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Abstract

The demand for group work in social work practice has steadily increased while the group work education provided in social work programs has exponentially declined. Social work education and social work practice are intimately linked – one cannot be examined without considering the other. The historical, theoretical, and clinical intersections of social work with groups and the triadic system of J.L. Moreno (sociometry, psychodrama, and group psychotherapy) will be explored. Moreno’s work will be framed through a social work lens with primary concepts defined. Two trauma-specific psychodrama models (Therapeutic Spiral Model and Relational Trauma Repair Model) will be outlined with their emphasis on strengths, containment, and safety. The clinical research and integrated neurobiology research will be presented as a growing evidence base for psychodrama and experiential trauma therapy. Next, an overview of the state of sociometry, psychodrama, and experiential group psychotherapy education will be outlined to provide a global and historical contextualization with an emphasis on experiential education and its complimentary nature with social work education. Finally, an MSW course curriculum will be provided to mediate the existing hole in social work education resulting from the decline of group psychotherapy training.

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SOCIAL GROUP WORK IN ACTION:
A SOCIOMETRY, PSYCHODRAMA, AND EXPERIENTIAL TRAUMA GROUP THERAPY CURRICULUM

Scott Giacomucci, MSS, LCSW, CTTS, CET III, CP, PAT

A DISSERTATION

In

Social Work

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In

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Degree of Doctor of Social Work

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Dedication

I dedicate this dissertation to Zerka and Jacob L. Moreno – the parents of psychodrama.

This project brings me a step closer to fulfilling my personal commitment to Zerka to help carry the psychodrama method to the next generation.

“Moreno long wished his work to be identified as a way of life, instead of merely categorized as a therapeutic procedure. He further declared that instead of looking at mankind as a fallen being, everyone is a potential genius and like the Supreme Being, co-responsible for all of mankind. It is the genius we should emphasize, not the failings.” -Zerka T. Moreno

“Educating the mind without educating the heart is no education at all.” -Aristotle

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I wish to acknowledge my parents – Steve and Michele. Upon the completion of this dissertation, it is clear that my strengths are an integration of their strengths. I've inherited my father's attention to detail, efficiency, awareness of systems, appreciation of history, and love of learning and reading. These are in addition to my mother's compassion, service to others, attention to relationships and community, spirituality, and emphasis on the dignity and worth of each person. While my parents were both the first of their family to complete a graduate degree, I will be the first in my family to be awarded a doctoral degree.

I would like to thank my dissertation committee for their guidance and support during this process. I was blessed to have the collective experience, wisdom, and knowledge of these three women on my side – Marcia Martin's knowledge of curriculum development and social work education, Sari Skolnik's expertise in social work and psychodrama, and Cathy Nugent's experience teaching multiple psychodrama university courses.

I have had numerous teachers and mentors on my journey that have contributed to shaping me into the person and professional that I am today – including Frank M., Ted L., and Jim Frank. I would not be the psychodramatist that I am today without several years of mentorship, training, and supervision by Kate Hudgins, Edward Schreiber, and David Moran. Additionally, I am indebted to the generosity of Mirmont Treatment Center administration and my supervisors over the years (Tom Cain, Peg Costello, Michelle McIver, John Halloran, Jess Molavi, and Valerie Cannon) for embracing my work as a psychodramatist and supporting my development as a practitioner and trainer.

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Abstract

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A SOCIOMETRY, PSYCHODRAMA, AND EXPERIENTIAL TRAUMA GROUP THERAPY CURRICULUM

Scott Giacomucci, MSS, LCSW, CTTS, CET III, CP, PAT

Dissertation Chair: Marcia Martin, Ph.D.

The demand for group work in social work practice has steadily increased while the group work education provided in social work programs has exponentially declined. Social work education and social work practice are intimately linked – one cannot be examined without considering the other. The historical, theoretical, and clinical intersections of social work with groups and the triadic system of J.L. Moreno (sociometry, psychodrama, and group psychotherapy) will be explored. Moreno’s work will be framed through a social work lens with primary concepts defined. Two trauma-specific psychodrama models (Therapeutic Spiral Model and Relational Trauma Repair Model) will be outlined with their emphasis on strengths, containment, and safety. The clinical research and integrated neurobiology research will be presented as a growing evidence base for psychodrama and experiential trauma therapy. Next, an overview of the state of sociometry, psychodrama, and experiential group psychotherapy education will be outlined to provide a global and historical contextualization with an emphasis on experiential education and its complimentary nature with social work education. Finally, an MSW course curriculum will be provided to mediate the existing hole in social work education resulting from the decline of group psychotherapy training.

Keywords: Social Work with Groups; Group Therapy; Group Work Education; Sociometry; Psychodrama; Experiential Trauma Therapy

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Introduction

A Masters of Social Work (MSW) course that experientially teaches clinical group therapy skills, sociometric tools, psychodramatic techniques, and introduces experiential trauma therapy would provide MSW students with skills to be more successful and competent in their careers. This course would not only fill gaps in the social work educational curriculum, but also provide missing pieces in the repertoire of social work practice.

In today's world, where aspects of treatment are heavily influenced by insurance providers, financial restrictions, and evidence-based practice, group psychotherapy has become a primary treatment modality, especially in residential and inpatient settings due to its cost-effectiveness (Dayton, 2015; Sadler, 2003; Tomasulo, 1998; Ward & Ward, 2010; Yalom & Leszcz, 2005; Zastrow, 2001). Zastrow exclaims that group work is of utmost importance as "every social service agency uses groups, and every practicing social worker is involved in a variety of groups" (2001, p. 2). While the prevalence of group therapy has increased, the social work education of group therapy has steadily been decreasing (Carey, 2016; Clements, 2008; Skolnik, 2017; Sweifach, 2014); the percent of MSW programs offering a concentration in group work has declined from 76% in 1963 (Birnbaum & Auerbach, 1994) to only 2% in 2014 (Simon & Kilbane, 2014).

In 2008, less than 20% of MSW program curricula required any type of specific group therapy course, while many programs do not even offer group therapy as an elective (Sweifach & LaPorte, 2008). Social work students and graduates are being placed in internships and job placements where they are expected to facilitate group psychotherapy without specialized skills training necessary to work competently in group settings (Knight, 2017). The

resulting consequences limit the quality of treatment that clients receive, the preparedness of MSWs to work in their field, and social workers' feelings of competence and confidence in their clinical roles (Clements, 2008; Kammerman, 2011; Yalom & Leszcz, 2005). Renowned group expert Irving Yalom implores that:

It is abundantly clear that, as time passes, we will rely on group approaches ever more heavily. I believe that any psychotherapy training program that does not acknowledge this and does not expect students to become as fully proficient in group as in individual therapy is failing to meet its responsibilities to the field. (2005, p. 544)

While the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016) explicitly requires a group therapy course and a practicum including group facilitation in accredited programs, the Council on Social Work Education (CSWE) does not require either in their accreditation requirements. The CSWE required competencies include "Assessing," "Intervening," and "Evaluating Practice" "with Individuals, Families, Groups, Organizations, and Communities", but do not explicitly highlight the importance of education and training related to group work on its own (CSWE, 2015, p. 8). Alternatively, CACREP specifically highlights "Group Counseling and Group Work" as one of the eight required curriculum common core areas for all students. The skills to facilitate group psychotherapy are equally necessary for counselors and social workers. These skills are essential for clinical social workers who provide direct services in groups, and at the least, are helpful for macro social workers who are often working with groups, communities, or organizations.

Additionally, there has been a call to action in the past two decades for academic institutions to develop curriculum that focuses on clinical work with trauma (Courtois, 2002;

Courtois & Gold, 2009). It seems that the lack of attention to trauma in clinical training/education mirrors society's dissociation and avoidance of trauma as a whole (Herman, 1997). In response to the continually growing body of evidence that highlights the role of trauma in a variety of mental health and social issues, it is imperative that educators develop trauma-inclusive curriculum.

Furthermore, sociometry and psychodrama, developed by Jacob Moreno who also coined the term "group psychotherapy" (J.L. Moreno, 1955), appear entirely absent from social work degree programs. The rich tradition of J.L. Moreno's methods of sociometry and psychodrama, in addition to the many trauma-specific adaptations that have evolved from them, offer social workers the much-needed clinical skills and sociometric understanding to safely and competently facilitate psychotherapy groups (Giacomucci & Stone, 2018; Skolnik, 2018). Internationally, there are entire graduate degrees awarded in the study of Sociometry, Psychodrama, and Group Psychotherapy, including in Israel, Argentina, England, Spain, and Bulgaria; and at the same time, it is difficult to find mention of sociometry or psychodrama in American academic institutions.

Multiple recent empirical studies have documented clinical social workers' experience of their education and clinical social practice as it relates to group psychotherapy (Clements, 2008; Goodman, Knight, & Khudododov, 2014; LaPorte & Sweifach, 2011; Macgowan & Vakharia, 2012; Simon & Kilbane, 2014; Skolnik, 2017; Sweifach & LaPorte, 2009). The findings of these studies make clear the need in master's level social work education for a group therapy component; furthermore, experiential teaching methods have been demonstrated as most favorable and effective in learning (Banach, Foden, & Carter, 2018; Dalton & Kuhn, 1998;

Fleischer, 2017; Lazar, 2013; Macgowan & Vakharia, 2012; Shera et al., 2013; Zastrow, 2001).

Teaching an MSW course on Sociometry, Psychodrama, and Experiential Group Psychotherapy fulfills the social work education and practice needs, while teaching experientially, and offering students specialized group therapy skills.

The proposed MSW course curriculum will include modules placing sociometry, psychodrama, and group psychotherapy within the historical context of the field of social work (Giacomucci, 2018a, 2018b; Giacomucci & Stone, 2018; Skolnik, 2018), outlining spontaneity-creativity theory and role theory (J.L. Moreno, 1946, 1953; J.L. Moreno & Z.T. Moreno, 1969), introducing psychodrama research (Bendel, 2017; Kipper & Ritchie, 2003; Wieser, 2007) and neurobiology (Cozolino, 2014b; Dayton, 2015; Giacomucci, in-press; Hudgins, 2017; Hug, 2013; Lawrence, 2011, 2015; Shapiro & Applegate, 2018; Siegel, 2012; van der Kolk, 2014) teaching and providing supervised practice of multiple sociometric tools and psychodramatic techniques, introducing the Therapeutic Spiral Model (TSM) (Hudgins & Toscani, 2013) and Relational Trauma Repair (RTR) (Dayton, 2015) Models of clinically modified psychodrama for working safely with trauma survivors. Each class session will be administered utilizing a synthesis of didactic teaching, experiential teaching, and personal processing (if needed), with other modules including supervised practice during which students will practice using sociometric tools or psychodramatic techniques.

The theoretical underpinnings of sociometry and psychodrama compliment social work's emphasis on person-in-environment perspective, mutual aid, the importance of human relationships, the dignity and worth of each individual, and social justice. Role theory, along with spontaneity-creativity theory, provides a non-pathologizing conceptualization of the

individual personality and the process of change. Sociometry, which is the study of the inter-relationships of humans, allows one to examine the underlying social forces impacting the structure and functioning of a group. Sociometric tools would provide social workers with experiential methods of highlighting and strengthening connections within a group while examining the distribution of social wealth and impact of the sociodynamic effect.

Psychodramatic *processes*, which can be adopted for use with any *content* or theoretical perspective, offer social workers potent tools for creating both intrapsychic change and interpersonal shifts. An introduction to both TSM and RTR would provide social workers with a framework for working safely with trauma survivors utilizing a strengths-based approach. A graduating cohort of clinical social workers equipped with sociometric understanding and experiential group facilitation skills has the ability to provide higher quality treatment to clients, in addition to more dynamic supervision and education for the next generation of social workers.

Part 1: Group Work in Social Work Practice and Education

This section will outline the current state of existing literature regarding the utilization of group work in social work practice and education. Group work practice and education are closely linked and cannot be examined alone.

The terms “social work with groups,” “social group work,” and “group work” will be used interchangeably throughout the course of his manuscript. “Group therapy” and “group psychotherapy” will also be used interchangeably. While group therapy is focused on clinical applications of group work within a therapeutic context, social group work has a wider orientation that encompasses group therapy, community group work, educational groups, skill-building groups, task groups, social action groups, remedial groups, supervisory groups, and training groups. Clinical social work applications of sociometry, psychodrama, and experiential trauma group therapy will be the nucleus of this discussion, nevertheless these approaches are also used in non-clinical or non-therapeutic social work settings.

Chapter 1: Placing Group Work within the Historical Context of Social Work Education

Professional social work education has its early roots in the first formal course of Philanthropic Work offered in 1898 by the Charity Organization Society in New York City, foreshadowing the 1908 establishment of the Philadelphia Training School for Social Work (evolving into what is now the University of Pennsylvania’s School of Social Policy and Practice) (Charities, 1903; Lloyd, 2008). Group work was introduced to social work education in the early 1920s (Wilson, 1976) and emerged just years after the formation of professional social case work. The American Association of Group Workers was organized in 1936, which later merged

into the National Association of Social Work when NASW was founded in 1955 (Schwartz, 2006).

Until 1969 when the Council on Social Work Education (CSWE) changed its Educational Policy and Accreditation Standards (EPAS), social work education had been organized into three specialization tracts – casework, group work, and community organization (Simon & Kilbane, 2013). This structural shift towards a focus on social work generalist practice is often underlined as the catalyst for the steady decline over the past 40 years of group work from social work education (Goodman & Munoz, 2004; Steinberg & Salmon, 2007). Although the intent of the policy was to promote a more holistic approach and find common ground between the three aforementioned specializations, many social group workers refer to this initiative as “genericide” (Abels & Abels, 1981; Birnbaum & Auerbach, 1994).

In 1994, Birnbaum & Auerbach wrote that “although social work practice with groups is on the rise, social work education has neglected to prepare students for group work practice” (p.325) In lieu of the consistent outcry from social group workers over the past few decades, the percent of MSW programs offering a concentration in group work has steadily declined from 76% in 1963, to 22% in 1974, 7% in 1994, (Birnbaum & Auerbach, 1994) and only 2% in 2014 - with only 4 MSW programs in the United States offering concentrations in group work (Simon & Kilbane, 2014). This 2014 study, which is a modified replication of Birnbaum & Auerbach’s 1994 study, provides us with alarming figures suggesting a possible future annihilation of the once prevalent group work concentration in social work graduate programs.

Furthermore, Simon & Kilbane’s 2014 study of MSW programs found that nearly 1 of 5 programs admittedly did not offer a single (required or elective) course with a primary focus on

group work, while 58% offer a required course and 40% offer an elective in group. While many social work programs are providing some form of group work education in abbreviated segments within other courses, such as a course titled “clinical social work practice with individuals, families, communities, and organizations”, the teaching faculty and field placement supervisors do not have specialization in group psychotherapy and it is questionable how much attention is given to group work (Carey, 2016; Goodman & Munoz, 2004; Knight, 2017; LaRocque, 2017; Sweifach, 2014; Tully, 2015). A national survey of 1st year MSW students found that over half of their field instructors provided little or no information on group theory or practice during their first-year foundations (Sweifach & Heft-LaPorte, 2008). In the same study, two-thirds of these MSW students indicated that they were expected to facilitate groups in their first-year field placement (Sweifach & Heft-LaPorte, 2008). A survey conducted by Goodman, Knight, and Khudododov (2014) found that of a sample of both clinical and community concentrated MSW students working in a variety of different field placements, more than 80% of them were expected to facilitate groups. Similarly, Clements’ (2008) survey of BSW and MSW students found that only 20% of them had never had a group experience in their field placement.

Additionally, research has demonstrated that students who have taken a course specifically devoted to group work consistently demonstrate positive attitudes towards working with groups (Gutman & Shennar-Golan, 2012; Knight, 1999). On a positive note, there has been a slight increase in MSW programs that require group work experience as part of the fieldwork requirement. However, at the same time, many authors have criticized the level of group work competency demonstrated by fieldwork educators/supervisors (Birnbaum & Wayne, 2000;

Kurland et al., 2004; LaPorte & Sweifach, 2011; Simon & Webster, 2009; Skolnik, 2017; Steinberg, 1993; Tully, 2015).

Chapter 2: Group Work in Social Work Practice

History of group work in social work. Social group work was introduced as a method of social work practice in the first quarter of the 20th century, emerging in the midst of a renewed dichotomy between casework and community/policy work (Wilson, 1956). In some ways, group work serves as a happy medium between individual work and community work. Papell (2015) suggests that social group work provided the social work profession with a method for operationalizing its ideology and social mission. Since its inception, group work practice has been grounded in “social reform; social responsibility, democratic ideals, and social action as well as social relatedness and human attachment” (Lee, 1991, p. 3). Though the term social justice may be relatively new, its underlying principles – highlighting inequality, advocacy, and empowerment for disenfranchised and oppressed communities – are the historically core elements of group work (Singh & Salazar, 2010, 2011).

As early as 1920, Mary Richmond, the founder of social casework, indicated her belief in social group work as “the future of social treatment” (Richmond, 1930 as cited in Northen & Kurland, 2001, pp. 3-4). In response to the growing popularity of group work, Emory Bogardus outlined the “Ten Standards for Group Work” in 1936 which serves as one of the earliest set of standards for group practice. In the same year, the National Association for the Study of Group Work was formed (later renamed the American Association of Group Work – AAGW) to promote professional standards for social group work (Andrews, 2001). In 1948, The American Association of Group Workers (AAGW) issued the following statement regarding the function of the group worker:

Through his participation the group worker aims to affect the group process so that decisions come about as a result of knowledge and a sharing and integration of ideas, experiences and knowledge rather than as a result of domination from within or without the group. (as cited in Wilson, 1956)

Group work first formally associated with social work practice in 1935 when the National Conference on Social Work created a group section. Later, in 1944, Trecker stated that “group work is a method in social work... not a profession – social work is the profession” (p. 4). The 1955 merger of AAGW into the NASW symbolized the experience of most group workers at the time who professionally identified with the social work profession (Andrews, 2001). Group work existed as one of the five primary practice sections within NASW until the 60s when the practice sections were disbanded in exchange for a generalist approach which was followed a few years later by a similar policy change in the CSWE. Considering the NASW and CSWE structural changes in the 1960s that marginalized group work within social work education, it is important to note that it flourished at this time in clinical practice – especially after its usefulness was recognized during World War II (Northen & Kurland, 2001). In 1979, the Association for the Advancement of Social Work with Groups (AASWG) formed and later in 1999 released the first edition of Standards Social Group Work. More recently, in 2013, the second edition was released (AASWG, 2013) providing a clinical framework for social group work moving forward.

While much of the social work field has emphasized the importance of evidence-based practice (EBP), in the group work arena, there is growing evidence against the efficacy of manualized EBP group work (Rivera & Darke, 2012; Sweifach, 2014; Yalom & Leszcz, 2005).

Instead, attention to the group process is emphasized with its ability to “move beyond the constraints of method and technique and respond imaginatively and creatively to the impromptu, unrehearsed nature of the special human relationship” (Goldstein, 1998, p. 247).

Group work has been increasingly marginalized within the social work profession, while at the same time, it is in high demand in social work practice and the greater psychotherapy arena (Skolnik-Basulto, 2016). One might argue that as the social work profession moved towards professionalization and medicalization, it focused more on how psychopathology existed within the individual and thus treated mental illness in an individual psychotherapy context. Conrad takes this very stance, “Medicalization also focuses the source of the problem in the individual rather than in the social environment; it calls for individual medical interventions rather than more collective or social solutions” (2007, p. 7-8). He goes on to discuss how instead of looking at the social sources of individual problems, medicalization focuses on the individual manifestations of the social malady - he calls this “the individualization of social problems” (2007). Group work exists within a *paradox of individuality*, as described by Smith & Berg (1997), “the only way for a group to become a group is for its members to express their individuality... and that the only way for individuals to become fully individuated is for them to accept and develop more fully their connections to the group” (p. 99-100). Group work challenges popular American socio-political discourses around medicalization, individualism, competition, dualism, and authoritarianism, which may be contributing to its marginalization (Drumm, 2006). This depreciation of social work with groups is evidenced by its invisibility in most social work educational programs. This gap in social work education only continues to fuel the marginalization of group work as social worker

practitioners and educators enter the field without specialized group work training (Knight, 2017).

Social group work defined. Social Group Work has been defined as a major component of social work practice with the focus of enhancing group members' social functioning, social connections, social support, coping skills, personal fulfillment, providing psychoeducation, or stimulating community-action (Gitterman & Shulman, 2005; Hartford, 1964; Northen & Kurland, 2001). In the social group work practice literature, there are several essential ingredients of group work outlined, including Inclusion and Respect, Mutual Aid, Group Cohesion, Conflict Resolution, Interpersonal Communication, and Group Development.

Mutual aid is the linchpin of social work with groups (Gitterman & Shulman, 2005; Glassman & Kates, 1990; Northern & Kurland, 2001; Skolnik-Basulto, 2016; Steinberg, 2010). Mutual aid is a group phenomenon by which the group heals itself – each group member supporting and helping another. Kurland and Salmon, when describing the role of the social worker in group work state that “the worker’s role is to set in motion a process of mutual aid in the group” (2005, p. 131). In order to access the power of mutual aid within the group, the group must be treated as a group-as-a-whole rather than just one individual at a time (Kurland & Salmon, 2005).

Although the mutual aid concept was first introduced to social work by William Schwartz in 1961, many others had written about it earlier (Dewey, 1916; Kropotkin, 1922; Mead, 1934; Moreno, 1945b, 1947d, 1955, 1963, 2019). The mutual aid group recognizes that all participants have inherent strengths, valuable information and experiences, a common goal and common

needs, the potential to help each other and in doing so, help themselves (Cicchetti, 2009; Gitterman & Shulman, 2005; Skolnik-Basulto, 2016; Steinberg, 2010). Shulman (2015) discusses how the essential ingredient of mutual aid helps group members to “use the group to integrate their inner and outer selves and to find more adaptive mechanisms to cope with oppression, including personal and social action” (p. 548). Different evidence highlights mutual aid’s capacity to increase self-esteem, improve problem-solving ability, and relieve shame and isolation (Gitterman & Shulman, 2005; Knight, 2006; Steinberg, 2010). A recent article in the *Journal of Social Works with Groups* highlighted the use of expressive interventions to promote mutual aid for trauma survivors (Neuschul & Page, 2018).

Alissi (1982) states that “the hallmark of social group work process is evidenced in the ability to recognize the power that resides in the small group, to help members harness this power to meet personal needs and to achieve socially constructed purposes” (p. 15). Social group work practice operationalizes social workers’ belief in the significance of inter-relations between humans and the importance of contextualizing clients within their social reality (Carey, 2016). Some theorists have even claimed that all social work is group work based on the premise that a group is defined as “two or more persons in a relationship of functional dependence, one upon the other” (Deutschberger, 1950, p. 12).

Social Group Work can take many different forms with a variety of different personal and/or social goals. Groups may be open-ended or time-constrained, open to new members or closed to only existing members, task-centered and/or growth-oriented, large or small, specific to a particular experience or aspect of identity – group work is adaptable to suit the needs of any population, setting, issue, or content (Alissi, 1982).

Group work's increased demand in practice. The cost-effectiveness of group therapy, along with increasing research demonstrating its treatment efficacy (Callahan, 2004; Kanas, 2005; McDermut et al., 2001) have both contributed to its rise in popularity. Group therapy is recognized as an effective treatment modality for a variety of mental health disorders, psychosocial problems, social skills training, and personal growth work (Drumm, 2008; Furman, Rowan, & Bender, 2009; Yalom & Leszcz, 2005). Group psychotherapy has been shown to be at least as effective as individual psychotherapy (Wodarski & Feit, 2012; Yalom & Leszcz, 2005). As such, it has been regarded as an essential aspect of social work practice (Carey, 2016; Garvin, Gutierrez & Galinskey, 2004; Gutman & Shennar-Golan, 2012; LaRocque, 2017). Although the availability of group work education has steadily diminished over the last 50 years, the utilization of group therapy in clinical practice has increased significantly – both in social work practice (Gutman & Shennar-Golan, 2012; Heinonen & Spearman, 2010; McNicoll & Lindsay, 2002; Skolnik, 2017; Wodarski & Feit, 2012; Zastrow, 2001) and the larger psychotherapy world (Drum, Becker, & Hess, 2010; Yalom & Leszcz, 2005).

