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Introduction.

Psychodrama derives from the Greek psychè “soul, vital breath”, and drama “action, movement”: putting the psyche into action, giving shape, expression, and body to parts of our internal world.

Psychodrama is a clinical method, conceived by Jacob Levi Moreno (Bucharest 1889 - Beacon 1974), and consists in the representation of personal, professional and social experiences through theatrical improvisation. Thanks to neuroscience, today we know that our mind is plastic and that it can activate new paths or re-elaborate experiences.

This happens thanks to mirror neurons that reflect actions as if they were our own actions. It is the mechanism that allows us to learn from the experiences of others: when during a psychodrama session we witness the staging of a scene by one of the members of the Group, our brain shares that experience that leaves a trace within us.

How many times have we have watched a movie that involved us emotionally and that left us in an altered emotional state? Like an engaging story, the story that unfolds during the psychodrama session, predispose people to work emotionally on themselves. The therapist has the task of coordinating and conveying the feelings and emotions experienced in the stage representation. This creates an experiential elaboration that allows the members of the Group to benefit from the lived experience to the point of making it their own. Thanks to the plasticity of our mind, through the new neuronal pathways we can formulate a different way of conceiving reality and have a chance to build a better future.

In this essay, after a brief historical excursus, the technique of psychodrama will be examined in its various forms: Classic Psychodrama, Psychoanalytic Psychodrama, Group Psychodrama and Individual Psychodrama.

Definition of Psychodrama

*“The psychodrama stage is a safe place where, in the presence of the group and under the director's guidance, human relations are explored”* (Duric 2006).

Psychodrama is a psychotherapeutic technique based on the representation on a stage of an individual's life conflictual situation. Psychodrama is based on action: the psycho dramatist invites patients to externalize their experiences, dreams, fantasies, desires, and even traumas through the improvised representation of roles. To be able to tell his story, the patient represents it within the stage space. The protagonist stages his story with the help of the members of the group he previously selected. Group members are assigned the roles of the characters in the story. For example, the patient chooses to stage an episode from his early childhood in which his mother leaves him in kindergarten despite reassuring him that she would stay with him, making he feel betrayed and causing him a trauma. To reproduce the scene, the patient will choose a person to represent the mother, one to represent the teacher and a person will represent the protagonist, so that he can observe the scene from outside. In the stage space, the protagonist passes from the role of actor to that of author. This is possible thanks to the tension that derives from the scenic representation. Psychodrama allows patients to review and relive past events by re-experiencing them in the present and sharing them with the group.

Psychodrama sessions usually last between two and three hours and, in the sessions, the performers make use of props, body language, and speech.

The typical session is usually divided into three parts:

The first one is the Warm-up. After the patients have expressed themselves, the group will pick a topic for the scene to be represented. There will be no script, the patient will guide the other participants through the story.

The second one is the Enactment: the protagonist will be the patient that is carrying the problem. Once they have picked the other characters, the scene can start. Situations are presented on stage with the support from group members; the presence of the others is an important part of the therapy.

The third part, the Sharing, is dedicated to the final discussion and the possible interpretation of the conductor (Razzini, 2005). The staging can favor the overcoming of defense mechanisms: observing the scene from the outside can help the patient to better understand the situation and to untie the conflicting knots.

The nature of Psychodrama brings with itself group dynamics: interpersonal learning, emotional resonance, interference, mutual identification, and containment.

Psychodrama refers to the concept of "as if", as in children's games. Finding himself living the situation "as if" it was real, the patient can face painful or even traumatic experiences, reveal unspoken thoughts and feelings, and deal with conflicts.

Almost everyone can join a psychodrama session, apart from the patients that are not able to control their aggressivity and their sexual impulses as they could cause problems and disturb the work of the group.

“Employing the technique of Psychodrama, the group leader guides the protagonist towards the resolution of his problem. This resolution helps other members of the group resolve their issues because the participation in a psycho dramatic enactment, arouses in group members strong feelings and associations with their own experience.” (Duric, 2006). This is what in Aristoteles philosophy, was called Catharsis.

Origin and evolution of Psychodrama

Psychodrama was born with Moreno, a philosopher physician, trained in Vienna, in the same cultural environment of Freud, Jung and many other enlightened men. Emigrated to the United States in 1925, he developed the theory of Psychodrama, also known as *classic* Psychodrama.

