

Application of Psychodrama on Conflict Management and Assertive Training

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ABSTRACT

This qualitative research is intended to bring a observational and phenomenological analysis of the applicability of psychodrama in the management of conflict, manifestation of assertive behaviour in alcohol dependent patients, also to observe and elucidate the process of a certain skill that is being learned or a certain conflict being managed and to see what other therapeutic progress psychodrama can bring in participants. This study was conducted in RINPAS, Ranchi and consisted of 5 samples; each went through 16-17 sessions of treatment of various psychodramatic techniques. Data analysis in the current study involves integration of Narrative participant observer report and Phenomenological approach. Post therapy and follow up report indicated improvement.

Keywords: *Psychodrama, Alcohol dependence, Conflict Management, Assertive Training*

The conceptualization of Moreno's Psychodrama is defined by Kipper, (1988) as "a method that uses dramatizations of personal experiences through role-playing enactments under a variety of simulated conditions as a means for activating psychological processes" which "provides a prodigious force for therapeutic change and healing. (Wilkins, 1994). The aim of psychodrama is to help a person be more constructively spontaneous, be happier and have the strength to design life as he wants it to be. The objectives of insight and cathartic release play their part in unblocking the person's, perception and ability to deal with change (Costa, 1995).

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Psychodrama then, is primarily an action method of psychotherapy and personal growth which relies upon the innate spontaneity and creativity of human beings for its effectiveness to enact the scenes of his life with addition of ways to find substitute of adaptable ways to problematic and deficit past behaviours (Samantaray, 2014). Psychodrama therapy promotes an environment in which addicted clients can openly express emotions, explore a drug-free future, develop communication skills and make personal connections. Clients are urged not to rationalize or deny addiction; rather, through the dramatic process, they are challenged to face their issues directly and truthfully (Samantaray, 2014).

Research and therapeutic works has indicated the effectiveness of psychodramatic procedures and other form of action oriented therapies with individuals with substance dependence in incorporating of various social skills and management of conflicts.

Dayton (2000) discussed efficacy of psychodrama who were dealing with addiction and trauma. Marayam (2012) examined the effectiveness of dramatic procedures in improving social skills like refusal training. Greenwald et al (1980) found effectiveness of action oriented therapy for alcohol addicted individuals in the development of adaptive refusal and social skills. Loughlin, (1992) his study aimed to investigate the perceived effectiveness of dramatic procedures in the treatment of women with alcohol problems mostly by resolving of conflicts. Dushman, (1991) found psychodrama to be effective in as a means of catharsis which can be too used for social skill training necessary for relapse prevention and abstinence.

AIM

This qualitative study is intended to bring a observational and phenomenological analysis of the applicability of psychodrama in the management of conflict, manifestation of assertive behavior in alcohol dependent patients, also to observe and elucidate the process of a certain skill that is being learned or a certain conflict being managed and to see what other therapeutic progress psychodrama can bring in participants.

Study Design

The design conceded for present study is the variant of before and after without control design with multiple base design across subjects. In this design, each participant serves his own control. In order for each participant to serve his own control, stable baseline for each participant is established before the treatment begins. Stable baseline is established with the purpose to measure the effects of treatment after the treatment begins. Various possible effects of extraneous variables like education, socio economic status, motivation level, gender, background and others were tried to minimize during inclusion and exclusion criteria. In present study, baseline for conflict level and assertive level for each participant was taken. After baseline for each participant was established, treatment was given to each participant both individually and in group. The duration of the treatment was 3 months.

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Procedure and Tools

This goal of this study is intended not only to bring an observational and phenomenological analysis of the applicability of psychodrama in the management of conflict and manifestation of assertive behaviour in alcohol dependent patients but also to observe how a certain skill is being learned or a certain conflict being managed. This study was conducted in the RINPAS, Kanke, Ranchi. Initially, 36 male alcohol dependent patients were interviewed keeping the inclusion and exclusion criteria in mind. Out of them 17 were selected on the basis of purposive sampling. 17 of them were thoroughly assessed regarding the substance exposure from the first time to current time.

