The Place of Psychodrama in the Treatment of Alcoholism

by Robert J M Crawford

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"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..."
(Shakespeare)

Introduction

Psychodrama is a method of human relations training which is based in the theatre. Its founder was Dr Jacob Moreno, a Romanian who was educated from the age of four in Vienna, and who emigrated to the USA in 1925.

As a young student of philosophy and later medicine, his first and persisting interest was in the world of creative thinking and action, in philosophy, religion and the arts. Psychodrama arose out of his Theatre of Spontaneity, where groups of actors created unrehearsed improvised enactments of current events. A young actress, Barbara, who customarily portrayed gentle naive female roles, married George, a playwright friend of Moreno. Soon George confided in Moreno. At home Barbara was a very angry woman, whose viciousness and hostility were playing havoc with their relationship. Hearing this, Moreno gave her the opportunity to act more violent and unsympathetic characters, prostitutes and the petty criminals, which she did with such convincing effect that the other participants were at first reluctant to let her continue. But the more she played such parts, the more reasonable and tractable she became off stage. Moreno went on to bring George into the arena so that they could play scenes from their life together, and within a few months a marriage which had been foundering became a mutually satisfying and stable relationship [1].

It was from this spontaneous beginning that he went on to develop a whole range of action techniques and interventions collectively called psychodrama or action therapy.

Definition of Alcoholism

According to Griffith Edwards [2] we should abandon the term alcoholism in favour of Alcohol Dependency Syndrome. Lesser symptomatology is called an Alcohol Problem. These symptom lists and categorisations are an attempt at precision, and represent an advance on Jellineck's earlier categorisation. They represent hard data, things that can be counted and measured. The literature increasingly carries out evaluation by using operational definitions like:

- Number of drinking days versus sober days per month.
- Indicators of the presence of withdrawal symptoms.
- Indirect assessment by countable events like accidents or Drunk-in-Charge convictions.

This is appropriate for public health measures and the counting of cases, but it only measures the biomechanical side of the syndrome. When we come to consider the treatment of the individual patient who sits before us, we must attend to the emotional and spiritual presentation of his or her alcohol problem. And it is here that psychodramatic techniques may add to our repertoire of ways to assist.

If you have read Keri Hulme's "The Bone People" – her novel which won the Booker Prize in 1985, you will know it is an account of normal New Zealand life with two alcoholics, a molested child and heroin addiction. The two alcoholics are intelligent, well educated and well aware of their drinking excesses. For instance – in the pub –

> *"Motley bunch, she thinks, fishermen, farmhands, the old truckie. And bar flies ... like that are there. A big man, face purple, belly protruding, legs thick with oedema, delivering words in a permanent alcoholic stew. Sad. One in every bar. Widowed or unmarried, gone beyond taking care. I should be warned maybe." [3]*

And another passage:

> *Thank God for whisky and the seas ... the sea sweeps in and out of the tide of coming sleep.*
> *What is your breakfast?*
> *Whisky, says Kerewin sleepily.*
> *And your dinner?*
> *Whisky.*
> *And for tea?*
> *Drambuie, she says, licking her lips.*
> *And your constant companion?*
> *(Whisky, doubtless)*
> *The shush of my heart in my left ear.*
> The sea heath all my right.

The book's fascination is not the boozing but the lively description of relationships in many forms and agonies. Kerewin has lost her artistic creativity and quarrelled with her Maori family, while Joe is a grieving widower with a wayward foundling son to manage. They are lost souls who struggle on a journey that becomes a new start.

I have dwelt on this book because it seems to me that art – in particular literature – has as much or more at this point to tell us about alcoholism therapy than science. Please do not misunderstand me: science measures what it can: the danger is in thinking that if it cannot be measured now, it does not exist. I prefer to think of science as totally pragmatic. At its simplest this may come down to the principle that if a phenomenon is observed, is repeatedly re-observed, then it must have some sort of truth and be a

scientifically verifiable phenomenon. Members of Alcoholics Anonymous (AA) have a saying that alcoholism is a "physical, mental and spiritual" condition. That organisation is supported by the second Rand Report [4] as being the only treatment modality associated with stable sobriety. So we ought to listen to what they say about their methods, since objective follow up empirically supports their success. Professor Valliant in his work "The Natural History of Alcoholism" [5] also finds AA to be associated with stable sobriety, although he observed additional factors (like a new relationship), which were also predictors of recovery.

