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SUMMARY OF 10 YEARS OF WORK OF AN OUTPATIENT THERAPEUTIC GROUP CONDUCTED USING THE PSYCHODRAMA METHOD.[1]

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A picture is worth a thousand words

A Chinese proverb

psychodrama
outpatient group psychotherapy
philosophy of the encounter

Summary

The aim of this paper is to present the usefulness of outpatient psychodrama group psychotherapy. The history of group therapy is described, especially the method of psychodrama created 100 years ago by Jacob L. Moreno. Theoretical assumptions underlying this method, derived from existential philosophy – the meeting theory of Martin Buber and the theory of spontaneity and creativity are discussed. Moreover, the role reverse technique derived from this philosophy and specific to psychodrama is described. The following, most important healing mechanisms in psychodrama were distinguished: reparative experience, the use of augmented reality, catharsis experience, experiencing emotional community with a group, trying out new roles, training social roles, transforming internal roles, expanding awareness and greater self-insight due to feedback. The practice of psychodrama is described by presenting a model of the functioning of an outpatient therapeutic group co-led by the author for ten years. The subsequent phases of the psychodrama session were discussed: pulse, warm-up, playing on stage, role sharing and feedback. The phenomena and processes taking place in psychodrama are illustrated with clinical material – a description of the course of a four hour session of psychodrama.

I. Introduction

This article was written to summarize 10 years of work of an outpatient therapy group led with the use of psychodrama and to promote this form of treatment. My aim is to acquaint with psychodrama those who have not yet experienced it. Interestingly, psychodrama is one of the oldest, if not the first forms of group therapy, which recently has celebrated

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its 100th anniversary. I also want to show the value of outpatient group therapy, although it can usually be replaced by individual therapy, this may result in lower efficacy, longer treatment duration or higher financial costs. In addition, certain emotional limitations, interpersonal deficits or social traumas require revision and reparation in the presence of other people, which is generally easier in group therapy [1, 2]. There are more and more therapeutic day units offering group therapy, unfortunately they do not meet the needs of people who do not have the ability or incentive to restrict their professional and social activities to the extent necessary for meetings lasting several hours a day.

With this work, I would like to illustrate how group psychodrama therapy conducted by us for 10 years has successfully responded to the important therapeutic needs of patients. It is also worth emphasizing here that co-leading a therapeutic group is an extremely valuable experience in the course of professional and personal development of therapists. On the one hand, it is a rare opportunity to watch a colleague's professional skills in action, and on the other hand, the joint creation of a relationship with patients allows for building an understanding (concept) of their personality; resources, limitations, disorders, based on shared experience, and not only a mediated image of the relationship with the patient, as is the case with supervision.

II. Historical outline: group psychotherapy and psychodrama

The terms 'group therapy' and 'group psychotherapy' were first used by the creator of psychodrama Jacob Levy Moreno in 1932 at a conference of the American Psychiatric Association in Philadelphia. This was in connection with the presentation of his research on prison populations [3]. Moreno's approach was interactive and group-centred, and differed from earlier group methods, which were generally more psychoeducational than therapeutic as we understand it today. In 1942, on Moreno's initiative, the first association focusing on group therapy in the USA and at the same time worldwide was founded (ASGPP – American Society of Group Psychotherapy and Psychodrama) [4].

A little later, in the 1950s, the group psychoanalysis treatment began to develop, initiated by S. M. Foulkes [5, 6], who in 1952 in London became a co-founder of the Group Analytic Society. However, the real heyday of group therapy came in the 1960s, when encounter groups were born at the interface of humanistic psychology and social psychoanalysis. It is the experience groups, occurring in countless variants, that are responsible for spreading and popularising the idea of group therapy [4].

In Poland, the first psychotherapeutic groups appeared as early as 1957 at the Psychiatric Clinic in Krakow, and in 1963, thanks to Jan Malewski, a neurosis treatment unit oriented towards group analysis was established in Rasztów [7], the tradition of which has been continued until today [6]. According to the National Health Fund, treatment in the field of psychiatry and addiction in Poland is currently available in 494 day units, many of which offer group therapy.