According to NASW (as cited in Probst, 2013), clinical social workers now make up the largest group of clinical professionals - totaling about 60% of all clinical mental health professionals. Clinical social workers provide more therapeutic services than psychiatrists, psychologists, counselors, and other therapists. Thus, suggesting that clinical social workers may also make up the majority of clinical group facilitators in the treatment industry, and causing many group work experts to demand that it be a mandatory component within social work education (Birnbaum & Wayne, 2000; Drumm, 2006; Kurland & Salmon, 2002). Zastrow

(2001) boldly states that all practicing social workers are involved in groups and that every social service agency uses groups of some kind.

Part 2: Sociometry, Psychodrama, and Group Psychotherapy: A Triadic System

Tian Dayton elegantly describes the relationship between sociometry, psychodrama, and group psychotherapy, J.L. Moreno's triadic system, clarifying that sociometry explores the social world of an individual while psychodrama explores their inner world. "Psychodrama is intrapersonal, and sociometry is interpersonal. The two approaches marry in the context of group therapy to investigate not only the person but also the person within the system in which they operate" (2005, p. 11). Before taking a comprehensive look at sociometry and psychodrama, we will first consider the group psychotherapy context.

Chapter 3: Group Psychotherapy Overview

History of group psychotherapy. Within the group work arena, there is some ambivalence surrounding the development of group therapy. Many attribute the first group therapy session to Dr. Joseph Pratt who, in 1905, brought together 15 of his Tuberculosis patients in Boston for an educational meeting and gradually noticed the therapeutic effects of these groups for his patients (Hadden, 2015). Pratt's approach certainly is group work, but can we call it group therapy? Moreno argues that an educational lecture and discussion cannot by itself be classified as *group psychotherapy*, because first the group (group = patient) must be diagnostically assessed (1947d). Others suggest that J.L. Moreno is the father of the group psychotherapy *movement* which encompassed multiple *group methods* attributed to other individual pioneers – including Pratt's didactic approach and Burrow's group analysis (Meiers, 1946; Z.T. Moreno, 1966; Renouvier, 1958; Thomas, 1943). It appears that the emergence of group work field was introduced by a *group* of pioneers. As noted previously, this exploration will focus on group psychotherapy – the clinical approach of group work

According to Jacob Moreno, there have been three psychiatric revolutions. The first was led by Philippe Pinel at the turn of the eighteenth century in France with the rejection of punishment in favor of treatment for the mentally ill. Sigmund Freud led the second psychiatric revolution by shifting the conceptualization of mental illness symptomology from neurological roots to a psychological basis. Jacob L. Moreno, in a 1955 address to the American Society of Group Psychotherapy and Psychodrama (ASGPP) laid claim to group psychotherapy as the third psychiatric revolution with himself as its pioneer (J.L. Moreno, 1961; Z.T. Moreno, 2006; Nolte, 2014).

The terms “Group Therapy” and “Group Psychotherapy” were first formally introduced by Dr. Jacob L. Moreno in 1931 at the annual conference of the American Psychiatric Association in Philadelphia (Moreno, 1945a; Moreno & Whitin, 1932). Until 1935, Moreno was the only author to use the terms “group psychotherapy” or “group therapy” (Renouvier, 1958).

Group psychotherapy defined. Moreno’s group therapy ideas began in 1913 with his experience organizing a group of sex workers in Vienna - “we began to see then that one individual could become a therapeutic agent of the other and the potentialities of a group psychotherapy on the reality level crystallized in our mind” (1955a, p. 22). Moreno argued that group therapy must include more than an educational lecture, a discussion, a group member sharing their story to the group, or even watching a psychodrama; though group therapy may include one or more of these (1947b). While Moreno also advocated for the use of group work outside of the psychotherapy realm, this manuscript is restricted to his use of group psychotherapy. In his Open Letter to Group Psychotherapists, Moreno states that “in individual

psychotherapy the patient is a single individual. In group psychotherapy the patient is a group of individuals" (1947d, p. 16).

John Nolte, in *The Philosophy, Theory, and Methods of J.L. Moreno*, offers us a striking clarification regarding group psychotherapy:

Moreno's idea of group psychotherapy meant treating the group; other group therapists remained focused on the individual, and their methods could often be better described as treating individuals in a group setting. Individual psychotherapy, Moreno pointed out, is based on the psychodynamics of the individual. The treatment of a group is based on sociodynamics that involve the interrelationships and interactions of the members of the group, not just the collection of individuals and their personal dynamics. According to Moreno, treatment of groups became possible only after the development of sociometry, which allows the group therapist to identify and characterize the constellation of relationships existing within a group. (2014, p. 122)

Group Psychotherapy developed within the context of Moreno's triadic system of Sociometry, Psychodrama, and Group Psychotherapy (J.L. Moreno, 1946). It is important to note here that many group work experts in the social work profession have also criticized social work practitioners and educators as lacking a basic understanding and competency to engage the group-as-a-whole, instead they do casework or individual therapy in a group setting (Bitel, 2014; Gitterman, 2004; Knight, 2017; Kurland & Salmon, 2005).

According to Carl Whitaker, Jacob L. Moreno "was probably more clearly responsible for the move from individual therapy to the understanding of interpersonal components of

psychological living than any other single psychiatrist in the field” (Fox, 1987, p. ix; as cited in Gershoni, 2009). Moreno organized both the first American and International societies of group therapists and served as the first presidents of these societies – now known as the American Society of Group Psychotherapy & Psychodrama (founded in 1942) and the International Association of Group Psychotherapy (founded in 1973).

Chapter 4: Sociometry: A Conceptual and Historical Background as it relates to Social Work

Sociometry is a system composed of three parts: a *theory* of the structure of society and interpersonal relations, a *research* method for studying that structure and relationships, and the clinical *practice* for reorganizing groups for optimal functionality (Hale, 2009; Nolte, 2014).

Sociometric theory and early research. Sociometry is defined by Moreno as "the inquiry into the evolution and organization of groups and the position of individuals within them" (J.L. Moreno, 1953, p. 23). He referred to sociometry as a science by, for, and of the people (J.D. Moreno, 2014); it is both the quantitative and qualitative exploration of the inter-relations of humans. He goes on to state that the study of sociometry resolves the quantitative versus qualitative dichotomy as "the qualitative aspect of social structure is not destroyed or forgotten, it is integrated into the quantitative operations, it acts from within. The two aspects of structure are treated in combination and as a unit" (p. 23).

J.L. Moreno's book, *Who Shall Survive?* (originally published in 1934), provides an in-depth description of his sociometric theory with a large collection of sociometric research, mostly conducted at the New York Training School for Girls, a reformatory school in Hudson where Moreno was invited to serve as the Director of Research. One of these studies is worth outlining here as it served to highlight a major component of sociometric theory – *the sociodynamic effect*. Moreno conducted a study during which the 505 residents were asked to write down their top 5 choices of other girls that they would like to live with. It was expected that the distribution of choices would create a normal probability curve where most participants would receive an average amount of choices, few participants would receive above the average, and few participants would receive below the average number of choices. Instead

what was found, and replicated in nearly every sociometric test since, was that a handful of girls received many of the choices, the largest number were unchosen or severely under-chosen, and the rest received an average number of choices. This underlying social dynamic which impacts the distribution of social choices, leaves many unchosen while others are sociometric stars, is called the sociodynamic effect (Hale, 1981; J.L. Moreno, 1934).

History and theory of sociometry and social work interwoven. While group work was gaining momentum in America, J.L. Moreno's ideas of sociometry, psychodrama, and group psychotherapy were beginning to emerge in Vienna. In the early 1900s, as a university student, he and his friends opened the House of the Encounter, which seems to mirror the settlement house. The House of the Encounter provided free support, food, housing, and legal support for refugees and immigrants flooding into Europe (Nolte, 2014). Later, in his work at Mittendorf refugee camp, he had assessed and diagnosed the social (dis)configuration of the refugee camp as the root of its troubles and formally suggested that the camp be restructured "by means of sociometric analysis" (Marineau 2014, p. 55). This event, which took place in 1917, is identified as a foundational event in the establishment of sociometric theory. Coincidentally, in the same year Mary Richmond published her famous book "Social Diagnosis" (1917) as social work practice continued to evolve, emphasizing the social environment of the individual. Moreno originally conceptualized group therapy as the treatment of oppressed, marginalized, or excluded populations (Nolte, 2014) – he worked with a variety of populations including immigrants, sex workers, prisoners, and the severely mentally ill. Stimmer (2004) claims that because of the context and nature of Moreno's work, sociometry, psychodrama, and group psychotherapy really began as social work – "Die psychodramatische Idee jedenfalls

begann als Soziale Arbeit; ihre Wurzel, ihre Basis ist die Soziale Arbeit" ("In any case, the psychodramatic idea began as a social work; its root, its basis is social work"; p. 19).

In 1950, J.L. Moreno wrote an article titled *The Sociometric Approach to Social Case Work* in which he attempts to integrate sociometric theory into social work practice:

Man does not live alone and does not get sick by himself. His problems develop in groups.... the mental and physical equilibrium of an individual depends to a considerable degree upon the dynamic interplay of these various individual and social forces. (p. 173)

These words echo social work's person-in-environment theory. He goes on to suggest that "It is obvious that without the knowledge and ability to mobilize the sociometric matrix on behalf of an individual, adequate social case work is not possible or at least greatly handicapped" (p. 173). Moreno's 1934 text *Who Shall Survive?*, outlines much of the micro vs macro social work dichotomy that would play out in the years to follow, "The premise of scientific medicine has been since its origin that the locus of physical ailment is within an individual organism. Therefore, treatment is applied to the locus of the ailment as designated by diagnosis." (p. 60) He goes on to discuss that ailments which arise from within the context of inter-personal relations require interventions on a structural level and/or a group treatment approach (1934).

One of J.L. Moreno's colleagues, Helen Jennings, wrote that the task of sociometry is "transforming society to fit man, rather than transforming man to fit society" (1941, pp. 512). As indicated by Becker & Marecek (2008), "rather than locating the sources of well-being solely within the individual, the discipline of social work studies individuals in the context of the social environment" (pp. 597). This is precisely what sociometry achieves – a contextualization of the

individual, and the experience of 'mental illness' or 'mental health', within the social context. Here we find a sturdy bridge between clinical social work practice and community praxis.

As recent as 2018, the *Journal of Social Work with Groups* published two articles emphasizing the usefulness of J.L. Moreno's triadic model – psychodrama, sociometry, and group psychotherapy - for social workers who facilitate groups. The first article explores the “synergistic relationship between group work and psychodrama” while discussing “the convergence of these two approaches as well as ways they can enhance one another and service delivery when used together” (Skolnik, 2018, p. 1). While the second article continues the dialogue started by Skolnik and emphasizes the power of psychodrama to renegotiate traumatic experiences (Giacomucci & Stone, 2018).

Sociometry and Democracy are intimately connected. Years ago, J.L. Moreno stated that “sociometry can well be considered the cornerstone of a still underdeveloped science of democracy” (J. L. Moreno 1953, p. 113). While more recently his son Jonathan echoed his father's words indicating that sociometry is a science by, for, and of the people (J.D. Moreno, 2014). A democratic procedure is, in essence, a sociometric exercise. In order to establish a truly democratic society, all voices must be heard and considered – especially oppressed, underserved, and vulnerable populations. J.L. Moreno's methods give us the potential to explore the sociodynamics within society and its subgroups, reverse the unequal distribution of social wealth, and provide a deeper understanding (and encounter) of difference through the technique of role-reversal which will be discussed in a future section.

Clinical applications of sociometric practice. The clinical applications of sociometry include a variety of pen-to-paper activities that explore an individual's social atom or social network, or experiential action structures that explore the series of attractions, repulsions, similarities, and differences within the group (Hale, 1981, 2009). In the context of this discussion of group psychotherapy, clinical applications for groups will be primarily emphasized, although there are numerous sociometric tools utilized to facilitate an exploration of an individual's social reality.

One such pen-to-paper sociometric exercise, the *social atom*, must be outlined here due to its prominence in J.L. Moreno's writing. He described human society as having similar properties to the atomic structure defining matter. Similarly, he saw that a person is defined by their social relationships and conceptualized this network of close inter-personal relations as one's social atom (Ridge, 2010). The social atom is similar to and influenced the creation of social work's genogram and the ecomap (Dayton, 2005). It can be used to map an individual's perception and experience of the nature of their familial relationships, their social relationships, their relationships to collectives or organizations, their relationships to objects or behaviors (especially in addictions treatment), their desired relationships, and/or the nature of their relationships at different points in time (Hale, 1981). The social atom not only depicts one's relationships, but also the nature of the relationships – attractions, repulsions, indifferences, and the reciprocities of (Hale, 1981). J.L. Moreno (1939, p. 3) indicates that an individual's social atom begins as a dyad between self and mother and grows to include "persons who come into [the] child's orbit". He hypothesizes that:

a) An individual is tied to his social atom as closely as to his body; b) as he moves from an old to a new community it changes its membership but its constellation tends to be constant. Notwithstanding that it is a novel social structure into which he has entered, the social atom has a tendency to repeat its former constellation; its concrete, individual member have changed but the pattern persists. (J.L. Moreno, 1953, p. 703)

As such, the social atom often provides an object relations map for working with clients which can be used to help both the client and clinician understand transference (Dayton, 2005). J.L. Moreno understood the social atom as the smallest of social structures - one that is actively changing as individuals attempt to maintain sociostasis, or social balance characterized by an ease of socio-affective experience (1947a). The social atom is “the sum of interpersonal structures resulting from choices and rejections centered about a given individual” (Z.T. Moreno, 1987, p. 239) He conceptualized society and the social network as an innumerable series of interlinked social atoms (J.L. Moreno, 1937; Nolte, 2014).

The pen-to-paper social atom exercise is often used as an assessment tool throughout treatment to measure changes in a client’s relational life. It is commonly used as a warm-up for psychodrama and can even be put into action with group members holding the roles of other individuals on one’s social atom – this is called an action sociogram (Dayton, 2005).

There are numerous other commonly used experiential sociometric group processes that are employed in clinical settings including dyadic or triadic sharing, Spectrograms, Locograms, floor-checks, step-in sociometry, and hands-on-shoulder sociometry (Dayton, 2005; Giacomucci, 2017, 2018a, 2018b; Giacomucci, Gera, Briggs, & Bass, 2018; Hale, 1981, 2009;

Haworth & Vasiljevic, 2012; Hudgins & Toscani, 2013). Each of these processes can be modified with content appropriate for any population or chosen topic. In terms of clinical uses of sociometry, these sociometric tools often stand on their own as multi-dimensional action-based group processes that provide the group with an avenue to discover and enrich their connections with each other. These same sociometric action structures are frequently employed as a group warm-up exercise before conducting a psychodrama.

Chapter 5: Classical Psychodrama – Psyche in Action

History of psychodrama. Jacob L. Moreno writes that the first psychodrama took place in Vienna on April Fool's Day of 1921, at a decisive time in Austria just after World War I and the dismantling of the Austria-Hungary Empire. Dressed as the king's jester, he called for members of the prestigious audience to come on stage and take the role of "King of the New World Order" and discuss their plans to stabilize the country. Shortly after this historical moment, Moreno organized the Theater of Spontaneity (Stegreiftheater) which enacted spontaneous scenes incorporating the audience, often using events from the local newspaper or suggested topics from the audience. Moreno intended to use the theater as a medium for social change, but in the process, observed that participation had been therapeutic for both the audience and role-players (Nolte, 2014; Marineau, 2014, Moreno, 2019). It wasn't until 1936 in Beacon, New York that Moreno began to systematically develop and use psychodrama as a form of psychotherapy at which point, he developed a reputation for successfully treating psychosis, interpersonal problems, and marital conflicts.

In 1942, J.L. Moreno opened The Sociometric Institute and Theater of Psychodrama (later known as The Psychodramatic Institute) in downtown New York City where he began to train other practitioners in his new model – from the late 1940s until the early 70s, six nights a week, a public psychodrama was conducted at J.L. Moreno's Manhattan theater (J.D. Moreno, 2014). Within a few years, dozens of psychiatric hospitals around the USA were using psychodrama in their treatment programs. By the 1950s, Jacob Moreno and his wife Zerka Moreno had begun traveling to provide psychodrama demonstrations around the world. And after J.L. Moreno's death in 1974, Zerka continued to spread psychodrama through her

leadership, writing, and training. Although the American mental health field has not embraced psychodrama in the past few decades, it is especially popular in Australia, New Zealand, Europe, Israel, and South America (Nolte, 2014).

Theoretical underpinnings of psychodrama. While many modern psychotherapists are aware of the contributions of technique from J.L. Moreno, most are unaware that psychodrama is a comprehensive system of theory, philosophy, and technique.

My philosophy has been misunderstood. It has been disregarded in many religious and scientific circles. This has not hindered me from continuing to develop techniques whereby my vision of what the world could be might be established in fact. It is curious that these techniques - sociometry, psychodrama, group therapy - created to implement an underlying philosophy of life have been almost universally accepted while the underlying philosophy has been relegated to the dark corners of library shelves or entirely pushed aside. (J.L. Moreno, 2011a, pp. 61)

Psychodrama is built upon multiple theories including Action Theory, Role Theory, and Spontaneity-Creativity Theory. While psychodrama does come equipped with its own theoretical basis, because it is highly process-driven involving numerous clinical techniques, it can be adapted to contain the theoretical content of any other theoretical system.

Psychodramatists have integrated psychodrama with many other modalities or theoretical systems including: Cognitive-Behavioral Therapy (Hammond, 2014; Treadwell et al., 2016), Freudian psychoanalysis (Brown, 2007; Cortes, 2016), Jungian psychology (Gasseau & Scategni, 2007; Hummel & Giacomucci, 2017), object relations theory (Holmes, 2015), positive

psychology (Kirshner & Atkinson, 2017; Tomasulo, 2011), 12-step and addiction frameworks (Dayton, 2005; Giacomucci, Gera, Briggs, & Bass, 2018; Miller, 2007), trauma therapy (Dayton, 2005,2015; Hudgins, 2017, Hudgins & Toscani, 2013; Kellermann & Hudgins, 2000), attachment theory (Baim, 2007; Forst & Giacomucci, 2017; Hudgins & Giacomucci, 2017), drama therapy (Casson, 2007), family systems therapy (Anderson & Carnabucci, 2011; Chimera, 2007; Gershoni, 2003), EMDR therapy (Bradshaw-Tauvon, 2007), and Art therapy (Peterson, 2003). In the same way, foundational social work theories can be integrated with psychodrama practice. Bitel (2000) writes, “Social group work is an arena for boundless creativity. In viewing the group work setting as a stage for the creation of countless stories, dramas, struggles, and resolutions, the social group worker becomes an artist in her own medium” (pp 79).

A united psychodrama and social group work theory and practice. Social work with groups and psychodrama both share emphasis on the significance of mutual aid,

Social Work with Groups	Sociometry, Psychodrama, GP
Person In Environment	Sociometry
Emphasis on relationships	Social Atom; Social Network
Group-as-a-whole	Group as Protagonist/Client
Mutual Aid	Therapeutic agents for each other
Group/family roles	Role theory
Group development stages	Group stages
Inherent worth/dignity	Non-pathologizing
Social Justice	Sociatry - healing society
Meet client where they are at	Follow the protagonist
Creativity and spontaneity	Spontaneity-creativity theory

nonjudgmental acceptance, spontaneity, creative potential, roles, group phases, interpersonal skills, communication, and human relationships while emphasizing human dignity, social justice, and empowering the disenfranchised or marginalized of society (Gershoni, 2013; Giacomucci, 2018a, 2018b; Giacomucci & Stone, 2018; Konopik & Cheung, 2013; Skolnik, 2018). As Skolnik (2018) states, social work and psychodrama create “a synergistic union.” Social group work and psychodrama groups are both employed in a variety of settings with different group types, including educational groups, support groups, treatment groups, supervisory groups, training groups, community action groups, and administrative groups.

J.L. Moreno believed that because we are wounded in relationship and in action, healing must also take place in relationship and in action. Social work with groups emphasizes the significance of human relationships and mutual aid – the ability of group members to use their own unique strengths and insights to support one another (Northen & Kurland, 2001; Schwartz; 1961; Steinberg, 2010). J.L. Moreno believed that change took place between the group members playing roles in a psychodrama, and not from the psychodrama facilitator (Z.T. Moreno, Blomkvist, & Rutzel, 2000b). He argued that each member of the group possessed therapeutic agency and power and were therapists for each other. In his Open Letter to Group Psychotherapists he writes that “one patient can be a therapeutic agent to the other, let us invent devices by which they can help each other, in contrast to the older idea that all the therapeutic power rests with the physician” (1947d, p. 23). Later, in 1963, he states that “the underlying principle is that each individual – not just the physician himself – may act as a therapeutic agent for every other individual, and each group as a therapeutic agent for another group” (p. 149). J.L.’s wife, Zerka Moreno later continues the dialogue, reflecting that:

With the passing years I stopped thinking of myself as a psychotherapist, because it became clear that I do not heal any psyches. Protagonists themselves do the healing. My task is to find and touch that autonomous healing center within, to assist and direct the protagonist to do the same. I am merely a guide in the wilderness, clearing away obstacles so protagonists can find their very own path (Z.T. Moreno, 2012)

Considering Moreno's belief that group therapy means the group is the patient or protagonist, a psychodramatic social worker may describe mutual aid as the process by which the group accesses its autonomous healing center and restores itself. J.L. Moreno not only believed in the potential of each individual to heal himself and of the group to heal itself, but also of society's potential to heal itself. Evidenced by one of his most well-known quotes, "a truly therapeutic procedure must have no less objective than the whole of mankind" (Moreno, 1953, p. 1).

The IASWG group standards explicitly states that "role theory and its application to members' relationships with one another and the worker" is "required knowledge" for the social group worker (IASWG, 2015, p. 14). At the same time, psychodrama group work is based on J.L. Moreno's role theory of personality which encompasses both social roles and intrapsychic roles. The role of the psychodrama director, as described by Zerka Moreno, conceptually reflects the role of the social group worker as a guide, ally, or mediator of the group process with the intent to promote mutual aid (Carey, 2016; Drumm, 2006; Kerson, 2002; Skolnik, 2018). The social worker, within the group, operates as another human being, often sharing personal ideas, perceptions, beliefs, and emotions. The use of self is highlighted as an essential tool for social work practice with groups (Bitel, 2000; Northen & Kurland, 2001).

Similarly, the psychodrama director often discloses from himself in the sharing and processing stage of the psychodrama.

Group work and psychodrama each operate from a phasic model of group development and process (Skolnik, 2018). Group work's phases of group development describe the tasks of the group over the course of its existence – from the preliminary stage, to a beginning stage, middle stage, and ending stage (Northen & Kurland, 2001). On the other hand, psychodrama theory offers a three-phase conceptualization of each group session – beginning with the warm-up stage, then the action stage, followed by the sharing and integration stage (Wysong, 2017). While these models of group process and development describe different aspects of group experience, they are often integrated and used concurrently by social group workers and psychodramatists.

Both the social worker and the psychodramatist conceptualize the individual within their social environment and look to increase clients' interpersonal skills. As Bendel's (2017) systematic review indicates, psychodrama research consistently points to its efficacy in improving interpersonal skills (Akinsola & Udoka, 2013; Dogan, 2010; Karabilgin et al., 2012; Karatas & Gokcakan, 2009; Li et al., 2015; McVea & Gow, 2006; McVea et al., 2011 Smokowski & Bacallao, 2009) and that "psychodrama applications for social work may find aptitude in client development of interpersonal skills" (Bendel, 2017, p. 47).

Interpersonal skills and social interaction are based on the foundation and essence of communication (Shaw, 1981). While ideas are primarily expressed through verbal communication, emotional content is conveyed through non-verbal gestures such as facial expression, posture, and subtle body movements (Northen & Kurland, 2001). While many

group modalities seem to focus on verbal processing, psychodrama orients itself first on the non-verbal. J.L. Moreno is quick to highlight how action precedes words in human development and often convey messages that words could not (1955b). Psychodramatists even use action, body posture, and movement without words as a form of communication or sharing about an experience. Role training effective communication is the objective of some psychodrama groups, during which group members offer various spontaneous demonstrations of communication styles for a given situation. The protagonist is then provided with an opportunity to try these different communication approaches and/or experience them from the role-reversed position. Psychodrama as a process is used in a variety of fields to teach communication skills to clients (Corsini, 2017; Dayton, 2005), students (Joyner & Young, 2009), social workers (Konopik & Cheung, 2013), lawyers (Cole, 2001), medical professionals (Baile & Blatner, 2014; Walters & Baile, 2014), and others.