It was in the 1950s that a group of French psychoanalysts combined Moreno’s Psychodrama with Psychoanalysis, giving rise to Psychoanalytic Psychodrama. The advent of Psychoanalytic Psychodrama brings important changes to the classical technique: the stage space is restricted to a room which is sufficient to evoke the magic of the theatre. After all, before performing on stage, usually actors build the show in a smaller rehearsal room.

Jacob Levy Moreno

One of the authors that gave a great contribution to Psychodrama is Carl Gustav Jung. Jung did not focus much on the group, he preferred to work on the individuals. In his conception of Analytical Psychology, everyone wears a mask as a defense mechanism. Jung thus laid the foundations of Analytical Psychodrama, the main purpose of which is not exclusively the cathartic experience of the protagonist, but the development of greater self-awareness within relationships and the group.

Two Jung’s successors that have made a great contribution to Psychoanalytic Psychodrama are Didieur Anzieu and Lebovici. For these two authors, catharsis is not a point of arrival but the starting point for the analysis. According to Anzieu (1956) "the interpretation must highlight the phantasmatic production common to the group". But then, Anzieu and Lebovici concentrated on two different aspects: while Anzieu remained focused on the group, Lebovici (1952) turned towards individual Psychoanalysis. 

Comparing the classical Psychodrama developed by Moreno and the Psychoanalytic Psychodrama, Diatkine (1952) argues that the Moreno’s Psychodrama ends with the catharsis, while the Psychoanalytic Psychodrama goes further. Kaes (1999) in Razzini (2005) connects Psychoanalytic Psychodrama with "three models: the dream, the game, the trauma".

Model of the Moreno Stage

The dream, which is based on hallucination, is represented with its manifest and latent contents: the scene represents the manifest content while the latent content is in the instinctual movements that are expressed in the Psychodrama, together with the profound meaning of the scene. It will be the director-therapist's task to link the manifest scene to the latent scene. The game, as in the child therapy, brings symbolization, a transitional activity based on "as if", while the trauma can be expressed in the scenic reproduction. That is why in the Psychoanalytic Psychodrama, the scene is poor: it is the protagonist who gives value to objects, with more space for the imagination.

Psychodrama Techniques

Psychodrama is still based on techniques developed by Moreno, that are common to several forms of Psychodrama, including Psychoanalytic Psychodrama.

The basic techniques are:

Presentation of Roles. This technique refers to the fact that the protagonist, instead of telling his story, puts it on stage as described in the previous paragraph.

Double Technique. The director / therapist guides the protagonist and, through empathy, helps the patient to reach catharsis by giving voice to hidden thoughts and feelings. A member of the group, or the conductor, places himself near the patient assuming his same position or creating physical contact with him, perhaps placing a hand on his shoulder. The double speaks for the patient by expressing his emotions, unresolved conflicts, or unconscious dynamics. During the Psychodrama session, when it is important to explain what the protagonist or a member of the group is feeling, it is advisable to use the double technique. The sensitivity of the conductor becomes crucial as he needs to find the right moment to use it. He will bring in the double by asking him to represent the protagonist or to try to express his thoughts (Blatner 2007).

The Mirror Technique. In the Mirror technique, a member of the group exactly reproduces the patient's behavior without interpreting it. The scene takes place in front of the protagonist so that he has a chance to see himself from the outside. The director asks a member of the group to faithfully reproduce the behavior of the protagonist who is instead invited to stand out of the scene and be a spectator rather than an actor. This technique is useful to help the actor become aware of his behavior or unconscious dynamics.

Role Reversal. The patient reverses the role with an actor to enter the part of the other character, and to be able to recognize the aspects that he projects outward, but which belong to him. With the help of the therapist, the patient can try to work on the integration of his projected aspects. With the reversal of roles, we can put ourselves in the other person shoes and understand them more easily (Blatner 2007).

Soliloquy. Usually, the conductor invites the patient to improvise a monologue. The difference between the monologue and the story is that in the rules of the story structure, the protagonist has less chance of letting go and express his feelings. In the monologue/soliloquy, the protagonist expresses himself with the modality of the monologue that makes the patient perceive his speech as something addressed to himself and not to others as in the story. It is no coincidence that soliloquy comes from the Latin solus “alone” and loqui “to speak” and means talking to himself. This technique is used by the director-conductor to help the patient to express or recognize his emotions, or as a push to build scenes that will lead him to continue his cathartic and analytical path.

