

Dana Johnson
Psykodramaledare
Stockholm



Psychodrama and the Elderly

The ever-present question – “what is the meaning of life?” – changes radically and reaches a completely different kind of complexity when we grow old and can no longer move through the world as we once did. If one is elderly and also dependent on institutionalized geriatric care the question of the meaning of life becomes even more intrusive.

In the following paper I hope to illustrate how the group therapy method psychodrama is an effective form for positively shifting the burdening sense of loneliness and meaninglessness that many institutionalized elderly endure. I hope to show how a weekly psychodrama group (sometimes in combination with individual meetings) stimulates, even at this late stage in life, the development of new friendships, how it fosters support and acceptance and allows for complicated feelings, memories and old issues of resentment to be confronted.

The examples presented here are based on an ongoing, weekly psychodrama group composed of members ranging from ages 75-94 years old. The four year project, funded by the city council of

southern Stockholm, recently expanded to include individual therapy in two nursing homes, as well as, the ongoing afternoon group. Both forms function as an opportunity to examine the difficult issues of aging and illness.

What is psychodrama?

Jacob Levy Moreno (1889-1974), a Viennese psychiatrist, is the founder of psychodrama. He was a visionary in the field of mental health, and playfully crossed the boundaries between philosophy, sociology, anthropology and psychology. Out of this inter-disciplinary approach to life developed what

he described as a "threefold" therapeutic position:

1. Spontaneity and creativity are the propelling forces in human nature...
2. Love and mutual sharing are powerful, indispensable working principles in group life...
3. That a superdynamic community based on these principles can be brought to realization through new techniques... (Moreno, 1985)

Moreno broke new ground in his conviction that a dramatic enactment of our intrapsychic problems is more effective than just talking

"... because the active involvement opens a corresponding flow of intuitions, images, feelings and insights that are otherwise distanced and blocked by more passive verbal modes of interchange." (Blatner, 2003)

His idea that one of the main goals of therapy is to help people get in contact with their *creativity* by inspiring, with the help of different action techniques, the client's *spontaneity* made it possible to work with feelings, memories and dreams in a completely new way (Blatner, 2003).

As one of the forerunners of the very concept of group psychotherapy, Moreno early on developed a complex and innovatory theory for studying group process called sociometry. Sociometry is a way of measuring relationships, and tele (the Greek word for 'at a distance') is the sociometric measurement Moreno chose for describing this "two-way flow of feelings between people" (Holmes, 1991). Moreno developed sociometric methods to help groups realize – through the revelation of affinities and disaffinities – their interconnectedness. Psychodrama, aptly called "a therapy of relationships" (Karp, 1998), developed out of Moreno's sociometric ideas.

The corner stone of psychodrama is Moreno's role theory, from which role-playing and role reversal developed. Finding the concepts 'self' and 'ego' too limiting, Moreno chose to see the individual as a dynamic interchange of roles and counter-roles, with the understanding that it is our valued roles that give us a sense of worth (Blatner & Cukier, 2007), and often our cultural roles – the roles we are expected to play – that constrain a person from fully developing creatively. This is

a particularly useful concept when working with the elderly, most of whom have left behind their important life roles and well-acquainted 'productive' positions. The technique of role play allows one to regain a sense of worth as you review, develop, throw out and even reinvent the many roles or positions carried throughout a lifetime.

An example from our group

It was obvious from the start that two of the female members – Greta and Eva – seemed to have difficulty connecting. Over the weeks, with the help of different warm-up exercises that explored the group's commonalities, differences and themes, it became clear that these two had few points of reference or experiences in common. Although they did not seem uncomfortable together, they seldom directed comments to one another.

Eva is close to Siri, another woman in the group. They share a deeper connection, both having been mothers and married. Greta, on the other hand, has always lived alone. Eva and Siri have also been the two members most open and forthright about their desire to die. Greta (the eldest of the three) asserts during these admissions her strong desire to live.