Philosophy of Alcoholics Anonymous

AA concentrates on sharing hope for recovery, acceptance of the diagnosis, "belief in a power greater than ourselves to restore us to sanity", and a thorough inventory of guilt-provoking incidents throughout one's drinking career, which are then confessed with relief. Many of my patients tell me, and this is scarcely of interest to behaviourists, that only this inventory or self-written life history makes them realise fully how drinking is the cause of so much trauma. Much of our therapy is arrived at getting the patient into a frame of mind to attempt such self-inspired link making. Psychodrama plays its part in this build-up by displaying detailed scenes and allowing deep emotions to surface.

As doctors we have no problem with the first component of AA's physical, mental and spiritual condition. We can all also acknowledge the mental component – although many doctors would prefer to leave that to the so-called experts like psychiatrists,

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psychologists and social workers. But when it comes to spirituality, most of us shy away entirely, muttering something about this being a "personal area" and nothing to do with our bio-engineering expertise.

Spirituality and Process Philosophy

I want to define this concept of spirituality, because it is central to the philosophy of psychodrama. To me this word sums up our hopes, fears, sadnesses, joys and aspirations as we journey along in the totality of our lives. The philosophy of psychodrama is essentially the defining of the relationships we have with the world, the universe and the cosmos; in other words it is essentially spiritual. To use psychodrama in alcoholism is to get your patient to use a method which helps her or him define in a practical and amazingly creative way what relationships she or he has now, wants in the future, and has been shaped by in the past.

A recent paper by Adam Blatner [6] develops this one stage further, by drawing attention to the similarity of psychodrama philosophy with modern "process" philosophy,

espoused by Alfred North Whiteheat. The word "process" refers to a view of reality that operates in term of events rather than things. The author feels this view has been increasingly validated in the work of modern sub-atomic physics.

> *"A natural extension of this line of thinking (is) that the world might be conceptualised in terms of dynamic relationships, so much so that the observational process becomes inextricably mixed up with the whatever is being observed."*

So if we are to get involved with our alcoholic patient using psychodrama (or any other way) we are part of his life for that moment or period of time. Using psychodrama we can tap the creative and the spontaneous that is in any dynamic relationship, and bring about change in that relationship. Psychodrama therefore focuses on relationships between people.

Is it allowable to present "feelings" as valid and real, especially in the course of what is supposed to be a scientific paper? Since I have mentioned feelings in a spiritual context, I want to draw your attention to one of the best regarded books on spiritual issues – The Varieties of Religious Experience by William James, written in 1902. [8] James himself as a young man had eclectic interests. His two special onces were painting and experimental science. He chose the latter and qualified in Medicine at Harvard, reading Philosophy and doing a lot of travel, including an expedition up the Amazon. He had a long experience of ill health , both physical and mental, described in the language of the times as "the dark night of the soul ... due to a spiritual crisis ... which was the ebbing of the will to live, for lack of a philosophy to live by." He cured himself by finding one, exactly as do the alcoholic heroes of "The Bone People" mentioned earlier. These "cures" are often labelled as "spontaneous" by the uninvolved observer, but on examination there is nothing spontaneous in them at all. What emerges is a newborn, evolved philosophy of living which is the result of extensive thought and interaction with others. Psychotherapy is one type of such interaction, and psychodrama a particularly graphic method of psychotherapy.

James tells us the reality of such feelings are more powerful than the reality of logic. I quote:

> *"(feelings) are as convincing to those who have had them as any direct sensible experience can be, and they are, as a rule, much more convincing than results established by logic ever are."*

Please note that he does not say it is better that our feelings may rule our intellect, only that it is a matter of fact that they often do. He goes on to point out that philosophy cannot prove the existence of God, and that this concept is essentially an emotional one, albeit absolutely at

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the core of our being.

