Short Article

Group Therapy, Spaces of Sharing and Psychodrama for Patients with SMI: A Review of the Literature

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Abstract

The development or diagnosis of a mental illness is often a traumatic event. People who undergo a mental crisis and/or are diagnosed with a serious, chronic mental illness often experience a sharp disconnection from their previous life and self-image. A person living with mental illness may adopt the identity of a "sick" person and experience self-stigmatization, diminished enjoyment of life, and loss of hope in realizing their plans for the future. This review of literature attempts to contribute to our understanding of the unique qualities of group therapy and of the therapeutic method of psychodrama in particular, and its ability to act as a receptacle for empathic sharing among participants and to increase the coping competence of patients with severe mental illness (SMI).

Keywords: Group therapy, Mental illness, Psychodrama, Sharing, Support

Introduction

Many studies deal with the experience of coping with severe mental illness (SMI). Mental illness may cause changes in an individual's personality, behavior, thoughts and feelings, both during the disease's active phases and in its aftermath. This can result in a feeling of alienation from one's own recognizable self [1,2]. Patricia Deegan, one of the forerunners of the recovery movement, describe how a diagnosis of mental illness "paints" a person's entire perception and subjective experience. She and others describe the self-stigmatization, social isolation, the feeling of failure, the detachment and alienation, that take over a patient [3-7].The experience of coping with mental illness is often accompanied by a loss of internal and interpersonal dialogue, and a personal experience of one-dimensionality and emptiness. Patients suffering from these conditions can benefit from therapeutic methods that provide opportunities for group sharing and rich dialogue, offering partners to mirror one another, and providing visibility and a voice to convey the patient's inner narrative [8,9]. This review attempts to illuminate the unique qualities of group therapy and psychodrama, and the potential of the therapeutic circle of sharing within it to create a supportive space enabling self-expression and enpathy, and to increase the ability of patients with SMI to cope with the sense of isolation and distress they experience.

The Therapeuric Group and the Psychodramatic Sharing for Patients with SMI[1]

Numerous studies have revealed the immense benefit of group therapy in people coping with shared distress, especially patients with SMI [10-13]. Unlike traditional therapy in which the structural power imbalance between the therapist and the patient could potentially perpetuate feelings of powerlessness, group therapy provides the participants with an experience of equality of status with the other participants and even with the therapist [14,15], and a sense of acceptance and belonging [16]. Dreikurs emphasized the above-mentioned dimension of equality that exists in group therapy, in which individuals are valued for who they are in the group and for their self-disclosure and honesty, and not for what they have achieved in their lives (14). Others have found that individuals who felt understood and protected in group therapy reported greater improvement in overall well-being [17].

A number of studies that have examined the effect of psychodrama as a therapeutic method, have noted its efficacy in reducing depression [18,19], anxiety and stress [20,21], and treating trauma and PTSD [22,23]. The unique nature of psychodramatic group therapy is beneficial in ways that traditional psychotherapy is often inadequate. The psychodrama group acts as an accommodating space for coping with experience of distress of the participants by creating a space for self-expression and a human encounter, mutual support, and sharing [24,25]. Roine and others describe the ability of psychodrama to evoke spontaneity and uncover creativity in challenging patients [26,27]. The psychodramatic stage allows patients to approach their feelings and thoughts in situations where the verbal dialogue of analytic psychotherapy is limited [9].

J. L. Moreno, the founder of psychodrama, was the first to highlight the potential of psychodrama as a tool even for people coping with SMI. Contrasting his approach to Freud's, Moreno claimed that the focus of the psychodynamic therapy process, that which also allows it to be of

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[1]For a more complete and detailed overview of the sharing concept, including empirical data, see Ron, 2022.

value in working with difficult mental illnesses and psychotic cases, does not take place in the transference between the client and the therapist, but rather in the encounter that takes place between people and between roles. Using the "tele", the emotion that arises in interpersonal encounters and in the interaction between different roles, psychodrama aspires to induce the recovery process even in those people with mental illness that Freudian psychoanalysis avoided addressing [28]. This therapeutic dimension of interaction and interpersonal encounter is expressed via various components of the psychodrama work, among them *the auxiliary ego*, *the double*, *role reversal*, *encounter*, and *sharing* [24].