Into our fifth month of meeting, Eva, encouraged by another member's story of losing his mother when he was ten, bravely shared her experience of having lost a parent early on in life. In the role of her mother, she spoke (to her six year old self), explained why she had suddenly one day disappeared, how she had been taken to a hospital and never gotten better. The group listened attentively. Greta had previously not offered much information about herself, and tended to recycle the same pictures over and over again. She would often say: "Nothing happens. Everything is always the same." But this time, inspired by Eva, she continued the thread and told the story of losing a close relative who, she revealed, had been "like a child to me".

We were starting to run out of time, and still needed to allow for a final sharing. Taking a large red balloon I encouraged the group to cast it to one another, and send a comment on the way. As the balloon floated from arms to laps, admissions were

sent around the circle:

- You and I have the same story.
- I like speaking with you more than anyone I've ever known.
- This group is important to me.

When the balloon landed for the third time in Eva's lap she paused briefly and then turning to Greta cast it lightly and said, "I would miss you if you weren't in this group". The look on Greta's face lit up the room.

From the outside, a simple gesture, but in the context of the ambivalence that had existed between Eva and Greta, it was a significant shift. The atmosphere became more open after this session and at the same time more protective, there was less resistance to try something new and also more healthy disagreement amongst the members.

Another example

Siri arrived looking both troubled and resigned. During the "round" (often, the beginning of a session when each member is given uninterrupted time to share thoughts from the previous meeting or anything meaningful from the week that has past) Siri admitted that she no longer felt safe at the nursing home. I tried to encourage her to work with the worry and fear she expressed, but was met with a sturdy resistance. "Nothing can be changed now. It's too late to change". So, the group was asked to imagine: If you could live your whole life again, what would you change? Siri, with unusual force, was the first to reply: "I would never have married my husband!". The spontaneous directness of her admission inspired other members:

- I would live a less careful life.
- I would change something now...the boats to Finland. For me to afford the journey, I have to share a room, and I want to sleep on my own. I need to be alone at night.
- I would like to experience more of my time during the war. I travelled so much and saw the world. And I would dance more.
- The 20 years with my last husband...those years again. I received so much love.

The session continued with different role reversals: Siri in the role of her husband, Greta in the role of her "wilder" self, and Per in the role of his former wife whom he acknowledged he regretted divorcing, but now had the opportunity to say what he had not dared to admit before "because I was too proud". In our final sharing, Siri came full circle. "There were things I liked about him. In fact, we had some good times too", she pondered.

The way in which psychodrama techniques, like role reversal, can lead the protagonist – the lead person in the drama – to an empathic understanding of herself, a former role or another person is one of its most therapeutic effects. It can often help the protagonist to profoundly shift perspective and thereby see a situation or relationship that had otherwise been hidden or seemed impossible, in a completely new light.

Three main parts

A traditional psychodrama session involves three main parts:

The *warm-up* uses exercises to help the group (including the leader, also called 'the director') get in touch with their spontaneity. As the first section of a psychodrama, it should support group interaction and through the promotion of play, help lessen any sources of anxiety.

The *enactment* or the *action* is when a stage is set allowing the protagonist to work with different issues, practice new roles, see oneself and other significant people from different perspectives and overall gain insight. In the safety of the psychodrama stage everything is allowed. In other words, the stage should provide the protagonist with a sense of freedom, "...freedom from unbearable stress and freedom for experience and expression."

Sharing is the final part of a psychodrama or the conclusion of the action. It is the time for the protagonist to sit back and take in reflections from the group members who are instructed to share from feelings that have been awakened during the drama or from insights gained from the auxiliary roles (helper roles) that they have played. Criticism, advice and intellectual analysis are avoided, since this is a time to support the protagonist who can be feeling vulnerable. One of the greatest values of the sharing stage is the connection group members

make as they realize they are not alone, that others feel as they do (Sternberg & Garcia, 2000).

When working with the elderly, a full classical psychodrama session is rarely possible because of physical disabilities. Afflictions such as pending blindness, hearing impairment and arthritis, in combination with more critical illnesses such as cancer, MS, autoimmune disorders, Parkinsons and heart disease – are complaints many elderly stoically manage.

But these limitations do not necessarily inhibit the method from being less effective. It is, in fact, the subtle tools of psychodrama that are often most useful, and this has clearly been the case with our group.