Then, considering mysticism and conversions, he concludes that:

> *"Hope, happiness, security, resolve can be as explosive in conversion as love, jealousy, guilt, fear, remorse or anger."*

It is my contention that one use of psychodrama is to stimulate in a session intense feelings in the patient about the dynamics of his or her life. This can produce some amazing turnarounds – I hesitate to use the word conversion because of its religious overtones – and I have seen subjects suddenly experience a new vision of themselves. There are many ways of getting such a new vision of ourselves, but psychodrama has the advantage of being flexible and applicable to virtually any situation, age and degree of physical fitness.

Two Psychodrama Sessions

The First Session

The setting is a large room, and there are 28 hospitalised patients in it, either addicts or their family members. The warm-up to action occurs spontaneously when group members share their reactions to the previous session, when a patient who is a doctor had a rich drama grieving the accidental violent death of his first wife. Alan said it brought him the courage to tell the group about an incident which had haunted him for 20 years, and which was central to his alcoholism. He told how the previous night he had a vivid hallucination of a 12 year old Vietnamese girl sitting on his bed in the hospital. He knew her well: she had figured in his thoughts frequently since the day he had shot her to prevent his fellow soldiers

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from raping her. Every 6 August he had a colossal binge to blot out the memory. Every time he saw his own sister, he thought of this girl, because they were the same age. He had kept this guilty secret to himself, never telling his family. I checked that the group would be supportive of him if he worked with this situation. Everybody was.

In the first scene we recreated his hospital room – by turning out the lights except for a red spotlight, and using a mattress and pillow. Another patient was chosen by Alan to enact the role of the 12 year old Vietnamese girl. She came and sat on his bed. He looked at her, and wept. I asked him what he saw that made him weep. He said he saw the whole scene being replayed, as he had hundreds of times since. I asked him to recreate this in the dark shadows beyond his bed. He chose six large men. They enacted the scene of catching the girl who was carrying a large antipersonnel mine. The men were enraged because earlier that day two of the patrol had been killed by a similar mine. The plan was to rape the kid, then kill her. One man had his pants down while the rest held the struggling girl – but Alan rushed in and shot her to

prevent this degradation and pain, and then his mates knocked him unconscious.

I then asked him to return to his bed and address the spirit of the girl who had come to see him. He tells her he regrets what happened, bitterly. In role reversal, she tells him she is in heaven, is happy and peaceful now, and that all this is but the nature of war. He tells her that she reminds him of his sister, and I point out that all humankind are related and the same. Basically if some person dies, we are all reminded of our mortality and similarity. In this case we are reminded that the dead girl is/might be his sister. I ask the audience to link hands, in tribute to our brotherhood and sisterhood within the universe. I ask Alan to select a role player for his wife – whom he has never been able to tell about this incident. He does so. He introduces the girl to her. Using role reversals he experiences what it is like to be his wife and hear his introduction and explanation. He experiences the girl's role, hearing himself talking with her – his victim, the victim of war. The girl tells him she is in heaven and is comfortable and understands why he did what he did.

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In the final scene he tells her his plan, before he was knocked out, was to give her a military burial, since she was a soldier like him. He now organises this, selecting six men to fire the final three volley salute – one gun for yesterday, one for today and one for tomorrow. He kisses her goodbye and then in the girl's role he experiences her forgiveness of him, and feels the kiss. His wife is present throughout.

The drama ends with a total group sharing. The other participants – that is everybody because nobody is an observer in psychodrama – are encouraged to share their own emotions but are not allowed to ask questions. Many share how they admire the courage required for his actions. The patient who played the Vietnamese girl shares how at peace she feels. Alan himself say his guts are relaxed for the first time in years. There is a feeling that out of the horror, hope for a better life has come.

One year later Alan remains relaxed, involved and delighted with the session and sent me a Christmas card by way of reminding me he maintains his progress.

The Second Session

The second session begins with Margaret, here on her second admission. She has been sober for five years, but the problem is she is unhappy. One difficulty is she cannot show love to her daughter, Melanie, age 11. She says: "I can't hold her, I can't cuddle her. She asks me why I can't and I fob her off, telling her she is wrong. But she isn't wrong." Enquiry reveals Margaret has two other children and it is only Melanie she can't show her love to. She reveals Melanie is actually adopted – Melanie is her sister's child, which her family arranged for

her to adopt two weeks after her own baby had been stillborn. Margaret clearly has unresolved grief for her own baby. She also has displaced anger onto Melanie and possibly onto other elements in her family system. None of this emerged during her index admission five years ago.

