

Chapter 3

Reformulating psychodrama as an experiential reintegration action therapy (ERAT)

The corrective emotional approach

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Introduction

Experiential reintegration action therapy (ERAT) is a new conceptual formulation for the method of classical psychodrama and the various therapeutic procedures that have sprung from it. The ERAT approach provides a psychological rationale and a system of directorial strategies for a practice that applies the structure and techniques of psychodrama as well as action method interventions. ERAT offers a theoretical system for a group psychotherapy that focuses on examining, replacing, altering, correcting and enriching group members' existing experiential repertoire.

Historically, the method of psychodrama grew out of Moreno's theoretical ideas (Moreno 1953, 1964). Naturally, the clinical practice and its underlying rationale were well integrated and for a long time thought to be inseparable. However, in the early 1980s a new trend evolved in psychodrama theory. Its central message was that making psychodrama more congruent with other psychological theories might expand the applicability of the method. To achieve this aim, several psychodrama scholars and practitioners offered innovative models that added to Moreno's classical one, only this time their approaches were based on the separation between the psychodrama *method* and its *original theoretical* foundation (see, for example, Kipper 1986; Holmes 1992; Garfield 2000; Razza and Tomasulo 2005). The new thinking has been that the compatibility with other mainstream psychotherapeutic approaches represents an enhancement of the value of psychodrama. The ERAT approach that I have developed (Kipper 2005) is in keeping with the above-mentioned trend and provides another illustration of it.

In day-to-day clinical practice, the difference between classical psychodrama and the experiential reintegration action therapy (ERAT) approach boils down to the focus of the intervention. Classical psychodrama emphasizes helping clients to become more spontaneous. ERAT emphasizes reshaping and correcting, hence reorganizing, the client's *pool of significant experiences*. To be clear, the ERAT position does not dispute the

hypothesis that spontaneity (Moreno 1953) and 'setting clients free' (May 1981) might well be the overall aim of existential psychotherapy (see, for example, Greenberg *et al.* 1998; Schneider 1998). The experiential reintegration approach operates under the assumption that spontaneity and the freedom to be or to act are the *automatic byproduct* of the changes that occur in the composition of the clients' pool of significant experiences caused by the experiential reintegration action therapy.

There are significant advantages to the ERAT formulation. First, the proposed theoretical concepts of ERAT are well embedded in contemporary psychological literature. Second, the position of the ERAT approach is that it can augment verbal group therapies. It represents a compatible rather than a competing approach. Third, the original theory of psychodrama did not lend itself to an impressive body of scientific research regarding its validity and clinical effectiveness. Indeed, for a long time several reviewers pointed to the paucity of such research and recommended various approaches to remedy this situation (for example, D'Amato and Dean 1988; Rawlinson 2000; Kipper and Hundal 2003). In contrast, it is believed that the ERAT reformulation is easily amenable to empirical, qualitative and narrative research (Kipper and Ritchie 2003). Finally, classical psychodrama promoted one basic format for therapeutic intervention that appears to be indicated for every problem. In contrast, the ERAT formulation offers multiple directorial strategies that are to be implemented differently, depending on the kind of experience under treatment. Therefore, the structure of the session or the way it is conducted may vary depending on the type of experience under treatment.

Rationale for experiential reintegration action therapy (ERAT)

The theoretical cornerstone of the ERAT approach is a position agreed by all major theories of personality development. It holds that human behavior, adaptive as well as maladaptive, is formed through the aggregate effect of experiences accumulated during one's lifetime. Maladaptive behavior may also develop as the result of single or repeated extreme traumatic event(s). Studies have shown that the process of absorbing and the subsequent coding (learning) of all experiences in the brain is a physiological, chemical and neurological phenomenon that follows a consistent pattern (van der Kolk *et al.* 1996). However, the interpretation of the *meaning* of the recorded experiences is a *psychological product*, the outcome again of physiological, chemical and neurological processes. Meaning manifests itself in the form of inferences that become attitudes, philosophical outlooks and guidance to future conduct. The ERAT addresses this psychological component of the experience by changing the experience itself.