1. To experience oneself as a significant part of a group's history, is a curative experience. Simple rituals like – the consistent weekly time, the value given to attendance, the knowledge that nothing is too odd to share and that all that is shared remains confidential – enhance the sense of belonging to a meaningful process. The group serves as a container for rituals that "mark off time to allow for an orderly recognition of the passing of life" and as "an opportunity for the members to reenact their bonding to a shared social enterprise" (Sandel & Johnson, 1987).
2. When the major question posed by the elderly is: "what is the meaning of life at this last stage of life?" – participation in a weekly therapy group that promotes the experience of meaningful connection can be transformative. The group begins to replace the sense of loss of family and old friends.
3. Through contact with other members life stories – their difficulties and joys! – the awareness that "You and I have the same story" relieves the feeling of being all alone. As well, we get to know ourselves inspired by others, and become creative instruments to another's interpersonal learning.
4. The seemingly simple act of listening is, on its own, therapeutic. This is particularly relevant for the institutionalized elderly person who is used to being passed by or spoken to in the third person, who's days are filled with waiting for her most basic needs to be met. To be

listened to, without the passing of judgment or suggestions to solve the problem helps the elderly person perceive himself as significant again. "Our intimacy with patients is based predominantly on listening to what they tell us, and our trustworthiness toward them is demonstrated in the seriousness and duty with which we listen to what they entrust us with" (Charon, 2006). When the engagement feels authentic all participants (therapist and client) are transformed.

5. Often, the same story or issue comes up, indicating that it is bothersome and needs attention. Arvid's "pills" (see below) is a good example. In the re-telling and with the aid of simple psychodramatic techniques like role reversal, the elderly client works to reframe a memory so that the meaning changes and new viewpoints are offered. The repetition acts as a catharsis.
6. Some issues are not easy to discuss, for many reasons. A secret shuffled under the rug or locked safely away for years may seem forgotten, but can fester deep in the psyche and cause an older person anxiety. Psychodrama techniques are effective in helping to creatively work with resistance surrounding "unfinished business". Even simple movement exercises can be a first step in helping a person open up, as memories are triggered through interaction (Sacks, 1995).

However subtle or obvious these points may seem they are powerful tools for working with the frail elderly person, who although often physically limited, is still (if not hindered by a loss of brain function) emotionally vital.

Over-medicalization

The over-medicalization of the elderly – especially in nursing homes, where illness in old age is taken for granted and medicine rather than counseling is often chosen as the best "solution" – is a common issue the members want to discuss.

Arvid shared, at our very first meeting, his misgivings about the amount of medication he was regularly prescribed – 30 pills a day. Time after

time he returned to this subject, because he could not help but feel that the extreme tiredness he experienced (he was sleeping 14-15 hours a day), was a result of the combination and amount of medication he was taking. In response, group members shared information about the abundance of pills they were prescribed, comparing both their positive and negative experiences. One group member in particular began encouraging Arvid to confront his doctor and do something about his situation.

Following a particularly intense discussion about their medication I asked the group to discard all of their pills into the "magic garbage can". Then, using different sized and coloured balls and balloons, the center of our circle was playfully filled up with their necessary pills. Each member was asked to choose from this colorful pile the pill they needed most just now.

- I need this against the coming November darkness (a small rainbow colored ball).
- I choose this white one, because it's the only one I really need for my epilepsy, which scares me.
- This blue one. It's freedom.

Arvid role reversed with his freedom pill, and then was guided to set a scene where he felt most free. He described a summer home. Different colored materials were used to symbolize his surroundings (the mountains, a nearby village, the bordering lake), accompanied by simple role reversals. Sitting alone by his cabin, looking out over the water he seemed more content, but something was still missing. He wanted to bring the group with him.

Some weeks later, Arvid surprised us when he rolled in with a new found energy. The lethargy and fogginess which he had previously shown was gone, and with vigor he told us about confronting his doctor and insisting that he eliminate some of the medication. After reviewing the long list of pills, his doctor agreed that the only ones that were really necessary were aspirin and his Parkinsons medication. Arvid, who before had sat hunched and listless, now tapped his feet impatiently. The group listened to the account of his meeting with his doctor with unusual attention, and when he was finished applauded his nerve. I am convinced that it was not just the reduced amount of medica-

tion that invigorated Arvid, but also the support he felt from the group and the revived role of himself as a person in control of his life.

