

Dancing in the Sun

THE CREATIVE COMBINATION OF COGNITIVE BEHAVIOURAL THERAPY (CBT) AND PSYCHODRAMA

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ABSTRACT

Clinical psychologist and psychodramatist Jenny Wilson values many different approaches in her work as a psychotherapist, particularly the modalities of cognitive behavioural therapy (CBT) and psychodrama. Following an earlier article comparing their origins and philosophies (Wilson, 2011), she focuses here on practical application. Working with a client who has an essay writing phobia and involving a clinical psychology trainee as observer and psychodramatic auxiliary, she demonstrates that CBT and psychodrama can be creatively combined to facilitate both effective therapy and student learning.

KEY WORDS

action methods, cognitive behavioural therapy (CBT), essay writing, psychodrama, specific phobia, training

Introduction

Academic psychology and cognitive behavioural therapy (CBT) draw me in. Clever research designs, well described theoretical principles and clear recommendations appeal to the Jenny who loves order, clarity, structure. The more complex and puzzling my clinical work becomes the more I turn to psychology peers and theories for anchorage. And yet the world of psychodrama calls me too - richness of relationship, creative process, messy reality brought to life on the psychodrama stage in collaboration with close companions. Over the past decade I have gradually found a way to bring these two facets of my life and work together, an integration that works for me, my clients and my students.

Others have combined psychodrama and CBT. Jacobs (2002) and Hamamci (2002, 2006) used psychodrama methods within a CBT framework. Treadwell,

Kumar and Wright (2002) and Kipper (2002) describe CBT techniques that can be used to enhance psychodrama. Fisher (2007) and Baim (2007) describe the way that CBT and psychodrama theory enrich each other. Influential CBT writers Padesky (1994) and Beck (1991) mention the use of emotive and enactive techniques drawn from psychodrama.

In our university clinic I supervise student learning and conduct assessment and therapy sessions with students sitting in as observers. The main therapy model used is CBT and I frequently combine it with psychodrama. In an earlier article I compared the origins, philosophies and theories of these two approaches (Wilson, 2011). In this article I focus on the practical application of CBT combined with psychodrama using a case example. In each section the case notes are provided first in italics, followed by discussion regarding principles and practice.

CBT and Psychodrama: A Case Study

The client, Gail, is a 28 year old sociology student who has been suffering from depression and anxiety. The student observer, Sally, is a mature woman in her second year of postgraduate clinical psychology training who has attended lectures on CBT and worked with clients at the clinic. Sally and I have discussed the use of role play and other psychodrama methods within a CBT framework. I know that she has the capacity to be spontaneous and take up roles. Client and student consent was given for the use of this material and names have been changed.

A student observer acting as auxiliary and audience member facilitates the experiential learning style of psychodrama within a traditional CBT one to one framework.

Session One

On assessment Gail meets DSM-IV criteria for a specific phobia regarding essay writing. She describes a childhood trigger, a shaming interaction with a teacher in response to creative writing. She also notes that her father, although wanting the best for her, could be extremely critical. Her performance in exams and presentations is unaffected and she has achieved good grades in the past. Previous essays have been written in tightly defined 'safe places', a strategy that, although useful at first, limited Gail's ability to write. Following a recent sequence of stressful events, Gail has been unable to write essays at all. She has successfully overcome other anxiety problems using CBT and her main goal for these sessions is to complete current essay writing requirements.

In CBT specific goals for therapy are negotiated with the client, in a similar way that a protagonist might state a clear purpose for role training in psychodrama. I also find it useful to remember that the general purpose of psychodrama is to develop a new response to an old situation or an adequate response to a new situation. This stance allows me to appreciate therapy 'detours' that sometimes have unexpected value in their own right.

Gail describes a recent deterioration in self-care. She agrees to engage in regular self-care activities and to monitor thoughts and feelings as she tries to write. I provide some reading about anxiety and recommend chapters from a CBT book (McKay & Fanning, 2000) that I find particularly helpful for clients with persistent critical self-talk.

