



# Psychodramatic Techniques in the Brief Treatment of Inpatient Groups

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Psychodrama is a treatment developed chiefly by Moreno (1946). It enables the patient to explore the psychological dimensions of his problems through enactment of various conflict situations, in addition to talking them through. Employed in a wide variety of settings, the dynamics of psychodrama are similar to those of conventional psychotherapy and group-centered therapy. Some of the terms commonly encountered include: the *protagonist* or subject of the psychodrama, who portrays his own life situation; the *auxiliary* or *auxiliary ego*, who portrays someone in the protagonist's life such as a spouse, employer, or another part of the protagonist; the *director* or therapist/group leader, who guides the protagonist in exploring his problem; and the *audience* or others present during the psychodramatic re-enactment.

This article describes some of the action techniques employed by a director of psychodrama in the final session of inpatient groups. Termination of a group may be an abrupt experience or it may involve a more gradual phasing out process. An example of an abrupt termination occurred when co-author, Helene Weisz, was a member of a group which had been meeting weekly for two years. One day, the director of the group announced, "You graduate; call if you need me." Amidst surprised protests, the director's sole response before she turned away was, "That is only your anxiety about graduating." Several years later, Weisz experienced a more gradual termination when the chief of the Day Hospital program, in which she was employed as a director of a psychodrama group, called her in shortly before the group meeting she was directing

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at the time. "We want to transfer you from the Day Hospital program to the inpatient program," she was told. "Will you need four or six weeks to say 'good-bye' to the members of your group?"

Regardless of its length, the termination of a group arouses separation anxiety in members and directors alike, for one knows that the day one starts in therapy, one is preparing to separate. Psychodrama is a powerful technique to prepare the patient and other group members for the experience of termination and the transition from hospital to home. Two examples of this approach follow.

### **Case I: Inpatient Psychiatric Group**

**Director:** Who is going home this week?

**Patient:** (A very withdrawn woman speaks up.) I am.

**Comment:** The director is aware that she has rarely spoken in group. She has been with her hospital family for three weeks and this is the final chance to involve her.

**Director:** How are you getting home?

**Patient:** My husband is picking me up, then we'll go to pick up my children at my mother's home.

**Director:** (Beginning to move the group members into action.) Pick someone to be your husband, someone else to be your mother, and others to be your children. Before we show your homecoming, who do you want to say good-bye to here?

**Patient:** There have been so many patients and staff who have been helpful to me, but I've been too shy to say anything.

**Comment:** The director looks at the man selected as the husband and tells him to act as if he were picking his wife up, and the role-play begins.

**Husband:** Are you ready to leave?

**Patient:** (Role-plays packing her suitcase and goes over to patients who are taking the role of nurses and staff; she thanks them for the help she has received. As she makes the rounds of the patients, she shakes the hands of some, hugs a few, and tells others what she has learned.)

**Comment:** The group members are giving her a fond send-off. She is terminating and readying herself to say hello to her children and to re-enter her home and workplace. "Good-bye" and "hello" are very connected. The patients who are not going home warm up to many feelings and a lively discussion follows.

### **Case II: Inpatient Substance Abuse Group**

Termination for the person in a substance abuse group is often the first positive completion act in many years. Marriage, work, and other life tasks have been left incomplete or destroyed by the addiction. The termination is filled with changes. Sobriety is on top of the list, and all the implications of meeting life situations in a clean state is the focus of the session. The person is filled with both fear and joy, great optimism and great pessimism. The patient is leaving people she or he has shared more with than anyone else, perhaps ever in her or his life. The patient is leaving 21 days of clear-headedness, care, love and acceptance, and most of all, encouragement. Most patients recognize that this is just the beginning of recovery. This is a program of how to change mistaken life-style goals.

**Director:** Who is being discharged?

**Comment:** Three people raise their hands.

**Director:** Who is leaving first?

**Comment:** A 23-year-old cocaine addict is leaving Saturday.

**Director:** What are your plans on discharge, Joe?

**Patient:** Ninety meetings in 90 days. Return to work this Monday. Go to traffic court Tuesday. Get my work shift changed from midnight to days. (Patient then chooses people to play the roles as he acts out the hectic schedule.)

**Director:** Who feels worried about Joe?

**Comment:** Hands go up. The group works together to help Joe slow down. They ask him if he has a sponsor. They review the traits and characteristics of an addict. In many ways this termination is a review of everything each patient has learned about chemical dependence. Further, it affords patients an opportunity to show support to another person and to

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express and discuss the new feelings flooding them. This termination merges into classroom work as each person reflects on how much knowledge each has absorbed. The role-playing is explicit and revealing.

### Specific Psychodramatic Techniques

In each situation, psychodramatic methods such as *future projection*, *role reversal*, the *mirror*, and the “*behind-the-back*” technique are used (Starr, 1977). In the first case of the patient leaving the hospital, the *future projection* method would place the patient at home. It may be that family and friends are in this scene, and the patient is helped to deal with her anxiety about explaining her hospitalization. Through *role reversal* the patient will show how she anticipated being received by family and friends. When the patient is asked to play herself and to play the other in repeated reversals, often she is able to recognize her conflicted relationship and her role in it. This situation may reveal positive as well as negative expectations of the patient surrounding her arrival at home. For example, the patient takes the role of the mother and in that role greets herself warmly. The director and group applaud. The patient has shown confidence. Role reversal serves to clarify expectations and hopes for the homecoming. Ideally, a termination session should end on a happy note.

Basic to psychodrama is the *mirror* technique of seeing ourselves as others see us. Used in the second case with Joe, it might look something like this.

**Director:** Who remembers Joe when he started the program? Joe, come sit beside me and let us watch the members show how you were. Then we will ask them to show you as you are now.

**Comment:** Someone steps to the front of the group and assumes the body position and verbal manner of Joe when he first entered treatment. The same or another member may then replay the scene as Joe presents himself now. The director’s responsibility is to protect the patient. She or he may do this by checking out the role-playing of the members with the patient.

**Director:** Do you remember it that way? Is it fair? Do you want to show us how you think it was different?

**Comment:** The session can end with the patient acknowledging the group’s interest in showing him how he looked to them.

Another method, similar in purpose, is the “*behind-the-back*” tech-

nique. Briefly, the patient pretends to leave the room and the remaining group members act as if he weren't there. The group members talk about his behavior then and now, with the utmost of truthfulness and candor. The patient returns to the room and admits to having overheard the discussion. He is given the time to respond.

Finally, the action technique of shaking hands, hugging, blowing kisses, and verbalizing good-byes is the customary way of leaving a group, and the director can make good use of it.

### **References**

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- Moreno, J. L. (1946). *Psychodrama*. Vol. 1. New York: Beacon House.  
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