Just as social workers utilize a systems approach to group and individual treatment, psychodrama uses its social atom to examine the social system in which the client operates, while utilizing the sociogram to see the group as its own sociodynamic system. Sociometry-based warm-up exercises are most commonly used leading up to a psychodrama with the intent of developing group cohesion (Dayton, 2005; Haworth & Vasiljevic, 2012). The International Association of Social Work with Groups Standards of Practice highlights group cohesion as a beginning task of the social worker who “aids the group members in establishing relationships with one another so as to promote group cohesion” (IASWG, 2015, p. 11). In social work research with groups, it has been shown that the greater the group cohesion, the stronger the influence of the group upon its members (Northen & Kurland, 2001). Yalom & Lesczc (2005)

reference the importance of group cohesion in group work to that of the therapeutic relationship in individual work.

Social work with groups and psychodrama each place significance on tension and conflict within the group process. Social workers conceptualize both tension and conflict as essential components of human development and group development while offering multiple strategies for working through them (Northen & Kurland, 2001). Similarly, psychodramatists assess tension and conflict in the group with sociometric tools and use a variety of psychodramatic interventions to resolve the conflict – including the encounter (Hale, 1981). The psychodramatic encounter provides participants with an opportunity to explore, label, and concretize transference/counter-transference in the conflict and experientially remove projections from the group member (Hudgins & Giacomucci, 2018). In the psychodramatic encounter, conflicting group members have an opportunity to role-reverse with each other to fully see things from the other's perspective which often relieves the conflict. Psychodramatists also pay considerable attention to tension in the group and are trained to assess open tension systems within group members and the group-as-a-whole - Dayton (2005, p. 453) defines open tension systems as “unresolved situations that live inside the psyche in an unfinished state and produce internal tension.”

In group treatment, psychodrama and social work approaches complement each other by treating the group-as-a-whole, while also being aware of each individual that the group is composed of (Carey, 2016; Giacomucci & Stone, 2018; Indagator & Chung, 2014). Frequently in a psychodrama group, the topic of the psychodrama is chosen democratically by group members which promotes the group-as-a-whole experience. J.L. Moreno compared the

psychodynamics of the individual with the sociodynamics of the group and their interplay in the psychodrama process. The locus of social work has been described by Viglante, et al. (1981) as the “psycho-social interface” which seems to capture Moreno’s thinking.

Skolnik (2018) highlights the overlap between social group work and psychodrama in the emphasis on spontaneity and creativity with the group process as a collective and creative endeavor. The social group work environment of mutual aid cultivates spontaneous and creative action in the group experience (Steinberg, 2010). As outlined in a future section, psychodrama practice developed from, and depends on, Moreno’s spontaneity-creativity theory.

Action Theory. J.L. Moreno believed that we were all improvising actors in the play of life, that each human was an auxiliary ego for one another (Z.T. Moreno, 2013). He integrated aspects of theater to create psychodrama, believing that “what was learned in action, must be unlearned in action” (Dayton, 2005, p. xxvii). The very term *psychodrama* means “Psyche in action” (Carnabucci, 2014). He believed in the power of action to create change and challenged Freud’s “talking cure”. In encountering Freud at the University of Vienna, J.L. Moreno exclaimed:

Dr. Freud, I start where you leave off. You meet people in the artificial setting of your office. I meet them on the street and in their homes, in their natural surroundings. You analyzed their dreams; I try to give them courage to dream again. (J.L. Moreno, Z.T. Moreno, & J.D. Moreno, 1964, pp. 16-17)

Psychodrama is one of the first body-oriented forms of psychotherapy, moving beyond just words and narrative (Carnabucci & Ciotola, 2013). J.L. Moreno's Action Theory rests on the idea that narrative and talking severely limit the client-therapists' ability to explore an issue or produce change. "However important verbal behavior is, *the act is prior to the word* and 'includes' it" (J.L. Moreno, 1955b, p. 17). Zerka Moreno later states that "even when interpretation is given, action is primary. There can be no interpretation without previous action" (1965, p. 77).

Neuroscience research, which will be explored in depth in a future section, has demonstrated that we are "beings of action and the stories of our lives are literally written on our neural systems" (Dayton, 2005, p. 55).

Spontaneity-Creativity Theory. J.L. Moreno's spontaneity-creativity theory is the foundation on which all his methods are built. Prior to his medical training, Moreno studied theology and philosophy with the intent of developing a religion (see the Religion of Encounter in Nolte, 2014), and was described by many as a mystic. In defining his concept of the *Godhead*, he described its most defining quality as the function as Creator – its creativity. Thus, he believed that the ability to create something new – art, music, an idea, a new response, a child – was inherently godlike (J.L. Moreno, 1921, 2011b). He believed both spontaneity and creativity to be foremost spiritual qualities and emphasized the 'godlikeness' of all humans (J.L. Moreno, 2012b). He writes that "spontaneity is the constant companion of creativity. It is the existential factor 'intervening' for creative processes to be released" (1956, p. 103). He defined spontaneity as the ability to "respond with some degree of adequacy to a new situation or with some degree of novelty to an old situation" (J.L. Moreno, 1964, p xii).

He also identified “forms of pathological spontaneity that distort perceptions, dissociate the enactment of roles, and interfere with their integration on the various levels of living” (J.L. Moreno, 1964, p. xii); one might think of pathological spontaneity as a novel response without adequacy (Dayton, 2005). He believed that emotional or psychological problems were either related to a lack of healthy spontaneity or some type of pathological spontaneity. Furthermore, he observed that anxiety and spontaneity are inversely proportional in that as one increases, the other decreases – “Anxiety sets in because there is spontaneity missing, not because ‘there is anxiety’, and spontaneity dwindles because anxiety rises” (1953, p. 337).

J.L. Moreno described the *warming-up process* as essential for the generation of spontaneity – “spontaneity is generated in action whenever an organism is found in the process of warming-up” (1956, p. 110). While spontaneity is associated with the *readiness* of the creative act, creativity is associated with the *act* itself. The created product, after the moment it is produced is no longer spontaneous; this is referred to as a *cultural conserve*. J.L. Moreno developed a visual chart, the Canon of Creativity (1953) to visualize the creative process and depict his theory of spontaneity-creativity.

Role Theory. The term *role* does not originate from sociology, psychology, or psychiatry, but instead comes from the theater. In ancient Greek and Roman drama productions, an actor’s character or lines would often be written on ‘rolls’ and memorized. J.L. Moreno claims that role theory transcended the limitations of psychoanalysis and behaviorism with a systematic exploration of social phenomenon, thus serving as a major bridge between psychiatry and the social sciences (1961). The concept of the role integrates cognitive, affective, and behavioral

states for simple categorization (Buchanan, 1984) while demystifying psychiatric labels and connecting them with the client's experience of self (Hudgins, 2002).

J.L. Moreno viewed each human being as a role-player (Fox, 1987). He states that the self, or the personality, is composed of all the roles that one plays in their life – “roles do not emerge from the self, but the self emerges from roles” (1953, p. 76). He outlines three categories of roles – somatic, psychodramatic, and social roles. Somatic roles develop first, in the preverbal stages of life, and represent physical or bodily aspects of the self – including eater, breather, sleeper, crawler, etc. Later, psychodramatic and social roles develop – but all three types of roles are intimately connected. Psychodramatic roles, or roles played out in the psyche, represent the internal dimensions of the self – the thinker, feeler, fantasizer, dreamer, etc. And, finally social roles, which are embedded within a cultural context, are the roles that we hold in relationship to others and society, such as father, sister, teacher, student, etc. (J.L. Moreno, 1934).

Furthermore, he outlines three stages of role-development, beginning with *role-taking* or *role-training*. Once a culturally conserved role is learned, it is *role-played*. During the role-playing stage of development, an individual naturally brings parts of themselves to the role. The final stage of development is that of *role-creation*, which describes the process of transforming the once learned role into a new, unique role (Dayton, 2005).

Role theory proposes that an individual with a wide role-repertoire, or the ability to adequately transition to diverse roles based on the situational context (spontaneity) will demonstrate healthy personality and social functioning (Fox, 1987). Role theory provides a non-

pathologizing alternative to traditional theories of personality and psychopathology. For example, J.L. Moreno conceptualized regression as a type of role playing:

In a paranoiac behavior, the repertory of roles is reduced to distorted acting in a single role. The deviate is unable to carry out a role in situ. He either overplays or underplays the part; inadequate perception is combined with distorted enactment. Histrionic neurosis of actors is due to the intervention of role fragments "alien" to the role personality of the actor. (1961, p. 521)

This passage points to his understanding of roles as being in ascendance or descendance based on how much, or how little, one has developed the role and how accessible the role is to the ego. "The ego must have roles in which to operate" (Hale, 1981, p. 8).

As role-players, we do not exist in social isolation – instead, each of our roles develops and exists in relationship with others. Roles are linked to counter-roles demonstrating the phenomenon of *role-reciprocity*. "There are no parents without children, no teachers without students, no therapists without clients, no slaves without masters, etc. In other words, we are all inter-actors with one another" (Z.T. Moreno, 2013, p. 38). Role-reciprocity emphasizes the person-in-environment perspective by conceptualizing roles, or aspects of self, as inherently in relation to others.

Surplus Reality and Concretization. J.L. Moreno defines surplus reality as a mode of subjective experience beyond reality that is enhanced through the use of imagination (1965, pp. 212-213). Surplus reality describes the element of psychodrama during which the subjective reality of the client is put into action using role-playing techniques. "It allows the protagonist to

experience physically what has been experienced psychologically” (Watersong, 2011, p. 21).

Surplus reality can also be used to describe the inner imaginal space of an individual or the subjective experience of different mental health symptoms that are a distortion of reality – flashbacks, delusions, hallucinations, etc. (Giacomucci, in-press).

Psychodrama provides a bridge between the intrapsychic reality of the client and the outer objective reality through the technique of concretization (Watersong, 2011). This technique makes the client’s inner world tangible by using other group members or objects to represent or symbolize them. The technique of concretization utilizes the vehicle of projection through symbolic representation. A client may choose a group member to play the role of their mother, or a scarf to represent their courage. In these examples, the client is projecting an internalized object relation or intrapsychic quality into another human or object. In an interview, Blatner (2010, as cited in Konopik & Cheung, 2013) emphasized the significance of concretization, stating “it gets past tendencies to distance oneself through narration.” The psychodrama stage is seen “as-if” it is a creative and spontaneity space where anything could take place – especially the impossible (Kellerman, 1992). Watersong (2011) states: “Surplus reality in psychodrama addresses our deep hunger to explore creative potential by experiencing and expressing all that we are and expanding into the abundance of life” (p. 26). The use of surplus reality encourages an element of play. Winnicott (1971) writes of the importance of play in that the individual expresses their spontaneity and creativity, engages their whole self, and discovers the new aspects of personality.

J.L. Moreno (1939) highlighted the existence of unseen dimensions of life that are not fully explored, processed, expressed, or experienced and that surplus reality of psychodrama

was needed to work through these aspects of life. Through the surplus reality of a psychodrama, an experience in the future or a scene from the past could be put into action. A historical moment could be brought into the classroom for students engage with. In trauma therapy, psychodramatists often create surplus reality moments of developmental repair during which the client is provided with an embodied experience of having their previously unmet needs fulfilled today on the psychodrama stage (see section on Therapeutic Spiral Model). Psychodrama techniques permit one to have dialogues with the dead, offering an efficient method for renegotiating unresolved grief and losses. A protagonist has the capacity in psychodrama's surplus reality to dialogue with ancestors or even an unborn child!

Psychodrama is a way to change the world in the HERE AND NOW using the fundamental rules of imagination without falling into the abyss of illusion, hallucination or delusion. The human brain is the vehicle of imagination. Psychodrama, in training the imagination, overcomes the differences which hinder communication between the sexes, between the races, the generations, the sick and the healthy, between people and animals, between people and objects, between the living and the dead. The simple methods of psychodrama give us courage, return to us our lost unity with the universe, and re-establish the continuity of life. (J.L. Moreno, 1972, p. 131)

Concretization and surplus reality provide the psychodramatist with tools for enactment and assisting the protagonist toward achieving their goal. Zerka Moreno (2000b) observed that the most healing catharses emerge from psychodrama scenes that could not, did not, or are unlikely to play out in reality.

Catharsis. Breuer and Freud were the first to introduce the concept of catharsis to psychiatry in *Studies on Hysteria* (1895/1957), though the idea was previously used in the medical and theatrical fields. Freud described catharsis as an instinctive and involuntary release of affect associated with a past event (1893). Similarly, catharsis is defined by an influential psychodramatist as an experience of release that takes place when an inner mobilization finds its outlet through action (Kellermann, 1984, p. 1). Psychodrama theory highlights catharsis as a function related to both explicit narrative memory, but also implicit somatic memory. Due to psychodrama's action-based approach, catharsis is quite common because the entire self, physical and mental, is put into action (Nolte, 2014).

J.L. Moreno's conceptualization of catharsis was influenced by Aristotle who believed that audience members enjoyed watching Greek tragedy dramas because of the experienced *Katharsis* of fear and pity (1951). Adding to Aristotle's discussion, Moreno noted that "the cathartic effect relies on novelty and surprise" (Nolte, 2014, p. 220). This cathartic effect is most potent on the first viewing, and it gradually diminishes with each viewing – thus catharsis is related to spontaneity (J.L. Moreno, 1940). In the traditional theater, actors role-play the same roles with the same scripts lacking spontaneity; the play is a cultural conserve. Psychodrama, on the other hand, is alive with spontaneity. There is no script, everything happens for the first time, and no psychodrama is repeated identically. While Aristotle was focused on spectator catharsis, Moreno initially was curious about catharsis of the actors. Psychodrama involves both. He writes "The greater a spectator's social and psychodramatic roles correspond to the symbolic roles portrayed on the stage, the greater is the catharsis produced by the drama" (1940, p. 226).

The psychodramatic theory of catharsis includes two primary types of catharsis – *catharsis of abreaction* and *catharsis of integration*. Historically, psychodrama seems to have gained a reputation for its ability to produce catharsis of abreaction – but the goal of psychodrama is actually a catharsis of integration (Hollander, 1969; Hug, 2013; Nolte, 2014). While the catharsis of abreaction could be conceptualized as overcoming or loosening resistance through release, expression, or discharge, the catharsis of integration helps to re-order or transform intrapsychic structure after the release (Kellerman, 1984). Abreaction provides a sense of completion and a release of tension related to the issue; integrative catharsis provides a renewed sense of harmony and equilibrium through a meaningful shift in perception (Nolte, 2014). Kellerman articulately outlines J.L. Moreno's (1924, 1940, 1946, 1953) contribution and enlargement of the original meaning of the term catharsis:

To include not only release and relief of emotions, but also integration and ordering; not only intense reliving of the past, but also intense living in the here-and-now; not only a passive, verbal reflection, but also an active, nonverbal enactment; not only a private ritual, but also a communal, shared rite of healing; not only an intrapsychic tension reduction, but also an interpersonal conflict resolution; not only a medical purification, but also a religious and aesthetic experience. (1984, pp. 10-11)

While psychodrama may have developed a reputation for being overly focused on catharsis of abreaction, which can be retraumatizing for trauma survivors, over the past two decades there has been a deeper sensitivity in considering psychodrama's clinical use with trauma survivors (Dayton, 2015; Giacomucci & Stone, 2018; Hudgins & Toscani, 2013). Two

comprehensive, clinically-modified psychodrama approaches will be outlined in a further section.

Tele. “We could observe that some individuals have for each other a certain sensitivity as if they were chained together by a common soul. When they warm-up to a state, they ‘click’” (J.L. Moreno, 1924, p. 57). This quote from J.L. Moreno’s *Das Stegreiftheater* (Theater of Spontaneity) describes the concept of tele nearly a decade before coining the term through his sociometric research.

The term tele is derived from the Greek word meaning ‘far’ or ‘at a distance’ (J.L. Moreno, 1934). J.L. Moreno states that “every wholesome human relationship depends on the presence of tele”; he defines tele as ‘insight into,’ ‘appreciation of,’ and ‘feeling for’ the ‘actual make up’ of the other person. (1959, p. 37). It is “the socio-gravitational factor, which operates between individuals, drawing them to form more positive or negative pair-relations...than on chance” (J.L. Moreno, 1947a, p. 84). Tele may be conceptualized as two-way empathy (J.L. Moreno, 1953). The progress of therapy and the development of any group depends on tele as a foundation to its advancement (Z.T. Moreno, 2000b). “Tele conveys the message that people are participants in an interpersonal phenomena whereby they contact and communicate and resonate with one another at a distance and that they send emotional messages projected across space” (Kellermann, 1992, as cited in Dayton, 2005, p. 53). Dayton (2005) suggests that the tele phenomenon operates through what neuroscientists describe as “affectively charged, facially mediated right brain-to-brain communications, at levels beneath awareness” (Lazarus and McCleary, 1951). Similarly, Yaniv (2014), presents a neuropsychology conceptualization of tele as being related to the orbitofrontal cortex’s (ofc) function of tracking emotional valence.

Tele is not transference or counter-transference (J.L. Moreno attempted to dismantle the 'patient-therapist' power dynamic by referring to counter-transference as transference). Transference is a one-way process – a distortion of tele, but tele is a two-way accurate knowing of one another. Both transference and tele are often present in relationships and the goal over time is to replace transference with tele (J.L. Moreno, 1959). "By definition, transference tends to produce dissociation of interpersonal relations. In contrast, tele strengthens association and promotes continuity, security, stability, reciprocity, and cohesiveness of groups" (Z. T. Moreno, 1983, p. 164). J.L. Moreno distinguishes tele from transference in the following passage:

Transference, like tele, has a cognitive as well as a conative aspect. It takes tele to choose the right therapist and group partner; it takes transference to misjudge the therapist to choose group partners who produce unstable relationships in a given activity. (1959, p. 12)

He argued that transference is a fantasy (surplus reality) based on past experience, while tele is based on feelings into the actuality of another. Transference is based on one's *inner* psychodynamic experience; tele describes the sociodynamics *between* two individuals (1959).

Tele exists within all sociometric, psychodramatic, and group psychotherapy sessions. It is most evident in group sociometry through the development of reciprocal choices or when one's perception towards another matches that person's experience of self (Hale, 1981). The presence of tele within psychodrama groups is often highlighted when a protagonist chooses another group member (often not knowing their history) to play a specific role – only later to find out that the role directly coincided with that group member's personal work (Nolte, 2014).

Psychodrama in practice: Phases, elements, and techniques. The following section will outline the phases, elements, and techniques within psychodrama.

Three phases of a psychodrama. A standard psychodrama group includes three essential stages – warm-up, enactment, and sharing. In many ways, these three stages mirror J.L. Moreno’s triadic system of sociometry, psychodrama, and group psychotherapy. The warm-up stage often includes an action-based sociometric exploration of the group which serves to both warm-up participants to physical action and internally to warm-up to a psychodrama. In the warm-up stage, a protagonist is selected – often by sociometric process of the group. The enactment phase involves bringing the protagonist’s intrapsychic or interpersonal life onto the stage through role-playing. Dayton (2005) describes it as externalizing and concretizing the protagonist’s inner world of object relations. She states that “the psychodramatic stage becomes a path into another world, where it allows a protagonist to time-travel out of the narrow dimensions of her everyday life” (2005, p. 24). After the enactment, group members de-role and the sharing phase begins. During this phase, group members share about their own experience of playing a role or observing the psychodrama with the intent of identifying with and connecting to the protagonist. This serves as an integration period for group members as they apply the theme and experience to their own lives, but also for the protagonist who is reintegrating himself intrapsychically and interpersonally after the enactment.

The five elements of a psychodrama. There are five ingredients to any psychodrama; they are the stage, a director, a protagonist, at least one auxiliary ego, and the audience.

The *stage* provides a place for the action to be held and contained within space. J.L. Moreno (1953, p. 81) states that “the stage space is an extension of life beyond the reality test of life itself. Reality and fantasy are not in conflict, but both are functions within a wider sphere – the psychodramatic world of objects, persons, and events.”

The second ingredient is a *protagonist* who is a member of the group chosen to provide the content of the psychodrama based on his or her goals. The protagonist may be selected by the group, self-selected, scheduled, or chosen by the therapist/director. Dayton (2005) says that offering a protagonist the stage is offering them an opportunity to meet themselves on an inward journey.

The *director* is the therapist facilitating the session and guiding the protagonist towards the completion of their goal in the psychodrama. The director uses a variety of techniques which will be discussed further in the next section. In classical psychodrama, the protagonist leads the way as the director helps to concretize and produce the psychodramatic scene. The director’s responsibilities also include keeping the enactment physically and emotionally safe. The psychodrama director is an integration of 4 roles – therapist, sociometrist/group leader, analyst, and producer (Kellermann, 1992). It is not suggested that any professional attempt to direct a full psychodrama until they have completed at least 100 hours of psychodrama training – though the process of becoming certified as a practitioner in psychodrama includes a total of 780 training hours.

The fourth element is that of one or more *auxiliary egos*. These auxiliary roles are most often held by other group members, but could also be other staff members or students. Utilizing auxiliaries is a tool of the director, but once enrolled, they are an extension of the

protagonist (J.L. Moreno, 1947a). Most often the protagonist selects the auxiliaries who will hold the roles necessary for the enactment to take place. At times the director may make clinical role assignments based on his knowledge of group members' needs. The auxiliary plays a role based on role-training from the protagonist. At the same time, the auxiliaries may experience a dormant role within their own self-system awoken as they bring themselves to the role (Dayton, 2005; Hudgins & Toscani, 2013).

The *audience*, or the group, is the final element in psychodrama and provides the protagonist with an important function by bearing witness to their story. The action of a psychodrama has a catching-force that stirs up powerful emotions in audience members, just as a movie might. "The audience sees itself, that is, one of its collective syndromes portrayed on the stage" (J.L. Moreno, 1946, p. 251). Group members in the audience have the opportunity to identify with the protagonist's story while watching it from a distance. Most frequently, audience members experience both catharsis of abreaction and integration through their observer role in the drama, which Hug (2007) attributes to the mechanisms of mirror neurons (a neuroscience perspective on psychodrama will be outlined in a later section).

Psychodramatic techniques and developmental theory. Within any psychodrama, there are numerous techniques available for the use of the director. New techniques and psychodramatic interventions are being developed by modern psychodramatists on a regular basis. Some of these will be explored later in an examination of the Therapeutic Spiral Model of clinically modified psychodrama to treat trauma. This section will outline classical psychodrama's primary techniques – the double, the mirror, and role-reversal. These three techniques represent J.L. Moreno's developmental theory and will be presented as such – the

stage of identity (doubling), the stage of recognizing the self (mirroring), and the stage of recognizing others (role-reversal) (J.L. Moreno, 1952).

The *double* speaks (or attempts to speak) the inner world of the protagonist, giving voice to their inner reality. Zerka Moreno (1946, p. 180) described the function of the double as “to reach deeper layers of expression by peeling off the outer, socially visible ‘I’ of the subject and by reaching for those experiences and imageries which a person would reveal in talking to herself, alone, in the privacy of her own room.” Operationally, this is done simply by standing next to the protagonist, mimicking their body posture, and speaking in the first person as if one is the protagonist. If the protagonist experiences the doubling as inaccurate, they correct it – if it is accurate, the protagonist repeats it and owns it as their own. Doubling is a technique that can be performed by anyone in the group, including the director or therapist. Often, doubling takes place quickly and spontaneously when members of the audience get warmed-up. Tian Dayton remarks that:

a good double can be very effective in helping the protagonist to feel seen and understood, in acting as a therapeutic ally while confronting painful emotional material and in moving the protagonist’s action to a deeper level by giving voice to that level.
(2005, p. 37)

Doubling becomes especially important when working with traumatic material because it helps the protagonist to integrate emotions and cognitions that have been previously split out of consciousness due to the overwhelming nature of the traumatic experience (Hudgins & Toscani, 2013). It also provides the protagonist with an opportunity to renegotiate and reframe the

experience with more mature perspective of the situation by seeing it through two sets of eyes – the eyes of herself in the past, and the eyes of herself today (Dayton, 2005).