The setting of homework and self-help reading is typical CBT practice because it facilitates the completion of much independent therapy between sessions. In this case the reading will assist the client to make sense of her experience and provide the rationale for the difficult exposure tasks to come. From a psychodrama perspective the critical self-talk could be considered an aspect of an overdeveloped coping role.

Session Two

We begin by setting an agenda: check in, homework, essay writing, CBT skills, feedback.

Typical CBT structure includes setting an agenda at the beginning of each session, reviewing and setting homework and eliciting feedback from the client. Considering the agenda setting process as a warm up phase creates an atmosphere of collaboration that is consistent with both CBT and psychodrama. In eliciting feedback at the end of the session, I invite clients to comment on both the process and content of therapy. The information they provide assists me to tailor future sessions.

Gail has completed her homework, reinstated good self-care including regular exercise and has been practising abdominal breathing. She is animated as she talks about the reading, noting that it fits her "exactly". She has been monitoring her thoughts during an unsuccessful writing attempt. I write the situation, the negative automatic thoughts (NATs) and her feelings on the white board. Gail's thoughts occur in shorthand, each word loaded with meaning and memory.

Situation: essay attempt

Thoughts: stupid, useless

Feelings: shamed, despairing

Gail has tried to respond to the NATs using previously learned CBT evidence based self-talk, "you are intelligent" and "you can do this" but these have been drowned out. As I write her statements on the white board, she tearfully recalls that this is the way it was with Dad and Mum. Dad always drowned out and bullied Mum. I observe that Gail's NATs are like a replay of parental conflict and invite her to set out small figures on the coffee table to concretise the situation. Chuckling and feeling "a bit silly playing with toys", Gail nevertheless becomes extremely focused and carefully selects figures.

The CBT focus on a specific goal influenced my initial decision to concentrate on the presenting problem. However, given that CBT skills were not working

and the client had identified her parents' contribution to the problem, I quickly became more psychodramatist than CBT therapist. Consideration of Gail's original social atom became an important part of the session. Although it is possible to explore this from a CBT perspective, psychodrama offers a more potent range of methods and a refreshing stance of playful, imaginative exploration.

Using the miniature figures, Gail sets out a small sitting child, a mother also sitting and a top-batted father with arms raised in a standing over posture. Tearfully, she takes up each of the roles in turn and expresses the situation. The child Gail knows that Dad is critical but loves him, while believing her downtrodden Mum to be useless. Now the adult Gail knows that Mum was and is very capable. Encouraged by me, she places a figure to represent herself as an adult experiencing the childhood situation and then places more figures to be her supporters around her, her friends, myself and Sally the student. Noticing that Gail's body is still and passive, I invite her to stand. I stand beside her and instruct Sally to also come alongside and double Gail's body position. I invite Gail to take a moment 'in her mind's eye' to feel her friends also standing together with us. She closes her eyes in concentration, her breathing steadies and her body tone firms – legs firmly planted, shoulders squared, arms crossed. I direct her to express herself to each family member in turn.

Using the psychodrama method Sally and I had become supportive doubles, extending and validating the client's experience. This doubling was mostly expressed physically rather than verbally through use of movement and body posture. I had coached Sally to follow Gail's body position, thus maximising the client's kinetic, visual and spatial experience, heightening her warm up and deepening her emotional experience. Much of our work was done standing. I warm up more fully to being a director of action when I stand up. The client became much stronger and more expressive in her interactions once she was on her feet.

In surplus reality, Gail is adamant that she cannot express anger towards her father because he suffers poor health. "It might kill him." In role reversal, he is extremely sad that his harsh words have had such a terrible impact during Gail's childhood. However, he insists that he will not act differently. Adult Gail then expresses herself to the young child Gail, who is lonely and unhappy. She reassures young Gail that she is intelligent and resourceful and that she will get through these difficult years. She will find good friends at university, people who are "strange and intelligent" just like her. Discussion with her mother is warm and lively. Gail acknowledges her mother's strength and inspiration and sees her in the afterlife "dancing in the sun". Reversing roles, Gail as mother sways and laughs warmly. Sally and I double her and all our bodies move and sway. The mood is playful and easy. I coach Gail in the role of her mother to talk to her father. Mum stands up strongly to Dad, firmly telling him that his critical behaviour must stop. Gail is delighted by this, becoming cheeky and playful in interaction with her mother. Dad hears Mum's words but withdraws and does not respond.

