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Notes about Psychodrama, Sociometry and Group Psychotherapy For participants of the NASW-NYC Conference June 8, 2023

In this workshop I plan to use experiential and action methods, drawn from classical Group Therapy, Sociometry, Role Play and Psychodrama. I thought that the notes below could serve as an introduction. Also included is a brief bibliography list for those who would like to learn more about the subject.

Jacob Levi Moreno, MD (1889-1974), the creator of psychodrama, began exploring his novel ideas as a medical student in Vienna in 1911-1917. In 1932, he introduced Group Psychotherapy to the American Psychiatric Association. As he always viewed patients in their context, Moreno is also considered one of the earliest pioneers of Family Therapy. His theories and methods represented a departure from traditional psychoanalytic thought and postulated that we learn through action and interaction and thus we heal. Moreno stated that interpersonal and intra-psychic issues leave an imprint on the body long before the body-mind paradigm became widely accepted. In demonstrating how the drama of the body can reveal and heal both physically and emotionally he famously said: "The body remembers what the mind forgets." He described the goals of psychodrama as threefold: achieving a perceptual shift, emotional expression and behavioral change. Moreno developed many techniques, aimed at facilitating spontaneity and creativity, which, in his formulation, were the cornerstone of mental health.

The Origins of Sociometry and Psychodrama

Conducting a psychodrama training session usually requires enough time for the three phases: Warm-up, enactment, closure and sharing. Since most of our work together is experiential, I thought it important to offer some information about the creation of this method. This is also done because most schools and training programs do not teach it, in spite of its direct influence on various important schools of thought in sociology, psychotherapy and social work.

Psychodrama is applicable to all treatment modalities but is especially powerful in group therapy. Its origin is traced (Blatner A. 2000) to 1911, when J.L. Moreno was a student and later practiced in Vienna. As Moreno observed children at play in a city park, he was

fascinated by their creativity and freedom of expression. Watching closely, he also noted the positive emotional effects on those engaged in enacting their fantasies, emotions and concerns. He then would tell them stories and have them play various roles. This led to future experimentation in improvisation techniques, involving the children and, at times, their parents. At age 32, he created The Theatre of Spontaneity, which was open to the community. Creating and enacting dramas that were neither scripted nor rehearsed was viewed both as artistic and therapeutic.

During his training as a psychiatrist, the prevailing school of thought was psychoanalysis. Moreno considered this approach as too narrow. In a meeting with Freud, he stressed the importance of working with people in their homes and their “natural” surroundings, not to analyze their dreams, but to “encourage them to dream again”. Working with people in their context was a radical departure from the predominant psychoanalytic method, which involved one patient in the analyst’s office.

Another concurrent venue where Moreno continued to develop his ideas, reflective of his originality as an independent thinker, creator and activist, was his work with prostitutes. Appalled by their living conditions, humiliation and harassment by the police, he initiated what may be defined today as community organization and group therapy. Along with a physician specializing in venereal disease and a newspaper reporter, Moreno visited their homes “not to reform the girls or analyze them, but rather to return them to some dignity” (Moreno, 1946). He felt driven to help them, he wrote, “because the prostitutes had been stigmatized for so long as despicable sinners and unworthy people...they had come to accept this as an unalterable fact.” As the initial meetings with their group focused on concrete problems such as lack of medical care, Moreno discovered the healing power of group sharing, noticing that they were feeling less isolated, more identified with each other and empowered to seek medical treatment when needed. This experience led to more elaborate formulations of what later became known as group psychotherapy.

In 1925, Moreno immigrated to the United States and continued the theoretical work, which he named Sociometry (Moreno, 1934). Serving as the scientific backbone for Psychodrama, Sociometry set out to measure experiential networks of connectedness through attraction, repulsion or neutrality, which are all present in social interactions. During the 1930’s he researched his ideas and explored their applications in many clinical settings and professional conferences. Challenging contemporary axioms of psychotherapy, which followed the medical models of pathology and cure, Moreno’s ideas were to be co-opted decades later by Family Therapy theorists and practitioners as basic tenets of System Theories. “The change of locus of therapy...means literally a revolution in what was always considered appropriate medical practice. Husband and wife, mother and child, are treated as a combine, often facing one another and not separate, because separate from one another they may not have any tangible mental ailment”.

Structure of a Psychodrama Session

As a group model, psychodrama involves enactment of internal or external issues and conflicts from the past, present or the future. The process consists of three distinct phases:

Warm Up – Group exercises aimed at facilitating safety, openness and spontaneity.

Enactment – staging of the scene(s).

Sharing – Closure, and deepening of group support.

In conducting the session, the therapist (director) utilizes group therapy, sociometric and psychodramatic techniques (e.g. doubling, role reversal, mirroring, sculpting). Revisiting problematic scenes with the help of a skilled director and group members has a powerful healing effect in all three levels that are essential for therapeutic change: cognitive, emotional and behavioral. The protagonist whose drama is enacted not only benefits from emotional expression and new insights, but also has an opportunity to acquire new behaviors relative to problems from the past or in preparation for anticipated difficulties. Group members who play parts in the drama (auxiliaries) as well as other members (audience) also benefit from it directly or indirectly (Dayton, 1994). By sharing their reaction to the enactment and how it touches their own lives, the audience supports the protagonist and paves the way for future work.

If you have questions or feedback, please contact me.

Respectfully,
Jacob Gershoni, LCSW, CGP, TEP

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