I ask her to select a role player for Melanie. We have a short interaction demonstrating her relationship, after which I ask Margaret to tell Melanie to sit and watch the events shortly before/after her birth.

I ask Margaret to enact being pregnant and get in touch with her stillborn baby in utero. She lies on a mattress, and asks another group member to be the foetus. A conversation develops between mother and unborn baby. Margaret weeps as she re-experiences the trauma of carrying her baby. She asks the baby why she died. The baby's name is Celest. Celest replies she does not know. I ask who does know. Margaret replies: "Only God knows". We select a role player for God. Using role reversal, Margaret as God (played by the largest man in the room) says he had decided this was for the best. Anger blazes in Margaret's eyes. I encourage her to give him a kick if she feels like it – after all if he knows everything, he'll know this is coming. She lets fly. She is angry alright. After she has exhausted herself, I ask why all this anger is for – is it for taking Celest away, or is it in part to do with how other people organised the substitute baby. She selects role players for her husband and her father. She tells each in turn how angry she is that they forced her to take her sister's baby when she had not grieved the loss of her own.

Spontaneously she rushes across the room to where Melanie is sitting, watching. She flings her arms around Melanie, telling her how much she does love her. I ask her to look over to God, and see Celest in heaven with God. Margaret says she can see Celest is happy, and only God knows why it had to be – and he is not saying. I ask Celest to come over and join the hug with Melanie. I point out Celest will never be forgotten – but she is in the spirit realm now, and Margaret will have a different relationship with her, but this does not exclude Melanie. In role reversal with Celest, Margaret experiences being told this and experiences its truth. Celest is released back to heaven, Melanie and Margaret embrace, and we move into the sharing.

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Several women share feelings about loss of pregnancies, and relate this to their drug and alcohol intake and see the need to deal with their grief. Others comment on the beauty inherent in the resolution between Melanie, Celest and Margaret. Again there is emotional contagion, a deepening of hope, and a sense of strength that there are ways of dealing with apparently insoluble emotional matters.

In the months that follow, Margaret continues to express love to her step-daughter – now owning the truth of their relationship. Aside – we often have God present, which reveals many beliefs, and often straightens out conflicts between the punishing judgmental God of childhood or immaturity, and an adult spiritual position taking into account forgiveness and love.

An Effective Psychotherapy

A British psychiatrist, William Sargeant [12] has studied trance and conversion experiences all round the world, linking them to the experimental work of Pavlov. He has no doubt that these are real experiences, carried to the greatest extent by "brainwashing" techniques, except that brainwashing conversions do not last unless the subject is continually reinforced. A powerful psychotherapy like psychodrama could be criticised as being a type of brainwashing: this is why the Director must be sensitive and skilled, and bound by an ethical code. My opinion is that the experience of a "new vision" must be followed up with the repetition of new behaviour in keeping with the vision – or the subject falls back into old ways.

With addicts the new behaviour should, of course, include sobriety, and the enjoyment of new or different aspects of relationships and events. In the examples I gave, Alan told his wife everything when she came for family week; Margaret wrote to Melanie, and later shared her drama with her. In contrast recently I was asked to conduct a second psychodrama by a woman with whom I'd worked the previous week. I enquired whether she had acted on the resolution of the last drama – which was to ask her father, who never listened to her, to come to family week. She hung her head and said she had not. I told her I wouldn't work with her until she had done this, and asked the group if this was unduly harsh. The group said I was right. In this way people are taught psychodrama is "real" and not fantasy.

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William Sargeant was a champion of physical treatment in psychiatry, largely because he felt that psychotherapy had not shown itself to be cost effective. He also felt that many psychotherapies were effective with reasonably well functioning people, but that they were useless with the severely mentally ill.