Using the qualitative technique of in-depth interviewing, initially all of the participants were enquired about their substance history, personal and family history, conflicts, needs, attitudes, conflicts other dynamics. On basis of this finally 8 samples from them were thought to be best representative were selected for the final research study. Then to establish the baseline data and rapport these 8 participants were taken more in-depth and thorough interviewing about their substance, family and personal history and related dynamics. Then assessment by Sack's Sentence Completion Test questionnaire and Assertive Checklist was administered to supplement the base line data. After, the interviewing of participants their family members too were interviewed regarding their problematic behaviour to have a better understanding of the patients and being aware of the other's perspective. Interview with the family members and re interview with him also served as "verification" interview. The interview was conducted in a private setting, lasted for approximately 1-1.5 hours each time, and some of them were tape recorded and later transcribed. The location of the interview was determined according to the convenience of the researcher. Some of the interview occurred either over the phone and face-to-face and some both. As part of the observational and phenomenological approach to understanding the meaningfulness of conflicts, nonverbal cues and language were also taken into account in the data analysis. But, three out of eight participants were discharged after 4 sessions of therapeutic work and other 5 cases, all of them were inpatients, were carried out the complete therapeutic sessions for 3 months. Before the treatment began, the 5 participants were being introduced to each other regarding their socio demographic, substance and limited personal details with prior consent from each participant. Participant confidentiality and security was ensured. Any identifying information was eliminated from the interview transcripts and audio tapes, and the participants were identified with pseudonyms so as to protect their privacy. Audio tapes were kept in a secure place accessible only to the primary researcher. The notes, tapes, transcriptions, and any other written data materials were destroyed after completion of the dissertation.

Data Analysis

Data analysis in the current study involves integration of narrative meticulous account by participant observer and phenomenological descriptions of both observer as director, the researcher here, and of the participants. However, phenomenology not only involves research

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participant experiences but also what the researcher description of his or her own experience of the phenomenon (Creswell, 1998).

Bracketing is done to reduce the researcher's bias to the minimum that is humanly possible.

A conscious effort in bracketing assumptions regarding the nature of conflicts within the alcoholic addicted individuals and there management was done.

For assuring the standards of quality and verification, the steps measures involved were; a) member-checking to determine the accuracy of the qualitative findings, b) a second, shorter interview was conducted with participants in which they had the opportunity to verify or correct any misinterpretations in the transcript, c) bracketing is done to clarifying the bias the researcher brings to the study, d) the findings of the study were presented to the External Reviewer, who were my colleagues like Mr Jai Shankar Patel , they were extremely familiar with the area of research.

Overview of sessions

This section includes the therapeutic aim before the psychodramatic treatment, total sessions conducted on each cases and what psychodramatic techniques were used for each problem.

Case 1. On the basis of clinical interview and assessment my therapeutic goals are to work on his severe level of conflict regarding the “attitude towards father” and on poor assertive level. Total 15 sessions were conducted. While working on conflicts the psychodramatic techniques used were Empty Chair, Catharsis, Role Reversal, Simple Enactment, Meta Role and double. For development of assertive behavior the psychodramatic techniques used were Role Play, Meta role, Skill Training and Mirror. After one month follow up session was done.

Case 2. Treatment was aimed on resolution of conflict regarding guilt feelings and development of assertive behavior. Total 16 sessions were conducted. Therapeutic work on guilt feelings involved psychodramatic techniques like Another Path Technique, Feedback Warm up Technique, Catharsis with Empty Chair, Surplus reality, Role Reversal, Double, Voice over, Mirror Technique, Future Projection Technique and Act completion Technique. For development of assertive behavior the psychodramatic techniques used were Role Playing, Role Training, Meta Role, Ego Building Technique, Mirror Technique and Replay technique. After one month follow up session was done.

Case 3. On the basis of assessment my therapeutic goals are to work on conflict resolution regarding his self concept, wife and enhancing assertive behavior. Total 16 sessions were conducted. While working on conflicts regarding self concept the psychodramatic techniques used were Surplus Reality technique, Idealization technique, Multiple Ego technique and Mirror technique. For resolution of conflict regarding his wife the techniques used were Empty Chair, Role reversal, Meta Role, Act Fulfillment technique and Future Projection technique. For development of assertive behavior the psychodramatic techniques used were Role Playing, Role

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Training, Meta Role, Ego Building Technique, Mirror Technique and Replay technique. After one month follow up session was done.

