

Psychodrama With Deaf People

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Psychodrama with deaf people has enabled a number of observations which are outlined. These relate to the interaction between people and throw further light on the communication process. Observations are made about work with patients and work with students in training. It should be noted that extensive training is required to become a psychodrama director. This can be undertaken at approved training institutes. However role training skills are more easily acquired by professionals working with deaf people and can be applied in vocational and social learning situations. Role training involves some of the skills of psychodrama such as warming-up a group; setting a situation, using the natural roles of group members and focussing a situation. These skills can be readily learned by professionals working with deaf people.

The Mental Health Program for the Deaf is a pioneering effort at St. Elizabeths Hospital which integrates services, training and research and uses special communication techniques to provide optimum treatment and rehabilitation for deaf patients.

The program is a comprehensive one which provides inpatient, outpatient, partial hospitalization including day care, emergency services 24 hours per day, rehabilitative services, pre-care and aftercare, consultation, education, training, research and evaluation. Since its inception, the program has served as a training

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A glossary of terms used in psychodrama appears on pp 419.

base and also continues to have research potential.

For patient centered activities, it draws upon many different disciplines providing services in areas of individual and group psychotherapy, psychodrama, family therapy and marriage counseling, art, creative drama and dance therapies, lip reading and sign language training, education and educational rehabilitation, occupational and industrial therapies, vocational rehabilitation, hearing rehabilitation and speech therapy, volunteer services and religious ministry. Patients also receive medication as indicated. Other services are continually being developed.

The program has developed from group psychotherapy for a small group of deaf patients^{1,2} who lived among hearing patients in different sections of the hospital's 320 acre campus to a full range of medical and mental health services. It is now based in a 30 bed facility where both hearing and deaf patients are integrated for program purposes.

Though hearing and deaf patients are integrated, the program is designed to serve primarily those who were born deaf or who became deaf early in life and who, because of this, have a unique life style. Such patients present a great challenge to mental health workers. Moreover, the patients in the program show vastly different characteristics in terms of age, intellectual ability and communication skills.

Each one of the therapeutic activities as it applies to the deaf patients is unique. Psychodrama is particularly relevant to deaf patients because it is an action method of therapy through which deaf people can express themselves totally and spontaneously. Because of its versatility, psychodrama can be used with both the low and high verbal deaf. In carrying out this technique the therapist uses multiple communication methods: vocal, lip reading,



1. The group warms-up to an issue for the day.

sign language, finger spelling and acting.

Psychodrama has also been useful in the training aspects of the program. Graduate and undergraduate students serving practicums and visitors have received an orientation to psychodrama.

Psychodrama with Patients

General Description

Psychodrama is an action method that enables the deaf person to involve his whole self in an interactive process. The nature of the method is illustrated by a recent session directed by one of the authors (L.C.) (Fig. 1). The following process notes were recorded after the session:

As I arrived at the ward, Lucy gestured by facial movements that she was angry. The interpreter and a nurse were encouraging Lucy to join the group of 18 patients and the staff. As interaction began it was stated that two patients had begun job training with vocational rehabilitation. Jane was to return from the general medical ward of the hospital and there was concern that confrontation in a previous session had made her angry. Accusations were made that Lucy had been "stealing" puzzles. Lucy said she did not like sorting dirty clothes at Goodwill Industries, would not continue job training, and wanted a good job with decent pay. As she began to speak she became more excited and pounded the floor. A psychodrama technique aimed at channeling and focusing anger was used. An empty chair with a cushion on it was placed in the center of the group. Group members acted their feelings toward people with whom

they were angry by using the cushion. Lucy became the focus of the anger. Lucy also used the chair to express her growing anger and was directed to use only this form of acting out anger in the group. Gradually angry feelings subsided and people began to talk to Lucy in a new way. Two people wanted to be her friends. One wanted to be a friendly and concerned mother. Another person, still irritated, told her: "Stop all these things you are doing; they bother us." At this point Lucy exploded again, using the chair and cushion to act out her intense anger. She was then directed to replace them, thus re-establishing her control over her feelings. Some group members began to say that when they accused Lucy of "stealing" puzzles they were "teasing" since she often put puzzles together. They began to see that it was they who continually shunned her when she acted bizarrely because it reminded them of sickness. The change in their perception of Lucy's behavior changed the focus of the group which then faced the issue of "What does sickness and wellness mean?" The psychodrama technique brought into focus a central issue for the group to think about.

