

Regarding the use of psychodrama psychotherapy with adolescents

João Teixeira de Sousa

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Abstract The present article is composed of three parts: the first addresses the evolution of the concept “adolescence”; the second part, in which the psychodramatic perspective of human development is briefly developed; and the last part, which highlights idiosyncratic aspects of psychodramatic psychotherapy and explains how these aspects can favor adolescent growth.

Keywords Psychodrama · Adolescence · Human Development

1 Adolescent and their milieu

In this article, we consider adolescence to be the transitional stage from childhood to adulthood that occurs between ages 13 and 19; the physical and psychological changes that take place in adolescence often start earlier. We recognize that this is the period of ‘growing up’, yet the notion of adolescence, shared in the countries of the Western world, was a consequence of the social transformations generated by the industrial revolution. The significant exodus of people from the countryside to the city and the formation of large population settlements corresponded to the need for generalized school education, which until then had been accessible to very few.

In Portugal, for example, in the mid-20th century, a significant proportion of the youth population didn’t have access to school, thus representing a labor force. The need for a generalized education generated a space in time between infancy and

João Teixeira de Sousa (✉)
Porto, Portugal
E-Mail: joaostsousa@hotmail.com

adulthood, in which adolescence was delineated. Nowadays, we consider universal factors such as pubertal biological transformations, as the initial mark of adolescence, with its end being subjectively defined by concepts such as identity and autonomy.

It should be noted that the first scientific study (Hall 1904) about adolescence was from the early 20th century. Strongly influenced by Darwinian theses, Hall compared this stage of life to the moment of evolution in which man was still primitive. He argued that the adolescent's primal and disruptive behaviors required a repressive response in order to contain them.

Hall's (1904) thesis had repercussions throughout the past century, influencing the idea of adolescence as a tumultuous time. Psychoanalytic theory, related to mental health, had a major impact; it offered a new and revolutionary explanation of the psychic function. At that time, these theses related to adolescence, and based on the analysis of few clinical cases, relied on the notion that the adolescent was passing through a period of maturing depression, of grief and of de-idealization. Viewed from this angle, crisis was inevitable and reinforced the belief that this stage of life is particularly tumultuous. Later, a new wave of psychoanalysts, Erikson (1968) for one, emphasized the impact of social factors on development. But it is only since the 1980s that epidemiological studies in the USA demonstrated a new and different reality; they confirmed that adolescents had traits in common with each other, but displayed high heterogeneity from a behavioral point of view. From an analysis of their mental health rates, it was evident that these were not as negative as the current theories from that time suggested.

At the same time, in the 1970s, scientific studies began to reflect a contextualized point of view. This highlighted the individual and the environment in a dynamic bidirectional relationship, as well as the role of time and space in human development. According to Goossens (2006), these interactions are a key phenomenon for the psychological development. They imply the need to consider that the person is in a constant process of development due to the continuous changes in the relationships they establish with the environment. Human development is characterized by great potential for systematic change, at any point of the life cycle. This emphasized the idea of human plasticity and the notion that the meaning of their development could only be understood when contextualized socio-historically.

2 Psychodramatic rehearsal on human development

“It was the adaptation to ecological niches and, therefore, to a number of territories, that made the human species evolve” (Abreu 2012, p. 81). The introduction to this article serves the purpose of reinforcing the perspective that, in addition to physical and constitutional aspects, the places which humans inhabit—physical, temporal and social—and the contingencies that derive from their (inter)action with these spaces, are the great restrictions on their potential for growth.

More than merely a social or gregarious being, human existence depends entirely on the social and relational. Even before birth, the human already exists in the imagination of their parents, family group or in the society that organizes itself to

receive them. In addition to the characteristics with which they are born, they also have roles socially assigned, such as son/daughter, brother/sister, heir to the throne, among many others, that integrate them into their allotted social structure (Sousa et al. 2019).

Throughout the intrauterine development, the mother's uterus is the only locus that the embryo inhabits, the placenta being the complementary ego with whom it attaches, by which it feeds and which guarantees its growth. After birth, the child is inserted in a physical and emotional environment, composed of a set of pre-established relationships formed by the caregivers, ensuring the baby's survival and growth. This is the identity matrix, so vital for that being's physical and emotional survival, as was the mother's placenta beforehand, during the intrauterine life. With the development of the psychic apparatus and brain structures and the progressive degree of autonomy and independence, new complementary relationships start to develop. This is where, in favorable circumstances, repairs take place, necessary elements and growth are stimulated.