Case 4. On the basis of clinical interview and assessment my therapeutic goals are to work on conflict resolution regarding his interpersonal relationship and conflict with brother with special enhancement on its maintaining factors; thus spotlight like on anger management, developing effective communication skills, enhancing assertive behavior and ability to enhance social networks through psychodrama. Total 16 sessions were conducted. Therapeutic work on conflicts and skill development involved psychodramatic techniques like Monodrama, Role reversal, Meta Role, Audience Analyst technique, Mirror technique, Coaching, Replay techniques, Situation test, Surplus Reality Technique and Future Projection technique. The kind of areas of assertive behavior that are targeted are asking and requesting help from brother and denying his two closest friend for going parties and alcohol. For this psychodramatic techniques used were Empty Chair, Wish fulfillment, Role playing, Replay technique and application of Meta role. After one month follow up session was done.

Case 5. Based on from clinical interview, SSCT and Assertive checklist, my therapeutic goals are to work on his conflicts with family, guilt feelings and lack of assertiveness related to denying for sexual intimacy with his extra marital partner. Total 17 sessions were conducted. Therapeutic work on conflicts involved psychodramatic techniques of Another path Technique, Role play, Surplus Reality, Role reversal, Replay with modification technique, Wish fulfillment technique, Substitute role and Double technique. For improving assertiveness behavior in refusing to unnecessary extramarital demands to his partner the psychodramatic techniques used were Simple enactment, Meta role application, Mirror technique, Coaching, Double and Replay with Modification techniques. After one month follow up session was done.

CONCLUSION

The main findings of the study were as follows:

- Psychodrama was found to be effective in dealing with the issues of managing of conflicts related to family, interpersonal relationship, sex and self concept. In present study, all 5 participants after the discharge made fortitude valiant efforts in encountering their respective conflicts with robust uprightness.
- Psychodrama was found to be effective in bringing an insight within addicted patients about their own role in certain conflicts.
- Psychodrama found to be effective measure for the context of dealing with guilt and practicing making amends.
- Psychodrama was effective in developing or practicing assertiveness skills in stimulated live situations.
- Through psychodrama catharsis of abreaction, integration and inclusion can be achieved. Psychodrama can be used to address a wide variety of issues including those in the past, present, and future, or those that involve the internal conflict or interpersonal realm. In providing an emotionally corrective experience, being able to receive, feel or understand

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something in a new way; Exploring and trying out an alternate approach to a problem;

- In confronting and dealing with intense emotions (anger, sadness) or to become aware of one's own feelings;
- Practicing drills or learning how to cope in difficult situations that could result in relapse.
- Developing empathy and understanding the other perspectives
- Becoming aware of the impact of one's behavior on others, its consequences for others;
- Psychodrama can serve as brief model in comparison to lengthy psychoanalytic sessions in dealing with intrapsychic conflicts. But no doubt that roots of psychodrama is influenced by it.
- The psychodramatic approach can be readily integrated with many other approaches to psychotherapy. In my study I have assimilated certain behaviour techniques in psychodramatic mould mostly in case of teaching of assertive skills with all my 5 participants.

LIMITATIONS AND FUTURE DIRECTIONS

There appears to be several limitations with the method itself. The number of participants is limited. Failure of case 3 and 4 in increasing abstinence for longer periods, speaks up the probability that the area of dramatic focus should have been myriad to include more focus on coping skills and motivation enhancement skills. Numbers of dramatic sessions revolving certain issues like communication training were less. As Moreno prophesied the humanitarian statement that each individual has power of creativity and spontaneity so if they were challenged it will manifest. And basing on this, he proposed the psychodramatic rationale. But in the present study, purposive sampling was done in order to include those participants who have desired attributes, so participants selected by random sampling would more give a better validation of Moreno's given humanitarian rationale of spontaneity and creativity. If psychodramatic approach would be integrated with other approaches of psychotherapy the outcome of treatment may be more enhanced. It can be integrated with psychoanalysis, object relations, behavior therapies, gestalt therapy, creative arts therapies, play therapy, body therapies, imagination therapies, hypnotherapy, Adlerian therapy, Jungian therapy, family therapy, group therapy, and miscellaneous therapies as per requirement. After the post treatment various follow up can be done for long periods to trace the impact of treatment in a more comprehensible and assured way, and also various intermittent and other emergent risk factors can be better dealt.

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