

# Introduction to the Special Issue on the Treatment of Couples and Families With Psychodrama and Action Methods: The Case of Generic Psychodrama

When, in the first half of the 20th century, J. L. Moreno proposed the structure of traditional psychodrama, it pertained, primarily, to the composition of the individual treatment session. Moreno (1964) described the individual psychodrama session as having three phases: the warm-up, the action portion, and the sharing phase, which is the part that brings the session to closure. In the early days, adherence to this internal structure was not rigid, and there was an overlap between the phases. In the ensuing years, however, some of Moreno's students provided more detailed descriptions of the dynamics and characteristics of each phase and drew clearer boundaries between them (e.g., Blatner, 2000; Kipper, 1986; Starr, 1977; Yablonsky, 1976). For instance, the action portion was composed of several scenes, all connected by clues generated either by the protagonist or the auxiliaries. The plot of the scenes within the action phase was to be in an upward, ascending manner with progressively increased involvement, reaching a peak before the end of this part of the session (e.g., Hollander, 1978). For the most part, the focus on the single session and its internal composition remain the foundation, the core, of contemporary practice. In an analysis of psychodrama case illustrations published in the last 25 to 30 years, Kipper and Hundal (2003) wrote, "Regardless of the version of the psychodrama model being practiced, the rationale for the practice retained three characteristics. The session is based on role-playing enactment, focused on one protagonist, and the single session has a predetermined (usually three phases) structure." (p. 143).

Among the characteristics of psychodrama, the use of role-playing enactment became the hallmark of this psychotherapeutic modality. Indeed, there has been a pervasive notion among contemporary psychodramatists that because psychodrama is a psychotherapy based on role playing, enactment is always preferable, even advantageous, to nonaction verbal interactions. The maxim “actions speak louder than words” seems to have turned into “action (always) speaks better than words.” The elevation of the importance of role-playing enactment to such a high level is also manifested in spontaneity training. Psychodrama trainees are taught that spontaneity is best evoked through enactment. Most practitioners conduct the warm-up phase (the part of the session that is supposed to produce spontaneity) using action and role-playing exercises, rather than having the group members sit and talk. In fact, there is no evidence that actions always speak better than words, and clinical experience disputes the veracity of such a belief. In his defense, Moreno, the originator of psychodrama, made no such claim. Quite to the contrary, he asserted that it is incorrect to assume that spontaneity is best associated with action. Moreno made this point abundantly clear when he wrote:

Spontaneity is often erroneously thought of as being more closely allied to emotions and action than to thought and rest. This bias probably developed because of the assumption that a person cannot really feel something without at the same time being spontaneous and that a person who is thinking can have a genuine experience without spontaneity, but this is not the case. . . . As we know now these are fallacies. Spontaneity can be present in a person when he is thinking just as well as when he is feeling, when he is at rest just as well as when he is in action. (Moreno, 1964, pp. 111–112).

During the last 25 to 30 years, there has been a growing realization among psychotherapists of all theoretical persuasions that different psychological dysfunctions require different therapeutic interventions. It became clear that, contrary to the old belief, no one therapeutic format is best suited to deal with all forms of psychopathology. To maximize effectiveness, more dysfunction-specific treatment varieties are required. This change of approach is also becoming evident in the practice of psychodrama. New models of psychodrama intervention are being proposed for different psychological disorders. These dysfunction-specific interventions depart from the classic psychodrama in at least two ways. First, they involve much more verbal interaction, which is interspersed between the enactment. Second, they may not follow the traditional internal structure of the session or the flow of the scenes within the action phase. Recent examples of this development are evident in the work of Hudgins (1998) in the treatment of trauma, the treatment of clients with intellectual disability (Razza & Tomasulo, 2002), and the incorporation of cognitive behavior techniques in psychodrama (Treadwell, Kumar, & Wright, 2002).

These new developments suggest that we may witness a shift from a model of psychodrama intervention based on the classical approach to one that may be described as generic psychodrama. Generic psychodrama, when compared to the typical session of the classical model, has different requirements with regard to the conduct of the individual session. The individual session may still contain the traditional three-part structure—the warm-up, the action, and the closure, but these are not conducted as discrete parts. Rather, they flow as one continuous phase. The last part of the session in the generic model involves feedback and analysis of the lessons gleaned from the session rather than the traditional sharing. Most important, the action part is not necessarily based on different scenes from the past. Instead, it involves the enactment of feelings, thoughts, and behaviors in the here-and-now, in the therapist's office, rather than on the psychodrama stage.

The first two articles in this issue represent the use of psychodrama interventions that illustrate the generic model (a term that is mine, not the authors'). The characteristics of the treatments described in the articles are as follows:

1. The treatment is of one couple (or one family), usually a married couple, rather than a group of strangers.
2. The role playing does not necessarily follow the classical internal structure of a session.
3. There is a considerable amount of discussion and reflection about the enactment on the part of the therapist.
4. The therapist or the cotherapist takes the role of the auxiliary in role reversal, and doubling.

The two articles illustrate the treatment of couples similar to the one described by Moreno early in the 1960s. In his famous film featuring a psychodrama of a married couple, he illustrated a similar format. In the absence of a group, the therapist can invite a professional auxiliary (in the film, it was Zerka Moreno) to participate.

In the first article, Eva Leveton describes the treatment of two couples, when only one therapist is available. She focuses on the issue of mutual blame, which is so common among couples beset by a strained relationship. Leveton takes the reader through the process of helping each member of the couple to be open with himself or herself and with the partner and to see personal behavior from different perspectives. The author presents two vignettes to illustrate her treatment approach. As the reader will notice, the use of a double is the primary psychodrama technique in the treatment of the couples. The double is a versatile technique that offers myriad possibilities. Leveton also discusses the theoretical issues concerning crossing the boundaries when the therapist becomes an auxiliary, a phenomenon typical in situations in which only one therapist is available.

The second article, by Chris Farmer and Marcia Geller, contains a description of the treatment of couples when two therapists are present. One serves as the therapist, and one is a cotherapist (auxiliary). Obviously, the availability of two therapists creates different dynamics from those described in the first article. To illustrate their approach, Farmer and Geller provide five clinical vignettes. They use psychodrama techniques within the theoretical framework of Bowen, which is one of the most popular family treatment approaches. The reader will notice the extensive use of the role-reversal and double techniques.

The third article, by Daniel Wiener and Laurie Pels-Roulier, is an extensive review of action methods techniques and exercises that have been described in family therapy literature. Unlike Farmer and Geller in the previous article, the authors do not present any case illustration or clinical vignette. Instead, they describe an array of action methods interventions. The authors distinguish between psychodrama-influenced techniques and those that were not inspired by psychodrama. The later were developed and used in approaches that differ from psychodrama in their underlying premises, structure, design, and implementation.

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