Doubling is also the first stage of J.L. Moreno's psychodramatic development theory. Zerka Moreno (2006) indicates that doubling is essential to healthy attachment in that the caregivers put words to what is unspoken and unlabeled for the non-verbal infant (as cited in Hudgins & Toscani, 2013). In this developmental stage, doubling creates a holding environment for the infant (or client) to feel seen and understood from the inside out (Dayton, 2005). J.L. Moreno theorized that in the first few weeks after birth, infants live within the *matrix of identity* during which they experience themselves as one with not only their mothers, but all objects and their surroundings (1952). This stage of development is characterized by the significance of attachment between infant and caregiver(s) and sets the framework for the infant's ability to self-regulate in the future (Cozolino, 2014b). Dayton outlines the importance of attachment from J.L. Moreno's developmental theory in the following passage:

If the parent is an attuned 'double' for the child's experience, the child feels a sense of place and belonging. If, on the other hand, she leaves the infant to a world without doubling, the child may feel that he is incomprehensible to others and a sort of fissure may occur within the self due to feeling misunderstood or out of sync with his external representations of self since, from a child's point of view, parents and some siblings are part of his own self. (2005, p. 161)

In this first developmental stage, doubling is essential for the healthy formation of identity. If the mother's attempts to double and meet the needs of the infant are inaccurate, the infant will surely let her know through non-verbal communication. In a similar way, the protagonist

will correct inaccurate doubling statements from other group members – thus strengthening their ego identity. The double intervention, or role, in a psychodrama helps with the exploration of the inner reality of the protagonist and serves as a bridge between the director and protagonist (Hudgins & Toscani, 2013; Z.T. Moreno, 2006)

The *mirror* technique allows the protagonist to observe from a distance, and to “see herself as others see her” (J.L. Moreno, 1946, p. 182). In a psychodrama enactment, the director may instruct the protagonist to take a seat in the audience while another group member, an auxiliary ego, reenacts the scene for the protagonist to see himself in action – as if he is looking at himself in the mirror. This is especially useful when a protagonist appears stuck in a role, or in acting out their defenses. The mirror position provides emotional distance from the scene, offers the protagonist an opportunity to view the situation from outside in order to develop greater perspective and see himself with more clarity and compassion (Dayton, 2005).

Developmentally speaking, the mirror stage is when the child begins to recognize himself as a separate individual (J.L. Moreno, 1952). This stage, which starts around nine months of age, includes the infant’s capacity for “joint attention” and “secondary intersubjectivity” (Dayton, 2005). The infant is now able to shift attention between person and object by aligning their visual attention with their caregiver’s, thus beginning to develop awareness of a shared, but separate experience (Hobson, 1989; Trevarthen, 1998). This is, as Dayton states: “the dawning of an awareness of self as differentiated from the world outside the self” (2005, p. 163).

The mirror technique, in a sense, is the protagonist role-reversing with an audience member. Moreno’s original developmental theory outlined *role-reversal* as the third phase.

One does not have the ability to reverse roles until they have first established a basic sense of self. An infant in a previous stage of development, before about the age of three, will not have this capacity, though most adults do (J.L. Moreno, et al., 1955). J.L., Zerka, and Jonathan Moreno published an article about the use of role-reversal to aid in raising a child and emphasizing its therapeutic potential. Role reversal resembles the process of separation and individualization outlined by Mahler (1975). This stage of development represents a true sense of separateness and the ability to empathize with others. It is a state of intersubjectivity, being in relationship with dual awareness of one's self and the other within a dynamic relationship (Dayton, 2005). "In role reversal the sense of self is intact enough so that we can temporarily leave it, stand in the shoes of another, and return safely home" (Dayton, 2005, p. 439).

In a psychodramatic enactment, a role-reversal allows one the experience of trading places with another person, stepping out of one's own identity and into the identity of another to see through their eyes. J.L. Moreno outlines the philosophy of role-reversal in his 1914

Invitation to an Encounter poem:

A meeting of two: eye to eye, face to face. And when you are near I will tear your eyes out and place them instead of mine and you will tear my eyes out and place them instead of yours then I will look at you with your eyes and you will look at me with mine.

(J.L. Moreno, 1914)

Zerka Moreno refers to role-reversal as the *sine qua non* of psychodrama – without it there is no true psychodrama (Dayton, 2005). Many psychodramatists consider it to be the most effective psychodrama technique (Kellermann, 1994). In a psychodrama enactment, a husband and wife could role-reverse to develop a better sense of each other's perspective; one could

reverse roles with a historical figure or a role-model; the protagonist could reverse roles with one of their intrapsychic roles (such as courage, their inner hero, or their inner critic); or even reverse roles with God! Role-reverse could be used with two individuals in the group, or between the protagonist and one who is only psychodramatically present through surplus reality. There are many different shapes that the role reversal can take, ranging from intrapsychic, intrapersonal, and transpersonal roles. The role reversal is a technique with the functions of building ego-strength, spontaneity, sensitivity, empathy, awareness, and self-integration while facilitating socialization and an exploration of interpersonal relations (Dayton, 2005; Hudgins & Toscani, 2013; Kellermann, 1994; J.L. Moreno, 1959). There are of course guidelines and clinical considerations to take into account when using the role-reversal technique, especially when working with trauma, these will be outlined in a further section.

And so we may say that the double, the mirror, and the reversal are like three stages in the development of the infant which have their counterpart in the therapeutic techniques which we can use in the treatment of all human relations problems. (J.L. Moreno, 1952, p. 275)

Chapter 6: Clinically-Modified Psychodrama for Treatment of Trauma

In the past two decades, a few clinically-modified psychodrama models have emerged to fill the gap in practice and theory. Of course, Post-Traumatic Stress Disorder (PTSD) was not official recognized in the Diagnostic and Statistical Manual of Mental Disorders (DSM) until the third edition was published in 1980 – six years after Jacob Moreno’s death in 1974.

Furthermore, the application of classical psychodrama to traumatized populations requires precise knowledge and slight modification of techniques to avoid retraumatization. The growing body of literature and clinical practice oriented to trauma-specific services prompted the development of the Therapeutic Spiral Model by Kate Hudgins and Francesca Toscani, and the Relational Trauma Repair Model by Tian Dayton. While there are numerous theoretical articles and books about using psychodrama with trauma (mostly published by Hudgins or Dayton), there are very few research studies specific to the use of psychodrama to treat trauma.

The Therapeutic Spiral Model. The Therapeutic Spiral Model (TSM) is an intrapsychic model of psychodrama rooted in clinical psychology, attachment theory, and neurobiology. Although TSM is also deeply rooted in classical psychodramatic theory, it distinguishes itself with an emphasis on safety, containment, strengths, and intrapsychic change. TSM comes equipped with a comprehensive clinical map called the Trauma Survivor’s Inner Role Atom (TSIRA) which provides a framework for working with trauma using the simplicity of role theory. It facilitates the safety needed to establish a therapeutic alliance and group cohesion while keeping clients in their window of tolerance and transforming internalized trauma-based roles into roles of post-traumatic growth (Giacomucci, in-press; Hudgins, 2017).

While the current research on TSM psychodrama is limited, preliminary findings suggest possible effectiveness for reducing PTSD symptoms and even resolving trauma (Perry, Saby, Wenos, Hudgins, & Baller, 2016; Gow & McVea, 2006; Hudgins & Toscani, 2013; Hudgins, Drucker, & Metcalf, 2000). TSM has anchored itself within the research base of experiential psychotherapy, interpersonal neurobiology, and classical psychodrama. Over the past two decades, TSM has increased in popularity in the psychodrama world and contributed to the movement towards strength-based approaches in psychodrama.

While classical psychodrama most often explores interpersonal roles and relationships, TSM is an entirely intrapsychic model. It developed from the realization that before one could interface with others in the world in a healthy way, they needed to do their own personal work and reorganize their internal role atom (Hudgins & Toscani, 2013). The Trauma Survivors Inner Role Atom provides a template of 18 inner roles that contribute to stability, integration, and growth. The simplest way to describe the TSIRA is using a visual of a spiral with three strands – prescriptive roles, trauma-based roles, and transformative roles (Giacomucci, 2017). The first strand represents prescriptive roles which focus on developing the ability for non-judgmental observation, containment, and strengths. The term prescriptive is used to reflect that these roles are directives from a professional and are necessary for the change to occur, just like a prescription from a medical doctor. The second spiral symbolizes the internalization of the trauma. And the transformation that emerges between the interaction of prescriptive and trauma-based roles is represented by the final strand of the spiral. The TSIRA provides a template with intervention steps that target the development of specific psychological functions necessary for healthy functioning after trauma (Hudgins, 2017).

Prescriptive roles and safety structures. The clinical map includes eight prescriptive roles with the functions of observation, containment, and restoration/strength.

Function	Prescriptive Roles
A. Observation	1. Observing Ego 2. Client Role
B. Containment	3. Containing Double 4. Body Double 5. Manager of Defenses
C. Restoration/Strength	6. Intrapsychic Strengths 7. Interpersonal Strengths 8. Transpersonal Strengths

Figure 1. Prescriptive roles and functions (Toscani & Hudgins, 1995)

In addition to the prescriptive roles, the TSM model includes six experiential safety structures to establish connection, containment, and safety in any group. Some of these safety structures pull from classical sociometry (including spectrograms, step-in sociometry, and hands-on-shoulders sociometry), one safety structure is an art project, and two of the safety structures are inherently new to TSM and concretize the prescriptive roles.

One of these new contributions to the field that TSM offers is through the concretization of the *observing ego role*, a term originally used by Freud (1932), which is the part of self that can accurately observe the self without blame, shame, or judgement. In TSM workshops, this role is often concretized with cards of some kind (animal cards, angel cards, buddha cards, art work, etc.) which are placed on the walls around the room. This is a cognitive

role associated with the left hemisphere and cognitive functions of the brain that helps to keep the protagonist present and provide accurate labeling for emotionally charged events which are likely stored in nonverbal memory (Lawrence, 2015). Participants are often asked to share with each other why they chose their card and how it can hold the role of the observing ego for them. This provides the psychodrama director with a safe role to bring a protagonist to if they become overwhelmed in the psychodrama.

The circle of strengths safety structure is another important contribution from TSM. There are three types of strengths in TSM; *intrapsychic*, *interpersonal*, and *transpersonal*. Intrapsychic strengths are those within the individual, such as resilience, willingness, and passion. Interpersonal strengths may be supportive people or strengths that involve more than just the self. Examples include a good friend, a mentor, or the ability to help others. The last type of strength is transpersonal, which simply means that it is beyond human. This could mean God, a higher power, elements from myths or legends, music, nature, a healthy ancestral legacy, or a greater purpose in life. These strengths are concretized (usually with scarves or other objects in the room) which involves group members identifying their own, and each other's strengths, in a ritual of acknowledging self and others. The circle of strengths, enriches group connections, acknowledges strengths, and creates a physical circle – which serves as both a container for the trauma and a stage for the psychodrama.

The TSM model also offers two new types of psychodrama doubles – the *containing double* and the *body double*, which are often combined into one role in clinical settings. While classical psychodrama doubling is often quick and one sentence, the body double and containing double are roles assigned to group members which stay with the protagonist at all

times throughout the entire group. The body double mirrors body movements/postures while making grounding statements to prevent dissociation and enhance somatic processing (Burden & Ciotola, 2001; Carnabucci & Ciotola, 2013). The body double reconnects the trauma survivor with awareness of their own body thus strengthening vertical neural integration and providing grounding (Lawrence, 2011).

The containing double offers statements anchoring the protagonist in the present moment by expanding or containing feelings or thinking, depending on what is clinically appropriate. The containing double adapts based on the needs of each protagonist. For a protagonist with overwhelming feelings, the containing double would contain the feelings while helping to label internal experience; but for a protagonist prone to intellectualizing or overthinking, the containing double would contain the thinking while helping him access his feelings and physical sensations. One might say that it serves as the corpus callosum, connecting the left and right hemispheres of the brain and providing a balance between cognition and emotion (Hug, 2013).

The triangle of trauma roles. The second phase of TSM's clinical map is only used once the protagonist and the group has adequately accessed their prescriptive roles. The trauma triangle is an evolution of Karpman's (1968) interpersonal drama triangle of victim, perpetrator, and rescuer. In one's experience of trauma however, there was no rescuer, otherwise the trauma would not have occurred. So TSM teaches that a trauma survivor unconsciously internalizes the roles of *victim*, *perpetrator*, and *abandoning authority* (Hudgins & Toscani 2013; Toscani & Hudgins, 1995). These three trauma-based roles are the TSM operational definition of PTSD symptomology in action (Giacomucci, in-press).

These three internal roles - victim, perpetrator, and abandoning authority, create a triangulation of role reciprocity. TSM theory conceptualizes the trauma as living within the survivor in terms of these roles, which can be thought of as the introjections of the spoken and unspoken messages from the perpetrator and abandoning authority at the time of the trauma. Although the actual trauma is over, it lives within the survivor and is reexperienced through the surplus reality of flashbacks, night terrors, negative cognitions and feeling states, avoidance, dissociation, and insecure attachments (American Psychiatric Association, 2013).

The interaction of the prescriptive roles with the trauma-based roles is exactly what creates the intrapsychic change according to TSM theory. TSM defines its prescriptive roles as the operational definition of spontaneity in action (Hudgins, 2017) which, when interacting with the trauma-based roles, allows the protagonist to respond in a new, adequate way instead of resorting to the repetitive trauma triangle patterns. The alchemy of prescriptive roles interacting with trauma-based roles is precisely what creates transformative roles – the final stage of the TSIRA clinical map.

Transformative roles of post-traumatic growth. Post-Traumatic Growth refers to phenomenon of positive transformation that is often experienced after a traumatic life event (Calhoun & Tedeschi, 2014). The TSIRA's transformative roles are the operational definition of post-traumatic growth in action and embodied in the simplicity of role theory. The TSIRA's transformative roles include eight labelled roles organized on the three poles of transformative functions - autonomy, integration, and correction. These functions can be conceptualized of as the opposite sides of the trauma triangle roles constituting role transformations from

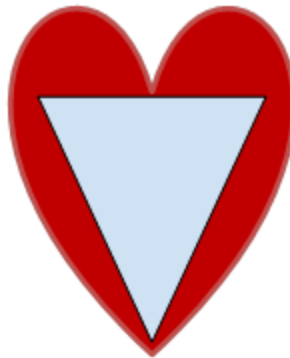
abandonment to integration, victimhood to autonomy, and perpetration to correction

(Giacomucci, in-press).

Perpetrator

Roles of Correction

Good-Enough Parent
Good-Enough Partner
Good-Enough Friend



Victim

Roles of Autonomy

Sleeping-Awakening Child
Change Agent
Manager of Healthy
Defenses

Abandoning Authority

Roles of Integration

Appropriate Authority
Ultimate Authority

Figure 2. TSM Trauma Triangle Role Transformations (Giacomucci, 2018).

This diagram depicts the TSM transformative triangle (heart-shaped) as an evolution of the TSM trauma triangle with the alignment of trauma-based roles and the corresponding TSM Transformative roles and functions.

One of the most important transformative roles on the TSIRA clinical map is the *appropriate authority*, which is necessary to help remove one's self from cycling around the internal trauma triangle (Hudgins & Toscani 2013). The appropriate authority is an internal role that intervenes in the repetition of continued abandonment, victimization, and perpetration of the self. TSM's other role of integration, the *ultimate authority*, is the integration of all 8 of the transformative roles having been internalized, enacted in the protagonist's intrapsychic world,

then their interpersonal world, and finally out in the world. This role is, in a spiritual sense, awakening to the fact that one is a co-creator and co-responsible for mankind (Z.T. Moreno, 2012b).

The *sleeping-awakening child* is another role unique to TSM. Many trauma survivors indicate that they feel as though they have lost their innocence, spontaneity, creativity, or inherent goodness. The sleeping-awakening child role reframes these beliefs and offers a new construct; this is the role that holds all of the innocence, goodness, uniqueness, creativity, and spontaneity. It was never lost or taken, it simply went to sleep at the time of the trauma and waits for the protagonist to make their life safe enough to be awoken (Hudgins 2017). It is a truly beautiful moment in a TSM psychodrama to experience an auxiliary play the role of the sleeping child as the protagonist awakens this part of self, and in doing so, taps into a source of inner goodness.

The Transformative roles of corrective connection, which are *good-enough parents*, *good-enough significant other*, and *good-enough spirituality*, are significant in their ability to provide protagonists with corrective emotional experiences that have the power to repair the negative influence of prior experiences (Alexander & French, 1946; Cozolino, 2014). TSM psychodrama allows participants to embody the roles of transformation and post-traumatic growth in the safety of a psychodrama, effectively role-training them to hold the roles in other arenas of their lives.

While the TSIRA provides a template for transforming trauma, these templated roles are sure to materialize differently in each psychodrama, and especially from culture to culture. TSM has been taught and practiced in over 40 countries with its clinical map consistently providing a

framework for inner change (Hudgins, 2017). Many have come to believe that TSM is the most clinically sophisticated psychodrama model available and that its application extends beyond just utilization with trauma survivors (Hudgins & Toscani, 2013).

Relational Trauma Repair Model. The Relational Trauma Repair (RTR) model is another clinically-modified approach for using psychodrama and other action-methods for work with trauma. Tian Dayton develop this model with an emphasis on psychosocial metrics “that could put healing in the hands of the process itself rather than exclusively in the hands of the therapists” (2015, p. 10). The RTR model uses mutual aid as its lynchpin by positioning group members as therapeutic agents for each other. A major strength of RTR is that it can be adapted for clinical use in shorter groups and offers a potent alternative to full psychodrama sessions. A common RTR group includes a series of an action-based sociometric-like exercises followed by a small, but precise, psychodrama vignette. While a TSM or classical psychodrama would often include multiple roles and scenes, an RTR psychodrama most often only has two or three roles.

The RTR model has two levels. The first is primarily psychoeducational and/or sociometry processes, while the second level involves both sociometry and psychodrama (Dayton, 2014). The first level can be used without much training as it emphasizes educational exercises, sociometry processes, and psychodramatic journaling or letter writing. The second level of RTR practice focuses on “role reconstructions” and “frozen moments”, which does require more psychodrama training. Level 1 is present-moment focused while level 2 is more oriented on the past and involves experiential regression work.

One of RTR's biggest contributions to the field is the *floor check* structure, which takes the traditional sociometric locogram and expands it into a psychosocial metric tool (Dayton, 2014). The way this is done is by choosing a topic – such as “feelings”, printing or writing a feeling word on separate sheets of paper and spacing them throughout the room on the floor. Participants are instructed to “stand at the feeling that best describes your experience right now”, which clusters participants into smaller groups for sharing based on a shared criterion. Each floor check has the potential for numerous prompts – “stand at the feeling that you most try to avoid,” “stand at the feeling that you can't stand in others,” stand at the feeling that seemed to characterize your childhood,” etc.... These simple prompts create movement in the room and offer many opportunities, through sharing, to transition into psychodramatic vignettes. The floor checks provide the facilitator with important clinical information about the group-as-a-whole, its individual members, and where their warm-up is. In the process, group members cluster together based on shared experience and connect with each other; this process is a perfect example of how RTR helps the group to access mutual aid.

Chapter 7: Moreno's Other Related-Approaches

Sociodrama. While a psychodrama enacts the topic or concerns of an individual group member, a sociodrama enacts a collective group concern (Giacomucci, 2017; Minkin, 2016). Moreno states that “the true subject of a sociodrama is the group” (1943, p. 437). In sociodrama, there is an element of aesthetic distance that helps maintain a sense of safety as the sociodrama is not an individual's story; it is the story of the group. In a sociodrama, the group-as-a-whole is the identified protagonist. The sociodramatic enactment “unlocks the common threads of human experience for everyone” (Sternberg & Garcia, 2000, p. xvii). Rather than sit and talk about a social issue, group members take roles and enact scenes and themes related to the social issue. In doing so, group members are able to see the issue from the roles of others, clarify their values, and express their thoughts and feelings in a spontaneous manner. The goals of a sociodrama include catharsis and expression, insight and new perception, and role training or behavioral practice (Sternberg & Garcia, 2000).

Because of its non-threatening, but collective group focus, sociodrama is especially fit for education, community groups, conflict resolution, and social activism. Moreno described sociodrama as “a new approach to the problem of inter-cultural relations” in one of his earliest writings about it (1943, p. 434). Moreno suggests that social problems cannot be solved in the seclusion of individual therapy, but instead must be solved in a forum accessible to the entire community such as a sociodrama (1943). Sociodrama is frequently used in non-clinical settings and educational settings but can also be used in clinical groups (Giacomucci, 2017; Kellermann, 2007; Sternberg & Garcia, 2000).

Sociatry and Social Microscopy. Moreno believed that “a truly therapeutic procedure must have no less objective than the whole of mankind” (1953, p. 1). All of his methods fall under the umbrella of his vision of *Sociatry* – healing for society (Z.T. Moreno, 2006). He writes that “Psychiatry is the branch in medicine that relates to mental disease and its treatment; it treats the individual psyche and soma. Sociatry treats the diseases of inter-related individuals and of inter-related groups” (Moreno, 1947d, p. 11). Sociatry in practice, orients itself with Moreno’s mystical tradition and focuses on the larger societal picture and social justice (Schreiber, 2018a).

The *social microscope* is a group, or societal, technique that Moreno developed to explore the invisible social forces that impact groups and society. Moreno comments that:

most sociodynamic phenomena disclosed by sociometry and sociatry “are” unconscious. But not unconscious in the sense of psychoanalysis, as repressed aggressive tendencies for instance, but unconscious almost in the sense in which the arrangements of the astronomic world were unconscious to man before he was able to study the stellar movements by means of scientific instruments. There are millions of atomic items buried in the group structures of human society which no human genius could divine and which no psychoanalysis of an individual mind lasting a thousand years could disclose. (1947d, p. 22)

He wrote that these unseen forces “operate first in groups on the micro-sociological level then spread into the macro-sociological, leading to ever-larger ones” (Z.T. Moreno, 2006, p. 514).

Moreno created the social microscope in 1935 to explore how smaller groups are impacted by

various psychosocial dynamics, believing that it could provide us with insight into how the larger society is impacted by the same dynamics. The social microscope makes visible the parallel process between group and society. As Edward Schreiber says, “the group becomes a social microscope to the world sociometry” (2018a, p. 24). Moreno believed that we cannot prescribe a treatment for society, or for a group, if we do not understand the sociodynamics and organization of the group (Moreno, 1953). “Human society has an atomic structure which corresponds to the atomic structure of matter. Its existence can be brought to an empirical test by means of social microscopy” (1953, p. 697).

The social microscope is an experiential “instrument designed to illuminate sociatry” (Schreiber, 2018b, 18). This process uses a specific prescription of sociometric tests guided by Moreno’s developmental theory (Schreiber, 2017). The social microscope highlights both the social atoms and the cultural atoms impacting the group dynamics or its “the socio-atomic organization” within the sociometric matrix of group members (Moreno, 1953). It is designed to uncover both the sociodynamic effect and the organic unity of mankind. This instrument provides the group with insight into the socio-cultural forces that threaten the unity of society while also helping the group to access its own autonomous healing center – the capacity to heal itself. “Sociatry’s task is to awaken us to the autonomous healing center in a group and organization, and to plant that awakening within the sociometric fabric of society” (Schreiber, 2018a, p. 24).

Other related models. In addition to sociometry, psychodrama, and group psychotherapy, J.L. Moreno also developed other action-methods including Sociodrama, Therapeutic Theater, and Axiodrama. A number of other action-methods later developed

drawing from or integrating Moreno's ideas, including Bibliodrama, Souldrama, Sambahdrama, and theater of the oppressed. Furthermore, other approaches, such as drama therapy, Gestalt Therapy, and expressive arts therapies have considerable overlap with Moreno's methods. Though these other methods have value, they are beyond the scope of this examination.

Chapter 8: Psychodrama and Experiential Psychotherapy Research

The existing psychodrama literature includes a wealth of descriptive articles, case studies, clinical experiences, and theoretical pieces; however, there is nowhere near the same level of empirical evidence demonstrating the efficacy of psychodrama as a treatment modality (Dima & Bucuță, 2016). A significant meta-analysis published by Kipper & Ritchie (2003) indicated that psychodrama groups demonstrated an overall effect size “similar to, or better than that commonly reported for group psychotherapy in general” (p. 1). Additionally, they note that “although the initial empirical research on the effectiveness of psychodrama revealed some encouraging results, the data were insufficient” (p. 14). Kellermann’s synthesis of psychodrama research (1987) indicates that while there are limitations to the empirical evidence, “Psychodrama was a very valid alternative to other therapeutic approaches, primarily in promoting behavior change with adjustment, antisocial, and related disorders” (p. 467). Similarly, Rawlinson (2000) concluded that “there is some research evidence to support the use of Psychodrama” and that psychodrama can be used “as a tool for helping people to develop self-esteem, to change elements of their behavior and to develop empathy and social relationships” (p. 93).