Two weeks after this session Lucy returned to work. Others in the group who previously had said they were well and needed to make no changes began to explore their own difficulties with family and friends. New perceptions of a situation can thus bring changes in behavior which is the goal of psychodrama.

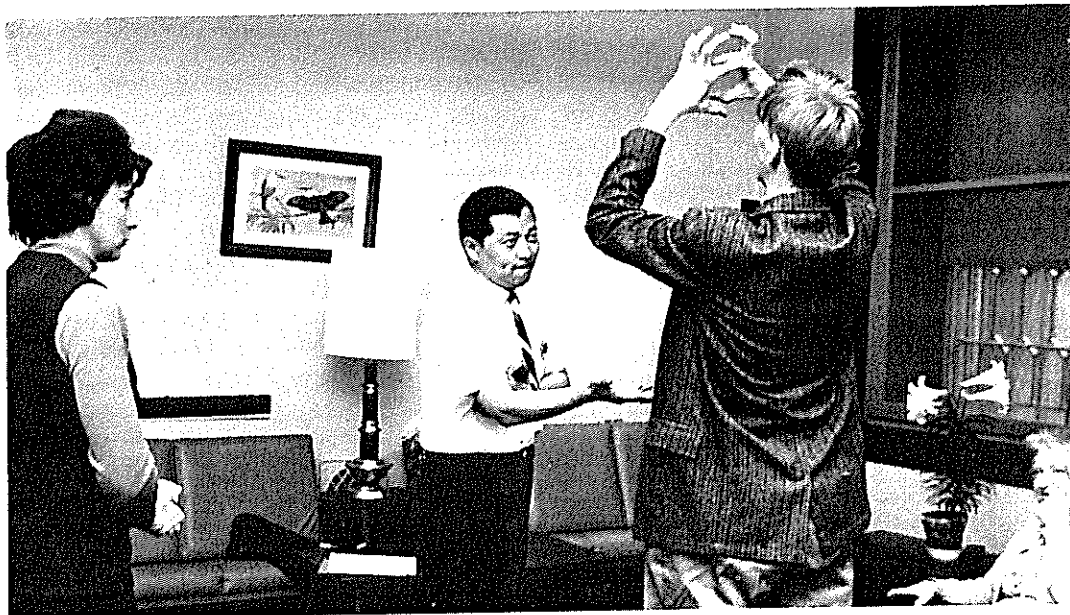
This session is an illustration of a way in which psychodrama helps people to act as well as to verbalize their feelings and thoughts (Fig. 2). It is also an illustration of the way in which psychodrama can be used to bring into sharper focus an issue or problem that has been outside of awareness and produce a change in perceptions which leads to changes in behavior.

Conceptual Framework and Goals.

Dr. J. L. Moreno,³ the founder of psychodrama, describes the elements in a psychodrama session as follows:

The chief participants in a therapeutic psychodrama are the protagonist, or subject; the director, or chief therapist; the auxiliary egos; and the group. The protagonist presents either a private or group problem; the auxiliary egos help him to bring his personal and collective drama to life and to correct it. Meaningful psychological experiences of the protagonist are given shape more thoroughly and more completely than life would permit under normal circumstances.

If we relate these points to the session outlined we find that following a group warm-up Lucy became the protagonist because she represented the group problem of sickness and wellness.⁴ No trained auxiliaries were utilized but group members spontaneously became aux-



2. The group puts the drama into action.

iliary egos for Lucy, helping her to express her anger more fully, relate it to the issue, and change her behavior. In the process the auxiliaries also gained therapeutic benefit. When a situation is explored in action and a person is allowed to warm up to all aspects of it he reaches a state of spontaneity in which he achieves new perceptions of the situation and then tries out new ways of acting.

