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My Use of Psychodrama Method in Clinical Pastoral Education

Supervision

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Abstract

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This paper describes my use of some aspects of Psychodrama Method, developed by JL Moreno, in my practice of Clinical Pastoral Education supervision. I outline some of the reasons I was attracted to Psychodrama as a CPE Supervisor, and then illustrate some of the ways I have adapted the method to my actual clinical practice of CPE. I maintain that Psychodrama, with its emphasis on the primacy of action in learning, and the power of spontaneity to generate life, is a good complement and companion to the practice of Clinical Pastoral Education.

Introduction

I first encountered Psychodrama in a CPE session when the senior supervisor suggested that the verbatim presenter take the role of the patient in the preliminary reading of the verbatim. The presenter in effect reversed roles with the patient. This was explained to be a fundamental method in Psychodrama, along with such things as role plays.

This might have been as far as it went had I not attended an introductory evening on Psychodrama, and so began a long on and off again relationship with a number of Psychodrama training groups. But the final and perhaps most significant impetus to look more deeply into the use of Psychodrama method in Clinical Pastoral Education was when I married a Psychodrama enthusiast who was also an active Pastoral Practitioner. She helped to convince me that Action Methods, of which Psychodrama is a classic form, were very applicable to pastoral care training. In this paper I discuss the connections I see between Clinical Pastoral Education and Psychodrama, and then describe how I have adapted the method in our programs while holding the integrity and essentials of CPE. Needless to say this can only be an introduction to what we do; remembering also that it is perhaps impossible to adequately convey in writing what needs to be experienced first hand in action.

Psychodrama is a general umbrella term for a number of related disciplines, including Sociodrama, Axiodrama, Sociometry and Role Training, all developed by JL Moreno. He began his work at a time when there was a growing interest in the primacy of the personal and the place of action in knowledge and life. He knew Martin Buber and Freud and most of the interesting thinkers who frequented the cafes of Vienna. His passion was the theatre, and he initiated a

number of very progressive innovations into the theatrical life of Vienna. He was born into a Sephardic Jewish family and raised in the traditions. But a few years after the end of World War I he underwent an intense religious cum spiritual experience which was a watershed, and something he looked back on throughout his life. Out of this experience came a book *The Words of the Father*, which in later editions was augmented with his own reflections and theological thoughts, including the place of Christ in the religious unfolding of the planet. He emigrated to the United States in 1925 and there built up the theory and practice of Psychodrama as a practising psychiatrist. He died in 1974, leaving a large body of written work and various training institutes throughout the world. It is interesting to note that Psychodrama was brought to Australia and New Zealand by Dr Max Clayton, a Presbyterian minister who had gone to the States to become a CPE supervisor.

Connections between Psychodrama and Clinical Pastoral Education

What struck me first about Psychodrama was the **emphasis on action and reflection**, the very basis of CPE. When the group gathers, a protagonist for the group is selected and he or she, under direction from the producer, sets out the issue to be explored on the stage, using whatever props and people are required to simulate the relationship or event the protagonist wants to explore. The protagonist in effect sets her inner thoughts and feelings about that relationship or event out onto the stage. This in itself is an action and reflection process. People from the group, called **auxiliaries**, take the roles of the different people involved in the drama as it emerges, with the protagonist first demonstrating the role. Then the situation being presented is explored under direction using a range of methods including role reversal, doubling, mirroring,

modelling, asides, and surplus reality, all adding to the reflective process the protagonist is involved in, the fruit of which is being immediately translated into action. At the end of the drama, each member of the group then shares something from their own experience that has been touched by the enactment, which adds further to the reflective process.

Well before my interest in Psychodrama had formed, I had come to the conclusion that all forms of reflection are important, but that the most important form of reflection to develop in CPE was the capacity to **reflect-in-action**. It is one thing to encourage trainees to withdraw and reflect, as they do when they go home and prepare a verbatim; it is another to encourage them to become more efficient in reflecting while they are acting. It is this capacity that can transform our pastoral presence. It seemed to me that Psychodrama was doing exactly that, because everything began and ended in action, action on the stage that simulated the actions required in real life. Once I realised this potential in incorporating Psychodramatic method into CPE, I began to take it seriously. I was struck also by the **active involvement** in the process by the whole group. As **auxiliaries**, group members empathically engage the various roles presented through the skills taught in Psychodrama. This is reflection-in-action in real time, where the learning is being immediately embodied in action, not only reflected on.