III. Theoretical foundations of psychodrama

The group described here works with the method of psychodrama according to Moreno, which, although it has a 100-year tradition, is probably not familiar to all readers, so I will briefly present its theoretical foundations and its practical application.

Encounter – authentic meeting "here and now"

One of the central points of Jacob L. Moreno's psychodrama is the concept of **encounter**. The roots of encounter theory go back to the 1920s, a time when Moreno was still working in Vienna and collaborating with the dialogue philosopher Martin Buber. In the then flourishing existential philosophy, the guiding idea became the human being and his relations with others, as well as **dialogue**. The other person was recognized as a fundamental "emotional experience" and the bond and relationship with him was elevated to something most primordial in the cosmos [8].

Both Moreno and Buber saw in the spontaneous encounter, unconstrained by convention, the possibility of the blurring of differences, the distance between ME and YOU, the possibility of the birth of a WE. Buber sees dialogue as a creative force: "The world of creation reveals its form in the encounter" [9, p. 51]. Similarly, Moreno saw in the encounter a metaphysical phenomenon, the trigger of the creativity latent in each of us. This thought led Moreno to a very optimistic belief in the almost unlimited possibilities of human self-healing. His original idea was to harness this power of an authentic meeting of two or more people, activating the deepest layers of previously untapped resources of spontaneous energy and creativity, to achieve therapeutic goals. The essence of psychodrama is to create the conditions for such encounters to take place during group sessions; encounters that not only activate inner resources, but also lead to the creation of the new.

How does it happen that the encounter is authentic? We find clues in the existential philosophy of Moreno and Buber. They say that it is necessary to immerse ourselves in the "here and now", so that we can look at each other without prejudices, diagnoses, projections and interpretations, and then see each other as we really are. In such a state of mind, emotions and relationships, we spontaneously become extremely creative and what was previously blocking us, what was previously impossible, inaccessible, becomes real. When such an encounter takes place, we look at the world from a common perspective and experience a community of emotions – this unusual phenomenon Moreno called tele [10]. Mutual empathy – tele – becomes possible, among other things, thanks to the key tool of psychodrama, role reversal, when we gain the possibility to look at ourselves and the world through the eyes of the other.

On the other hand, Martin Buber emphasized that in order for the meeting to be authentic, the other person should be treated as an independent entity, and not as "my presentation of him/her", its "status of being opposite to me" should be recognized. In his opinion, real dialogue requires the acceptance of otherness: "it all depends on whether each [...] relates

to the other as such, who he really is, and with all the willingness to influence him, accepts him and confirms him as he is" [11, p. 135]. Putting this into practice, we will see that the task of the leader of psychodrama is to build an atmosphere of openness and acceptance in the group free from evaluation, taking into account the inevitable obstacles, such as stereotypes and projections. Thus, psychodrama begins and focuses on an authentic encounter and it can be said that this is its significant contribution to building the theoretical foundations of group psychotherapy in general, and even more broadly – of all group psychological interactions.

Spontaneity and creativity

Another foundation of Moreno's psychodrama is the previously mentioned idea of spontaneity and creativity. The drivers of therapeutic change are the energy and inner resources of the individual. In order to unleash them we need to get in touch with what is spontaneous and creative. However, this is hindered by fixed patterns, social inhibitions, anxiety, shame – rigid, ossified roles described as "the conserve". Moreno believed that creativity is the basic principle ruling the cosmos, he attributed to it a divine, metaphysical power, and in man he saw a cosmic being gifted with an almost omnipotent inner potential ready for self-realisation, under the right conditions able to break through all limitations, including self-healing [12-14].

Role reversal – a profound encounter

A key tool of psychodrama is role reversal, which perfectly stimulates the authenticity of the encounter. Moreno was keen not only to take the other person's perspective intellectually, but to really see the world through their eyes and to emotionally enter their skin. Moreno developed the concept of role reversal seeing that it offered an opportunity for role training on the psychodramatic stage, as well as enhancing mutual empathy, which is what he believes has the greatest healing potential. It is because of this dual role that the Theatre of Spontaneity he created was latercalled the Healing Theatre [4].