In my view psychodrama is not cost effective with the psychotic. It is our practice not to refer patients who are psychotic and who have alcoholism as well. Manic depressives in a stable mood are

suitable, and for personality disordered people it may be diagnostic and the therapy of choice. It can be diagnostic because the ability of subjects to empathise in role reversal shows some maturity. If a psychopath feels no guilt or remorse, then he has a poor prognosis. This is corroborated by a paper by Woody et al [9] who conducted a trial of psychotherapy and drug counselling versus drug counselling alone, with 110 opiate addicts They concluded that antisocial personality disorder alone is a negative predictor of psychotherapy outcome, but the presence of depression appears to be a condition that allows the patient to be amenable to psychotherapy, even though the behavioural manifestations of sociopathy are present.

Hannah Weiner in her paper entitled "Treating the Alcoholic with Psychodrama" [10], makes two statements that I profoundly agree with. The first is:

> *"Sober alcoholics face the same difficulties we all face with the difference that they must also come to terms with their addiction." The second is that: "The use of psychodrama entirely circumvents the glib intellectualisations and rationalisations of so many alcoholics."*

Evaluation of Psychodrama

What are the results of psychodrama? Have trials been carried out? As far as I know, there have not. However studies have been done of participant's perception of therapeutic factors, and these actually mirror those of group therapy itself. Seen as most helpful are: Self understanding, Catharsis and Inter-personal learning.

An evaluation questionnaire was given to 58 subjects (35 male and 23 female), all of whom had experienced six sessions of psychodrama as part of the in-patient format at Queen Mary Hospital. The questionnaire was completed immediately after session six, and follow up was undertaken 18 or 24 months after discharge.

Results

Table 1
How did psychodrama effect you immediately after the sessions?

(a) Hated every minute of it.	= 2
(b) OK but nothing special.	= 7*
(c) I could see its use for others but I didn't need it.	= 5
(d) Felt more hopeful about myself.	= 28 (48%)
(e) I had a special experience which quite changed my view of myself.	= 16 (27%)

* One lady re-admitted later specifically to "do another psychodrama", so she had changed her mind!

Table 2
"I had an amazing experience as a result of attending psychodrama."

(a) Yes	= 25 (43%)
(b) No	= 33 (57%)

Discussion

These results are encouraging. Just under half a sample of 58 compulsory attendances (both

addicts and family members) at an in-patient psychodrama programme had what they called an amazing experience. Of 47 alcohol and other drug addicts, 78% were satisfied with the sessions, and 76% of this group had a good drink/drugging outcome 18-24 months later. This contrasts with a 50% outcome in the group which did not find the sessions satisfying. A tentative conclusion might be that while these results are excellent by general comparison with other follow up studies in addiction, there is more value in not forcing patients to use this method unless they view the sessions as worthwhile. Given the stress on hope and spirituality as accompaniments of positive change in addicts, the finding that 43% of the general sample had "an amazing experience" is most encouraging.

Conclusion

In conclusion, I consider psychodrama to be a type of therapy which summates and expands existing forms of drug and alcohol counselling. It is not a substitute for individual therapy, but it is a unique way of entering into the patient's existence, and helping him or her focus on the important relationships, explore and change them.

> *"It is an approach which can help with the heavy burden of personal frustration and ambiguity, which is the lot of those who counsel the emotionally disturbed. It has an emphasis on personal responsibility and optimistic expectation of an individual's unfulfilled potential for positive constructive living." [13]*

Alcohol and polydrug dependent people are locked into repetition and depressing roles, and many of these (in particular lack of assertion, shyness and inability to have fun unless chemically high) are helped by psychodrama. If psychotherapy is "play", as Winnicot [15] has remarked, then it has great potential.

Finally, I have been impressed again by the method's ability to provide positive experiences for any intellectual level, whether cutting through the garrulous intellectualisations of many more intelligent, upper social class patients, or the all but inarticulate stumblings of the less gifted. Psychodrama quickly takes us to the soul of our social atoms, and nurtures the quality that makes us capable of continuing on with life's journey in a joyful manner, whatever setbacks there will be. For alcoholics to recover, they need an optimistic philosophy, just as the heroes of "The Bone People" discover. It is our duty to foster this – in ourselves first so we can later impart it to our patients. As Tolstoy [14] has said:

> *Inanimate objects may be dealt with without love; we may fell trees, bake bricks, hammer iron without love. But human beings cannot be handled without love ... if you feel no love, leave people alone.*

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