Although the psychodramatic stage mirrors real life, it goes beyond it as well into what Moreno called **surplus reality**; the reality behind the reality if you like. We each carry a great *dramatis personae* within us as we go about our daily lives, what Freud and others saw as the basis of transference. In Psychodrama these figures can be brought onto the stage and be used actively in the enactment as deemed appropriate by the director of the drama. This includes God

and other religious figures. The possibility here for an active process of **theological reflection** within the actual group slowly dawned on me.

One of the most prized aspects of human relationship that Psychodrama seeks to bring out is the phenomenon of **spontaneity**. Before taking Psychodrama seriously I had come to recognise that my most helpful, engaging moments in pastoral care were moments when I responded with immediacy and emotional presence that had lightness and yet depth; and yet a moment before I could not have told you that that was how I was going to respond. The phenomenon of spontaneity fascinated Moreno, and he saw that this was the potential magic ingredient in human relationships that could bring about healing and transformation.

Spontaneity seems to have its own life, like Spirit. It can be lived in, surrendered to, but not controlled. Spontaneous people bring life into every situation; they are in the moment with all faculties available; ready to follow the slightest intuition with trust because they are completely at home in the flow of their own consciousness. And such people are rare! Nonetheless, as spontaneity became primary for Psychodrama, so I believe it could be primary for pastoral care and CPE supervision, not hesitating to link it with St Paul's 'walking in the Spirit'.

Closely connected to the phenomenon of spontaneity is Moreno's emphasis on the importance of **warm up**. We are more likely to act spontaneously when we are warmed up to whatever is going on in a relationship or situation, and learning to warm up and warm up others is a skill that can be taught by and caught from a good director.

These are some of the connections I could see between Psychodrama, Pastoral Care and Clinical Pastoral Education that encouraged me to incorporate aspects of the Method into supervision groups, while retaining the integrity and uniqueness of CPE.

Adapting Psychodramatic Method into Clinical Pastoral Education Supervision

This adaption of some aspects of psychodramatic method into CPE really only effects the group work. Individual supervision sessions follow the traditional pattern of each candidate presenting a piece of written work to me; on some occasions I may use some simple psychodramatic method here as well.

Verbatims remain the principal tool, and in introducing them I emphasise the use of questions that trainees should use in reflecting on their experience and writing the verbatim. We take in far more than we realise in our experiences, and we don't know what we know until we are asked a question. 'What was the patient wearing?', 'What was the atmosphere in the room?', 'What responses did I make that I am satisfied with?', 'What part of this encounter do I want to take to supervision?', and so on. This process of asking questions of oneself is invaluable in preparing the trainee to present the encounter they are working on.

The group is arranged in a semi circle so creating a **stage**. The presenter, who is the protagonist for the group, can elect to read the verbatim first, using members of the group to read the roles involved. After the initial reading, the encounter is set out under the direction of the supervisor, using whatever props and people are required. This includes setting out on the stage things like doors and windows and other beds and patients. Initially the re-enactment normally follows the verbatim closely, but once the group is used to the method the verbatim is often put to one side and the presenter sets out the scene and the encounter directly from memory. This invariably brings back aspects of the encounter not recorded in the verbatim. The presenter can also elect to have God on the stage, or for that matter any figure he or she relates to as a guiding,

supporting figure in her life; Christ, the Buddha, Mary. I encourage group members to be aware of whom they idealise and look up to in their lives. Sometimes it can be, for instance, 'Grandma' who has been dead for twenty years.

Once the scene is set out, the presenter then **role reverses** with each character in the drama, while each auxiliary stands aside. She does this by actually taking up the role and displaying in her body and tone of voice the personality of the person as it is recorded within her. The auxiliary then takes up the role. Many times when the presenter reverses role with the patient it is enough for the presenter to gain real insight into how she might have responded more appropriately. She does her own reflection more deeply and effectively in that one action.

And so the scene is enacted, with the director using whatever technique he or she deems appropriate: role reversal, doubling, the aside, the soliloquy, mirroring and modelling.

If the presenter needs to work further on any aspect of the enactment, and invariably the presenter has identified such a moment, the director can instruct an auxiliary to take the role of the presenter, and the presenter then stands with the director as an observer, and the scene is replayed. Again this can lead to insight. If a particular part of the enactment is identified as a critical moment, the director can invite each member of the group in turn to come and take the role of the presenter and replay the moment exactly as they saw the presenter do it. The presenter can then comment on each re-enactment. This is called **mirroring**. Then, if need be, the director can ask group members to enact the critical part of the enactment again, but this time do it as they would do it. This is **modelling**. The director engages the presenter after each piece of modelling to enhance their learning.

