, especially to those who are emotionally vulnerable. Practitioners, therefore, need to be keenly aware of the pitfalls of this powerful and intense action approach to therapy. In illustrating classical psychodrama's potential abuses, limi-

tations, and negative effects on clients, I would like to offer an informational alert and warning signal to prevent therapists from future misuse of psychodramatic techniques.

Setting the Stage

Moreno founded psychodrama in the early 1920s, basing it on his earlier work in psychotherapy, improvisational theater, and sociometry. He defined classical psychodrama as "the science which explores the 'truth' by dramatic methods" (cited in Fox, 1987, p. 13). Moreno believed that "creativity and spontaneity affect the very roots of vitality and spiritual development, and thus affect our involvements in every sphere of our lives" (cited in Blatner, 1973, p. vi).

In other words, over-intellectualization of our repressive society has robbed us of our playful "spirit of childhood" (p. 2). We neglect our "creativity, spontaneity, drama, horror, playfulness, ritual, dance, body movement, physical contact, fantasy, music and nonverbal communication" (p. 2). Classical psychodramatic techniques can restore opportunities to express these characteristics as we explore and attempt to solve personal problems.

Davies (1987) agrees with Moreno that classical psychodrama "represents the first organised application of dramatic action to the solution of interpersonal problems and to the growth of individual—or group—awareness" (p. 105). Moreover, Davies continues, in addition to the idea that Moreno was "deeply concerned with the philosophical and spiritual roots of our social being" (p. 105), he viewed the human condition as a struggle to establish a balance between our spontaneous side (our creative urge toward self-expression, play, and experimentation) and our institutional side (our position within the social matrix or social atom). For example, Moreno felt that excessive spontaneity could lead to "personal or social disintegration . . ." but "a pathological suppression of spontaneity could cause damage by its inflexibility and dehumanizing rejection of all that is most sensitive, creative, and adaptive in us" (p. 105).

Moreno did not believe that classical psychodrama was totally divorced from the psychoanalytic method. He explored the conscious and unconscious within a social context. It is active exploration, however, not description and interpretation, that is the main focus of classical psychodrama (Davies, 1987). For example, the distant relationship between the therapist and client in developing and interpreting transference in psychoanalysis is not a characteristic of classical psychodrama. In classical psychodrama, the aim is to create a "therapeutic alliance" (p. 112),

or tele, between the therapist and the client to encourage more risk taking and self-disclosure.

Moreno saw "the deeper representational, social-psychological nature of the dramatic experience" (Landy, 1986, p. 29). By applying role playing, for example, to psychotherapeutic practice, psychotherapy became, in a sense, a dramatic technique with a scene (i.e., enactment), a director (i.e., therapist), a protagonist (i.e., client), an audience (i.e., group members), and a stage (i.e., location of enactment). As in Gestalt and other existential theories of psychotherapy, the focus is on the here and now and creative spontaneity, and "drama is the central rather than the peripheral element of therapy" (p. 29).

Potential Abuses and Limitations of Psychodrama

Regardless of Moreno's intentions, the following information illustrates several examples of negative effects of classical psychodrama that diminish its impact as a powerful tool to facilitate perceptual and behavioral change in clients.

Lack of Empirical Evidence

Kellermann (1987) admits that "practitioners of psychodrama traditionally rely more on clinical experience than on experimental research data when advocating the effectiveness of this method. As a consequence, psychodrama literature mostly includes descriptive rather than empirical studies" (p. 459). Although he gives no explanation of why this is so, Kellermann notes that "the tests that were specifically designed by Moreno and his students to measure psychodrama, such as spontaneity and creativity tests, role tests, social atoms, and other action tests, are almost nonexistent in the literature of experimental research" (p. 467).

With regard to validation, Moreno (1968) defended the idea that "the validity of psychodrama does not require proof beyond its face value" (p. 3). To him, honest client reporting and careful observation by the therapist were sufficient proof of reliability and validity. He claimed that further validation was unnecessary as long as therapists and their clients were not predicting future events.

Moreno (1968) maintained that "one can state with certainty that what matters is that the actions and decisions are valid for the participants themselves at the time when they are experienced" (p. 3). In its here-and-now context, classical psychodrama explores the past, present, and future to increase awareness and establish options. Real-life outcomes, however, cannot always be correctly anticipated. Unexpected events hap-

pen; therefore, clients should not live with false expectations because of unpredictable therapeutic outcomes.

It appears also that Moreno conveniently chose qualitative over quantitative measurement despite Kellermann's (1987) claim that quantitative tests for psychodrama existed at one time. Blatner (1973) admits that "rigorous theoretical and empirical research" and the "validation of properly-controlled outcome studies" (p. 25) in psychodrama are lacking.