Characters of Psychodrama

Psychodrama, just like a theatrical performance, comes to life thanks to the director - producer (who in Psychodrama is often the same person), the protagonist, the group, and the auxiliary ego.

They act within the stage space that, in the original conception of Psychodrama, faithfully reproduces that of the theatrical environment as Moreno had lived them in his theatrical experience: stage, steps, masks, costumes and props. All the elements of the Psychodrama are conveyed by the conductor that will direct the scene.

The director is, among the characters, the one who covers different roles. He is the analyst, the therapist, the producer, the leader and the coordinator of the group (Kellermann, 1992). For the characteristics of his role, it is necessary that the director has a solid experience in the direction of Psychodrama, an adequate psychological functioning, and a great capacity for spontaneity and creativity. During the warmup he needs to create the cohesion within the group and engage every group member for them to get into the action. The director also needs to be able to handle group dynamics and be able to establish a therapeutic alliance. One of the most delicate tasks is probably to put the protagonist in a position to be able to direct his attention towards the emotional contents to be analyzed. Through the analysis of the patient's verbal and non-verbal behaviors, and the use of psycho-dramatic techniques, the director will lead the patient to work on the core of the problem. Due to the complexity and power of group dynamics, the director should be able to maintain a sufficiently safe environment for the patient and group members by creating sufficient physical and emotional security for the participants in the Psychodrama session.

The Protagonist. Psychodrama sessions are focused on the protagonists and the story they need to tell. In every session, a different member, is chosen as protagonist. With the help of the other group members, the protagonist’s concepts, their problems, their difficulties will be experienced within the representation, with the support of the group members.

The group is that which, if well-coordinated by the conductor, allows members to express themselves more than they can imagine. In a story there are several characters who, by presenting their story, show things from their point of view, give feedback and help the protagonist to have their own insights. There are many roles to play in the group, a character can be a mother, wife, a worker and so on. By showing the different roles, it becomes easier to understand the character in its complexity and to understand his difficulties, lowering the rigidity and facilitating the emotional path. The members of the group will play the role of the audience during the performance. When the enactment is over, the audience reverts to the more participatory role of group member. The public, if invited by the director to do so, can also play active roles in the scenic representation, in a certain sense recalling the function of the choir in Greek tragedies. Audience members can play auxiliary roles to support the performance.

The auxiliary ego is Moreno’s term for anyone besides the protagonist and the director who takes part in a Psychodrama (Blatner, A. 1996). They portray a person in the protagonist’s life. They are chosen by the protagonist and have the aim to help him recognize his emotions. The auxiliary-ego represents a screen on which the protagonist can projects difficulties, conflicts, and anxieties. Once projected outside, they become easier to recognize and the protagonist can face them as they are out of himself.

Bi-personal Psychodrama

*The game, just because it proposes fictions - a chair for anything else, a therapist instead of any other person - constantly induces displaced images, constructions that try to tie things together by inducing subjectivity - is not perhaps the pitted image marked with –phi, but it is no longer the same nor the double. One can still ask why a patient, taken in an inexpressible, unrepresentable jouissance, on the side of psychosis outside the phallic function, would accept what he has always rejected - unless the game itself, or the therapists, act as operators of jouissance, by catalysts, which would give the change of jouissance - that is, they would induce a temperate, ciphered jouissance, no longer unrelated to what is given as phallic jouissance (Garnier 1989, p.126)*

Psychodrama, as well as of the group, can also be individual. The Bi-personal Psychodrama therapy examined in this paragraph, is carried out between the Psychotherapist-Psychodramatist and the patient. Individual Psychodrama takes place in a different setting from that of the classic Psychodrama: the action does not necessarily take place in the theater, but in the therapist's office. In place of the stage, we find a revolving table, which will act as a stage, on which there will be elements that act as props. On this stage in miniatures, the patient will use characters to represent people and situations that are part of his story and that on stage will take on psychic life.