The next stage, when the presenter is ready, is referred to as the **role test**, when the presenter goes back into the drama and replays the scene, but now with insight gained through the process. In other words she immediately puts into practice the fruit of her and the group's reflection.

Role reversing with **God** or whoever the figure might be can happen at any stage during the enactment and is encouraged at the end when the presenter role reverses with God and observes the final replay that mirrors the role test. The presenter in the protagonist role then asks God for his comments on her pastoral work in the enactment, or whatever question she wishes to ask. She then reverses role with the auxiliary and the auxiliary repeats the question to the presenter now in the role of God. The response the presenter finds within herself in speaking as God can often be profound and illuminating. It can engage the deepest levels of her spirituality. Then the sharing phase of the enactment begins. The group sits in a semi-circle with the director and presenter facing them. The presenter has done his work and is not to respond to the group's comments, which are meant to be responses to the presenter of what has been touched in their lives by the enactment. It is reciprocating the openness and vulnerability of the presenter in what she has done in the enactment on behalf of the group. But nonetheless it can add markedly to the overall reflective process which the presenter takes away from the session.

If the supervisor thinks it appropriate, or if a group member asks specific questions about the enactment, a time of analysis of what happened in the enactment can be had; but not during the sharing.

There are variations to this process which can be used as it seems appropriate to the supervisor. There are also other times in the overall life of the group where psychodramatic insights can be used. For instance I tend to take my time in warming the group up to the work of the day, or the particular session in front of them, on the principle that the more warmed up people are the more they will offer themselves and the more spontaneous they will be. This time in the life of the group can also be a time of informal coaching. I have learnt a lot over the years in watching Max Clayton and other Psychodrama directors work informally with group members. Similarly, I have changed the way I present didactic sessions in CPE under the influence of Psychodrama method. It is an important principle in Psychodrama to believe in the creative genius of the person you are working with, and to relate to this side of the person. In other words, you relate primarily to what Moreno called the person's progressive roles, not their fragmenting roles. So rather than pick up what group members are not doing well, you affirm what they are doing well and build from that. The group can take on a lot of energy, with a whole gamut of emotions being expressed.

My role as supervisor is central. I not only contain the group but I actively direct or produce the enactments presented. I need to be in the moment and very aware of what is going on for the presenter. I am always aware that I am demonstrating action method, and as such will be modelling very subtle things that group members may well be picking up and incorporating into their own being. Modelling is a very powerful factor in action methods of learning.

Concluding Remarks

In my own journey as a CPE supervisor I have travelled through three major theoretical stages. Initially I was very much in the Freudian interpretive world, where we believed the real issues were unconscious and it was our role as a supervisor to help make conscious what was unconscious. In this way we helped the candidate grow, or so we believed; despite the ever present possibility of conflict. We were the experts.

The second stage was in the Kohutian world of Self Psychology, augmented for me by the action philosophy of John Macmurray. Here the emphasis was on empathy. CPE supervision was about how to be more genuinely empathic in our pastoral relationships with the goal of real engagement, including at the level of the patient's inner resources. Little need to interpret in this world; real encounter through empathy carried all that was needed.

And finally the world of JL Moreno and Psychodrama where the emphasis on empathy and encounter is augmented by the cultivation of spontaneity. And with spontaneity the possibility of healing and transformation within pastoral encounters; the Spirit factor. To my mind the theological dimensions of CPE have come alive in this stage of my development.

In a health care world increasingly dominated by evidence based methods which dismiss personal experience, the life and spontaneity of the personal become all the more important to sustain in some way or other. I see this as a primary role for chaplaincy and pastoral care practice. It needs to be present in action on the floor of the hospital or aged care facility through the ministrations of the chaplain or pastoral carer, not locked away theoretically in books and journal articles. I believe this is more likely to be so when action methods are used in training.

I have left the first stage behind. I feel sad when I come across a CPE supervisor who still seeks to interpret a person's behaviour and actions in unconscious terms, whether those terms are Freudian or Jungian. My leaving is not to deny the unconscious; it is in fact to honour it by letting it speak for itself in the life of each individual, not by imposing a theoretical framework, but by creating an accepting, supportive environment that allows the flow of consciousness in the supervisees to deepen and flow freely.

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