Unsuitability of Population

Moreno viewed classical psychodrama as having universal appeal and applicability. He did not want psychodrama to become "a limited activity, a highly specialized therapy available only to selected groups in certain conditions" (Davies, 1987, p. 110). Too much universality, he felt, might diffuse and decrease classical psychodrama's viability as a significant psychotherapeutic technique once its principles had been scrutinized more closely by researchers and practitioners.

Corey (1985) cites several psychodrama experts (e.g., Blatner, Leveton, and Moreno and Elefthery) who suggest that "psychodrama should be used very carefully, if at all, with acting-out individuals, with a seriously disturbed population, or with a sociopathic population" (p. 211).

In his summary of the outcomes of 23 studies related to empirical classical psychodrama research that were carried out between 1952 and 1983, Kellermann (1987) discussed only three variables of the many that affect outcome. According to Kellermann, some practitioners believe that classical psychodrama is an appropriate therapeutic approach for all mental disorders. Other practitioners feel, however, that classical psychodrama is appropriate only for "those who are able to enter into the complex . . . psychic rituals of the psychodramatic setup" (p. 464). For some clients, the physical and emotional catharsis during psychodramatic enactment can be too draining—especially if the director/therapist is not expert, the closure is mishandled, and no insight is gained.

Kellermann's (1987) findings support classical psychodrama as a "valid alternative to other therapeutic approaches, primarily in promoting behavior change with adjustment, antisocial, and related disorders" (p. 467). He suggests, however, that the empirical evidence is too incomplete to determine population suitability conclusively.

All psychotherapists, regardless of their therapeutic approach, should consider population suitability in group counseling situations. Classical psychodrama, however, seems to call for extra attention to population suitability because of its complex dramatic nature, its intensity, and the active emotional *and* physical participation of clients.

Inadequately Trained or Skilled Psychodramatists

Corey (1985) insists that "it is essential that the director [of a classical psychodrama] have theoretical, technical, and practical knowledge of psychodramatic technique" (p. 210). Langley and Langley (1983) describe psychodrama as a complex method; therefore, "adequate training is imperative," and "until the structure has become a part of us, we cannot use it to its maximum effect" (p. 20).

Consequently, practitioners are inadequately trained if they do not go through the rigorous procedures of establishing a theoretical base of knowledge regarding group process and dynamics, psychology, personality, therapeutic processes, and drama. In addition to this knowledge base, a practitioner should have extensive experience, under training conditions, as an observer of, a participant in, a monitored and, finally, a solo leader of classical psychodrama group sessions.

I suspect that some practitioners attend one or two psychodrama sessions at professional conferences and then, in their eagerness, adopt psychodramatic techniques into their private practices without gaining any further knowledge about (or experience with) the method. This behavior violates the ethical code regarding expertise—practitioners should never engage in special areas for which they are not trained and do not have credentials.

Sometimes, the inadequately trained psychodramatist who does not understand the entire classical psychodramatic process is likely to become disorganized. The psychodramatic session, therefore, could become fragmented and clients could become confused about their roles and how they fit into the process. Meanwhile, the practitioner tries to juggle the therapeutic and the dramatic components at the same time and runs the risk of failure.

Moreno might have had the ability "to judge the capacity of the protagonist to move into sensitive areas successfully allowing him to work at depth, often with little previous knowledge of the individuals involved [in a classical psychodrama] and even in public sessions" (Davies, 1987, p. 112). The inadequacies of other psychodramatists, however, could be more detrimental to the client than the effect of the techniques themselves. Blatner (1973) therefore recommends that the practitioner "build a broad armamentarium of skills" developed with "humility and commitment . . . and a depth of ability with which to apply them, for mere technique is not enough" (p. 4).

Misunderstanding of Process and Purpose

For a classical psychodramatic enactment to work, a substantial amount of trust and cohesiveness must be established between the direc-

tor and the group. The building of trust and cohesiveness is not an instantaneous process and, in fact, can take a long time. A warm-up session or two seems inadequate to form the strong bonds necessary if directors are to be entrusted with the very hearts and souls of protagonists and other group members.

Sometimes, the complex psychodramatic process becomes the end rather than the means in counseling. The therapist, protagonist, auxiliaries, and audience become too caught up in a complicated process from which they are unable to derive substantial benefit. In other words, the director and participants become more involved in the intricacies of the drama than in the process of a therapy that includes dramatic techniques.

Some practitioners confuse classical psychodrama with psychodramatic activities that now have other names and purposes. Thus, although some educational drama activities are derived from psychodrama techniques, their intention or purpose is nontherapeutic. For example, Pearson-Davis (1989) used role playing and other psychodramatic techniques as part of her developmental drama experience with mentally challenged adolescents.

Misuse of Technique

Even though Yablonsky (1968) notes that the psychodramatist is a group member and a participant, as well as the group's leader, the classical psychodrama setting can create a perfect forum for directors/therapists with personality traits that are over-controlling, manipulative, and authoritarian. With such therapists, the clients are virtually a captive audience, and the psychodramatic enactment becomes the scene of countertransference, which Blatner (1973) calls "pathological spontaneity" (p. 91).