The psychodrama method utilizes a number of techniques in order to achieve therapeutic acting out and change in behavior. The major techniques are role reversal, doubling, mirroring, soliloquy, and asides. These techniques help in warming up and expanding perceptions. In the work with deaf people it has been necessary to modify some techniques such as doubling.

Role Theory and Psychodrama.

The basic unit of behavior which psychodrama looks at is role, "the functioning form the individual assumes in the specific moment he reacts to a specific situation in which other persons or objects are involved."⁵ In psychodrama the roles taken in a situation are diagnosed. They are then expanded and developed so that interactions in a situation become clearer. Where there are dysfunctional roles or role conflict the protagonist is provided an opportunity to change his behavior and try out new roles.

Roles can be taken without words. The roles of window shopper, or surf fisherman, for instance, are often taken without words. Other more interactive roles such as factory assembly line worker have little or no verbal components. Some very emotional roles such as panicked hysterical mother or withdrawn pouting child are expressed primarily through body actions. Other roles have high verbal components reaching a peak perhaps with the university graduate student who is able to discuss ideas and concepts without needing to move his body much at all.

Experience in the Deaf Patient Group from a Role Perspective.

(1) Nonverbal mimic aspects of role: The deaf person naturally acts the nonverbal components of roles and is more attentive to them. The use of pantomime and concrete illustrations which are necessary with low verbal deaf people when language development has been meager are a part of acting in psychodrama. Dr. Moreno comments about the warm-up process which accompanies the acting of roles: The bodily starters of any behavior as acting or speaking on the spur of the moment are accompanied by physiological signs. In the process of warming up these symbols unfold and release simple emotions, as fear, anger, or more complex states. It is not necessary that verbal reactions evolve in the process of warming up. They may or may not. But the mimic symbols are always present.⁶

In the example described, Lucy indicated her anger as soon as the psychodramatist entered the ward not by signing but by facial gestures and her reluctance to join the group. As she became more angry she verbalized her feelings about her job and these further produced different nonverbal expressions of anger until she began to pound the floor. Not until the group accused her directly of stealing the puzzles did she give vent to the peak of her anger both verbally and nonverbally.

Sign language employs mimic symbols and a number of low verbal deaf people have developed their own variations which are not formally correct but have special meaning for them. One of the men in the group, for instance, signs all signs from his nose, which usually denotes cursing. Another patient knows formal signs perfectly but refuses to use them in normal conversation when he responds nonverbally with a nod. In both these cases the way in which sign language is used is symbolic of the personality of these people.

(2) Verbal components of role: The verbal components of role are just as important. Sometimes with the low verbal deaf the communication process itself has become a problem area. Peter, for instance, has his own "language." This "language" remains unpracticed while he remains withdrawn in his own world. With auxiliaries to act in his world of trees, balls and animals he not only begins to represent the symbols in his "language" with people thereby relating to them, but the people can begin to change his "language" and relate it to the real world. As we began to act about trees for instance, we found that he repeated different stories about them. Sometimes the trees grew old and fell over; sometimes trees were buffeted by storms; sometimes trees were cut down by beavers and fell into a river. These last sessions were often accompanied by drawings in which extremities were cut from the body. By relating these stories to people rather than trees we began to talk about and act people growing old and dying; people feeling helpless in the midst of things going on around; people being hurt and the relationship of this to anger. The psychodrama began with his "language" and helped Peter to verbalize more, to be understood and therefore to communicate more and finally to make some bridge between his "language" and normal language.

A second example of psychodrama's focus on the verbal aspects of role is where communication itself has become a conflictual issue. This can happen in a home for instance where there is division between parents about communication. In much the same way as a hearing child of average ability may have a remedial reading problem where emotional overlays inhibit the learning process, so with deaf people communication can become a conflictual issue. Psychodrama helps this issue to become identified and provides a medium through which intervention and change can take place.

Although Anna is of average ability her manual communication is slow. She has shown extreme and violent temper outbursts when communicating with hearing people. Remedial training in the form of role training first of all in less conflictual situations such as social occasions and later with family members and on the job is one form of psychodramatic treatment which could be used in this situation. However, in the limited time in the group, we have worked more on encouraging direct expression of frustration in more appropriate ways along with faster communication with hearing people.