For instance, one may remember an unpleasant childhood event, for example, laughing responses from family members to the sharing of an embarrassing situation. These reactions might have been interpreted by the child to mean that he or she was inadequate. In reality, however, the laughing was a reaction to the situation itself, which was funny. The recorded event, the *memory* of the experience, may not be easy to erase. However, the *psychological meaning* ascribed to it can be altered in psychotherapy.

Basic concepts

The following are the key concepts associated with ERAT:

- an experience
- a significant experience
- context
- emotional reactions
- reintegration.

An experience

An experience is defined as the storage in memory of the emotional reactions and/or the cognitive inferences of an event that involve interactions between an individual and a situation. Human experiences are innumerable and obviously only relatively few might be subjected to therapeutic scrutiny and subsequent intervention. Hence, the ERAT approach addresses only experiences that require attention because they produce dysfunctional outcomes. The presence of such difficulties may be determined by the client's stated issues, the client's presenting problems and/or the observation of the client's responses by other people or by the therapist.

A significant experience

This refers to an experience that, when it occurred, involved strong positive or negative emotional reactions. The experiences that are addressed in the course of psychotherapy fall under this category and practically all involve intense negative emotional reactions, such as fear, anger or tears. Sometimes, the memory of such an intense experience is never forgotten or discarded. Sometimes, a significant negative experience is remembered but disowned. Sometimes it is so painful and overwhelming that it is suppressed, relegated to the unconscious or the pre-awareness levels. Like other forms of psychotherapy, the ERAT approach explores the deleterious effect of negative experiences. However, it also advocates that a considerable part of the psychotherapeutic repair work will involve strengthening positive significant experiences.

The context

Human experiences occur in contexts that remain integral parts of the subsequent memory of the experiences. The context can be a real, concrete situation or an imagined one, for example, a dream or a fantasy. In the vast majority of cases, the context involves the presence of other people. However, many experiences do not. Examples of situations that do not necessarily involve interactions with other human beings are reactions to natural events (e.g., thunder, an earthquake), interactions with animals (e.g., a pet, falling off a horse) or with inanimate objects (e.g., losing a ring, a car accident). Because the interaction with the situation is inextricably bound up with the experience, reliving past experiences may be greatly facilitated by re-creating, and simulating, their original contexts as accurately as possible.

Emotional reactions

An emotional reaction is a basic biologically adaptive system that operates by evaluating situations in relation to one's well-being. Most contemporary theoreticians who write about emotions agree that the expression of emotion is the result of synchronization of a number of systems including physiological, readiness to act, and cognitive appraisals (Lyons 1998). Cognition, which affects the systems directly, 'may be particularly important for triggering the onset of the emotional process' (Flack *et al.* 1998: 324). Scott and Ingram (1998: 201–202) described the central role of evaluative-cognitive appraisals in the evocation of an emotion. Such appraisals refer to 'the assessment of meaning that an individual constructs of a person–environment relationship that may have harmful or beneficial consequence for the individual's well-being.' The process is described as follows. Cognitive appraisals evoke changes in the physiological arousal. Then the alteration in the arousal pattern is expressed as a state of action readiness: a tendency to respond in a certain manner. Finally, the (emotional) response is communicated by means of expressive behavioral patterns.

Reintegration

Reintegration is the cognitive reappraisal of the meaning of new or altered experiences. This is the natural outcome of the processes involved in going through an emotional experience and combining this with cognitive appraisal. There are two main factors that can enhance the successful completion of the reintegration. One is the potency of the newly offered experience and the other is normalizing its outcome. The former requires that the newly offered experience will have a high-impact capability with sufficient emotional intensity to eradicate or substantially alter the old ones.

The latter depends on the supportive feedback and affirmation given by the group members and the therapist.

Classification of significant experiences

To be clear, the ERAT does not address every experience clients may have had. As a psychotherapeutic modality, it is concerned only with experiences that appear to cause psychological pain and/or other dysfunction. There are four major categories that include the kind of experiences that become the subject of the psychotherapy. They are the combination of two dimensions that represent two basic therapeutic principles. One is whether or not the experience in question had already occurred, namely is it an encapsulated or an unrealized experience. The second dimension is whether or not the experience was a rewarding one – that is, *satisfying (positive)* or *unsatisfying (negative)*. Figure 3.1 shows these categories and the various directorial strategies associated with each of the categories.