It is the roles that the individual plays, necessarily through the bonds established with others, which guarantee the existence of the self and precede it. It is the uterus and the placenta that pre-exist in the embryo, not the opposite; the social and family structure, organized as a caregiver, guarantees the baby's survival. This includes the validity of the concept of adolescence, which ensures the possibility for assumption of roles that at a given place and time are construed as the cultural unity for the conduct of the adolescent. Even with biological and pubertal markers, there is no adolescence, as it is conceived, without giving the possibility for the adolescent to perform specific roles that are socially attributed to him or her.

Through the developmental process, until death, it is within the dynamic between the protagonist (be it the embryo, baby, child, adolescent, adult, elder ...) and the complementary 'others' to whom they attach, that their development and growth plays out. These relationships are dynamic and demand constant rebalancing. In ideal conditions, the mother's uterus ensures the embryo's growth, protecting it. Even so, with the inhabitant's growth, the uterus will soon become an obstacle that must be overcome, even at the possible risk of having its own developmental process interrupted and prematurely dying.

This dynamic will repeat itself throughout the whole of life, in all social atoms that each individual integrates, in all loci and in all complementary relationships. The uterus, once a protector, now becomes a growth blocker; a protecting family dynamic becomes a maladaptive and blocking family dynamic; relationships (romantic, affective, professional) that promote growth and fulfilment in one moment, block in the next. An example of this, in adolescence, is when unable to adapt to the developmental needs of their adolescent member, or whose collective family purposes are against this individual's purpose, the once functional family dynamic is now a blocker for the normal process of the adolescent gaining independence.

At every moment, when a circumstance limits the possibility for growth, we are called to (re)act, in the search for an adaptive and functional balance. In the face of repetitive circumstances, which can block adaptation, change and growth, a new, creative, authentic and adequate response is required, which, by being transformative, replicates the moment of birth. This, in psychodrama, is called a spontaneous

response. And each time it appears, new possibilities emerge. In psychodrama we call this catharsis integration, as a metaphor for the passage from one universe to another, where the possibility for growth exists.

The way we understand growth, during adolescence, human beings are urged to react simultaneously to multiple changes:

- physical transformations and psychological changes
- the emergence of formal thinking
- sexual transformations
- new relationship possibilities
- substantial changes in social possibilities
- in the way that they relate to peers
- in their relationship with parents
- in their brains, which studies indicate ends by the age of 24.

In other words, adolescents' spontaneity is challenged on more levels than at any previous time and with multiple tasks that increase the number of complementary relationships. It is in this potentially unstable and certainly difficult phase that growth takes place. This presents a challenge for the adolescent and for those who interact with him or her: family, friends, school, society.

Sampaio (1993) synthesizes the tasks that adolescents must resolve to attain adulthood. These include changes in their relationships with peers and parents and physical and sexual transformations. The search for spontaneity is driven by the need to develop appropriate responses to the challenges imposed by the various relationships and bodily transformations.

Sometimes, repairing a necessity can mark an equilibrium maladjustment in another locus. For example, as mentioned in the relationship with parents, calling for new spontaneous responses; it is here that tensions can be major. To a large extent, the way in which each adolescent experiences and overcomes the lived tension, depends on the ways the corresponding relationships, to whom he or she is attached, act and adapt to this new phase.

An adolescent who is integrated in a caring and tolerant family, where the basis of the bond between their members is affection and their common purpose is the growth of each element, will certainly encounter a different kind of tension from those who are less fortunate, with a different, more dysfunctional family.

However, another vision shows that when integrated in a group of peers with multiple problems and risky behaviors, the adolescent faces different kinds of challenges from those who have found and developed relationships without these behaviors or problems. The adolescent growing up in a social and cultural reality, which is marked by poverty and lack of opportunities, is constrained in markedly different ways from those who grow up in a society that fosters the growth of the young. Even so, the outcome can be unpredictable and will depend on a set of chosen actions that the adolescent will make at any given moment. This is a complex game of answers that largely depend on the creativity and originality of the moment. This is where psychodrama comes in.