Role reversal is a powerful intervention. In physically moving to take up the role of father and mother, Gail developed a new emotional and intellectual perspective. This was not just a cognitive shift but a complete shift in role. Compassionate feelings, thoughts and actions were aroused in the mother role and utilised to good effect. More so than CBT therapists, psychodramatists attend to the quality of the role during role reversals. Subtle changes in tone and timbre of voice and tiny movements of eyes and mouth were clues that indicated that the client was fully engaged in the enactment, with emotions and cognitions heightened. Changes of body posture and eye focus indicated the moment when the client shifted roles and developed a different functioning form or way of being. There were also time shifts from past to present. For example, standing to the side of the stage and not immersed in the childhood enactment Gail was reflective, her voice and eye contact clearer and sharper. Returning to the action, her voice seemed to catch in her throat and fill with emotion.

After this enactment, Gail sets out a new picture with the figures on the table. Mum and young Gail are dancing in the sun. Dad is lying in hell underneath the table. I suggest Gail walk around the table and express herself in soliloquy. She expresses guilt and mixed feelings about Dad, both loving him and feeling extremely angry towards him. I invite her to concretise the Dad she loved and on the table she builds a house and yard. As she does so, she expresses appreciation that he was a good provider and cared for her in his own way. There is a reflective pause and we finish the drama at this point. Sharing follows. Student Sally praises the work that Gail is doing and, when coached, expresses her own feelings of anger and protectiveness. I share my experience of having one of my own parents 'grow up' after death.

True to psychodrama's principles, I included sharing by audience and auxiliaries in the integrative phase after the enactment. As Sally and I acknowledged our common humanity rather than standing back as experts, our sharing normalised the experience for the client. In coaching the student to share, I assisted her development and she became an integral part of the therapy process rather than a mere observer.

My earlier notes of the two styles of self-talk are still on the white board. We discuss ways in which Gail can develop 'mother's voice' by using some of the images and body movements from the drama.

In returning to the point at which we started with negative automatic thoughts (NATs) and more rational alternatives, I had framed our work together in a simple CBT structure. This assisted the client and the student to develop familiarity with the basic CBT model. Teaching this model and transfer of skills from therapist to client is an important part of the CBT process. There is an explicit expectation that clients will make use of knowledge and practice strategies independently, becoming their own therapists once sessions have ceased.

Gail has already completed preparatory work for her essay writing task. We now discuss a plan to break this into small steps, a process known in CBT as graded exposure. I suggest a patchwork quilt metaphor for working on each piece of the essay and Gail recalls making peggy squares with her mother. She agrees to new homework. "One peggy square, with dancing if needed." In the feedback phase, Gail volunteers that she found the session "cathartic". She enjoyed using the psychodrama methods and found that they helped her to fully engage with her situation in a new way.

The enactments described in this session and in session three, below, brought psychodrama into a CBT structure. This requires training in psychodrama so that a therapist can be genuinely open to the direction of the session and develop the quality of relationship necessary for sensitive production. This is particularly so given the possibility of a catharsis of abreaction or integration occurring, both of which took place during Gail's sessions. From the perspective of CBT, psychodramatic enactment allows access to negative automatic thoughts, feelings, cognitive schema and core beliefs and helps to identify their origins. Cognitions 'hot with emotion' are an important element in facilitating cognitive change. In the enactment both the negative thoughts and the powerful positive voice of the client's mother were identified and acted upon. Psychodramatists will notice these same elements and more. For example, use of the body in action may link new learning with body movement and visual spacial cues may help access and process multiple layers of memory. Concretisation heightens the warmth for the protagonist, facilitating the engagement of many different senses. Working in the flow of existential time, where past, present and future are experienced in the present moment, there is ample scope for working with client experience from the past and current day simultaneously, in a way that is difficult in traditional CBT.