The currently available literature related to psychodrama as a treatment modality supports its efficacy in improving emotional/psychological stability (Carpenter & Sandberg, 1985; Choi, 2003; Kang & Son, 2004; Schmidt, 1978; White et al., 1982; Wood et al., 1979) interpersonal relationships (Bendel 2017; Gow, Lowe, & McVea, 2011; Gow & McVea, 2006; Petzold, 1979; Shim, 2002), improving conflict resolution skills (Karatas, 2011), reducing depression (Avinger & Jones, 2007; Carbonell & Partelano-Barehmi, 1999; Costa, Antonio,

Soares, & Moreno, 2006; Erbay et al, 2018; Hall, 1977; Sharma, 2017; Souilm & Ali, 2017; Wieser, 2007), reducing anxiety (Avinger & Jones, 2007; Carbonell & Parteleno-Barehmi, 1999; Erbay et al, 2018; Hall, 1977; Park & Lim, 2002; Schramski et al., 1984; Sharma, 2017; Tarashoeva, Marinova-Djambazova, & Kojuharov, 2017; Wieser, 2007), increased self-esteem (Gow, Lowe, & McVea, 2011; Carbonell & Parteleno-Barehmi, 1999), increasing empathy and self-awareness (Dogan, 2018), as well as treating PTSD and trauma (Bannister, 1990, 1991, 1997; Baumgartner, 1986; Burge, 1996; Clarke, 1993; Hudgins & Drucker, 1998; Hudgins, Drucker, & Metcalf, 2000; Paivio & Greenberg, 1995). Another study found a significant effect difference between action-based interventions and unstructured support groups for decreasing anxiety, depression, and interpersonal conflict within Latino families (Smokowsky & Bacallao, 2009).

Psychodrama is often included as a modality within experiential psychotherapy, along with Gestalt, Existential therapy, Humanistic therapy, and Emotion-Focused Therapy. The efficacy of experiential psychotherapy has been demonstrated through empirical research (Elliott, 1996; Elliott, 2001; Elliott & Freire, 2008, 2010; Smith, Glass, & Miller, 1980) since the 1980s and suggests it is at least as effective as psychodynamic, cognitive behavioral therapy, and other behavioral therapies (Greenberg, 2013; Greenberg & Malcolm, 2002; Greenberg, Elliott & Lietaer, 1994; Greenberg, Watson, & Lietaer, 1998; Greenberg & Paivio, 1998). Elliott and colleagues (2004) conducted a meta-analysis of 86 studies which found experiential therapies to be statistically equivalent to talk therapies in their effectiveness. They confidently state that the existing research (in 2004) “is now more than sufficient to warrant a positive valuation of experiential conclusion in four important areas: depression, anxiety disorders,

trauma, and marital problems” (p. 423). Greenberg (2013) anchors psychodrama and the Therapeutic Spiral Model of psychodrama within the body of experiential psychotherapies research while highlighting that “there is now solid evidence for the efficacy and effectiveness of experiential therapies” (2013, p. 144).

There are inherently some difficulties in developing research studies focused on psychodrama (Kellermann, 1992; Kipper & Richie, 2003; Ridge, 2010). Some psychodrama practitioners suggested that the nature of psychodrama, with “spontaneity-creativity theory” at its heart, makes it impossible to manualize and measure. No two psychodrama groups are ever identical. Furthermore, a variety of clinical interventions are embedded within a single psychodrama group including role playing, role reversal, doubling (at least 4 types of doubling in the literature), and mirroring. The interventions implemented are determined by the clinical judgement of the facilitator and vary from group to group.

Neuroscience research. The evolution of neuroscience research in the past two decades has provided psychodrama and experiential trauma therapies with a richer foundation for an evidence base. These neuroscience findings have led many to even claim that experiential therapies are the treatment of choice for specific mental health and trauma-related clinical issues (Dayton, 2015; Giacomucci, in-press; Hudgins, 2017; van der Kolk, 2014).

Action. The brain is an action-oriented organ, so it should not be surprising that its integrative potential is realized through action. Where words are inadequate or blocked from access to primary material, the brain is open to other avenues of expression. The psychological dynamics explored by psychodrama reflect fundamental operations within the brain/body in

which emotional dynamics favor more subcortical layers and rational modes favor more neocortical layers of the brain. (Hug, 2007, p. 227)

J.L. Moreno's action theory and approach to psychotherapy is supported nearly 100 years later by the growing body of neuroscience research. As noted previously, psychodrama is one of the first body-oriented models of psychotherapy. Many treatment approaches focus entirely on thoughts, narrative, emotion, and talking, which are neglecting a major element of human experience. It is imperative that treatment include the whole individual – their cognitions, emotions, their body, their social context, and in some cases a spiritual component.

Integration as the key to wellness. The purpose of all types of psychotherapy, Louis Cozolino (2010) writes, is to enhance the integration of neural networks. He suggests that bilateral hemispheric integration and vertical neural integration are most relevant to neuroscience and psychotherapy. Vertical integration refers to the “unification of body, emotion, and conscious awareness” and includes “the ability of the cortex to process, inhibit, and organize the reflexes, impulses, and emotions generated by the brainstem and limbic system (Alexander et al., 1986; Cummings, 1993; as cited in Cozolino, 2010, p. 27). At the same time, bilateral integration is necessary to put language to our inner experience. The right hemisphere is more connected with body sensations and emotions – the limbic system and brain stem. The left hemisphere is more identified with cortical functioning and language (Shapiro, 2018). Hug (2007) and Robbins (2018) posit that the action of psychodrama, which stimulates the body and levels of functioning beyond cortical, provides an opportunity for information from the limbic system to emerge and be integrated – including implicit memory such as attachment schemas, traumatic experiences, and affect regulation processes. He

maintains that psychodrama has a unique potential to renegotiate not just explicit memory (hippocampus), but also affective memory (centered with the amygdala). “Psychodrama has to do with connective body and language through enactment and action...the body remembers what the conscious mind may confabulate or may not remember at all.” (Hug, 2007, pp. 230-231).

The term interpersonal neurobiology was coined by Daniel Siegel, who defines integration as the key to mental health. He offers eight different domains of integration – consciousness, bilateral, vertical, memory, narrative, state, interpersonal, and temporal (2012). He states that “our task is to find the impediments to the eight domains of integration and liberate the mind’s natural drive to heal – to integrate mind, brain, and relationships” (2010, p. 76). Strikingly, the following statement by Zerka Moreno seems to mirror Siegel’s - “protagonists themselves do the healing. My task is to find and touch that autonomous healing center within, to assist and direct the protagonist to do the same” (2012b, p. 504). Furthermore, J.L. Moreno’s (1953) emphasis on catharsis of integration finds neuroscientific merit through the research of interpersonal neurobiology (Giacomucci, in-press). “Integration is the goal, not catharsis” (Hug, 2013, p. 129). Or, to express it in classical psychodrama terms, a catharsis of integration must follow a catharsis of abreaction (Hollander, 1969; J.L. Moreno, 1953).

Mirror neurons – doubling and audience catharsis. Returning to the psychodramatic technique of doubling, Hug (2007) offers a neurobiological basis at the core of doubling – mirror neurons. Mirror neurons describe the phenomenon within the frontal lobes, or the “seat of empathy”, during which one’s brain activity will mirror the brain activity of another whom they

are watching in action (Keysers & Gazzola, 2010). It is likely that mirror neurons are at the foundation of one's ability to double the protagonist. Mirror neurons were originally discovered by accident when researchers had connected electrodes to a monkey's brain to measure their premotor area as the monkey picked up a food object. At one point, as the monkey sat still and watched, the researcher picked up a food pellet – to everyone's surprise, the monkey's brain cells fired in the same exact way as if he himself had picked up the food (van der Kolk, 2014). In the same way, as group participants observe a psychodrama protagonist in action, it is likely that their brain is activated as if they were participating in the action too. This may provide a neurobiological understanding to clients' experience of psychodrama as having a 'catching force' that emotionally engages even the audience members. Operationally, this may mean that each group member receives similar therapeutic effects as the protagonist of the psychodrama.

Neurospirituality of spontaneity. Martin and colleagues (1997) conducted research measuring neural activation when participants performed novel tasks, as compared to routine tasks. In novel situation, medial temporal structures of the right brain were particularly active along with left brain structures while routine tasks showed only left-brain activation. This research sheds light on psychodrama's ability, through the activation of spontaneity to awaken a bilateral integration within the brain (Goldberg, 2001; Hug, 2007, 2013). Remembering J.L. Moreno's definition of spontaneity as an adequate response to novelty and a new response to an old situation, furthermore he believed spontaneity to be cosmic in nature. Interestingly, the right medial temporal lobe which was especially active in Martin's (1997) research is also

involved in out-of-body experiences and religious experiences – thus neuroscience seems to support Moreno’s 1921 notion that “God is spontaneity”.

Sociostasis and interpersonal neurobiology. J.L. Moreno’s understanding of individuals existing within social networks and social atoms, as well as his statement that “an individual is tied to his social atom as closely as to his body” (1953, p. 703), seem to be echoed in Cozolino’s description of the *social synapse*, “there are no single human brains – brains only exist within networks of other brains” (2014b, p. xvi). Moreno introduced the term *sociostasis*, describing that “the emotional economy of the social atom is operating in accord with an unconscious postulate-to keep the social atoms in equilibrium” (1947b, p. 81). Interestingly, Cozolino used the same term, *sociostasis*, as a chapter title in *The Neuroscience of Human Relationships* (2014) to describe how our brains are regulated through the matrix of our relationships. He concludes the chapter by stating that “sociostatic processes...reflect the basic interconnectedness of our brains, minds, and bodies and point to the sometimes unseen reality that we are far more interdependent than our individualistic philosophies would lead us to believe” (p. 257).

Trauma and action methods. Recent research has indicated that when a traumatic memory is activated it appears to significantly impact the functioning of the speech and language centers of the brain (van der Kolk, 2014), which theoretically challenges the effectiveness of talk therapy.

Prone to action, and deficient in words, these patients (trauma survivors) can often express their internal states more articulately in physical movements or in pictures than in words. Utilizing drawings and *psychodrama* may help them develop a language that is

essential for effective communication and for the symbolic transformation that can occur in psychotherapy (van der Kolk, 1996, p. 195, emphasis mine).

These neuroscience findings (van der Kolk, 2014; Cozolino, 2014b; Siegel, 2012) have been used to suggest that experiential therapy is the treatment of choice when working with PTSD (Dayton, 2015; Giacomucci, in-press; Hudgins, 2017; Hudgins & Kellermann, 2000; Hug, 2013).

Experience changes the brain (Siegel, 2012). A psychodramatic experience has the potential of changing the intrapsychic and somatic imprints of trauma by accessing the traumatic neural network and providing the client with a safe way of renegotiating their trauma and facilitating a completion of the nervous system's survival responses (fight/flight/freeze) (Giacomucci & Stone, 2018; Porges, 2017; Levine, 2010). Thus, unlike other treatment approaches that focus on symptom control, psychodrama may provide an avenue for renegotiation, integration, and resolution of PTSD symptomology (Dayton, 2015; Giacomucci, 2018; Giacomucci & Stone, 2018; Hudgins, 2017; Hudgins & Toscani, 2013).

Part 3: Training/Educating Psychodramatists and Social Workers

Chapter 9: Education and Training of Sociometry, Psychodrama, and Experiential Trauma

Group Therapy

Board certification in Sociometry, Psychodrama, and Group

Psychotherapy. The American Board of Examiners (ABE) in Sociometry, Psychodrama, and Group Psychotherapy was founded in 1975 after J.L. Moreno's death with the purpose of creating a structured and formalized procedure for certification (Nolte, 2014). The ABE's website includes a link to "Show All Members", resulting in 429 certified members (psychodramacertification.org). There are several other psychodrama certification boards in the world (for example, in Brazil, Israel, and Australia), and other countries, such as Brazil, have significantly larger psychodrama communities than the American community. However, this exploration will be contained to the ABE certification standards.

The ABE offers three tiers of certification. Starting with Certified Practitioner (CP), to Practitioner Applicant for Trainer (PAT), and culminating in the Trainer, Educator, Practitioner (TEP) board certification. The first level of certification, CP, requires the following: 780 training hours, a year-long supervised practicum, a written exam, and an on-site exam during which another trainer observes the applicant's directing. The second tier of certification – PAT can begin almost immediately after one is awarded their CP. The PAT process takes at least 3 years and requires that the applicant to provide at least 144 hours of training while receiving an hour of supervision for every 3 hours of training provided. During this process, the PAT is expected to

document continued professional development, provide annual updates regarding their training and supervision over the past year, and provide a training plan for the upcoming year. After three years as a PAT, one can formally apply -requiring endorsement from two trainers and a third endorser. Finally, a written exam and an on-site exam are required before being fully board certified as a Trainer, Educator, Practitioner of Sociometry, Psychodrama, and Group Psychotherapy (TEP).

Experiential therapy certification standards. The entire process, from start to certification as a TEP often takes a dozen years, which requires a significant amount of money to pursue the rigorous training and consistent supervision. As such, other certification boards have emerged – including the American Society of Experiential Therapists (ASET) in 1995, which provides a three-tiered certification process. Any training from TEP qualifies towards certification as an experiential therapist (CET I, II, and III). The first tier requires 90 hours of combined psychodrama, experiential, and trauma training, followed by tier two's required 200 hours and a master's degree. The final level, CET III, requires a total of 500 hours of combined psychodrama, experiential therapy, trauma, and addiction training. Many professionals have found utility in this process as it naturally leads its way towards ABE's CP certification at 780 training hours (outlined previously).

International Certification in Experiential Trauma Therapy – Therapeutic Spiral International. Additionally, the Therapeutic Spiral International offers an international certification in experiential trauma therapy. This process requires an individual to take eight TSM training workshops, which are each offered most commonly as three-day

weekend workshops, participate in monthly supervision with a TSI Trainer, and participate in practicums on TSM Action Teams. TSI offers five levels of certification – Theory Certification, Trained Auxiliary Ego, Assistant Leader, Team Leader, and TSI Trainer, each of which have their own outlined checklists of competencies that an applicant must demonstrate for certification. Like ASET's certification process, TSI offers experiential therapists a useful process of professionalization and credentialing. At this point in time, in addition to the certification program, TSM diploma programs are being offered both Egypt and Korea. The founder of TSM, Dr. Kate Hudgins is recognized as a visiting professor at Hua Qiao University in Xiamen, Fujian, China where she has successfully integrated TSM psychodrama within the university campus mental health center.

Trauma-informed social work curriculums. The past two decades have seen a call to action for social work programs, as well as other helping professionals, to integrate trauma-informed training into their academic programs (Courtois, 2002; Courtois & Gold, 2009; McKenzie-Mohr, 2004; O'Halloran & O'Halloran, 2001; Strand, Abramovitz, Layne, Robinson, & Way, 2014). The growing body of literature highlighting the significance of trauma prevention and trauma treatment have led to this call to action. Social Workers are frequently working directly with populations exposed to trauma (Strand et al., 2014). Over the past two decades, research has indicated a strong correlation between trauma and a multitude of mental health, behavioral health, and medical problems (Bloom, 2013; Courtois & Ford, 2016; Dong et al., 2004; Felitti et al., 1998; Putnam, 2006; van der Kolk, 2014). Joseph and Murphy (2014) have even declared *trauma* to be a “unifying concept for social workers”.

In 2012, a Task Force on Advanced Social Work Practice in Trauma published a set of guidelines on integrating trauma content into social work education (CSWE, 2012). The social work education field has responded as a growing number of MSW programs have begun integrating trauma courses into their curriculum (Abrams & Shapiro, 2014; Bussey, 2008; Strand, Abramovitz, Layne, Robinson, & Way, 2014). Preliminary research has demonstrated that students indicate an increase in self-efficacy around trauma work after taking an MSW trauma course (Wilson & Nochajski, 2016). To date, the overwhelming majority of social work trauma courses has focused on individual trauma work or the impacts of collective/societal trauma – in contrast, social work education has given very little focus to training social workers to provide group psychotherapy with traumatized groups. The proposed curriculum continues social work education's movement towards more trauma-informed education while filling the gap of trauma-informed group work training.

Psychodrama education in USA academic institutions. J.L. Moreno introduced psychodrama courses into American higher education beginning in 1937 at Columbia University and the New School for Social Research (J.L. Moreno, 1955). He later became an adjunct professor in the department of sociology at NYU from 1952-1966 (Marineau, 2014). “It was in the year 1923 when I set forth the dictum: ‘Spontaneity Training is to be the main subject in the school of the future’” (1946, p. 130). Moreno even proposed “The Spontaneity Theory of Learning” in the 1949 book titled *Psychodrama and Sociodrama in American Education*. His learning theory challenged the education focus on content learning by proposing “act learning”. He writes that developmentally we learn through spontaneous action, and that we should train students to act with spontaneity and creativity (responding adequately/creatively) rather than

to memorize content or mimic role behaviors (1949). These ideas are later reflected in Paulo Freire's 1974 *Education for Critical Consciousness* – "Acquiring literacy does not involve memorizing sentences, words, or syllables – lifeless objects unconnected to an existential universe – but rather an attitude of creation and re-creation, a self-transformation producing a stance of intervention in one's context" (2013, p. 45). Just as Moreno's theory of group psychotherapy elevated patients to the status of therapeutic agent, his theory of education elevates students to the role of learner-teacher.

It is also important to note that in 1941, a psychodrama stage was built at St. Elizabeth's Hospital in Washington, D.C., the largest federal mental hospital in the United States. St. Elizabeth's offered prestigious psychodrama internships, with financial backing from the National Institute of Mental Health (NIHM), for 43 years until 2004 when it shut down due to unstable funding (Buchanan & Swink, 2017). And, in 1949, a psychodrama stage was built at Harvard University Psychology Clinic (Moreno, 1955).

This author was unable to locate a single psychodrama degree program in the United States today. Nevertheless, there are a number of other graduate programs (psychology, counseling, education, or drama therapy) that offer an elective course on psychodrama, including Bryn Mawr College, Yeshiva University, West Chester University, Cambridge College, John Hopkins University, Lesley University, New York University, Texas State University, Kansas State University, California State University, San Jose State University, California Institute for Integral Studies (CIIS), among others. Additionally, it is noted by Blatner and Blatner (1997), that "a derivative of Moreno's psychodrama, role-playing is widely used in education from preschool to professional graduate programs" (p. 124).

Zerka Moreno's (2012a p. 5) statement in the Psychodrama Network News rings true today: "there are Master's tracks in a number of universities abroad. Why not in our country?"

Psychodrama in international academic institutions. While sociometry, psychodrama, and experiential group therapies have a very limited influence within American academia, they are widespread in international institutes of higher education (Propper, 2003). There are multiple graduate degree programs around the world that not only include an elective on sociometry, psychodrama, and group psychotherapy – but award an entire master's degree in it. A list of universities that offer psychodrama *courses* would be too extensive to outline. Included below, instead, are lists of universities that award a *degree* in psychodrama, listed by continent.

Psychodrama is quite active in Europe. The Austrian government has officially recognized psychodrama as a scientifically validated psychotherapeutic method since 1993. The following countries offer master's degrees in psychodrama England (University of Worcester; Anglia Ruskin University), Spain (University of Barcelona), and Bulgaria (New Bulgaria University). Additionally, there are multiple training institutes that offer extensive certification programs. European psychodramatists from 27 countries are united together under the banner of the Federation of European Psychodrama Training Organizations (FEPTO).

Heading east from Europe, we run into Turkey and Israel in the middle east, which both have strong psychodrama communities. Although Turkey does not appear to offer a degree in psychodrama, at least one university offers an elective course (Cag University). Israel offers multiple options for master's degrees in psychodrama including at the Academic College of

Society and the Arts, University of Haifa, Kibbutzim College, and Kivunim Institute of Psychodrama and Group Work. Additionally, in Cairo Egypt, Dawar offers a psychodrama-oriented diploma.

There are more psychodrama practitioners in Brazil than in anywhere else in the world (Blatner, 2006; Figusch, 2006). However, due to language barriers, this writer was unable to locate psychodrama degree programs in South America, Asia, and many other parts of the world.

Psychodrama has become particularly popular in Asia over the past two decades with University campuses in both China (Hua Quao University & Suzhou University) and Taiwan (National Taiwan Normal University) developing psychodrama centers or courses (Lai, N-H, 2013; Sang et al, 2018). A recent article described the positive impact of psychodrama for Korean university students and called for psychodrama programs to be implemented in Korean universities (Chae & Kim, 2017).

Psychodrama vs drama therapy in academic institutions. Although psychodrama has been unsuccessful thus far in securely establishing itself within American academic institutions, there are currently five accredited drama therapy programs in North America – all with licensure paths in their respective states. These include New York University, Lesley University, Concordia University (Canada), Antioch University, and California Institute of Integral Studies (CIIS). Many drama therapists refer to J.L. Moreno as “the first drama therapist” due to his use of the theater as a therapeutic modality (Brooke, 2006, p. 218). Johnson & Emunah’s historical presentation of drama therapy suggests that the field emerged to fill the

gap left by psychodrama's movement away from theater, towards clinical mental health practice (2009). The process of founding the National Association of Drama Therapy (NADT) in 1979 included multiple psychodramatists, among others from education, psychology, and theater. Within two years of its foundation, there were two established drama therapy master's programs – one in California and one in New York. Johnson & Emunah comment that “the future of the field was dependent upon these two programs, and others to be established” (2009, p. 9).

Landy (2017) highlights that while psychodrama developed from Moreno's critique of psychoanalysis and traditional theater, drama therapy recognizes psychoanalysis and traditional theater as two of its major roots. Moreno may have marginalized his method by challenging the already established fields of theater and psychoanalysis (Gershoni, 2009; Moreno, 2011, 2012; Nicholas, 2017). There may a significant lesson available to psychodramatists in the history of drama therapy's path towards recognition as a profession and establishment in university settings.

Limitations in teaching psychodrama in the classroom. There are, of course, limitations to teaching psychodrama in the context of a university classroom setting. A major limitation to providing psychodrama in the classroom is that there are only about 200 certified Trainer, Educator, Practitioners (TEP)s in the world according to the search engine on the American Board of Examiner's website in February 2019. Although it is possible for non-TEP's to teach aspects of psychodrama, it may be difficult to find professors knowledgeable and experienced enough to teach a full course.

The nature of psychodrama training is that it is almost entirely experiential; it is taught and learned in action. This emphasis on experiential learning defies the cultural conserve in American education, although some programs are increasingly utilizing experiential learning. Psychodrama is a powerful tool, which can create opportunity for incredible healing but has a potential to harm. Adequate training in psychodrama requires experience working at levels of emotional depth that could be uncomfortable to many academics and students, while also placing higher emotional demands on the class than other courses. Furthermore, asking students to access these depths of vulnerability in a classroom is non-traditional, and may impact their ability to be present in other classes throughout the day. Conducting psychodrama in the classroom creates complications in terms of dual roles as the facilitator not only holds the role of educator, but also the therapeutic role of psychodrama director. These limitations suggest that a course teaching sociometry, psychodrama, and experiential trauma group therapy would be insufficient of itself in terms of preparing students to competently practice all aspects of psychodrama.

The balance between left-brain cognitive learning and right-brain emotional learning requires delicacy and containment in preparation and execution of the class sessions. This dual focus requires students to bring both their professional selves and their personal selves to the classroom. This experience can be utilized by the professor as an opportunity to teach appropriate boundaries and personal disclosures for social workers in the classroom. It is important that the class session not become a therapy group, but that the focus remain on teaching. One creative way of maneuvering this process might be to orient the experiential processes towards emotional work needed to become a competent social worker. A common

theme in most social work courses is students' insecurities when sharing about their field placement experiences. A psychodrama course could provide students with an opportunity to work out their field placement insecurities through psychodrama while also learning the process.

Nevertheless, a psychodrama course can provide students with a comprehensive theoretical understanding of J.L. Moreno's philosophical system, an experiential understanding of sociometry, an introduction to psychodramatic techniques, and training in experiential trauma group therapies. After completion of the course, students would be able to competently use multiple pen-to-paper and experiential sociometric tools, psychodramatic techniques, experiential psychosocial metrics from the Relational Trauma Repair Model, action safety structures from the Therapeutic Spiral Model, and a variety of group warm-up exercises. After completing a semester course, students would not be prepared to direct a full psychodrama however.