(3) Interactive components of role: Roles are interactive. Other people help us to find out who we are and to maintain our identity. If we do not find the people we need in real life we create a fantasy world which can satisfy our needs. In psychodrama all interactive aspects of role, both real and fantasy, are explored. Dr. Moreno commented on the relationship between the real and fantasy worlds: The problem is not that of abandoning the fantasy world in favor of the reality world or vice versa, which is practically impossible, but rather to establish means by which the individual can gain full mastery over the situation, living in both tracks, but able to shift from one to the other. The factor which can secure this mastery for rapid shifting is spontaneity.⁷

A good example of withdrawal into fantasy because of inadequate relationships in the real world is seen in Peter, mentioned previously. He was isolated socially and related mostly to things rather than people. His view of the world was very narrow, as if he were looking through a distorted screen. For instance, as we began to act his world in the group, we discovered that he sometimes saw monstrous forms ready to hurt or mutilate him instead of people as they really were. His sudden

explosive outbursts were caused by the resultant intense fear. Through psychodrama action his distorted picture was questioned and he became agitated, repeating "you mix me up." At times he wanted to leave the group. However he has come to feel more comfortable as the group accepted his expression of his fantasy world as it is not as they want it to be. In the process he has formed relationships with some group members. In the group he often still withdraws into his fantasy world and sits apparently disinterested. Along with others, however, his thoughts are frequently related to experiences going on in the group and this enriches group life as fantasies are shared. Although he tends to wait for others to initiate contacts with him, Peter has become more expressive.

Psychodrama with Students

Psychodrama has also been used in training deaf undergraduate students in their practicum in social work at the hospital. This was the students' first experience in a social work assignment. They were eager to relate to patients and to be friends. Here the goals in using psychodrama were to help the students to understand the structure of the institution and the roles of other staff, to explore and expand their role in relation to patients and staff and to deal with the initial anxiety of working in the hospital.

Before the students went to the wards, typical ward situations were set up and the students acted the roles of doctor, nursing assistant, nurse and other staff. They were also able to explore how a new person entering the ward might be seen and to try ways of relating to staff to make the situation a useful learning experience for everyone.

A second session explored a more viable role in relating to patients than "friend." The professional aspects of the social worker role were brought into focus and discussed. The process also gave the students a chance to try out interviewing skills and to realize that learning about interviewing would be important in their practicum.

These simulated experiences lessened the anxiety of students by structuring the situation they would find themselves in, examining their role in it and providing some role-training.

Glossary

Psychodrama.—An action method which explores

a total situation through spontaneous drama. It allows the person to express his view of a situation by taking all relevant roles and examining the interactions.

Role Training.—Necessary when roles in a person are inadequate or absent as, for instance, when a person is undergoing vocational training, is changing his position in society or is institutionalized for a long period of time.

Protagonist.—The subject or person presenting their drama.

Auxiliary ego.—A person who takes the role of a significant other in the drama.

Director.—The chief therapist.

Warm-up.—A process of becoming ready to act. Thoughts, feelings and body are mobilized to act.

Role reversal.—The protagonist, in an interpersonal situation, takes the role of the other person involved.

Double.—An auxiliary ego is placed side by side with the protagonist and interacts with him, physically duplicating him in space and assisting him in the assessment of his problems.

Mirror.—In the classic mirror technique, an auxiliary ego acts the part of the protagonist, assumes his identity and reproduces the protagonist's behavior with others.

Soliloquy.—The monologue of the protagonist in the situation he is acting. Soliloquy is usually part of the warm-up to a situation.

Aside.—The portrayal by side-dialogues and side actions of hidden thoughts and feelings which parallel the overt thoughts and actions.

Details of these and other techniques can be found in Zerka T. Moreno, "A Survey of Psychodramatic Techniques," *Psychodrama and Group Psychotherapy Monographs*, No. 44. New York: Beacon House, Inc., 1969.

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