Session Three

Unsurprisingly, Gail's anxiety is still high and she has been unable to write. The third session becomes a psychodramatic rehearsal of essay writing with Sally undertaking excellent auxiliary work. She enacts the role of Gail's 'compassionate companion' and during role reversals, Gail strengthens her ability to companion herself.

In coaching Sally in the role of Gail's 'compassionate companion', I assisted her to accurately mirror a client and become a spontaneous auxiliary. This coaching also created two mirrors for Gail. She saw an aspect of herself reflected in me, the therapist, and then by Sally the auxiliary. Multiple views of herself and at least three perspectives, the first from within the role, the second as she eavesdropped on my coaching of Sally and the third as she interacted with the role, deepened her experience of herself and intensified her ability to become a compassionate companion to herself.

Sessions Four to Six

In spite of our good work together, Gail continues to avoid essay writing. I experience my own anxiety as essay deadlines pass and Gail does not put words on paper. I review my CBT books and am reminded of the importance of exposure to feared stimuli. Sessions four to six follow a CBT structure of graded exposure to real life essay writing tasks with added psychodramatic support in the form of concretisation and role reversal with Gail's psychodramatic mother and the 'compassionate companion'.

CBT prescribes exposure as an essential element of therapy for most anxiety disorders. Creative CBT therapists prepare and support their clients to go into the world and gradually practice the tasks that they find most difficult. For example, the client with social phobia may be assisted to draw attention to themselves (and accompanying therapist!) by dancing in a city mall. The client with an obsessive compulsive disorder might eat a snack together with their therapist after touching a toilet seat. Predictions and discussions about outcomes of these experiments play an important part of new learning.

Gail is willing to take the step from psychodramatic enactment to actual essay writing on my office computer. However, as we plan this the gap between enactment and the real life task becomes starkly clear. Even the idea of it fills Gail with fear. We discuss the importance of the exposure task. Gail learns to give a numerical rating to her anxiety levels, something CBT therapists call a subjective units of distress scale (SUDS) or anxiety barometer. In keeping with behavioral principles, we plan for Gail to stay in the essay writing situation until the barometer is falling and habituation begun. At her first attempt she experiences panic attack symptoms and tearfully rates her anxiety at 9/10. I am immensely grateful for the solid relationship I have built with Gail as she struggles to stay in the situation. Student Sally is unable to attend the exposure sessions and we both miss her support.

For this client to tolerate the difficult task of CBT's graded exposure, a strong relationship with me and with herself was essential. The confrontation of feared situations is a frequent theme of psychodrama as well, commonly occurring within the group process.

Overcoming the hurdle of beginning, Gail writes fluently. However, any pause in the flow of writing is enough to break the spell and tears, distress and old anxieties return. At these times I direct Gail to reverse roles with her mother and her compassionate companion selves, now concretised with soft toys, and then to return to the writing task. As director of the enactment I stay in close proximity, initially doubling Gail with my body until anxiety levels drop to a more tolerable 4/10. This takes 40 minutes on the first occasion but reduces to 20 on the second. As Gail's anxiety levels drop and she types her essay, I gradually move away until I am seated on the other side of the room.

My physical presence became another gradation in the CBT exposure task. Gail progressed from writing with the close support of another to writing alone.

Gail and I discuss what CBT calls cognitive avoidance. In order to complete written assignments Gail would tell herself, "This is not an essay, just short answers to an assignment". This 'tricking herself' has worked in the short term but prevented new learning. During our exposure sessions, I therefore instruct Gail to be fully aware that she is writing an essay rather than lose herself by focusing on the task. Increased awareness initially heightens her anxiety, but over time allows new learning to occur. She discovers that she can successfully choose to write essays.