The core theme

One morning the coordinator for daily activities at the nursing home asked me for a description and name of our group, to include in an upcoming information letter. We began our next meeting with a short discussion about what to call ourselves. Per quickly responded with a vote for "The Psychodrama Group!", but was soon over-ridden, and a general discussion and questioning about what we actually do followed.

- At first I thought it was like religion ... it's spiritual.
- I'd say, interesting.
- We talk about a lot of things ... there's room for everything.
- It's about our feelings ... We can speak about things we can't tell our children.
- Death ... it's difficult to speak to others about death ... they don't really want to hear about that.

Then one member exclaimed, "Let's call our group 'Friends to the End', like when we were children" adding, "...but now we really are at the end!"

Although death is the underlying theme in an elderly group, it is not necessarily a topic that pulls a group down. When confronted, it can instead change the way we feel about life even when we are at the end of our lives. The difficulty is when there exists no forum for sharing the intensity of feelings that accompany old age. If one lives in an institutionalized setting, surrounded by daily reminders of timelessness, immobility and the real presence of death, the need for a therapeutic outlet is even more acute.

Most of us live our lives fearful of death. The dread is always there, at the edge of things, pervading even the best of times. The idea of death as a positive aspect of life, however, is a less accepted notion. In his seminal work *Existential Psychotherapy* (1980), Irwin Yalom looks to existential philosophical thought to explore the potential ef-

fectiveness of a psychotherapeutic approach based on death awareness, particularly the ideas of the German philosopher Martin Heidegger who, in 1926, began to explore his belief that our understanding of death heightens our experience of life.

Heidegger came to the conclusion that there were two ways of existing: (1) a state of forgetfulness of being or (2) a state of mindfulness of being.

"When one lives in a state of forgetfulness of being, one lives in the world of things and immerses oneself in the everyday diversions of life. One surrenders oneself to the everyday world, to a concern about the way things are ... In the other state, the state of mindfulness of being, one marvels not about the way things are but that they are. To exist in this mode means to be continuously aware of being ... not only mindful of the fragility of being but mindful too of one's responsibility for one's own being. Since it is only in this ontological mode that one is in touch with one's self-creation, it is only here that one can grasp the power to change oneself." (Yalom, 1980)

Heidegger described the first state – forgetfulness of being – as an "inauthentic" way of being, and the second state – mindfulness of being – as a way of existing authentically: one "faces" rather than "flees". In order to reach the second more heightened level, he believed one needed to be triggered by "urgent experiences", and of all the urgent experiences to choose from, death is the most receptive state because "Death opens up the question of Being" (Heidegger, 2001). Older, aging people exist in this most receptive state since the confrontation with their own death lies so close at hand. I believe that if we offer the elderly person a chance to explore an "authentic realization that it is possible not-to-be" what will follow is the possibility of regaining the feeling of "being-able-to-be".

A final example from our group

We had not met since the summer holidays. As always, we began with a 'round'. Siri was the last in our circle. With a faraway look she stated, "Noth-

ing pulls me anymore. There's no meaning left in life." The group listened thoughtfully.

Hoping to gather some information about what people would like to work with during the coming weeks I had prepared a warm-up, but before I had time to begin Greta blurted out, "I don't feel that way at all. I want to live!" Per continued spontaneously: "There's not enough time. I want to write down my life story and there's not enough time!" Ingrid, agitated, expressed her frustration at not having a companion to walk with, and "one who can walk as quickly as I can!". Eva then snapped sternly, "Death. I don't want to live anymore! That's my theme." She went on to clarify that if she were struck by a heart attack in the night, she'd consider herself lucky.