The ABE psychodrama certification process of 780 hours is more classroom hours than the entirety of most graduate degrees. The completion of a course or program concentration in psychodrama would propel a student towards ABE certification in that they had obtained a wealth of hours in their educational program. The 45 hours of classroom instruction could also be credited towards the 90 hours required for certification as an experiential therapist (CET) through the American Society of Experiential Therapists, which puts students half way to certification.

Chapter 10: Social Work and Experiential Learning

J.L. Moreno states that in discerning between immigrating from Vienna to either the USA or Russia, he chose 'the land of Dewey' and was attracted to Dewey's theory of Constructivism – 'knowing by doing' (Oudijk, 2007) and advocating for reforms in the educational system (Drakulić, 2014). John Dewey, regarded by many as the father of experiential education, in 1916 states, "give the pupils something to do, not something to learn; and the doing is of such a nature as to demand thinking; learning naturally results" (p. 191). Psychodrama offers a potent form of experiential learning that has been used in social work education only minimally. As early as 1944, a social worker, Mary Bosworth Treudley, had advocated for the use of psychodramatic role-plays in social work education and supervision to create opportunities for students to directly observe case scenarios. The *Journal of Teaching in Social Work* offers numerous articles that demonstrate that the experiential teaching process has a positive effect on learning outcomes (Banach, Foden, & Carter, 2018; Dalton & Kuhn, 1998; Fleischer, 2017; Foels & Bethel, 2018; Kaye & Fortune, 2001; Kramer & Wrenn, 1994; McKinney, O'Connor, & Pruitt, 2018; Powell & Causby, 1994; Quinn, Jacobsen, & LaBarber, 1992; Whebi, 2011; Whiteman & Nielson, 1990). While others have noted over the past 50 years that group work courses in social work education have gradually shifted away from strictly didactic teaching methods, towards experiential teaching (Euster, 1979; Gutman & Shennar-Golan, 2012; Stozier, 1997; Zastrow, 2001; Warkentin, 2017).

Many social work educators argue that social work education should focus more on the process of teaching than the content of teaching (Fox, 2013; Gitterman, 2004; Kolb, 2014; Knowles, 1984; Rogers, 1961; Schön, 1987; Shulman, 1987). In social work education, the

curriculum *content* traditionally has been overemphasized with much less attention given to the *process* of how students learn (Gitterman, 2004). In a practice profession such as social work, “the process of teaching and the content of the subject matter should go hand in hand” (Fox, 2013, p. xi). Kolb, a strong advocate of experiential learning states that “the experiential learning model pursues a framework for examining and strengthening the critical linkages among education, work, and personal development” (1984, p. 4). While Keeton and Tate emphasize experiential learning in that:

...the learning is directly in touch with the realities being studied.... It involves direct encounter with the phenomenon being studied rather than merely thinking about the encounter or only considering the possibility of doing something with it. (1978, p. 2)

Carl Rogers (1961) highlights two types of learning: cognitive learning and experiential learning. He advocates for experiential learning by highlighting how it is more meaningful and relevant to the learner because it completely involves the student and integrates the instructional process with the course objectives. The experiential learning process includes the cycle of moving an abstract concept to concrete experience, personal reflection, and student experimentation (Georgiou, Zahn, & Meira, 2008; Koob & Funk, 2002; McCarthy, 2010). Wehbi offers her reflections on the mechanisms of experiential teaching:

experiential teaching methods within the classroom may provide students with the opportunity to experience specific ways of being and doing, to model to one another skills and attitudes they could carry into practice, and to extend classroom activities outside the class setting. (Wehbi, 2011, p. 502)

Considering that the classroom is at its foundation a *group* (Shulman, 1987), and that the dynamics within the group experience are present and acted out (it would be impossible for it to be otherwise), it is fitting to teach group work in a group setting using experiential teaching (Fleischer, 2018). Kolb & Kolb highlight that “the magic of experiential learning lies in the unique relationship that is created between teacher, learner, and the subject matter under study” (2017, p. xxiv). The application of experiential teaching in the instruction of group work introduces students to the magic of both of these processes.

Group therapy participation and facilitation as experiential learning. One of the most effective ways to provide students with an experiential learning process of group therapy is by simply transforming the class into a group and facilitating group sessions as part of the course (Clements & Minnick, 2012). Many group therapy courses are doing exactly this. Yalom suggests that “personal participation is the most vital way to teach and to learn group process” (2005, p. 553; Classen et al., 1997). Through personal participation in group therapy sessions, students can experience the power of group, integrate emotionally what they have learned intellectually about group therapy, and explore their own personal issues to the extent that they are comfortable in the classroom (Yalom & Leszcz, 2005).

A 2011 study of perceptions of social work educators and agency administrators discovered that both groups rate personal attributes of MSW graduates more desirable than cognitive attributes (Siepel et al.). These findings reflect Shulman’s (2005) comment that “a great deal of what’s involved in educating professionals is educating for character... teaching people to understand, to act, and to be integrated into a complex of knowing, doing and being” (p. 56). Providing MSW students with an experience of the power of group work in their group

work course helps to establish a reflective and relational atmosphere for students to engage in self-examination. This reflective and relational foundation is a significant aspect of social work education and provides context for mutual engagement, rapport, and empowerment within the student-teacher-group relationships (Edwards & Richards, 2002; Fox, 2011; 2013).

A recent qualitative study on social work with groups education discovered that over 90% (n=137) of participants experienced direct facilitation of a group as “very helpful” factor in learning group work (Skolnik, 2017). Humphrey’s (2014) findings highlight leadership and participation in process groups in the classroom as a key component in the group work learning process. Additionally, Banach, Foden, & Carter (2018) found a connection between the experiential learning of facilitating a group in the social work classroom and students’ feelings of confidence and competence in group leadership, as well as sensitivity to issues of diversity. Furthermore, turning the classroom into a group therapy session provides students with an opportunity to enrich their relationships with their classmates which carries over throughout the rest of their educational journey. Shulman’s (1987) article *The Hidden Group in The Classroom: The Use of Group Process in Teaching Group Work Practice* expands upon this idea while also offering a caution not to misuse the group process. Shulman (1987), including others (Coleman, 2017; Fleischer, 2018; Steinberg, 2014; Trull & Myers, 2016; Finch & Feigelman, 2008) have suggested that the classroom itself can become a lab for mutual aid as students enrich the learning process for each other.

Many training programs require students of psychotherapy to participate in their own personal therapy (Hudgins & Toscani, 2013; Mace, 2001; Yalom & Leszcz, 2005). Additionally, a multitude of sources indicate that when social work students (Janssen Von Bank, 2013; Nowlin,

2016; Strozier & Stacey, 2001), practicing social workers (Janssen Von Bank, 2013; Smith, 2008), or other psychotherapists (Bellows, 2007; Bike et al., 2009; Orlinsky et al., 2001) participate in their own personal therapy, the experience provides a significant benefit in their development as psychotherapists. One particular study by Orlinsky and colleagues (2001) included a sample size of four thousand therapist participants who consistently ranked personal therapy as one of the top three influential factors in their professional development.

Using the social group work class as a group therapy simulation brings with it different concerns and implications including student's hesitancy to participate, complicated dual roles, and sorting out the containment of student's personal issues. Nevertheless, many MSW group courses are teaching group therapy by doing group therapy within the classroom in a contained way (Bergart, 2018; Humphrey, 2014; Lazar, 2014; Lee, 2017; Molina, 2015; Warkentin, 2017; Webster, 2017). The success of simulated groups, or role-plays in the classroom can be greatly enhanced with the application of psychodrama theory, especially with consideration to the warm-up stage of a role-play (Blatner, 2009).

Experiential learning in the classroom using role-play. Research has demonstrated the efficacy of simulated sessions (Bogo, Rawlings, Katz, & Logie, 2014; Lu et al., 2011; Mooradian, 2007; Mooradian, 2008; Rawlings, 2012) and role-plays (Macgowan and Vakharia, 2012; McGovern & Harmsworth, 2010; Shera et al., 2013) for clinical skills training. Experiential learning is widely regarded as effective for teaching students in multiculturalism courses (Arthur & Achenbach, 2002) and for increasing competencies around diversity and working with oppressed groups (Schreiber & Minarik, 2018). As many as 90% of master's level counseling programs utilize experiential groups in their education curriculum (Shumaker, Ortiz,

& Brenninkmeyer, 2011). Additionally, many studies have demonstrated that experiential learning is essential for students to translate theory into practice and understand group dynamics (Furman et al., 2009; Ieva et al., 2009; Macgowan & Vakharia, 2012; Swiller, 2011; Yalom & Leszcz, 2005).

A 1994 meta-analysis on the retention of knowledge demonstrated no difference in student's forgetfulness of the content, except in comparison to experiential teaching (Semb & Ellis). Specht and Sandlin's 1991 comparison study on the retention of course content between learning by lecture versus experiential role-plays had similar findings. At the six week follow-up, students who learned the content through lecture were showing a decline in problem solving by 54 percent and an 18 percent drop in concept recognition while the students who learned through experiential role plays showed only a 13 percent drop in problem solving and did not demonstrate any decline in concept recognition (Specht & Sandlin, 1991).

Through the use of role-play in the classroom, the learning experience moves beyond a cognitive exercise to include skill development (Carey, 2016; Konopik & Cheung, 2013; Warkentin, 2017). This offers the student "an integrative approach to learning that balances feeling, thinking, acting and reflecting" (Kolb & Kolb, 2005, p. 200). Dennison (2005), Macgowan & Vakharia (2012), and Shera et al. (2013) found that students' participation in role-plays in the classroom contributed more than anything else to their development of knowledge and skill in group work. Warkentin describes the use of using role-playing to simulate a treatment group in the social group work classroom, indicating it as "one of the more significant learning activities for students" (2017, p. 237). The role-play is teaching technique that can be adapted for use with nearly any topic, skills training, or profession. It is arguable that most role-plays in the

classroom do not bear fruit because there was not an adequate warm-up to the enactment.

Providing educators with a basic understanding of Moreno's phases of a sociodramatic enactment (warm-up, enactment, sharing) would greatly increase the efficacy of role-plays in the classroom.

A Brazilian author proposes the use of "educational psychodrama" and highlights its frequent use in Brazil for training medical students through role-playing techniques (Gomes et al. 2006; Liberali & Grosseman, 2015). Sociodrama and psychodrama have been used in higher education to teach social educators (Haas, 1949; Jacobs, 1950; ter Avest, 2017; Veiga, Bertao, & Franco, 2015), lawyers (Cole, 2001), business professionals (Bidart-Novaes, Brunstein, Gil, & Drummond, 2014; Wiener, 1988), medical professionals (Baile & Blatner, 2014; J.L. Moreno & Z.T. Moreno, 1969; Walters & Baile, 2014), nurses (McLaughlin, Freed, & Tadych, 2006; J.L. Moreno & Z.T. Moreno, 1969) and other students (Blatner, 2006; Blatner & Blatner, 1997; Haworth & Vasiljevic, 2012; Michaels & Hatcher, 1972). Sternberg & Garcia describe sociodrama as "a kinesthetic, intuitive, affective, and cognitive educational technique" (2000, p. 4).

Role-playing can also be useful in the classroom to develop a richer understanding of various content including history, myth, religion, or literature (Haworth & Vasiljevic, 2012; Nolte, 2018). Propper (2003) describes using an empty chair process to provide students with an opportunity to psychodramatically encounter figures from history, myth, literature, and religion. This could give new social work students not just an intellectual relationship to major figures in social work history, but also an emotional connection. Imagine 1st year MSW students

engaging in a psychodramatic dialogue with Jane Addams, Mary Richmond, Sigmund Freud, or even Jacob Moreno! Nolte (2018) describes using role-playing in the classroom as follows,

It is one thing to read about a character's thoughts, words, and actions in a novel; it is different to enact and experience being that character in that character's situation through role playing. Answering questions from classmates and justifying the character's actions deepens the experience. Action learning is more natural, and more like everyday learning from life events, than traditional methods. It is more interesting than being talked to or engaging in questions and answers. Role playing results in a more integrated, experienced, felt understanding of the material. (2018, p. 192)

Field placement as experiential learning. Pugh remarks that "a central element to social work education is experiential learning, most exemplified in the signature pedagogy of the field placement" (2014, pp. 17-18; Kolk, 2014; Raschick, Maypole, & Day, 1998; Sachdev, 1997). From the perspective of a role theory, the student field placement *is* a role-play. The MSW student is educated and training to competently hold the role of social worker (medical, clinical, community, drug & alcohol, etc.). The role-training begins through dynamic doubling and mirroring between student, educator, and supervisor until the student begins to develop competencies and confidence in the role. At this point, they have shifted from the role-training into role-playing phase of role-development.

Cheung, Alzate, and Nguyen (2012) offer a case study highlighting the role-training of an MSW student completing a psychodrama internship resulting in an increase in student confidence and clinical skills. According to a study by Yalom and his colleagues, therapists

facilitating group therapy without supervision and training were actually found to be less skilled at a six month assessment – presumably because “original errors may be reinforced by simple repetition (Yalom & Leszcz, 2005, p. 549; Ebersole, Leiderman, & Yalom, 1969).

The 1969 CSWE curriculum change toward a more generalist practice approach significantly impacted the number of group work courses and concentrations for the previous generation of social work students, who are now the current generation of clinical social work educators, field instructors, and field placement supervisors (Carey, 2016). Lack of qualified social work field placement supervisors who have group work training is a serious concern (Carey, 2016; Goodman & Munoz, 2004; Knight, 2017; LaRocque, 2017; Tully, 2015). How can field instructors without group therapy training provide students with group therapy training? Furthermore, the number of clinical social workers and field educators with psychodrama training is significantly lower. In 2011, only 11% of ABE certified psychodramatists were social workers (ABESPGP, 2011, as cited in Konopik & Cheung, 2013). As of today, the American Board of Examiners in Sociometry, Psychodrama, and Group Psychotherapy website includes 130 certified practitioners who also have social work degrees (ABE, 2018). The Bureau of Labor Statistic’s estimates that in 2016 there were a total of 682,100 social workers in the USA (BLS, 2018). Considering these figures, the percentage of social workers that are also ABE psychodrama certified is as low as 0.019 percent. The rich field of psychodrama has only been utilized by social workers minimally, however it offers powerful group processes for social workers.

This writer has used the Therapeutic Spiral Model of psychodrama (specifically, using prescriptive role psychodramas) as a process for helping students in their field placement feel

more confident and competent. In a prescriptive role psychodrama, the goal is to build up the strengths needed to face trauma, defenses, or difficult feelings – in this case, it is modified to focus on building up the strengths needed to be successful in the field placement. Many students feel inadequate, fearful, uncertain, and/or under-appreciated at their field placement sites. These feelings are frequently expressed during supervision sessions or during class sessions. Using TSM's prescriptive roles, one can be reminded of their inner strengths and interpersonal supports as it relates to their field placement experience.

Sociometry as a process tool to enhance learning. Beyond teaching sociometry as content, the utilization of sociometry in the education process offers educators meaningful opportunities to enhance the learning environment. Much has also been written about the utility of sociometry within the classroom as a tool for psychosocial safety, group cohesion, learning needs assessment, assessment of preference, and training in interpersonal relations (Evans, 1962; Giacomucci, 2018b; Guldner & Stone-Winestock, 1995; Haas, 1949; Haworth & Vasiljevic, 2012; Propper, 2003). Guldner & Stone-Winestock articulate that “the sociometric connections between people, the sociometric structure of groups, and the sociometric status of individuals are significantly related to learning” (1995, p. 184). An instructor with a basic understanding of sociometry can create an educational environment more conducive to learning by conceptualizing learning as a social function (Cozolino, 2014; Jones, 1968; Siegel, 2012). Cozolino, in *Attachment-Based Teaching*, uses interpersonal neurobiology to describe the significance of secure attachment in the classroom to enhance student's learning capacities, motivation, ability to regulate anxiety, and fostering brain neuroplasticity (2014a). While lecturing overly emphasizes explicit memory, experiential teaching engages both explicit and

implicitly memory providing for a more deeply (deeply is used both figuratively and literally - creating implicit memories literally engages deeper parts of the brain) integrated learning experience.

The Relational Trauma Repair Model's (RTR) floor check is a simple sociometric tool that can be adapted to access the power of mutual aid within the classroom. This could be executed with a variety of topics including mental health diagnoses, types of social work practice, theoretical perspectives, types of therapy, or even the six social work core values.

The power imbalance of student-teacher role reciprocity. Furthermore, J.L. Moreno suggests that the use of mutual aid through sociometry and psychodrama in the classroom allows the teacher to become "a partner and a member of the group instead of an authoritative, unrelated outsider. He is now a teacher and a learner, outside and inside the group" (1949, p. 3). This dual perspective provides the instructor with more unique opportunities to reach students from different angles and empowers students by dismantling the inherent power structure between student and professor. His learning theory is consistent with the later experiential learning theory of Kolb (1984, 2014). Moreno's ideas are echoed in Kolb & Kolb's writings about how the information-transmission model of learning and lecturing inherently relies upon a power imbalance between student and educator as the learners have no direct experience with the content and must rely upon second-hand information from the educator (2017). They argue that instead, "the experiential approach places the subject to be learned in the center, to be experienced by both educator and learner. This has a leveling effect on their relationship, to the extent that both can directly experience the subject" (2017, p. xxv).

Bell Hooks (1994) and Paulo Freire (1996) critique the banking system of education as upholding the role reciprocity and power imbalance between student and teacher; Freire goes as far as labeling it as congruent with the ideology of oppression. He argues that education must begin by reconciling these contradicting roles so that both the teacher and the students are teacher-students (2013). Freire's writing in *Education for Critical Consciousness* is also consistent with Shulman (1987) and Moreno's (1949) praxis of mutual aid in the educational and therapeutic process – "the important thing is to help men (and nations) help themselves, to place them in consciously critical confrontation with their problems, to make them the agents of their own recuperation" (2013, p. 13).

Freire writes that "implicit in the banking concept is the assumption of a dichotomy between human being and the world: a person is merely *in* the world, not *with* the world or with others; the individual is a spectator, not a re-creator" (Freire & Macedo, 2001, p. 70). Both J.L. Moreno and Freire's approaches attempt to move the individual from a spectator to an active agent or co-creator in the learning process. It is interesting to note that both Zerka Moreno and Paulo Freire have shared the same videographer/biographer, Sergio Guimaraes.

Chapter 11: Filling the Gap in Social Group Work with Moreno's Methods

Mankind needs to be educated; education means more than intellectual enlightenment, it isn't emotional enlightenment, it isn't insight only, it is a matter of the deficiency of spontaneity to use the available intelligence and to mobilize his enlightened emotions... it requires action research and action methods continuously modified and sharpened to meet new inner and outer environments. (J.L. Moreno, 1947c, p. 11)

J.L. Moreno's 1947 statement on education begs us to consider if social work education has been "sharpened to meet new inner and outer environments" and provide high quality education for the next generation of social workers. Increasingly, MSW social workers are expected to facilitate group therapy in clinical settings without the educational background or training necessary to work competently upon graduation. The reliance on social work education's cultural conserve may result in the gradual loss of potential clinical students to other graduate programs (counseling, psychology, marriage and family therapy, etc.) that provide a more comprehensive clinical education and training in group work. It is time that social work education responds to the needs of social work practice with groups more fully embedding experiential methods, group work, and trauma therapy within the MSW curriculum.

A course teaching sociometry, psychodrama, and experiential trauma group therapy will disseminate the rich knowledge of J.L. Moreno's group tradition and provide social workers with the needed skills to be successful in their careers which will inevitably include working with groups. The instruction of this course will continue to integrate Moreno's methods into the social work profession. As more professionals are introduced to psychodrama, there will be a greater interest in conducting quality research to strengthen its research base. While this

course will focus specifically on clinical applications of Moreno's methods, it is important to note that psychodrama and sociometry processes are applicable in non-clinical settings as well. A course teaching Moreno's methods will prepare the current generation of social workers to provide the next generation with competent psychodrama supervision and education in the field placement and the classroom.

Part 4: Course Syllabus

Chapter 12: Social Group Work in Action

UNIVERSITY OF PENNSYLVANIA
SCHOOL OF SOCIAL POLICY AND PRACTICE

Social Group Work in Action: Sociometry, Psychodrama and Experiential Trauma Group Therapy

Course Time:

Course Location:

Instructor: Scott Giacomucci, MSS, LCSW, CTTS, CET III, CP, PAT

Email: scott@sgiacomucci.com

Office:

Psychodrama is a way to change the world in the HERE AND NOW using the fundamental rules of imagination without falling into the abyss of illusion, hallucination or delusion. The human brain is the vehicle of imagination. Psychodrama, in training the imagination, overcomes the differences which hinder communication between the sexes, between the races, the generations, the sick and the healthy, between people and animals, between people and objects, between the living and the dead. The simple methods of psychodrama give us courage, return to us our lost unity with the universe, and re-establish the continuity of life. (J.L. Moreno, 1972, p. 131)

Course Overview

Group Psychotherapy developed within the context of Moreno's triadic system of Sociometry, Psychodrama, and Group Psychotherapy (Moreno, 1934). Tian Dayton elegantly describes the relationship between sociometry, psychodrama, and group psychotherapy, Moreno's triadic system, clarifying that sociometry explores the social world of an individual while psychodrama explores their inner world. "Psychodrama is intrapersonal, and sociometry is interpersonal. The two approaches marry in the context of group therapy to investigate not only the person but also the person within the system in which they operate." (2005, p. 11)

The theoretical underpinnings of sociometry and psychodrama compliment social work's emphases on person-in-environment, mutual aid, the importance of human relationships, the dignity and worth of each individual, and social justice. Role theory, along with spontaneity-creativity theory, provides a non-pathologizing conceptualization of the individual personality and the process of change. Sociometry, which is the study of the inter-relationships of humans, allows one to examine the underlying social forces impacting the

structure and functioning of a group. Sociometric tools will provide social workers with experiential methods of highlighting and strengthening connections within a group while examining the distribution of social wealth and the impact of the sociodynamic effect. Psychodramatic processes, which can be adopted for use with any content or theoretical perspective, offer social workers potent tools for creating both intrapsychic shifts and interpersonal change.

Psychodrama is one of the first body-oriented forms of psychotherapy, moving beyond just words and narrative (Carnabucci & Ciotola, 2013). “However important verbal behavior is, the act is prior to the word and ‘includes’ it” (Moreno, 1955b, p. 17). Co-founder, Jerka Moreno, later states that “even when interpretation is given, action is primary. There can be no interpretation without previous action” (1965, p. 77). Neuroscience research, which will be incorporated throughout the curriculum, has demonstrated that we are “beings of action and the stories of our lives are literally written on our neural systems” (Dayton, 2005, p. 55).

An introduction to both the Therapeutic Spiral Model (Hudgins & Toscani, 2013) and the Relational Trauma Repair model (Dayton, 2015) would provide social workers with a framework for working safely with trauma survivors utilizing a strengths-based, experiential approach. A cohort of clinical social workers equipped with sociometric understanding and experiential group facilitation skills has the ability to provide higher quality treatment to clients, in addition to more dynamic supervision and education for the next generation of social workers.

Throughout the semester, we will learn, experience, and practice using a variety of experiential sociometric and psychodramatic techniques while also considering their application within a multitude of social work settings with diverse client populations and treatment concerns.

Course Objectives

Students will:

1. Acquire an understanding of the history and clinical theory of Social Work with Groups.
2. Become familiar with Moreno’s triadic system of Sociometry, Psychodrama, & Group Psychotherapy.
3. Identify the connections between social work with groups theory/practice and Moreno’s triadic system of sociometry, psychodrama, group psychotherapy.
4. Cultivate an enhanced sense of group dynamics and role dynamics
5. Develop a deepened sensitivity and tools for working safely with experiential methods and trauma survivors (from the Therapeutic Spiral Model, and Relational Trauma Repair Model).
6. Utilize multiple experiential group tools (sociometric tools & psychodramatic interventions) with the competencies to adapt these tools to their own clinical practice.

7. Develop an understanding of adapting sociometry tools for culturally-competent practice with diverse populations, varied clinical issues, and various settings.
8. Engage in a practice of reflection and self-awareness through the direct experience of these action-based tools

Course Limitations

1. While the course will prepare students to facilitate experiential group exercises and to use psychodrama intervention tools, it will not prepare students to direct full psychodrama groups. The guidelines provided by the Moreno Institute and Zerka Moreno suggested a minimum of 100 hours of training before a student begins directing psychodramas.
2. The academic context of this course will place limits on the level of emotional experiencing and personal growth work that traditional psychodrama training entails, and that is required for adequate training.