CBT training primes therapists to look for and confront the avoidance that theoretically is always present and significant in maintaining anxiety. It reminds me to be alert to cognitive avoidance that is easily missed.

Over time, Gail's predictions become less catastrophic and more realistic. Rather than expecting intense fear and failure when planning to write, the evidence from real life exposure tasks tells her that she is likely to experience modest levels of anxiety and can continue to write in spite of these. This information assists her to engage in, rather than avoid, the writing task. In line with CBT, I assign self-exposure homework tasks such as essay writing in a variety of places. The small stuffed dog chosen to represent her 'compassionate companion' travels with her during the essay writing weeks, as well as a CBT flashcard reminding her of strategies to employ during times of anxiety. Due to the late start, Gail is able to complete only two of six essays by the deadlines. Thus achievement of her CBT goals after a total of six sessions is partial. However, she is proud of her success and notes that her mother's voice and her 'compassion companion' have successfully displaced the critical voice of her father on most writing occasions. In our final session, Gail expresses appreciation for psychodrama's concretisation technique. She reflects positively on having the abstract nature of her difficulties and her supports transformed into something tangible that she could "see and feel and touch". We make a plan for booster sessions the following academic year, well prior to assignment due dates.

In Gail's case, my conviction that a key element of overcoming fear of writing was exposure to the actual writing task took us on a CBT exposure therapy path. Psychodrama enactments alone were not enough, but they did assist in the preparation for real life tasks. Furthermore, psychodrama and role training contributed to the achievement of Gail's CBT goal of essay writing through the development of the progressive relationships with mother and self. My hope is that they also provided some healthy foundations for dealing with other anxiety provoking situations. I imagine that Gail may benefit from addressing the difficult relationship with her father at some stage in the future.

Reflections and Future Directions

In the case described, both CBT and psychodrama principles and practices influenced my thinking and interventions. As a psychodramatist operating within a CBT framework, I find ample opportunities to work with the cognitive distortions and behavioral patterns that are important to CBT therapists. I also have opportunities to explore the roles and role relationships that are essential to psychodrama. CBT theory regarding avoidance and the maintenance of anxiety provides useful rationales and research evidence for adhering to the difficult task of exposure therapy. But it is psychodrama that puts relationship at the heart of the sessions and provides the production methods to do this difficult work well. Psychodrama also provides the means to deal with the multi layered experiences of past, present and future. In the personal work completed during training the psychodramatist learns, with their whole being rather than just their intellect, that on the other side of distress and catharsis there is hope and new discovery. This essential psychodrama experience greatly enriches my CBT practice.

I predict that psychodrama will continue to stimulate CBT theory, practice and research. Most CBT practitioners attending experiential psychodrama sessions can immediately see its relevance for CBT, supervision and training. They realise that psychodrama can facilitate exposure to feared situations, create realistic role plays and provide opportunities for behavioral rehearsal. Some have the skills to adopt one or two strategies to make their CBT more active and creative. In implementing apparently simple methods such as concretisation, they come to appreciate their complexity and the training required to conduct full psychodrama enactments. From the other perspective, psychodramatists in clinical settings may increasingly find aspects of CBT useful. It can raise awareness of the cognitive aspect of role. Furthermore, its descriptions of common patterns can prime the psychodramatist for the difficult task of 'seeing what is absent' in a drama, as for example the cognitive avoidance in the case study. Most of CBT's strategies for specific clinical problems can be adapted and used in action.

I find that CBT and psychodrama complement and enrich one another. Both approaches appreciate human beings as meaning makers and value the client's subjective and objective experience. However, I acknowledge significant and possibly irreconcilable differences in their philosophical underpinnings. The spiritual and existential values of psychodrama contrast with CBT's focus on predetermined goals, specific outcomes and measurable symptom reduction. The tension between the two worlds of psychodrama and CBT is stimulating, adding an intriguing edge to my work and prompting deeper creative exploration.

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