Individual Psychodrama is practiced using techniques that can help the protagonist to overcome the difficulties of the absence of the group. One of the aspects of individual Psychodrama is that it avoids the formation of a strong transference on a single therapist as in the case of individual analysis. Psychodrama while differentiating itself from its group use, maintains fundamental and original therapeutic aspects: the richness of sensory activation connected to "staging"; the activation of the me-actor and me-observer dialectic; the therapeutics of the intersubjective model of relationship (De Leonardis 2011). In other words, the creation of characters who have the task of representing the figures present in the patient's (psychic) ​​life, leads to distraction from the therapist who is no longer the object of a massive and often violent transference. The representation stimulates a change in the protagonist. The moment the patient observes the character who plays himself, the "Double" mechanism is activated. This allows him to observe himself from the outside and to grasp aspects and dynamics otherwise difficult to grasp.

Another mechanism that comes into play is “the mirror”. The mirror allows the patients to grasp their own aspects in the image of themselves that are constructed by others and sent back to them. Perceptual decentralization, on the other hand, allows the patient to experience himself but from the point of view of another person. In this type of setting, the patient has more ease of verbalization and greater freedom of expression that are contained by the therapist's voice.



Example of a bi-personal Psychodrama setting (Boria 2011)

This method is developed thanks to the work of the Argentine Psychodramatist Dalmiro Bustos and the Brazilian Rosa Cukier Dalmiro. Their work is also popular in Europe, this line of bi-personal / individual psychodrama is also known as "psychodrama a deux" from the Latin, meaning 'for two'.

Bustos' work is mainly based on the use of imaginative techniques, in which the client is asked to imagine the Psychodrama scene rather than act it out. The Psychodrama setting for two is at the base of “the chessboard”, a therapeutic play with hundreds of figurines to be moved in the stage space. The setting favors the staging, that is the verbalization within the setting of the "internal objects" which, like characters in search of an author, can be rearranged in the patient's psychic space.

Elements of the two-person Psychodrama.

The elements that characterize the setting of the two-person Psychodrama are three: the therapeutic space, the director, and the protagonist.

The therapeutic space. In group Psychodrama, the therapeutic space is the "psychodrama theater" a place where people can express and observe their mental contents, in a way that involves not only the mind but also the body. One of the characteristics of the "psychodrama theater" is that it is different from both the normal living environment and the classic setting in which patients and therapist interact. The staging of the story and the use of the body within the stage space help the patient to immerse themselves in the Psychodrama situation.

This characteristic also belongs to the setting of the two-person Psychodrama; the space is in fact organized so that the interactions between the protagonist-patient and the director-therapist take place so as not to favor the dialogue between patient and therapist so much, but to provoke new and unexpected actions and interactions. The goal is not to provide the bait for the recurrence of that circular dynamic (essentially verbal) between patient and therapist that characterizes the interview (Boria 2011).

In Italy, Giovanni Boria has perfected this technique by identifying, in the therapeutic space destined for the "two-person psychodrama", two distinct spaces for arrangement and function: the MACROSPACE and the MICROSPACE.

According to Boria (2011), in the MACROSPACE, the therapeutic space is made up of two seats: an "important" seat, located in a central position, on which the subject / patient sits; another seat, less obvious and somewhat off-center, for the director / therapist. This disposition assigns to the subject / patient a prominent position, but which does not require a face-to-face contact with the director / therapist.

In the MICROSPACE, the therapeutic space consists of a miniaturized stage that recalls the space intended for stage action in the "psychodrama theater". It is symbolized by a small round object covered with white carpet, which supports other objects that represent people and things in the scene.

The MACROSPACE is the place of the meeting of reality between two people in flesh and blood, a setting that does not differ from the classic patient therapist setting, while the MICROSPACE transfers relationships on a completely symbolic level, leading the person to focus on his world indoor.

The Director. The role of the director / therapist in individual Psychodrama is dual: on the one hand he is the only other person present in the setting and therefore, as such, he must guide the patient by giving him all the stimuli that, in the group Psychodrama, would have been produced by the members of the group itself. The therapist must find the right balance between the necessary verbal communication (initial and final greetings, instructions to activate the patient, double interventions, mirror interventions), without falling into the conversation that would inevitably bring him back to the type of classic patient-therapist interaction. To succeed in this purpose, it is useful to emphasize the use of the body, working on postures. For example, “if you were to express your state in one posture, what posture would you use? Or "what posture did you have in this scene?". This type of attention places the body in a prominent position in the therapeutic moment, helping to keep the static from interacting with the patient.

The protagonist. The first contact with the patient is aimed, as in classical therapy, at establishing a therapeutic alliance and laying the right foundations for starting Psychodrama therapy. While in group Psychodrama each patient can play the role of protagonist, auxiliary ego, or audience, in two-person Psychodrama the patient is always the protagonist.