Students are expected to seek further psychodrama training before attempting to direct full psychodrama sessions.

EPAS Core Competencies and Targeted Practice Behaviors

The Council on Social Work Education (CSWE) has published Educational Policy and Accreditation Standards (EPAS) for social work education. These standards reflect social work’s competency-based education process. Each of the 10 CSWE competencies are operationalized in practice behaviors. The EPAS outline ten core competencies with 41 corresponding practice behaviors. The chart below shows which of the social work core competencies and practice behaviors are covered in this course. Furthermore, a week-by-week matrix is included at the end of the syllabus depicting the connections between weekly session content/process of this syllabus and the social work competencies and practice behaviors.

EPAS Core Competency	Targeted Practice Behaviors
2.1.1 Identify as a professional social worker and conduct one’s self accordingly	2. practice personal reflection and self-correction to assure continual professional development; 3. attend to professional roles and boundaries; 4. demonstrate professional demeanor in behavior, appearance, and communication; 5. engage in career-long learning; and 6. use supervision and consultation.

2.1.2—Apply social work ethical principles to guide professional practice.	7. recognize and manage personal values in a way that allows professional values to guide practice; 8. make ethical decisions by applying standards of the National Association of Social Workers Code of Ethics and, as applicable, of the International Federation of Social Workers/International Association of Schools of Social Work Ethics in Social Work, Statement of Principles; 9. tolerate ambiguity in resolving ethical conflicts; and
2.1.3 Apply critical thinking to inform and communicate professional judgments	11. distinguish, appraise, and integrate multiple sources of knowledge, including research-based knowledge, and practice wisdom;
2.1.4 Engage diversity and difference in practice	14. recognize the extent to which a culture’s structures and values may oppress, marginalize, alienate, or create or enhance privilege and power; 15. gain sufficient self-awareness to eliminate the influence of personal biases and values in working with diverse groups; 16. recognize and communicate their understanding of the importance of difference in shaping life experiences; and 17. view themselves as learners and engage those with whom they work as informants.
2.1.5 Advance human rights and social and economic justice	18. understand the forms and mechanisms of oppression and discrimination; 19. advocate for human rights and social and economic justice; and 20. engage in practices that advance social and economic justice.
2.1.6 Engage in research-informed practice and practice-informed research	21. use practice experience to inform scientific inquiry and 22. use research evidence to inform practice.
2.1.7 Apply knowledge of human behavior and the social environment	23. utilize conceptual frameworks to guide the processes of assessment, intervention, and evaluation; and 24. critique and apply knowledge to understand person and environment.
2.1.8 Engage in policy practice to advance social and economic wellbeing and to deliver effective social services	25. analyze, formulate, and advocate for policies that advance social well-being; and 26. collaborate with colleagues and clients for effective policy action.
2.1.9 Respond to contexts that shape practice	27. continuously discover, appraise, and attend to changing locales, populations, scientific and technological developments, and emerging societal trends to provide relevant services; and

	28. provide leadership in promoting sustainable changes in service delivery and practice to improve the quality of social services.
2.1.10 (a). Engagement	29. substantively and affectively prepare for action with individuals, families, groups, organizations, and communities; 30. use empathy and other interpersonal skills; and 31. develop a mutually agreed-on focus of work and desired outcomes.
2.1.10 (b) Assessment	32. collect, organize, and interpret client data; 33. assess client strengths and limitations; 34. develop mutually agreed-on intervention goals and objectives; and 35. select appropriate intervention strategies.
2.1.10 (c) Intervention	36. initiate actions to achieve organizational goals; 37. implement prevention interventions that enhance client capacities; 38. help clients resolve problems; 39. negotiate, mediate, and advocate for clients; and 40. facilitate transitions and endings.
2.1.10 (d) Evaluation	41. Social workers critically analyze, monitor, and evaluate interventions.

Statement of philosophy on our learning community and class policies

This course will function best with the participation and engagement of all of its members. The experiences that we will have in the classroom are by nature (and Moreno's theory) a co-creation. Through our collective participation, the classroom will transform into a stage with each student becoming an actor and active learner. The experiential nature of the course will lend itself to students' personal participation utilizing the group as a laboratory for sociometric exploration and psychodramatic demonstration. As such, the following principles are essential for our time together this semester to be safe, inclusive, and effective:

- Individual accountability for assigned readings and assignments
- Group accountability to respect one another
- Confidentiality, privacy, and respect for any personal disclosures in the classroom
- Kindness and humility in interpersonal interactions
- Honesty and integrity

Please review following course guidelines/policies:

1. Completion of Assignments on Time

Students are expected to be timely in their completion of assignments with deadlines listed in syllabus. Extensions for assignments will only be given for medical or family emergencies which need to be discussed with the instructor as they arise.

2. Class Sessions

Students are expected to attend all sessions. Due to the experiential nature of the course, missing class is highly discouraged. Please notify instructor ahead of time if you expect to miss a class session – multiple missed classes will result in a reduction in one's participation grade.

3. Participation and Experiential Learning

This course utilizes experiential learning structures which require students to be active participants in class exercises. One cannot expect to facilitate experiential therapy with a client without having experienced the experiential therapy processes to some degree. Throughout this course, students will be challenged to use their own personal material in service of the learning environment while also practicing containment and using discretion around appropriate personal disclosures. We are not meeting to facilitate anyone's personal work – the primary purpose of all personal disclosures should be in service of the learning of the group.

Authenticity and genuineness are integral ingredients in developing a helping relationship between group members and with clients. Students are challenged to commit to a process of self-examination in this course. Because the social worker's greatest tool is one's self, it is essential that social work students engage in self-discovery and self-study as it relates to history, biases, values, assumptions, preferences, choices, prejudices, and belief systems. The written assignments, as well as the experiential processes in this course are designed to facilitate self-examination.

While this course prescribes clear role assignments between "instructor" and "students", at times the instructor will act as an instructor-participant. Similarly, each student will be expected to participate as a participant-instructor and offer their own unique perspectives and insights for the learning of others. Additionally, each student will be given the opportunity to facilitate experiential processes with the class, under the direct supervision of the instructor.

All students are expected to participate in a respectable way that upholds the values of the social work profession.

4. Class Preparation and Use of Technology in Class

All required readings and assignments are expected to have been completed prior to each class session. Students are expected to come to class prepared to discuss these readings.

Students are permitted to use laptops to take notes or reference readings during class but are expected to demonstrate integrity in their use of technology during class sessions. During

experiential learning structures, students are expected to remain engaged in the process rather than attending to their laptops, Ipads, or phones.

5. Professionalism and Academic Integrity

Students are expected to review the most recent publication manual of the American Psychological Association (APA) and to adhere to its principles in all written assignments. All references should be cited appropriately, following APA guidelines. Plagiarism will not be tolerated and likely result in failure of the assignment, course, and/or referral to school administration.

6. Confidentiality

The nature of this course lends itself to personal disclosures from students. As noted previously, students are encouraged to consider if the personal disclosure is in service of the learning environment as a whole. Students are expected to maintain confidentiality in the event of personal disclosures from other students.

When discussing cases, it is expected that students will omit clients' names and personally identifying information. Students are encouraged to discuss the nuances of confidentiality with their field instructors and field placement supervisors.

Assignments and Grades

ASSIGNMENT	POINTS	DUE
Individual written assignments (social atom, psychodramatic letter writing, role diagram)	15 total (5 each)	Week 4; Week 6; Week 7
Sociometry facilitation (in-class)	20	As assigned
Course Participation/Contribution	20	Weekly
Preparation of criteria for sociometric exercise in field placement (these will be shared with the entire group)	20	Due on week 10
5-7 page paper on the application of sociometry, psychodrama, (and/or other covered topics this semester) relevant to your work, internship, or area of interest.	25	Due on week 13

ASSIGNMENT DESCRIPTIONS

Short Individual Written Assignments (3):

These three short written assignments will be done by each student individually. Students will be invited to share their assignments and/or about their experience completing these personal assignments. The purpose of these assignments is to give you a personal experience with Moreno's social atom, the role diagram, and psychodramatic letter writing – to apply these tools to your own life.

Each of these assignments will be graded on completeness rather than content.

- 1. Social Atom** – the social atom is at the core of Moreno's sociometric theory (see week 3 readings). The social atom depicts an individual within the web of their closest relationships (to other people, objects, communities, institutions, etc.). This tool can be used as a simple assessment tool with clients and provides significant data on the nature of their experience with relationships. Traditional social work utilizes the genogram tool, which many have suggested was influenced by Moreno's social atom. Using the instructions on page 89 of Dayton's 2005 text, draw a present-day social atom for yourself.
- 2. Psychodramatic letter writing**
Psychodramatic letter writing provides a contained and directed opportunity for near-psychodramatic work. These letters are most often not delivered to their recipients. Instead, the goal of the letter is to create internal change for the person writing the letter. These are great homework assignments for clients between sessions or warm-up's to psychodrama work. For this assignment, identify someone in your life that you are grateful for and write a letter of gratitude to them (try to find someone whom you do not have mixed feelings towards). See Week 5's readings by Dayton (2005) and Tomasulo (2011).
- 3. Role Diagram & Role Development**
Moreno believed that the self, or one's personality, is composed of all the roles that one plays in their life. A role diagram provides participants with the opportunity to label and acknowledge these roles (see Dayton, 2005, p. 167). The first step of this assignment is to draw a small circle with your name in it at the center of the page. Then, draw multiple (5-10) other circles labeled with the social roles (brother, parent, basketball player, student, employee, activist, etc.) that they represent around the first circle. This is your role diagram.
Then, choose one of these roles to examine further. For this role, write a few sentences about each stage of development (role-taking/training, role-playing, role-creating) of this role. Describe what each stage of the role looked like for you and/or what you imagine the stage might look like.

Sociometry Facilitation (in class, as scheduled)

Beginning on week 5, students will open each class with student-facilitated sociometry warm-ups. Prior to week 5, the instructor will facilitate and demonstrate these warm-ups. Students are expected to choose one or more experiential sociometric exercises (spectrogram, step-in sociometry, hands-on-shoulder sociometry, dyads, locogram, floor checks, etc.), develop appropriate criteria from the weekly topic/readings, and lead these warm-ups during the class. Though the warm-ups may include personal questions, the criteria focus should be on exploring students learning of the course material, experience of the assignments, career goals, and/or field placement experiences.

Students are expected to send the instructor a simple outline of their planned warm-up at least 2 days before the class session, including the sociometry tools being used as well as the criteria/questions being asked. This does not need to be long and can be done in bullet points.

Course Participation/Contribution

This course emphasizes student participation due to the utilization of experiential learning/teaching. Course participation consists of 20% of the final grade due to the necessity of experiential therapists to have experienced the action-based tools first-hand before trying to facilitate them with others.

Preparation of criteria for sociometric exercise in field placement

This assignment focuses on taking the sociometric processes that we have been learning and developing criteria for their application within your field placement. These can be adapted for use in individual sessions, group sessions, educational settings, group supervisions, staff meetings, and/or community organizing spaces. Choose one or more experiential sociometric exercises (spectrogram, step-in sociometry, hands-on-shoulder sociometry, dyads, locogram, floor checks, etc.), use your creativity to develop an application of sociometry that would best serve the field placement populations that you work with.

This does not need to be long and can be done in bullet points. Students are encouraged to use the sociometric criteria developed in their field placements after review from instructor.

Final Paper (5-7 Pages)

Option 1:

Decide on a specific population or community (teenagers, inmates, addictions, LGBTQ, immigrants/refugees, war veterans, etc.) that you would like to work with in the future or are

currently working with in your field placement. Review the existing publications related to using sociometry, psychodrama, sociodrama, and experiential therapy with this population. Outline the strengths and limitations of using sociometry, psychodrama, sociodrama, TSM, and/or RTR with this population or community. Include case examples of how you would propose to use these experiential tools with this community. Use your creativity.

You may include a write up of your/your group's experience of using sociometry in your field placement (from the previous assignment).

Option 2:

Identify another therapeutic approach or theoretical system (Psychodynamic, CBT, Jungian, Attachment, Object Relations, Interpersonal Neurobiology, Family Therapy, Chaos Theory, etc.) that you are familiar with or interested in and review the existing literature that integrates sociometry, psychodrama, sociodrama, TSM, and/or RTR with this other modality. Outline how the two theoretical systems and/or therapeutic approaches complement each other. Include case examples of how you would propose to further integrate these two theories/approaches in action. Use your creativity.

REQUIRED TEXTS:

Nolte, J. (2014). *The Philosophy, Theory, and Methods of J.L. Moreno: The Man Who Tried to Become God*. New York, NY: Routledge.

Dayton, T. (2005). *The Living Stage: A step-by-step guide to psychodrama, sociometry, and experiential group therapy*. Deerfield, FL: Health Communications Inc.

Hudgins, M.K. & Toscani, F. (2013). *Healing World Trauma with The Therapeutic Spiral Model: Stories from the Frontlines*. London: Jessica Kingsley Publishers.

Suggested Related Reading:

Dayton, T. (2014). *Relational Trauma Repair (RTR) Therapist's Guide, Revised Edition*. New York, NY: Innerlook, Inc.

Dayton, T. (2015). *NeuroPsychodrama in the Treatment of Relational Trauma: A Strength-based, Experiential Model for Healing PTSD*. Deerfield Beach, FL: Health Communications, Inc.

Fox, J. (Ed.). (1987). *The Essential Moreno: Writings on Psychodrama, Group Method, and Spontaneity by J. L. Moreno, M.D.* New York: Springer

Hale, A.E. (1981). *Conducting clinical sociometric explorations: A manual for psychodramatists and sociometrists*. Roanoke, VA: Royal Publishing Company

Kellermann, P. F. (1992). *Focus on Psychodrama: The Therapeutic Aspects of Psychodrama*. Jessica Kingsley, London, UK.

Kellermann, P.K. & Hudgins, M.K. (Eds.), (2000). *Psychodrama with trauma survivors: Acting out your pain*. London: Jessica Kingsley Publishers.

Moreno, J.D. (2014). *Impromptu Man: J.L. Moreno and the Origins of Psychodrama, Encounter Culture, and the Social Network*. New York, NY: Bellevue Literary Press.

Moreno, J. L. (1946). *Psychodrama Volume 1*. Beacon, NY: Beacon House Press.

Moreno, J. L. (1953). *Who shall survive? Foundations of sociometry, group psychotherapy and sociodrama* (2nd edition). Beacon, NY: Beacon House.

Moreno, Z.T. (2006). *The Quintessential Zerka*. Horvatin, T. & Schreiber, E. (Eds.). New York, NY: Routledge.

Northen, H. & Kurland, R. (2001). *Social Work with Groups*. New York: Columbia University Press.

Yalom, I. D., & Leszcz, M. (2005). *The theory and practice of group psychotherapy* (5th ed.). New York, NY: Basic Books.

Course Curriculum Layout

UNIVERSITY OF PENNSYLVANIA
SCHOOL OF SOCIAL POLICY AND PRACTICE

Course Time:

Course Location:

Instructor: Scott Giacomucci

Office:

Email: Scott@SGiacomucci.com

Note: The assigned readings in for each section are ordered based on their importance to the course.

SESSION 1:

INTRODUCTION AND HISTORY OF SOCIAL GROUP WORK & MORENO'S METHODS; MORENO IN THE ROLE OF SOCIAL WORKER

- **Group Introductions and Warm-up**
- **Outline semester expectations; assignments; participation**
- **Introduction/History of Social Work with Groups & Moreno's methods**
- **Moreno as a social worker**
- **Experiential Sociometry for Group Assessment**

Required Readings:

Moreno, J.D. (1989). Introduction. In J.L. Moreno, *The Autobiography of J.L. Moreno, MD*. Berkeley, CA: Copy Central

Dayton, T. (2005). The Triadic System: Psychodrama, Sociometry, and Group Psychotherapy. In T. Dayton, *The Living Stage: A step-by-step guide to psychodrama, sociometry, and experiential group therapy* (pp. 11-20). Deerfield, FL: Health Communications Inc.

Dayton, T. (2005). The Techniques of the Classical Psychodramatic Enactment. In T. Dayton, *The Living Stage: A step-by-step guide to psychodrama, sociometry, and experiential group therapy* (pp. 21-46). Deerfield, FL: Health Communications Inc.

Andrews, J. (2001). Group Work's Place in Social Work: A Historical Analysis. *Journal of Sociology & Social Welfare*, 28(4): 45-65

Required Videos:

Sociometric Institute (2014). What is Psychodrama? [video file]. Retrieved from <https://www.youtube.com/watch?v=wNUfOpsL3NY>

Moreno, J. (2014). Meet the Impromptu Man [video file]. Retrieved from <https://www.youtube.com/watch?v=8IAoREYNmOs&index=15&list=PLFFA5CE353E0B11D7&t=11s>

Suggested Readings:

Drumm, K. (2008). The essential power of group work. *Social Work with Groups*, 29, 17–31.

Nolte, J. (2014). The Young Man of Many Parts. In J. Nolte, *The Philosophy, Theory, and Methods of J.L. Moreno: The Man Who Tried to Become God* (pp. 23-35). New York, NY: Routledge.

SESSION 2:**THEORY OF SOCIAL GROUP WORK & MORENO'S METHODS;
ETHICAL STANDARDS**

- Social Work Values in Action
- Ethics and Standards for Group Work
- Mutual Aid and Moreno
- Theoretical Integration of Social Group Work and Moreno's methods

Giacomucci, S. (2018). *Social Work and Sociometry: Integrating History, Theory, and Practice. The Clinical Voice*. Richboro, PA: Pennsylvania Society for Clinical Social Work.

Skolnik, S. (2018) A Synergistic Union: Group Work Meets Psychodrama. *Social Work with Groups*, 41(1-2): 60-73

Steinberg, D. M. (2010) Mutual Aid: A Contribution to Best-Practice Social Work. *Social Work with Groups*, 33:1, 53-68.

International Association of Social Work with Groups. (2015). *Standards for Social Work Practice with Groups (2nd Edition)*. Retrieved from: http://www.iaswg.org/assets/docs/Resources/2015_IASWG_STANDARDS_FOR_SOCIAL_WORK_PRACTICE_WITH_GROUPS.pdf

Nolte, J. (2014). Group Psychotherapy. In J. Nolte, *The Philosophy, Theory, and Methods of J.L. Moreno: The Man Who Tried to Become God* (pp. 109-128). New York, NY: Routledge.

Suggested Readings:

Kurland, R., & Salmon, R. (2005). Group work vs. casework in a group: Principles and implications for teaching and practice. *Social Work with Groups*, 28(3-4), 121-132.

SESSION 3: SOCIOMETRY

- **Introduction to Sociometry**
- **Pen-to-Paper Sociometry: The Social Atom; Sociograms**
- **Experiential Sociometry: Locogram; Sociogram; Spectrogram; Step-in Sociometry**

Required Readings:

Dayton, T. (2005). The Social Atom. In T. Dayton, *The Living Stage: A step-by-step guide to psychodrama, sociometry, and experiential group therapy* (pp. 83-98). Deerfield, FL: Health Communications Inc.

Giacomucci, S., Gera, S., Briggs, D., & Bass, K. (2018). Experiential Addiction Treatment: Creating Positive Connection through Sociometry and Therapeutic Spiral Model Safety Structures. *Journal of Addiction and Addictive Disorders*.

Nolte, J. (2014). Sociometry, a New Model for Social Science & Sociometric Theory (chapters 8-9). In J. Nolte, *The Philosophy, Theory, and Methods of J.L. Moreno: The Man Who Tried to Become God* (pp. 129-178). New York, NY: Routledge.

Hale, A.E. (2009). Moreno's sociometry: Exploring interpersonal connection. *Group*, 33(4): 347-358.

Moreno, J. L. (1953). Foreword to the Third Edition (pp. xxi – xxii); Introduction (pp. 1-8) In J.L. Moreno, *Who shall survive? Foundations of sociometry, group psychotherapy and sociodrama* (Student Edition). Beacon, NY: Beacon House. McLean, VA: ASGPP

Required Videos:

AB Lifetime Counseling and Facilitating Services (2018). Sociometry. Practical Use. Interview with John Oleson. Part 1 & Part 2. [video file]. Retrieved from <https://www.youtube.com/watch?v=6MT0ibG5ypo> & <https://www.youtube.com/watch?v=hdt31RGNADs>

Tian Dayton (2017). The Spectrogram. [video file]. Retrieved from <https://www.youtube.com/watch?v=HT8a0CjQbf0>

For further reading, see:

Hale, A.E. (1981). *Conducting clinical sociometric explorations: A manual for psychodramatists and sociometrists*. Roanoke, VA: Royal Publishing Company

SESSION 4:

GROUP DYNAMICS, SOCIODYNAMICS, AND GROUP STAGES

Social Atom Assignment Due

- **Group Cohesion; Group Dynamics; Group Stages; Group-as-a-whole**
- **Psychodynamics and Sociodynamics**
- **Group Work and Group Therapy**
- **Tele & the Sociodynamic Effect**

Required Readings:

Moreno, J. L. (1972). Psychodrama and Group Psychotherapy: Introduction to the Fourth Edition (pp. a – e). In J.L. Moreno, *Psychodrama Volume 1* (4th Edition). Beacon, NY: Beacon House Press.

Yalom, I.D. & Leszcz, M. (2005). Group Cohesiveness (pp. 53-67). *The theory and practice of group psychotherapy* (5th edition). New York, NY: Basic Books.

Bloom, S. L. (1997). By the crowd they have been broken, by the crowd they shall be healed: The social transformation of trauma. in R. Tedeschi, C. Park and L. Calhoun (Eds), *Post-traumatic Growth: Theory and Research on Change in the Aftermath of Crises*. Mahwah, NJ: Lawrence Erlbaum

Gershoni, J. (2009). Bringing Psychodrama to the Main Stage in Group Psychotherapy. *Group* 33(4): 297-308

Hudgins, M.K. and Giacomucci, S. (2018). *Transference, Counter-transference, and Tele Workshop Handout*. Therapeutic Spiral International & Giacomucci & Walker, LLC. Media PA

SESSION 5:

RELATIONAL TRAUMA REPAIR MODEL PSYCHOSOCIAL METRICS; THE ROLE OF DIRECTOR

- **Relational Trauma Repair Model Introduction**
- **RTR Psychosocial Metrics – Floor Check**
- **Near-Psychodramatic Techniques and Letter Writing**
- **The Roles of the Psychodramatist**

Required Readings:

Dayton, T. (2015). Level One: Psychosocial Metrics (chapter 17). In T. Dayton, *NeuroPsychodrama in the Treatment of Relational Trauma: A Strength-based, Experiential Model for Healing PTSD* (pp 207-241). Deerfield Beach, FL: Health Communications, Inc.

Dayton, T. (2005). Psychodramatic Journaling and Near-Psychodramatic Techniques: Letter Writing, Journaling, Working with Photographs and Guided Imagery. In T. Dayton, *The Living Stage: A step-by-step guide to psychodrama, sociometry, and experiential group therapy* (pp. 11-20. Deerfield, FL: Health Communications Inc.

Tomasulo, D. (2011). *The Virtual Gratitude Visit (VGV): Psychodrama in Action*. Retrieved from PsychologyToday.com

Kellermann, P. F. (1992). The Psychodramatist (chapter 3). In P.F. Kellermann, *Focus on Psychodrama: The Therapeutic Aspects of Psychodrama* (pp. 45-57). Jessica Kingsley, London, UK.

Required Videos:

Tian Dayton (2017). The Symptom Floor Check. [video file]. Retrieved from https://www.youtube.com/watch?v=cNmwc_vf1r8

SESSION 6:**PSYCHODRAMA THEORY AND PRACTICE; MORENO'S DEVELOPMENTAL THEORY****Psychodramatic Letter Writing Assignment Due**

- **Psychodrama Theories: Spontaneity-Creativity; Role Theory; Developmental Theory**
- **Psychodrama Group Phases and Essential Elements**
- **Psychodrama Interventions**

Required Readings:

Dayton, T. (2005). Role Theory. In T. Dayton, *The Living Stage: A step-by-step guide to psychodrama, sociometry, and experiential group therapy* (pp. 149-178). Deerfield, FL: Health Communications Inc.