Sharing is a fundamental concept in the therapeutic sphere and culture. John [29] dubbed the contemporary era "the age of sharing" and connected the prominence of the therapeutic ethos of sharing emotions to, among others, the digital culture and sharing on the internet, especially on social networks. This, in a manner that corresponds to the Lacanian notion of *extimacy* (extimité) as a human condition in which the center of the subject is both external and internal to itself simultaneously. John and others argue that the subject only gets in touch with their selfhood by making it public and sharing it with others [24,29,30]. John dates sharing's initial formulation as a therapeutic concept—as it relates to the context of sharing emotions in a group—to the *Oxford Group* founded in 1922, out of which emerged *Alcoholics Anonymous* (AA) about a decade later. This notwithstanding, we should note that during that period the notion of sharing was already quite clearly a component of Moreno's approach to psychodramatic group work.

The psychodramatic sharing, also known as the sharing phase, is the phase in which the group members share their experiences and issues from their lives that relate to the work of the protagonist [25,31]. Moreno describes sharing as the phase in which the focus moves from the stage to the audience, the phase in which "the strangers" in the group reveal their emotions and cease to be strangers. They repay the protagonist with love and gift both the protagonist and themselves the experience of group catharsis [32]. By sharing personal experiences relevant to the protagonist's work, the group members ensure that the protagonist does not feel lonely or embarrassed at the end of their work, rather they feel like one of the many people who experience similar challenges. The sharing helps the protagonist break free from their role and expedites their return to reality and to the group as one of its members. The protagonist, who was detached from the group during the psychodramatic work, undergoes an accelerated reintegration back into the group structure via the sharing [33]. Sharing is an important phase for the group members as well. It grants them the opportunity to speak their own minds as if each and every one of them is the protagonist for a moment.

The psychodramatic sharing is rarely dealt with in the research literature, and there is little evidence-based study that sheds light on the influence of this therapeutic component. A recent qualitative action research study following an open inpatients psychodrama group in a psychiatric hospital demonstrates the role of group sharing in enabling self-expression, and mutual support, which offers a relief of the distress of psychiatric inpatients coping with SMI [24]. In another study that measured the ongoing influence of the psychodramatic therapeutic process on the participants [34], the HAT (Helpful Aspects of Therapy) test was used to help the participants report on the events that occurred in the therapeutic framework as events that either helped or hindered the therapeutic process. The results of the HAT test revealed that out of ten therapeutic categories—which included the main psychodramatic tools and the performance of psychodramatic vignettes on the stage—the two therapeutic components that comprised the largest number of events reported as helpful to the process were "the sharing of other group members" (24% of the therapeutic events reported as helpful) and "the participant's own sharing in the group" (18.5% of the therapeutic events reported as helpful). Combined, these two categories that are related to sharing comprise 42.5% of the events reported as helpful to the treatment.

Conclusion

The aim of this article was to provide a theoretical framework for understanding the unique qualities of psychodrama group therapy and the potential of the therapeutic circle of group sharing within it to create an accommodating space of self-expression and mutual support, which offers relief for the experiences of isolation and distress of patients with SMI. The findings described above attest to the beneficial influence that group sharing should have in the framework of psychodrama therapy; however, these are isolated findings, and there is clearly room for further research addressing the contribution of the psychodramatic sharing to the therapeutic process of patients with mental illness.

References

1. Brewin CR, Andrews B, Valentine JD (2000). Metaanalysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. *Journal of Consulting and Clinical Psychology* 68: 748-766. [crossref]

2. Mueser KT, Rosenberg SD, Goodman LA, Trumbetta SL (2002) Trauma, PTSD, and the course of severe mental illness: an interactive model. *Schizophrenia Research* 53: 123-143. [crossref]

3. Deegan PE (2004) Rethinking Rehabilitation: Freedom. *Proceedings of the 20th World Congress of Rehabilitation International: Rethinking Rehabilitation*, Oslo, Norway.

4. Orkibi H, Bar N, Eliakim I (2014) The effect of drama-based group therapy on aspects of mental illness stigma. *The Arts in Psychotherapy* 41: 458-466.

5. Roe D, Lachman M (2005) The subjective experience of people with severe mental illness: A potentially crucial piece of the puzzle. *Israel Journal of Psychiatry and Related Sciences* 42: 223-230. [crossref]

6. Yanos PT, Roe D, Lysaker PH (2010) The impact of illness identity on recovery from severe mental illness. *American Journal of Psychiatric Rehabilitation* 13: 73-93. [crossref]

7. Yanos PT, Roe D, Lysaker PH (2011) Narrative enhancement and cognitive therapy: a new group-based treatment for internalized stigma among persons with severe mental illness. *Journal of Group Psychotherapy* 61: 577-595. [crossref]

8. Lysaker PH, Lysaker JT (2004) Dialogical transformation in the psychotherapy of schizophrenia (205-219) In: H. Hermans & C. Dimaggio (eds.), *The Dialogical Self in Psychotherapy*. London: Routledge.