3 Notes on the use of Morenian psychodrama with adolescents

3.1 About identity development

3.1.1 *The encounter: the matrix of identity*

Identity can be defined “in a general sense, as a character of what is the same (sameness) or unique ... individual, personal identity is related to the conception that each society elaborates about human, ethnic and cultural identity, the personal identity results from the subjects own experience, of feeling his existence and being recognized by another, as a singular but identical being, in its physical, psychic and social reality” (Doron and Parot 2001, p. 397). Identity is thus a characteristic that makes me equal to myself and it is central to the development of good mental health.

It is from the encounter that the self emerges, and identity is formed. In fact, it was from the encounter that psychodrama was born and discovered. Only the existence of the other allows the confirmation of each individual uniqueness. The other confirms my existence and thus my identity, whether by proximity or distance, sociometry, or by choice or rejection.

In order to describe the encounter, Torres (2018) quotes Moreno, saying “more than a vague interpersonal relationship, it means that two or more people meet not only to face each other, but also to mutually live and experience each other, like actors, each in its own right, not as a professional encounter but as an encounter of two people” and clarifies that “the encounter, the bond, makes the universe less threatening. Because it is lived in a personal, interactive scale. And that is more on the order of the experiential than the rational” (p. 144).

Nowadays, in a public space or social context, which is heavily tribalized, the psychotherapy group allows and facilitates the emergence of the *self*. For this, the permissive and tolerant context of the therapy group must function consistently, using clear rules and the commitment of its elements, with well-defined methods and delimited contexts, using clear roles, developed by each of the instruments.

Although this effect can be achieved in individual psychotherapy, through the dyadic psychotherapist-client relationship, only in group does psychotherapy allow multiple attachments and diversity in the complementary nature of relationships. On the other hand, the members of the audience in the group share the space with others, on the same level—for example, a group of adolescents. This not only molds the experience of relationships in the social context and but also with the other in the performance of a role, such as the psychotherapist in the clinical consultation.

3.1.2 *Role performance: emergence of the self*

The introduction of this article highlighted the importance of role performance in the formation of identity and in mental growth. For example, in Erikson’s psychosocial theory of development (1968), the psychosocial crisis that corresponds to the stage of adolescence is described as ‘identity versus role confusion’, this may lead to the diffusion of one’s own identity. In this sense, the author proposes a psychosocial

moratorium, i.e., a time that allows the adolescent to test roles, enhance their growth and clarify their identity.

Moreno (1947) clarified that the performance of roles predates the emergence of the *self*. As such, in this exercise in the creation of identity development, the roles don't arise from the self; on the contrary, it is the self that can arise from the roles.

Psychodrama, specifically the therapeutic context, allows for the testing of roles and possibilities on-the-spot; whereby such experimentation, in the social context, could be risky. This is facilitated because it is a context marked by playfulness, games and necessarily by reversibility. As such, we make use of complementary egos and the rigorous choosing of the locus, which tends to enable the self to emerge.

Torres (2018) summarizes the therapist's challenge in psychodrama: that of constructing scenes that offer the protagonist the locus and the missing complementary roles. The involvement of the protagonist in the dramatization, their on-the-spot and spontaneous character, brings out the authenticity of the protagonist in the role they play, and thus their private *self* emerges.

According to Moreno and his psychodrama followers, the goal of dramatization isn't to transform the patients into actors but to allow the dramatic scene to be even more authentic than the protagonist's social reality sometimes allows.

3.2 About the role of the psychotherapist

3.2.1 *Action as a vehicle for the research hypothesis*

The therapist's attitude has a clear influence on the effectiveness and involvement of the adolescent in psychotherapy. According to Kendall (Pedro 2019), the therapist should act as someone who possesses ideas that are worth testing and who has the capacity to analyze whether these are adequate. It is about giving the possibility to test something new and making sense of the experience. The therapist should avoid interpretations that may tend to stiffen defensive postures.

The therapist's action in psychodrama, as the director, obeys these principles. He or she must test the therapeutic hypothesis, confirming or refuting it, through dramatization. In the beginning, dramatization calls for the construction of scenes that test the hypothesis.