The first category includes three directorial strategies (1, 2 and 3) shown in the upper left quadrant of Figure 3.1 titled *unsatisfying* and *encapsulated* experiences. Encapsulated experiences refer to events that actually occurred in the past. For the well-adjusted person, the majority of encapsulated experiences are positive and satisfying. Negative experiences are fewer by comparison and cause only minor difficulties. However, for the person with adjustment difficulties, certain unsatisfying past experiences may be remembered as painful, dangerous or devastating events, and typically are associated with anger, hurt, failure, guilt, fear, shame and trauma.

The second category (the lower left quadrant of the figure) includes *satisfying* and *encapsulated* experiences marked as directorial strategies 4, 5 and 6. Here one finds significant *rewarding* experiences that occurred in the past. They represent positive past experiences that, in the context of psychotherapy, are evoked to counter, diffuse or diminish the effect of the unsatisfying experiences. More about this will be described below.

The third category includes *unsatisfactory* and *unrealized* experiences (the upper right quadrant of the figure). Unlike encapsulated experiences, the *unrealized* ones address events that have not occurred yet. They are regarded as important experiences because in the mind of the client they are *likely* to occur (or are *already occurring* in the fantasy) and the effect of the anticipation associated with them might be considerable. The upper right category addresses unrealized experiences that have a *negative* outcome, such as anxiety and fear. The expectation is for *the worst*.

The fourth category (the lower right quadrant of the figure) is also concerned with unrealized experiences, but in contrast it refers to anticipated *positive*, satisfying experiences, for example, dreams, fantasies and wishes. The manner in which such experiences might be brought into the therapeutic process, and their potential contribution to it, will be explained below.

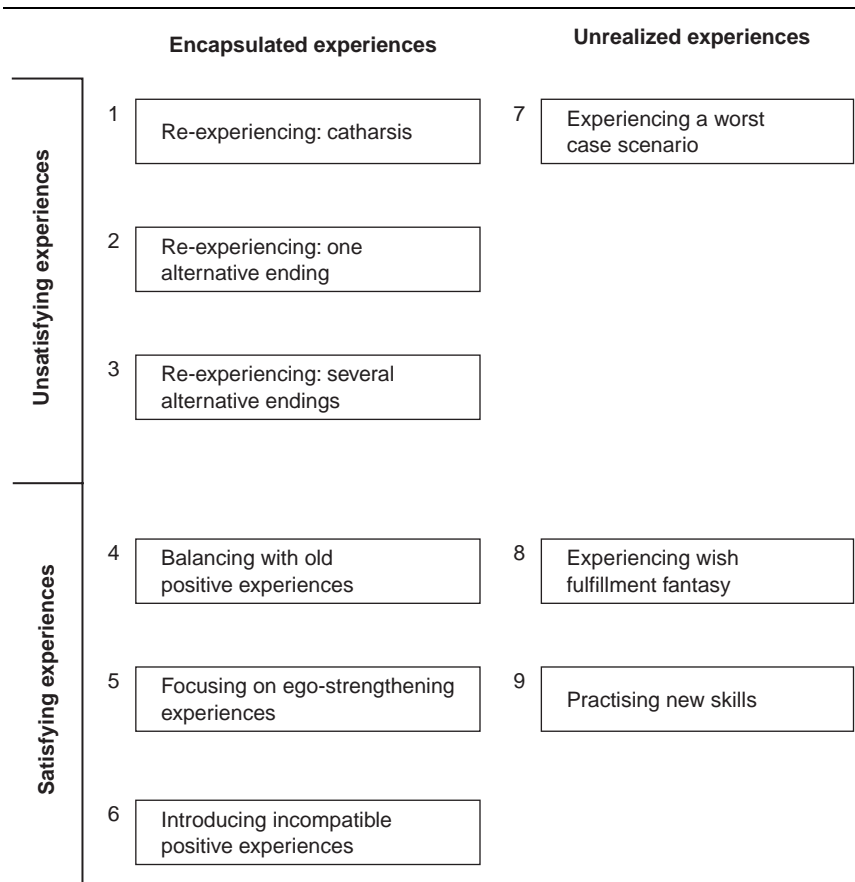


Figure 3.1 Classification of significant experiences and directorial strategies

Directorial strategies for different experiences

The foregoing four categories suggest nine directorial strategies, that is procedures the psychodrama therapist can adopt depending of the kind of experience that is being treated. These are described below, and their respective number corresponds to the number of the boxes shown in Figure 3.1.