9. Ron Y (2018) Psychodrama's role in alleviating acute distress: A case study of an open therapy group in a psychiatric inpatient ward. *Froniers in. Psychology* 9: 2075. [crossref]

10. Fagin L (2010) Is it possible to make acute wards into therapeutic communities? (21-36) In: J. Radcliffe, K. Hajek, L, Carson & O. Manor (eds.), *Psychological Groupwork with Acute Psychiatric Inpatients*. London: Whiting & Birch.

11. Shulman L (2009) *The Skills of Helping Individuals, Families, Groups, and Communities* 6th ed. Belmont, CA: Thomson Brooks/Cole.

12. Whitaker DS (2001) *Using Groups to Help People*, 2nd ed. London: Routledge.

13. Yalom ID, Leszcz M (2020) *The Theory and Practice of Group Psychotherapy* 6th ed. New York: Basic Books.

14. Dreikurs R (1955) Group psychotherapy and the third revolution in psychiatry. *International Journal of Social Psychiatry* 1: 23-32.

15. Fehr SS (2003) *Introduction to Group Therapy*, 2nd ed. New York: Routledge.

16. Wise s, Nash E (2019) *Healing Trauma in Group Settings: The Art of Co-Leader Attunement*. New York: Routledge.

17. Mackenzie KR, Tschuschke V (1993) Relatedness, group work, and outcome in long-term inpatient psychotherapy groups. *The Journal of Psychotherapy, Practice and Research* 2: 147-156. [crossref]

18. Sharma N (2017) Effect of psychodrama therapy on depression and anxiety of juvenile delinquents. *International Journal of Indian Psychólogy* 5: 38-47.

19. Souilm NM, Ali SAO (2017) Effect of Psychodrama on the Severity of Symptoms in Depressed Patients. *American Journal of Nursing Research* 5: 158-164.

20. Erbay LG, Reyhani ˙I, Ünal S, Özcan C, Özgöçer T, Uçar C, Yıldız, S (2018) Does Psychodrama Affect Perceived Stress, AnxietyDepression Scores and Saliva Cortisol in Patients with Depression? *Psychiatry Investigation* 15: 970-975. [crossref]

21. Wieser M (2007) Studies on treatment effects of psychodrama psychotherapy (271-292) In: C. Baim, J. Burmeister & M. Maciel (eds.), Psychodrama: Advances in Theory and Practice. London: Routledge.

22. Bucută MD, Dima G, Testoni I (2018) When you thought that there is no one and nothing": The value of psychodrama in working with abused women. *Frontiers in Psychol*ogy 9: 01518. [crossref]

23. Giacomucci S, Marquit J (2020) The effectiveness of trauma-focused psychodrama in the treatment of PTSD in inpatient substance abuse treatment. *Frontiers in Psychol*ogy .19: 00896. [crossref]

24. Ron Y (2022) The role of group sharing: An action research study of psychodrama group therapy in a psychiatric inpatient ward. *Psych* 4: 626-639.

25. Ron Y, Yanai L (2021) Empowering through psychodrama: A qualitative study at domestic violence shelters. *Frontiers in Psychology* 12: 600335. [crossref]

26. Røine E (1997) *Psychodrama: Group Psychotherapy as Experimental Theatre,* 1st ed. London: Jessica Kingsley.

27. Schacht M (2007) Spontaneity-creativity: The psychodramatic concept of change (21-40) In: C. Baim, J. Burmeister & M. Maciel (eds.), *Psychodrama: Advances in Theory and Practice*. London: Routledge.

28. Moreno JL (1940) Psychodramatic treatment of psychoses. *Sociometry* 3: 115-132

29. John NA (2017) *The Age of Sharing*, 1st ed., Cambridge: Polity.

30. Mateus S (2010) Public Intimacy. *Sphera Pública* 10: 57-70.

31. Giacomucci S (2021) *Social Work, Sociometry, and Psychodrama: Experiential Approaches for Group Therapists, Community Leaders, and Social Workers*. Singapore: Springer Nature.

32. Moreno JL (2008) Psychodrama and sociodrama. In J. Fox (ed.), The Essential Moreno: Writings on Psychodrama, New Paltz, NY: Tusitala Publishing.

33. Lipman L (2003) The triadic system: Sociometry, psychodrama and group psychotherapy—an overview (3-13) In Psychodrama in the 21st Century: Clinical and Educational Applications. New York: Springer.

34. Gonzalez AJ, Martins PJ, Lima M (2018) Studying the efficacy of psychodrama with the hermeneutic single case efficacy design: Results from a longitudinal study. *Frontiers in Psychol*ogy 9: 1662. [crossref]