In other words, the psychodrama loses its client-centeredness when the director takes a role that is too active (e.g., determines content of the interaction rather than remaining directive in helping clients explore problems through a variety of methods). Play directors may manipulate actors to fabricate roles for the sake of art and drama, but this technique is not acceptable for the psychodrama director/therapist, whose role is therapeutic. Clearly, classical psychodrama should not become a substitute for a frustrated theatrical director or actor who unwittingly trades professional acting or directing for a helping profession.

To some practitioners, classical psychodramatic techniques appear to be simple and easy to apply. As a parallel example, some people believe that writing, acting, and directing require no special skills, talent, or theoretical knowledge base. Although experts in the field warn that training, knowledge, and extensive practical experience are essential (e.g., Blatner, Langley & Langley, Corey), some practitioners employ psychodramatic tech-

niques as if the approach is both simple and simplistic. Practitioners may also use a public forum (e.g., a professional conference session) to display intense psychodramas for their own commercial purposes. This directly violates the client-therapist relationship and confidentiality (even if the participant gives written or oral approval). Psychodrama demonstrations should be reserved for training sessions under very controlled conditions.

In the catch-all name of eclecticism, the classical psychodramatic method is sometimes used inappropriately. Therapists today may feel pressured to employ an action-method in their therapeutic approach, rather than a strictly psychoanalytic talk technique. If psychodrama happens to be the "trend of the day," then practitioners may adopt it as their "approach of the week" without considering its appropriateness or their own training, background, and experience.

The classical psychodramatic therapeutic process may provide a spontaneous, sudden, short-term breakthrough for a client (i.e., protagonist). Often, however, not enough time is spent working through and integrating what transpired in a session for the therapeutic process to have a long-term effect on the client (Corey, 1985), or directors may miscalculate the intensity of a client's problem. The director may develop an entire psychodramatic enactment, but once again short-change the amount of time available to integrate and bring to closure the emotional components of the scenario. The client (protagonist), as well as other group members, can be left with too many emotional strands exposed.

It is psychologically dangerous to leave an enactment dangling. Even if a problem or conflict has not been brought to full closure, the client must be able to function at least well enough to make it to the next session. The action of the enactment may take place so quickly that there is not sufficient time for the participants to reflect on what occurred. Parallel to this, some therapists do not provide a mechanism for follow-up of the classical psychodramatic process. Consequently, because of the director/therapist's lack of expertise, evaluation, follow-up, and follow-through are shortchanged again.

Inadequately Trained Supporting Players

Role playing is just that—playing a role. Its impact and importance as a therapeutic technique in classical psychodrama diminishes, however, if the protagonist and auxiliaries are insincere in their role portrayals. Unfortunately, honesty and sincerity are difficult to measure; thus, the purpose and outcome of a classical psychodramatic enactment can turn out to be an invalid effort. Sometimes, honesty or sincerity are not lacking, but the inexperience of the auxiliaries negatively influences enactment

outcomes. Using professional auxiliaries could remove some of the pressure of inadequate training. Trained professionals know how to respond and they are “sensitive both to the psychodramatic process and to the technical and emotional demands of acting” (Landy, 1986, p. 124).

Recommendations

The amount of research that explores classical psychodrama’s limitations and abuses, especially if its techniques are inappropriately or incorrectly applied in therapy, is insufficient. Furthermore, the negative characteristics associated with classical psychodrama are not always the fault of the method or the process. They relate, instead, to the people involved in the techniques. My overall conclusions are that (a) therapists using the classical psychodramatic approach should increase the amount of empirical research by generating more quantitative and qualitative studies, and (b) the burden of responsibility for the success or failure of the classical psychodramatic method belongs primarily to the director/therapist.

My recommendations for improving the quality and quantity of future psychodrama research include the following:

1. Increase and update the number of quantitative research studies in classical psychodrama
2. Design research studies that focus on issues such as suitability of technique to population and the relationship between directors’ expertise and enactment outcome
3. Eliminate, or at least diminish, limitations of measuring instruments and obtained results in quantitative studies
4. Diminish the subjectivity of measurement
5. Combine quantitative and qualitative means of measurement and evaluation of psychodramatic issues

I recommend also that (a) practitioners acquire a substantial amount of theoretical knowledge, training, and practical experience before assuming the role of psychodramatist; (b) therapists increase confidence in the psychodramatic approach by reporting more of their group experience in journals and at conferences; and (c) practitioners consider many variables, along with population suitability, before engaging in the emotionally intensive psychodramatic process.

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ROBERTA KANE completed her doctorate in education last summer at the University of Toledo.

Date of submission:
April 10, 1990
Date of final acceptance:
January 31, 1991

Address:
Roberta Kane
The University of Toledo
2801 W. Bancroft Street
Toledo, OH 43606