Encapsulated experiences (left column)

1 Changing the effect of the painful experience through cathartic reaction

Some experiences are so painful that they are untouchable unless the hurt is first reduced or eliminated. In such instances, protagonists will show

resistance to appropriately address the difficult issue involved in the experience as long as the pain has not been expiated or reduced considerably. This first directorial strategy calls for such an intervention, aimed at reducing the pain. One of the most effective treatments in such a situation is helping the protagonist to reach a cathartic experience. The therapeutic session moves slowly, moving 'from the periphery to the center.' The protagonist re-enacts past scenes associated with the painful experience, starting with more benign ones, progressing gradually until they are ready to face the traumatic experience(s) that constitute the core of their difficulties.

The conduct of such a session follows the traditional *classical psychodrama* model. Briefly, the first enacted scene features the presentation of the protagonist's problem, a situation where it manifested itself. The plot and the level of involvement progress in a gradual fashion with the peak (point of catharsis) attained after four or six scenes (see Kipper 1986; Hollander 2002). The action portion ends with one last, post-catharsis scene that brings closure. This strategy is often used with a highly traumatic past experience. The application of this first directorial strategy as well as the next one in cases of PTSD and physical and sexual abuse must proceed with extreme caution lest the treatment cause retraumatization (Hudgins 2002).

2 Changing the painful effect of the experience with one new positive ending

In traumatic past experiences, the painful memories of the event are often the result of the manner in which the experience ended. An alternative way of eliminating the hurt may not require a cathartic experience that unleashes repressed intense anger, fear, guilt or jealousy. Instead, the directorial strategy would be to re-enact the original event and the issues surrounding it but to end it in an alternative, *positive* manner, thus replacing the old painful one. This way, protagonists get a chance to end the old painful experience differently and hence shift the memory associated with it from an adverse to a better one. The psychodrama session progresses along the *classical* model except that (a) it need *not* culminate with catharsis; (b) the enactment culminates in role playing a positive ending *suggested by the protagonist*. This strategy is used either in conjunction with the previous one or on its own.

3 Changing the painful effect of the experience with several positive alternative endings

This directorial strategy is similar to that described in the previous strategy (2) and differs only in that the ending is not suggested by the protagonist but by group members and/or the director. As this directorial strategy calls for enacting several alternative positive endings, the session does not allow time to explore, in depth, many past experiences. Instead, for the most part,

the enacted scenes in the session focus on *here-and-now* situations. Protagonists portray a number of alternative endings, and then select the one that they feel suits them best. This strategy is used in cases when the deleterious effects of the past experience are not as painful as the ones displayed in the two previous situations (1 and 2).

4 A balancing act: reducing the painful effect of the experience by putting it in a proper perspective

Sometimes, people exaggerate the significance of an unsatisfying experience they have had. This happens not so much by remembering the experience as more painful but rather by ascribing undue importance to it. In such instances, the recommended directorial strategy is to attempt to focus the therapeutic intervention on the protagonist's repertoire of positive experiences. The rationale behind this strategy is to help protagonists realize that the perception of the problem they thought they had is now changed and seen in a different light. With this strategy, the session will comprise the enactment of positive experiences that puts the old unsatisfying experience in an otherwise generally positive context.

5 Focusing on ego-strengthening experiences

This is another directorial strategy that focuses on the enactment of positive experience. However, unlike the previous strategy, it does not address a specific negative past experience. Instead, it concerns the accumulative effect of many unsatisfying effects a protagonist has had in the course of his or her life. In particular, it addresses the outcome of many past negative experiences that resulted in low self-esteem, self-deprecation and low self-image. The directorial strategy calls for re-enacting positive past experiences that emphasize the skills and talents protagonists already possess but tend to downgrade.