Nolte, J. (2014). Morenean Philosophy. In J. Nolte, *The Philosophy, Theory, and Methods of J.L. Moreno: The Man Who Tried to Become God* (pp. 55-68). New York, NY: Routledge.

Nolte, J. (2014). The Canon of Creativity. In J. Nolte, *The Philosophy, Theory, and Methods of J.L. Moreno: The Man Who Tried to Become God* (pp. 69-90). New York, NY: Routledge.

Moreno, J. L. (1972). Introduction to the third edition (pp. I – XXI). In J.L. Moreno, *Psychodrama Volume 1* (4th Edition). Beacon, NY: Beacon House Press.

Moreno, Z. T. (2000). Sharing in Psychodrama (chapter 11). In Moreno, Z., Blomkvist, L.D., & Rutzel, T. (2000). *Psychodrama, Surplus Reality, and the Art of Healing* (pp. 63-66). London, UK: Routledge

SESSION 7:**SURPLUS REALITY AND ACTION SCULPTING****Role Atom Assignment Due**

- **Surplus Reality and Concretization in Psychodrama**
- **Action Sculpting**
- **Sculpting a Golden-Moment**

Required Readings:

Dayton, T. (2015). Level two: Sculpturing Neuropsychodrama and the social atom (chapter 18). In T. Dayton, *NeuroPsychodrama in the Treatment of Relational Trauma: A Strength-based, Experiential Model for Healing PTSD* (pp 273-295). Deerfield Beach, FL: Health Communications, Inc.

Giacomucci, S. & Stone, A. M. (2018). Being in two places at once: Renegotiating traumatic memory through the surplus reality of psychodrama. *Social Work with Groups*.

Moreno, J.L. (1965). Therapeutic Vehicles and the Concept of Surplus Reality. *Group Psychotherapy* 18: 211-216

Watersong, A. (2011). Surplus Reality: The Magic Ingredient in Psychodrama. *Journal of the Australian and Aotearoa New Zealand Psychodrama Association*, 20, 18-27

SESSION 8: SOCIODRAMA

- **History of Sociodrama**
- **Sociodrama and Psychodrama**
- **Sociodrama in Therapy and Beyond Therapy**

Required Readings:

Sternberg, P. & Garcia, A. (2000). Chapters 1 & 2. *Sociodrama: Who's in your shoes* (2nd edition). Westport, CT: Praeger Publishers.

Giacomucci, S. (2017). The Sociodrama of Life or Death: Young Adults and Addiction Treatment. *Journal of Psychodrama, Sociometry, and Group Psychotherapy* 65(1): 137-143

Kellermann, P.F. (2007). Sociodrama (chapter 1) In P.F. Kellerman, *Sociodrama and Collective Trauma* (pp. 15-31).

Suggested Reading:

Minkin, R. *Sociodrama for Our Time: A Sociodrama Manual* (3rd ed.). Philadelphia, PA: East West Center for Psychodrama and Sociodrama

SESSION 9: THE BRAIN IN ACTION: NEUROBIOLOGY OF ACTION METHODS

- **Neurobiology of Action Methods and Trauma**
- **Interpersonal Neurobiology**
- **The Brain in Action**

Required Readings:

- Shapiro, J.R. & Applegate, J.S. (2018). Introduction (pp. xiii – xxi). In J.R. Shapiro & J.S. Applegate, *Neurobiology for clinical social work: Theory and practice* (2nd edition). New York, NY: W.W. Norton & Company.
- Hug, E. (2007). A Neuroscience perspective on psychodrama. In C. Baim, J. Burmeister, & M. Maciel (Eds.), *Psychodrama: Advances in Theory and Practice*. London: Routledge.
- Hug, E. (2013). A Neuroscience perspective on trauma and action methods. In K. Hudgins, & F. Toscani (Eds.), *Healing world trauma with the therapeutic spiral model*. London: Jessica Kingsley Publishers.

Required Videos:

- Hong Kong Psychodrama Association with Kate Hudgins (2014). What is Psychodrama? [video file]. Retrieved from <https://www.youtube.com/watch?v=uB44219h7Ls>

Suggested Readings:

- Badenoch, B. (2013). A transformational learning group: Inviting the implicit. In S. P. Gantt & B. Badenoch (Eds.), *The interpersonal neurobiology of group psychotherapy and group process* (pp. 189-201). London, UK: Karnac Books.
- Siegel, D. J. (2010). Commentary on “Integrating Interpersonal Neurobiology with Group Psychotherapy”: Reflections on Mind, Brain, and Relationships in Group Psychotherapy. *International Journal of Group Psychotherapy*: Vol. 60, 483-485.
- Van der Kolk, B. (2014). Body-Brain Connections (pp. 74-86). In B. van der Kolk, *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York, NY: Viking Penguin.

SESSION 10:**THERAPEUTIC SPIRAL MODEL: PSYCHODRAMA AND TRAUMA****Criteria for Sociometry Facilitation in Field Placement**

- **Introduction to the Therapeutic Spiral Model**
- **Internal Roles and Intrapsychic Psychodrama’s**
- **TSM’s Clinical Map – Trauma Survivors Intrapsychic Role Atom (TSIRA)**
 - **Trauma Triangle**
- **TSM’s Unique Safety Structures – Observing Ego & Circle of Strengths**

Required Readings:

Hudgins, M.K. & Toscani, F. (2013). Introduction (pp. 17-32). In K. Hudgins, & F. Toscani (Eds.), *Healing world trauma with the therapeutic spiral model*. London: Jessica Kingsley Publishers.

Hudgins, M.K. & Toscani, F. (2013). The similarities between classical psychodrama and the Therapeutic Spiral Model (pp. 49-74). In K. Hudgins, & F. Toscani (Eds.), *Healing world trauma with the therapeutic spiral model*. London: Jessica Kingsley Publishers.

Giacomucci, S. (in-press). The Trauma Survivors Inner Role Atom: A Clinical Map for Post-Traumatic Growth. *Journal of Psychodrama, Sociometry, and Group Psychotherapy*.

Toscani, M. F., & Hudgins, M.K. (1995). *The trauma survivor's intrapsychic role atom*. Workshop Handout. Madison, WI: The Center for Experiential Learning.

SESSION 11:

STRENGTH-BASED TSM PSYCHODRAMA

- **Strength Based Psychodrama Approach with Trauma**
- **Catharsis of Abreaction and Catharsis of Integration**
- **Psychodrama: Building up the Strengths Needed to be a Social Worker**
- **Therapeutic Agency of the Auxiliaries/Group Members (Mutual Aid)**

Required Readings:

Hudgins, M.K. & Toscani, F. (2013). The evolution of the Therapeutic Spiral Model (pp. 75-107). In K. Hudgins, & F. Toscani (Eds.), *Healing world trauma with the therapeutic spiral model*. London: Jessica Kingsley Publishers.

McVea, C. (2013). The therapeutic alliance between protagonist and auxiliaries (pp. 168-180). In K. Hudgins, & F. Toscani (Eds.), *Healing world trauma with the therapeutic spiral model*. London: Jessica Kingsley Publishers.

Kellermann, P.F. (2000). The therapeutic aspects of psychodrama with traumatized people. In P.F. Kellermann & M.K. Hudgins (eds), *Psychodrama with trauma survivors: Acting out your pain* (pp. 23-38). Philadelphia, PA: Jessica Kingsley Publishers.

Kellermann, P.F. (1984). The Place of Catharsis in Psychodrama. *Journal of Group Psychotherapy, Psychodrama, and Sociometry*, 37(1): 1-13.

SESSION 12:
SPECIAL TOPICS IN SOCIOMETRY & PSYCHODRAMA

- **Sociometry and Psychodrama in Addiction Recovery**
- **Community Organizing with Immigrants and Refugees**
- **Jungian Psychology and Psychodrama**
- **Attachment and Psychodrama**
- **Grief/Loss and Ambiguous Loss**

Required Video (in honor of your final paper due next week):

PsychotherapyNet (2009). Zerka Moreno Psychodrama Video [video file]. Retrieved from <https://www.youtube.com/watch?v=VQUtxDK5V-w&t=13s>

Choose 3-5 readings that most interest you:

See chapters 8-16 in the Hudgins & Toscani book for writings about TSM psychodrama with eating disorders, addictions, individual therapy, art therapy and domestic violence, families, South African groups, men, inmates, and perpetrators/victims of domestic abuse.

See chapters 19-23 in the Dayton book for writings on using sociometry and psychodrama with addiction, codependence, families, and couples.

Carnabucci, K. & Ciotola, L. (2013). How Action Methods Help Move Beyond the Silence and the Fury (chapter 3: pp. 29-45) In *Healing Eating Disorders with Psychodrama and Other Action Methods: Beyond the Silence and the Fury*. London: Jessica Kingsley Publishers

Cossa, M. (2006). *Rebels with a Cause: Working with Adolescents Using Action Techniques*. Jessica Kingsley Publishers, London & Philadelphia.

Holmes, P. (2015). *The inner world outside: Object relations theory and psychodrama*. London: Routledge.

Smokowsky, P. & Bacallao, M. (2009). Entre Dos Mundos/Between Two Worlds Youth Violence Prevention: Comparing Psychodramatic and Support Group Delivery Formats. *Small Group Research*, 40(1): 3-27

Dayton, T. (2000). The use of psychodrama in the treatment of trauma and addiction. In P.F. Kellermann & M.K. Hudgins (eds), *Psychodrama with trauma survivors: Acting out your pain* (pp. 114-136). Philadelphia, PA: Jessica Kingsley Publishers.

- Blatner, A. (2000). Psychodramatic methods for facilitating bereavement. In P.F. Kellermann & M.K. Hudgins (eds), *Psychodrama with trauma survivors: Acting out your pain* (pp. 41-50). Philadelphia, PA: Jessica Kingsley Publishers.
- Gershoni, J. (2003). Towards acceptance and pride: psychodrama, sociometry, and the LGBT community. In Gershoni (ed), *Psychodrama in the 21st century: Clinical and educational applications*. New York, NY: Springer Publishing Company.
- Quin, B. J. (1991). Healing the healers. In P. Holmes & M. Karp (eds), *Psychodrama inspiration and technique*. London, UK: Routledge
- Treadwell, T. & Dartnell, D. (2017). Cognitive Behavioral Psychodrama Group Therapy. *International Journal of Group Psychotherapy*, 67, S182-193.

SESSION 13:**SOCIATRY: MORENO'S MYSTICISM AND SOCIAL JUSTICE****Final Paper Due**

- **Understanding Moreno's Mysticism and the Encounter Symbol**
- **Spirituality in Clinical Practice**
- **Cultural Atom and Social Justice**
- **Social Microscope and Society**

Required Readings:

- Schreiber, E. (2017). Sociatry – Healing of Society: Tools for Social Justice Transformation. *Psychodrama Network News*. Fall 2017, pp. 16-17. American Society of Group Psychotherapy and Psychodrama.
- Schreiber, E. (2018). Sociatry Part 2: Moreno's Mysticism. *Psychodrama Network News*. Winter 2018, pp. 24-25. American Society of Group Psychotherapy and Psychodrama.
- Schreiber, E. (2018). Sociatry Part 3: Sociatry and the Social Microscope. *Psychodrama Network News*. Summer 2018, p. 18. American Society of Group Psychotherapy and Psychodrama.
- Moreno, J.L. (1947). *Foundations of Sociatry: An Introduction*. New York: Sociometric Institute. Retrieved from https://psychodramaaustralia.edu.au/sites/default/files/1947_v1n1_10-15_foundations_of_sociatry.pdf

Moreno, Z.T. (2008). The world of multiple stages (Foreword, pp. xi – xiii). In R. J. Landy, *The couch and the stage: Integrating words and action in psychotherapy*. New York, NY: Jason Aronson.

Moreno, Z.T. (2012). *To Dream Again: A Memoir* (pp. 503-505; 513-517). New York: Mental Health Resources.

Singh, A. A. & Salazar, C. F. (2010). The Roots of Social Justice in Group Work. *Journal for Specialists in Group Work*, 35(2): 97-104.

SESSION 14: CLOSING AND EVALUATIONS

- **Closure and Integration**
- **Good-Enough Endings**
- **Future Trainings and Certification Processes**
- **Evaluations – Experiential and on Paper**

Required Readings:

Moreno, J.L. (1947). *Open Letter to Group Psychotherapists*. Psychodrama monographs, No. 23. Beacon, NY: Beacon House.

Bitel, M.C. (2000). Mixing Up the Goulash: Essential Ingredients in the “Art” of Social Group Work. *Social Work with Groups*, 22:2-3, 77-99

Kellermann, P. F. (1992). Closure (chapter 13). In P.F. Kellermann, *Focus on Psychodrama: The Therapeutic Aspects of Psychodrama* (pp. 152-160). Jessica Kingsley, London, UK.

Giacomucci, S. (2017). *Concurrent Training and Certification Processes: Psychodrama, Experiential Therapy, and Therapeutic Spiral Model*. West Chester, PA: Giacomucci & Walker, LLC [Training Handout]

Silverman, S. (2010). Will you remember me? Termination and continuity. In J. Salberg (Ed.), *Good enough endings: Breaks, interruptions, and terminations from contemporary relational perspectives*, (pp. 167-189). New York: Routledge.

Course Curriculum EPA Matrix

Week and Course Topic	Course Objectives	EPAS Core Competencies	EPAS Practice Behaviors Reflective of Core Competencies	Pedagogical Strategies utilized	Assignments with summary of core competencies and practice behaviors
Week One Introduction to Group Work and Moreno's Methods	1, 2, 3, 4, 8	2.1.1, 2.1.4, 2.1.5, 2.1.7	2, 3, 4, 14, 18,19,20, 23,24	Readings, Lecture, discussion, experiential	Readings/Lecture/discussion (2,3,4,23,24) Experiential (14,18,19,20)
Week Two Theory of Group Work and Moreno's Methods; Ethical Standards	1, 2, 3, 4, 5, 6	2.1.1, 2.1.2, 2.1.5, 2.1.7	2,3,4,5, 7,8,9, 20, 23,24,	Readings, lecture, experiential, discussion	Readings/lecture/discussion (2,3,4,5,7,8,20,24) Experiential (9,23,24)
Week Three Sociometry	2, 3, 4, 6, 7, 8	2.1.7, 2.1.10(a,b,c,d)	23,24, 30,31,32,33, 34,35,37,38, 40,41	Readings, lecture, experiential, discussion	Readings/lecture/discussion (23,24,35,37,38) Experiential (23,24, 30,31,32,33,34, 40,41)
Week Four Group Dynamics, Sociodynamics, & Group Stages	1, 2, 3, 4, 5	2.1.7, 2.1.10(a,b,c,d)	23,24, 29,30,32,33, 34,38,39,41	Readings, lecture, experiential, discussion Social Atom Assignment	Readings/lecture/discussion (23,24,29, 38) Experiential (23,24, 30,32,33,34, 41) Assignment (23,24,32,33,41)
Week Five Psychosocial Metrics; RTR Model	2, 4, 5, 6, 7, 8	2.1.1, 2.1.7, 2.1.10(a,b,c,d)	2, 3,4, 23,24, 29,30,32,33,35 38,39,41	Readings, lecture, experiential, discussion	Readings/lecture/discussion (23,24,29,35,38) Experiential (2,3,4,23,24,30,32,33,41)
Week Six Psychodrama Theory/Practice; Developmental Theory	2, 3, 4, 5, 6, 8	2.1.7, 2.1.10(b,c,d)	23,24, 30,31,32,33,34 35,38,39,40,41	Readings, lecture, experiential, supervised practice, discussion Letter Due	Readings/lecture/discussion (23,24,35,38) Experiential/supervised practice (23,24, 30,31,32,33,34,35,38,39, 40,41) Assignment (34,35,38,40)

Week Seven Surplus Reality and Action Sculpting	2, 3, 4, 5, 6, 7, 8	2.1.7, 2.1.10(a,b, c,d)	23,24, 29,30,31,32,33 34,35,38,39, 40,41	Readings, lecture, experiential, supervised practice, discussion Role Atom Due	Readings/lecture/discussion (23,24,29,35,38) Experiential/supervised practice (23,24, 30,31,32,33,34,35,38,39, 40,41) Assignment (32,33,35,38)
Week Eight Sociodrama	2, 3, 4, 5, 8	2.1.4, 2.1.5, 2.1.7, 2.1.8, 2.1.10(a,b, c)	14, 15, 16 18,19,20 23,24, 25,26, 31,33,34,35,36 37,38,39,40,41	Readings, lecture, experiential, supervised practice, discussion	Readings/lecture/discussion (23,24,35,38) Experiential/supervised practice (14,15,16,18,19,20, 24,25,26,31,33,34,35,36,37 38,39,40,41)
Week Nine Brain in Action	2, 4, 5, 6, 7	2.1.3, 2.1.6, 2.1.10(a,b)	11, 21,22 30,32,33,41	Readings, lecture, experiential, supervised practice, discussion	Readings/lecture/discussion (11,21,22,35,38) Experiential/supervised practice (21,22,30,32,33,41)
Week Ten TSM Psychodrama (theory & warm-up)	2, 3, 4, 5, 6, 7, 8	2.1.6 2.1.10(a,b, c)	21,22 29,30,32,33,34 35,38,40,41	Readings, lecture, experiential, supervised practice, discussion Sociometry in Field Due	Readings/lecture/discussion (21,35,38) Experiential/supervised practice (22,29,30,32,33,34,35,38, 40,41) Assignment (29,30,32,33,34,35,38,40,41)
Week Eleven TSM Psychodrama (RX drama)	2, 3, 4, 5, 6, 7, 8	2.1.1, 2.1.9, 2.1.10(a,b, c)	2,3,4,6, 27,28, 30,31,32,33,34 35,37,38,41	Readings, lecture, experiential, supervised practice, discussion	Readings/lecture/discussion (27,28,35,38) Experiential/supervised practice (2,3,4,6,30,31,32,33,34,35, 37,38,41)
Week Twelve Special Topics	2, 3, 4, 5, 6, 7	2.1.4, 2.1.5, 2.1.7, 2.1.8, 2.1.10(a,c)	14,17, 18,20, 23,24, 25, 29,30,35,41	Readings, lecture, experiential, supervised practice, discussion	Readings/lecture/discussion (14,17,18,23,24,29,30,35,41) Experiential/supervised practice (18,20, 24,25,35,41)
Week Thirteen Sociatry	2, 3, 4, 5, 6, 7, 8	2.1.4, 2.1.5, 2.1.7,	14, 18,19,20, 23,24, 25,	Readings, lecture, experiential, supervised	Readings/lecture/discussion (23,24) Experiential/supervised practice (14,18,19,20,23,

		2.1.8, 2.1.10(b,c)	32,36,41,	practice, discussion, Final Paper Due	24,25,32,36,41) Assignment (14,18,19,20,23,24,25,41)
Week Fourteen Closing and Evaluation	1, 2, 3, 4, 6, 7, 8	2.1.6, 2.1.7, 2.1.10(a,b, c,d)	21, 23,24, 30,32,36,40,41	Readings, lecture, experiential, supervised practice, discussion	Readings/lecture/discussion (23,24,40,41) Experiential/supervised practice (21,23, 24,25,30,32,36,40,41)

References

- Abels, S. L., & Abels, P. (1981). Social group work issues. In S. L. Abels & P. Abels (Eds.), *Social work with groups: Proceedings 1979 symposium* (pp. 7–17). Louisville, KY: Committee for the Advancement of Social Work with Groups.
- Abels, P. (2013). History of the Standards for Social Work Practice with Groups: A Partial View. *Social Work with Groups* 36(2-3): 259-269
- Abrams, J., & Shapiro, M. (2014). Teaching trauma theory and practice in MSW programs: A clinically focused, case-based method. *Clinical Social Work Journal*, 42(4), 408-418.
- Akinsola, E. F., & Udoka, P. A. (2013). Parental influence on social anxiety in children and adolescents: Its assessment and management using psychodrama. *Psychology*, 4(3A), 246-253.
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- Alexander, G.E., DeLong, M.R., & Strick, P.L. (1986). Parallel organization of functionally segregated circuits linking basal ganglia and cortex. *Annual Review of Neuroscience*, 9: 357-381.
- Alissi, A.S. (1982). The Social Work Group Method: Towards a Reaffirmation of Essentials. *Social Work with Groups* 5(3): 3-17

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<http://psychodramacertification.org/index.php?name=Directory>

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders:*

DSM-5. Washington, D.C: American Psychiatric Association.

Anderson, R. and Carnabucci, K. (2011). *Integrating Psychodrama and Systemic Constellation*

Work: New Directions for Action Methods, Mind-Body Therapies and Energy Healing.

London: Jessica Kingsley Publishers

Andrews, J. (2001). Group Work's Place in Social Work: A Historical Analysis. *Journal of*

Sociology and Social Welfare 28(4): 45-65,

Aristotle (1951). *Poetics* (S.H. Butcher, Trans.), Mineola, NY: Dover Publications.

Arthur, N. & Achenbach, K. (2002). Developing Multicultural Counseling Competencies Through

Experiential Learning. *Counselor Education and Supervision*, 42(1): 2-14.

Association for the Advancement of Social Work with Groups. (1999). *Standards for social work*

practice with groups (1st Ed.). Alexandria, VA

Association for the Advancement of Social Work with Groups, Inc. (2013) Standards for Social

Work Practice with Groups (2nd Ed.) *Social Work with Groups* 36(2-3): 270-282

Baile, W.F. and Blatner, A. (2014). Teaching Communication Skills: Using Action Methods to

Enhance Role-play in Problem-based Learning. *Simulation in Health Care* 9(4), 220-227

- Baim, C. (2007). Integrating Psychodrama with Attachment Theory: Implications for Practice. In P. Holmes, M. Farrall, & K. Kirk (Eds.), *Empowering Therapeutic Practice: Integrating Psychodrama into other Therapies* (pp. 125-156). London: Jessica Kingsley Publishers
- Banach, M., Foden, E. & Carter, V. B. (2018): Educating undergraduate group workers: increasing confidence through experiential learning. *Social Work with Groups*
- Bannister, A. (1990). *From Hearing to Healing: Working with the Aftermath of Childhood Sexual Abuse*. Chichester: John Wiley.
- Bannister, A. (1991). Learning to live again: Psychodramatic techniques with sexually abused young people. In P. Holmes and M. Karp (eds), *Psychodrama: Inspiration and Technique*. London: Tavistock/Routledge.
- Bannister, A. (1997). *The Healing Drama: Psychodrama and Dramatherapy with Abused Children*. London: Free Association Books.
- Baumgartner, D. (1986). Sociodrama and the Vietnam combat veteran: A therapeutic release for a wartime experience. *Journal of Group Psychotherapy and Sociometry*, 38: 31-39.
- Becker, D. & Marecek, J. (2008). Positive Psychology: History in the Remaking? *Theory & Psychology* 18(5): 591-604.
- Bergart, A. M. (2018). *Knowledge and Skills for Effective Group Work Practice [Syllabus]*. Chicago, Illinois: School of Social Service Administration, University of Chicago.

- Bendel, K. E. (2017). Social work and Moreno: A systematic review of psychodrama methods and implications. *ProQuest Dissertations and Theses*, Retrieved from <https://proxy.library.upenn.edu:7450/docview/1920065271?accountid=14707>
- Bidart-Novaes, M., Brunstein, J., Gil, A. C., & Drummond, J. (2014). Sociodrama as a Creative Learning Strategy in Business Administration. *Creative Education*, 5, 1322-1333
- Bike, D. H., Norcross, J. C., & Schatz, D. M. (2009). Processes and outcomes of psychotherapists' personal therapy: Replication and extension 20 years later. *Psychotherapy: Theory, Research, Practice, Training*, 46(1), 19-31
- Birnbaum, M., & Auerbach, C. (1994). Group work in graduate social work education: The price of neglect. *Journal of Social Work Education*, 30(3), 325–335.
- Birnbaum, M. L., & Wayne, J. (2000). Group work in foundation generalist education: The necessity for curriculum change. *Journal of Social Work Education*, 36(2), 347–356.
- Bitel, M.C. (2000). Mixing Up the Goulash: Essential Ingredients in the “Art” of Social Group Work. *Social Work with Groups*, 22:2-3, 77-99
- Bitel, M. (2014). Flipping the equation: The need for context-focused group work education. *Social Work with Groups*, 37, 48–60.
- Blatner, A. (2006). Enacting the New Academy: Sociodrama as a Powerful Tool in Higher Education. *ReVision: A Journal of Consciousness & Transformation*, 29, 30-35.
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