Hence, the psychodrama director is required to have comprehensive training, which initially aims to develop the spontaneity in their role. It is the development of this attribute that allows for the essential processes: developing scenes that have the purpose of testing the hypothesis, ensuring they are flexible enough to adapt to the guiding action of the protagonist. Thus, when successful, dramatization provides the protagonist with the complementary roles, through an auxiliary ego, that don't occur in life. This possibility, that of testing the hypotheses that therapeutic psychodrama offers, tends to diminish the adolescent's rigidity.

3.2.2 *The body as a vehicle for communication*

Classically, it is understood that during the adolescent phase, there is a significant fear of revealing the intimate life, a perception that perhaps is not alien to a certain myth that development is done in a uniform way. However, the defense of the mental world is, often, a reason for concern for parents, caregivers and/or the clinicians who accompany them. A great desire to communicate anguish and concerns can coexist, but the mechanisms that they use to express mental pain might not be obvious to those accompanying them. That is why, the way that we access a person's most important experiences, intrapsychic or bonding, is the focus of attention in mental health.

One psychotherapeutic strategy in psychodrama involves bringing the body into psychotherapy. It brings a lively non-verbal physical presence into the dramatization. The body can be understood as an intermediate object, an instrument for knowledge or the root of meaning. Therefore, it is important to demystify the idea that the good protagonist is or should be a good actor. On the contrary: what is requested and provided, when dramatizing, is to be as authentic and genuine as possible, even more so than in a social context.

The spontaneous, playful and conversational style that the initial phase of a psychodramatic encounter with a teenager must have, helps the process. Regarding the silences and evasive questionings of some classic psychotherapeutic models, the group strategy is to allow a more uncompromised sharing, which tends to avoid resistance. Instead of verbal interpretations, one tries to confirm or refute therapeutic hypotheses with physical communication. Access to emotional pain, so often inaccessible through verbalization, is discovered and repaired with and in the protagonist's physical actions.

3.3 **About the difficulties in interpersonal relationship**

Difficulties in interpersonal relationships are recurrent themes in psychotherapy with adolescents. The increased number of interpersonal contacts, the social pressure to make them happen and the higher complexity acquired, forces the development of social skills. Interventions can help the development of these skills by promoting closer relationships with peers, focusing on perspective taking, empathy, problem and social problem resolution (Pedro 2019).

Vinagrov and Yalom (2010) put together a set of studies that prove the effectiveness of group psychotherapy. Among several factors, they highlighted socialization techniques as one of the primary factors in group modalities. Ferronha (1996) recalls Winnicott when he refers to a group of adolescents as a solitary clump, that imagine themselves alone, as not being part of a group. He also remembers Pavlocsky, when calling them socially starving, but meanwhile highlights the need to help them reunite.

Psychodrama is an important therapeutic alternative for the enormous hunger for action that adolescents can manifest. This stems from the need "to try behaviors, assess their adequacy and viability for the individual and, at the same time, adopt behaviors that allow them to adjust to a group of friends" (Cossa 2008, p. 151).

The fear of rejection, or to put it another way, the fundamental desire to feel loved, as well as to discover oneself in relation to the other, makes the theme of interpersonal relationships so important for adolescents. The pressure for these relationships to happen can condition their spontaneity. In this aspect, the discernment that the psychodramatic scene can promote authentic sharing between peers, can promote knowledge and discrimination between experiences and reality.

3.4 About knowledge and discernment: from the lived to the imagined

The classic case of Barbara¹ reveals the power of psychodramatic methodology. The emotional tension existing in Barbara's life would not allow her to stop and exclude repetitive behaviors, underpinning her sense of malaise and maladjustment. By contrast, in the psychodrama scenario, the playful elements allowed the distancing necessary and the discernment in relation to this stereotypical behavior. Dramatizing gives the protagonist the opportunity to understand or test behaviors that she didn't dare to try in the social context. In the scenario, the scenes allow her to test and understand the implications of her behavior. And later she could comment on them from a distance—as well as listen to the elements of the group and therapists.