6 Changing the effect of the experience by introducing a special positive experience that is incompatible with the painful one

This directorial strategy aims at changing the undesirable effect of an old experience by confronting it with either an old or new incompatible, positive experience. The strategy operates under the principle that two incompatible experiences cannot coexist. The therapeutic intervention causes cognitive dissonance aimed at steering the protagonist away from the old memory and adopting the new positive one. Left with a choice between retaining the painful memory of the old experience and choosing the new desirable one, it is highly probable that the protagonist will choose the latter. The critical key to the success of this directorial strategy is that the

selected positive experience must be so potent and highly intense that it overrides the effect of the old, undesirable experience.

Unrealized experiences (right column)

The next three directorial strategies concern experiences that have not yet occurred in reality. They are experiences made in fantasy or ones that are completely new to the protagonists. These too are classified into the unsatisfying and satisfying categories.

7 Changing the effect of the experience by enacting a 'worst case' scenario

This directorial strategy is recommended in treating a relatively milder adverse impact of a past experience. Like other strategies, it too follows the rationale that placing past events in a different perspective tends to reduce (or eliminate) their deleterious effects. One strategy of accomplishing this was described above (4) and it focused on reframing the significance of the painful experience in the context of the many positive ones the protagonist has already had in the past. The present strategy calls for an opposite approach. It proposes the enactment of the 'worst case' scenario. It aims at changing the protagonist's appraisal of the effect of the old undesirable experience by re-enacting it with a different, much worse ending. The realization that there could have been a much worse outcome often changes the protagonist's view of the meaning of the experience. Often it greatly diminishes its adverse memory. This directorial strategy is one of the less frequently used. It should be applied with caution and only in instances when it is determined that the protagonist's ego is strong enough to prevent unintended harm.

8 Missed or untried experiences: the fulfillment of a wish or a fantasy

Certain experiences that often affect present behavior fall under the category of missed and untried experiences. Missed experiences are those that people would like to have had in the past, for example, a protective parent, a sister or a better teacher. The untried experiences are those that people would like to have in the future, for example, a dream, or a wish fulfillment. The directorial strategy used in this type of experience offers protagonists the opportunity to experience their wishes and pleasant fantasies by enacting them as if they were occurring in the present. With this strategy, the role-playing session differs from the one used in classical psychodrama in that it is designed by the director consistent with the manner in which such events occur in reality. Consequently, the auxiliaries are not asked to offer clues. More than in any other directorial strategy, the

present one is 'dictated' by the director together with the protagonist. Typically the plot is spread over five to six scenes and culminates in the fulfillment of the wish enacted in the last scene in the session, ending the session on a highly satisfying note.

9 Practicing new skills

This directorial strategy is used when the protagonist displays a lack of coping skills. Role playing enactment and psychodrama procedures are particularly helpful in training and practicing such skills which include, among others, social and intimacy skills, problem-solving skills, reducing shyness and loneliness, increasing assertiveness, and anger control skills. The session is based on creating situations that require appropriate responses. These may be generated by the director or, as is typically the case, by other group members who demonstrate such responses that are then copied and practiced by the protagonist.

Concluding comments

It is not surprising that the majority of the nine directorial strategies of the ERAT approach address unsatisfactory experiences of the past. After all, the ERAT formulation maintains that significant past experiences are implicated in the present psychological dysfunction. This position is shared by all major group psychotherapy approaches (Yalom 1995; DeLucia-Waack *et al.* 2004). Some of the strategies described above address a past experience directly (e.g., strategies 1 through 5). Other strategies address the past more indirectly (e.g., 6 and 7). In contrast, strategies 8 and 9 focus entirely on the present and the future. Together with the fifth strategy, they address the healthy parts of the protagonist, a position consistent with the ERAT philosophy.

Many psychodrama practitioners already apply most of the above strategies. The fact that the ERAT approach explicitly spells out a system of classification for directorial strategies should help the therapist's decision regarding which strategy to adopt in a given case. It is also hoped that such a system might facilitate studies of treatment efficacy.

Finally, the case for the usefulness of any theory of psychotherapy rests upon its ability to generate empirical research to support its premises, hypotheses and predictions. This holds true for the ERAT approach as well. One of the questions that arises from the proposed classification of directorial strategies is: What are the clinical considerations that guide the practitioner's decision as to which of the above strategies would be the best in a given situation? While the ERAT approach may provide theoretical guidance in that regard, in the final analysis the answer depends on the results of future research.

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