Phases of Psychodrama for two.

Psychodrama for two is divided into three phases: the “Warm-up” that takes place in the MACROSPACE, where the therapist relates directly to the patient, the “Scenic Representation” that takes place in the MICROSPACE, and the “Return to Reality” in the MACROSPACE.

In the Warm-up phase, the director-therapist has the task of establishing a relationship that allows the patient to experience the session in the best possible way in an atmosphere of spontaneity. It is important for the patient to stay away from his usual defenses, and mechanisms as he need to explore a new path, a new way of thinking, a new perspective. The therapist can choose whether to start with a conversation oriented on general topics that keep the patient away from defense and closure mechanisms, and then select a moment in the protagonist's life that lends itself to being worked on during the subsequent phase.

In the next phase, the Stage Representation, patient and analyst move from the MACROSPACE into the MICROSPACE and the way of proceeding changes completely with respect to the previous phase as we pass from a direct interview where the patient's gaze and that of the therapist meet, where dominates reality, to a situation soaked into symbolism, in which the gaze and of patient and therapist are concentrated on the small stage in which the story will take place. In fact, during this phase the lighting will only be on the stage, to concentrate the attention and sight of the patient in a relatively small space for a long period of time, producing an almost hypnotic effect.

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The second phase begins with the organization and construction of the scene. This is the first step to help the patient enter the situation he is about to experience, facilitating the use of his spontaneity. The construction of the scene is not limited to the positioning of characters and props; the patient must describe the space, and, above all, the characters present in the story and himself. He will find himself describing, and then verbalizing, his encounter and his relationship with the characters, describing his experience to the director-therapist.

When the scene is ready, they will move on to the second phase, in which the action takes place.

According to Boria (2018) there are different forms of scene representation: play a new and unusual role, reproduce or express a past scene, bring out a problem that is pressing at the present time, creating life on the stage, and confront a possible eventuality of one's future.

In this phase, the therapist does not formulate interpretations that can explain to the patient the psychological mechanisms in which he is involved, because this could elicit defensive mechanisms that would make the patient's growth process more difficult. The interpretation comes from the patient himself, from the choice and succession of the scenes he decides to represent. From the repetition of lived moments, the patient can get in touch with a more submerged psychic dimension and to find new explanations to which he would not have had access before. Before closing the second phase and moving on to the third phase that will take place in the MACROSPACE, the therapist must bring the patient back to a more serene state of mind. This is one of the reasons why the therapist guides the protagonist to experience, in the final scenes, rewarding roles that satisfy needs that are usually not met (Draft 2018).

In the third phase, the patient and the therapist will seat opposite to each other like in phase one, in a real atmosphere. The director's farewell words may take the form of an empathic mirror aimed at the patient, equivalent to the function of the audience's participation at the end of the group Psychodrama.

In the third phase, the patient and the therapist find themselves seated opposite each other again in a real atmosphere. According to Boria, (2018), the director's farewell words may take the form of an empathic mirror addressed to the patient, equivalent to the function of audience participation at the end of the group Psychodrama.

The time needed for a bi-individual Psychodrama session can range from 60 to 75 minutes, bearing in mind that, since it is essential to allow the patient time to complete his emotional journey, the session cannot be rushed or interrupted.

Psychodrama in clinical practice

Psychodrama is a particularly useful tool in clinical practice. It adapts to work with groups as well as with individuals, with adults and with children. It is an experiential method which, by its very nature, manages to bring out otherwise buried resources, spontaneity and creativity that allow the patient to find new paths towards solving problems. The staging (on a proper stage or on the chessboard) of problems, inhibitions, angers and pains, allows the patient to tap into his potential by involving mind and body. All this in a setting in which we work on "as if". It is worth mentioning that, in addition to the psychopathological field, Psychodrama lends itself well to application in the field of human resources. Companies use it together with sociometry in staff selection and development.

One of the diseases that are frequently treated with Psychodrama therapy, is the Dependent Personality Disorder (to be distinguished from the dependent relational mode). Disorder that Gabbard describes as "a state of extreme dependence", which mainly affects women. Those affected have difficulty making decisions on their own, they are usually submissive and need constant reassurance. Social and occupational functioning can be limited by anxious states and difficulties in making decisions independently. On an emotional level, those affected by this disorder are often involved in destructive relationships; if they are alone because of the fear of finding themselves making decisions on their own, individuals suffering from dependent personality disorder are urgently seeking a new relationship as a source of support. (American Psychiatric Association, 2014). In this context, the staging of lived situations allows the patients to have a different vision of the situation and to become aware of the emotional parts that emerge in the "hic et nunc" (here and now) of the scene, also revealing symbiotic and castrating aspects present in the relationship.