I guided the group to close their eyes and focus on something that could "pull them, just now". Eva, calmer, described how, if she were healthy and could walk (she is wheelchair-bound), she would travel somewhere in the world to help people in need. The group responded that she was needed right here in our group. Eva returned a look of disbelief, with a half smile

The next session we continued exploring themes on paper. Eva drew a child figure at the beginning of a path. At the end of the path was a pile of ash. She called it "Life and Death". I asked her about the space between the child and the ashes. She said it was the sun, and chose a warm red-colored material which she bunched up into a ball and held close to her chest. "It feels good", she said. We continued with simple role reversals where each member of the group was given the opportunity to work with the content of their drawing.

Everyone was gathered in the room for our next session except for Siri. As we were just about to begin, she arrived with the help of a staff member, highly agitated, having gotten lost (something that had never happened before) "in the cellar, two times!" Eva, who had been ready to begin our ritual round, turned to Siri and said lovingly, "You should start". Siri shared her despair and anger. "I don't want to live anymore!" she confessed. The group listened and then responded caringly. Per turned to her first: "But it wouldn't be the same here without you". Eva continued, "Siri, you're very important to us here. I would miss your lovely blue eyes". Arvid, a man of few sentimental words, caught Siri's attention and nodded sternly

in agreement. Siri's whole demeanor changed. The simple responses of care and love, the fact that she had been allowed to express her darkness without being interrupted or met with inappropriate responses, shifted the weight and lightened the load she had been carrying.

Final thoughts

The question of whether or not the group therapy method psychodrama can respond to and meet the institutionalized elderly person's longing for meaning is for me, partly rhetorical. During the past four years I have seen how effective it can be. At the same time, from a research and experiential standpoint it is necessary to maintain a problem-oriented approach: the psychodramatic method must continuously be transformed because of the various physical barriers and personal histories, and persistently questioned as to what are the consequences of therapeutic quality in the long run?

Today's Swedish elderly care system offers few opportunities for group or private therapeutic exchanges. Although there is a general growing understanding and awareness of the importance of highlighting the psychosocial needs of the institutionalized elderly, the situation in most nursing homes is characterized by shortages, uncertainty and change. Even in the best of nursing homes, with a committed staff and welcome atmosphere, the elderly resident must quickly learn to accept days suspended in time and marked by a complete dependency on others – a position that requires a particular kind of stoicism, difficult to comprehend. After four years as psychodrama leader at two of Stockholm's retirement homes, I can safely say that the need for meaningful therapeutic exchange, for the elderly, is bewildering.

To survive the timelessness that permeates the atmosphere of most nursing homes, we need to offer activities that stimulate the sense of *being* rather than *having been*. We cannot change the fact of becoming old and often sickly, but we can change the experience of it by providing outlets that challenge one to function and feel better, and that respond to the older person's need for contact that is intimate, deep and genuine. As study after study confirms, loneliness is detrimental to our health: people need people.

Harvard University conducted what is considered the longest and most complete study of adult development in the world, when a broad spectrum of 824 individuals were followed from their teenage years throughout their entire life (Vaillant, 2003). In a way, they concluded with a similar finding:

- It is not the bad things that happen to us that doom us; it is the good people who happen to us at any age that facilitate enjoyable old age.
- Healing relationships are facilitated by a capacity for gratitude, for forgiveness, and for taking people inside.

As an instrument for self-knowledge and communion, a weekly psychodrama group can help one make sense of what it means to be human through the revelation of our commonalities and thereupon, the nourishing bonds that hold us all together. It can help transform the sense of inertia and fear of being alone – the two major complaints of the elderly – into energy and spirit.

danajohnson@comhem.se

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Abstract: This paper uses examples from an ongoing weekly psychodrama group, composed of members ranging from ages 75-94 years old, to explore how the group therapy method psychodrama can respond to and meet the institutionalised elderly person's longing for a meaning to be. The case examples are combined with a concise description of the method and its possible application to an elderly group.

Dana Johnson är psykodramaledare och arbetar med grupper inom äldreomsorgen vid Södermalms stadsdelsförvaltning i Stockholm stad. I artikeln beskriver hon hur psykodramagrupper med äldre människor kan hjälpa dem i den övergång som åldrandet och närmandet av livets senare skede innefattar. (Alla namn i artikeln är fingerade och tillstånd har givits till publikation).