Thus, dramatization allows the adolescent the freedom of imagination, fear, or existential anguish. The scenario is thus a place for rehearsal, a stage for on-the-spot research, of often imagined hypotheses, generators of anxiety and anguish. In general, with adolescents, it is the experience of what has not *yet* happened that can be freeing; with regard to preestablished ideas, the psychodramatic scenario offers a confrontation with these realities lived or imagined, as well as the sharing with peers.

3.5 About the process of autonomy: Tele and the spontaneity

In the group therapy modalities, the participating elements also assume a responsibility in the therapeutic process of their colleagues. Be it in the performance of complementary roles during dramatization, in the sharing of situations or narratives that they make, or even in the responsibility and the duty of confidentiality that they share with the others.

Everything develops in interdependence of responsibility between everyone and not in a relationship in which these responsibilities fall exclusively upon the therapist. Thus, the responsibility is delegated to the adolescent individuals of the group, which represents their own capacity. The helping relationship is established between everyone, where the multiplicity of exchanges and analyzes of the problems discussed in group should be valued.

For some adolescents, confronted with automatic processes and blocked by intrapsychic factors or bonding and relational circumstances, the therapeutic group can represent an opportunity to assume a role of greater responsibility in front of others. For others, this existential experience represents a milestone, a possibility for the development of a clearer perception of how others really are and how they work. Referring to this construct, Moreno coined the term Tele.

Abreu (1992), by synthesizing some specific advantages of the Psychodrama Model, highlighted the impulse that the psychodramatic experience represents for the development of adequate Tele(s). This happens in the most elementary psychodrama exercises of allowing the protagonist to experience (him- or herself) in the role of others, either as an auxiliary ego, or through the role reversal technique.

4 Conclusions

In this article, we set out not only to address the concept of adolescence, but also the human development from a psychodramatic perspective, as well as the potential of this psychotherapeutic intervention. We conclude that growth occurs in moments when, within the limiting strength of a given circumstance, whether relational or internal, the adolescent can develop adequate responses for the current moment. These responses, due to the adjustment potential they can have, are generators of change and of new equilibria, also relational or intrapsychic. We call these responses spontaneous and, psychodramatically, they are the foundation of mental health and growth.

In this sense, and strictly speaking, the psychodramatic perspective on *adolescence*—on growth—can happen at any point in the subject's life, because this qualitative *leap* depends on the response and the moment in which it happens. Is this perspective contradictory to some fundamental notions of psychological development? And are they, in themselves, the ideas that advocate the adolescent period as the prime stage for growth or the last chance for conflict resolution of early childhood, a cultural discussion?

This article doesn't negate that those who are currently adolescent (at the time of writing, some theories advocate adolescence as a phase of life that can go from 10 to 24 years old) have certain tasks to develop and a good deal of information to process and reorganize. Nor does it call into question the period that we call adolescence; there are rapid psychophysical changes that appeal to the subject's spontaneity. We highlight that in essence the meaning we attribute to them depends on socio-cultural aspects of the time which we live in, that their understanding, currently, depends on the scientific knowledge that we produce and that the spring of responses that we socially agree as the norms are historically and socially prescribed.

We conclude that human growth is certainly not an exclusively adolescent construct. Also, as in any moment where a new response is required, it can be facilitated or hindered by the complementary actions of the subject. We advocate, without calling into question its historical relevance and scientific validity, that the scientific thesis on development and adolescence, fundamentally developed throughout the 20th century, can also represent an obstacle to the idiosyncratic reading that is required in each situation and thus limit the creativity, spontaneity, and adequacy of each person's response in each situation. Finally, we defend the perspective that the psychodramatic locus, due to its characteristics, can allow the freedom that each individual needs to develop their spontaneity towards growth and mental health.

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João Teixeira de Sousa Specialist in Clinic Psychology with specialization in Psychotherapy, Sexology and Justice Psychology. Clinic psychologist in private practice since 2006, individual, couple and group therapy. Psychologist at PIAC/DICAD/ARS-NORTE—a public health program to support the community, at the national health system, where he does clinic attendance to adolescents, young people and families and directs a psychodrama group for adolescents. Vice-president of the board at Portuguese psychodrama society. Has already been member of the board at 2012–2014, 2014–2016 and 2018–2021. Teaching partner at Portuguese Psychodrama Society. Was also member on the board on APF-Norte (Family planning association) in 2006–2009, 2009–2012, 2012–2015.