The awareness of a certain situation is the basis for its elaboration. One of the techniques of Psychodrama is particularly useful in this type of pathology: role reversal. Being able to see things from the point of view of the other also means seeing oneself from the outside and having greater adherence to the principle of reality. For this type of patient, group therapy seems to be more effective than individual therapy, representing the group as an emotional support that helps them to share and experience themselves in a protected emotional context. As previously mentioned, one of the peculiarities of the Psychodrama technique is that it involves the use of the body making the limitations related to insecurities, defenses, emotional conflicts more evident.

Other pathologies that can be successfully treated with Psychodrama therapy are anxiety and panic attacks, among others. When patients are hit by an anxiety or panic attack, the sensation they experience is that of the deepest terror, of psycho-physical freezing; the space-time coordinates become blurred and the patient seems to drown in a deep darkness. The Psychodrama technique allows him to look at the situation from the outside and to anchor himself to the concreteness of the events through the principle of reality. In this way all the resources that had been submerged by the emotions can be recovered and used by the patient. In this regard, the auxiliary ego can be useful to help the patient become aware of his own emotional and affective reality, allowing the patient -protagonist, to visualize, but above all to resize, his emotional crisis and to bring things back to their right size. In this process, the patient is supported by the group which can help him feel less alone, not so much in general but, more specifically, in the moment of crisis. The patient can therefore, especially in the group dimension, be able to rediscover one of the most adaptive defenses we have available to face the difficulties of life: humor. Humor helps to reduce the emotional load of feelings of anguish, reducing the alarm levels that overload the psychic system (Freud 1905).

Experiencing this dynamic during the Psychodrama representation, can lead the patient - protagonist to realize that he has the skills and resources to go beyond his own fears.

The other members of the group will also benefit from this type of mechanism, albeit indirectly, since, due to the experiential nature of Psychodrama therapy, they will experience the emotions linked to the emotional story of the protagonist.

**Conclusions**

Moreno, with his Psychodrama technique, has introduced a form of therapy that has peculiar characteristics that place it halfway between the behaviorist orientation, which intervenes on the observation of the 'external' behavior of individuals, and the psychoanalytic method, which works on deep meanings. The philosophy of Psychodrama is that of an approach that can work on the individual on a subjective and an objective level, involving him on both a mental and a body level.

The Psychodrama, leaving the patient free to represent his own reality on the outside, tries to make a representation of the patient's mind that lends itself to a work of understanding, evaluation and questioning of the dynamics in a space where everything is controllable. After the reorganization of the psychic space, the patient, in the last phase, integrates what has been objectified. Psychodrama removes the mask from the protagonist. The mask is a superstructure without which the protagonist recovers his true self, his spontaneity.

From Group Psychodrama, as conceived by Moreno, individual Psychodrama and Psychoanalytic Psychodrama have blossomed. Each form has peculiar characteristics that make it an indispensable tool for the psychodramatist. Psychodrama has changed the way of perceiving the role of the psychotherapist, who changes his name and becomes a director. The patient splits into the protagonist and this relieves the pressure on himself by putting him in a position to observe himself from the outside, lowering his defenses and preparing himself for evolutionary growth.

The patient in group Psychodrama, benefits from the presence of other people, who work to his aid and under the direction of the director, both directly (as auxiliary ego) and indirectly (as an audience). Thanks to the characteristics of the theatrical structure of Psychodrama, the patient is solicited by a greater number of stimuli that can lead to more immediate results.

Like all therapies, Psychodrama also seems to have limitations. The theatrical setting can make it difficult for introverted patients who would feel much more at ease in a setting for two. For them, Bi-personal Psychodrama seems to be more suitable than group Psychodrama.

In the same position are patients with marked narcissistic traits who have difficulty tolerating the frustration they feel when seeing someone else on stage and who could disturb the session to draw attention to themselves. Finally, the structure of the group Psychodrama can elicit feelings of jealousy towards members of the group who tend to have greater visibility in the group and with the director.

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