Tele

Moreno [15] argued that tele (a term he took from the Greek, where tele means "far", "influence at a distance") is the scientific equivalent of an encounter understood philosophically. It cements individuals and groups, leads to group cohesion, develops and strengthens mutual relationships, stimulates communication and allows for the sharing of experiences. It can be defined as mutual empathy, or according to sociometric principles, as the most basic human bond, an unconscious and direct contact between two people, often created without verbal interaction. When we experience mutual encounter exactly in the same way, despite having different perspectives, we experience tele. According to Moreno [15,

p. 234], "Tele is the constant frame of reference for "all" forms and methods of psychotherapy, including not only professional methods of psychotherapy like psychoanalysis, psychodrama or group psychotherapy, but also non-professional methods like faith healing, or methods which apparently no relation to psychotherapy". From a practical perspective, tele is very important, but it is not a tool that can be manipulated, switched on or regulated, it does not appear "on a call", because it is an intangible force. However, it is worth keeping it in mind and strengthening it with other tools, especially by integrating the group. Psychodrama bases its power on group tele, mutual group empathy, its dynamics and the variety of resources it contains.

III. Description of the group

Timeframe of meetings

The phenomena and processes described in this paper come from a group conducted between 2012 and 2022 in Krakow. The group meets every other week and lasts 4 clock hours (including breaks). The group is co-led by two therapists. Apart from the author of this work, four other psychotherapists trained in psychodrama have been involved in the work for 10 years (always at least one of the therapists has a psychodrama therapist certificate and one PTP psychotherapist certificate, and our work is regularly supervised). During the first 5 years the group functioned in a closed form – 20 meetings during 9 months (from September to June). Later, in order to meet the needs of the participants who came at different times and needed different lengths of therapy, the group was transformed into a semi-open one. For the last 5 years a therapy contract has been concluded with a new participant after his/her participation in one group meeting and is based on participation in at least 10 consecutive sessions (that is 5 months in total). From the beginning, however, participants are invited to participate in the group for a longer period of time and to reserve about one year for that – this is the average duration of therapy.

 The group always consisted of a minimum of 6 and a maximum of 14 people, aged between 22 and 59 years (people aged 28-33 were predominant). The gender distribution of the participants varied greatly, but there were never less than 2 men, nor less than 2 women. In total 114 people have benefited from the work of our group so far.

The qualification

The qualification of the group's participants takes place in two stages, including an individual diagnostic-qualification session and participation in one "trial" psychodrama group session. In the first years of the group's operation we organised separate group qualification sessions, nowadays candidates are simply invited to a group meeting. This formula, although a little more demanding for the group – the risk of appearance and disappearance

of people who after this first trial do not decide to continue – is more natural and effectively facilitates the inclusion of new people in the group. In the last 5 years, 46 people have joined the group this way (94% of the candidates, previously the percentage was 77%). The group is therapeutic and people with broadly understood mental, emotional and relational problems have been and are qualified to it. The main criteria we take into account during qualification are: 1. developmental motivation – desire for a change related to mental suffering, 2. ability to control impulses (aggression) enabling cooperation, 3. emotional, economic, social and somatic stability enabling regular participation in group meetings, 4. ability to tolerate frustration.

The criteria for participation in the group were relatively broad and open in order to ensure the widest possible diversity of participants and the problems they raise.

In line with the philosophy of the encounter, we consider this to be a resource for the development and therapy of the participants. The 10 years of experience so far have confirmed that these criteria are sufficient to protect the group from destructive or degenerative phenomena. This can be measured by how seldom the therapy has been terminated.

In total, there were only 6 dropouts among 114 patients. This is not much, considering that dropout rates are often as high as 50% [16].

When qualifying participants for the group, we do not aim to make a formal diagnosis of mental disorders. Most participants have had previous contact with psychiatrists or psychotherapists and know their diagnoses. Mostly they were and are people with neurotic, depressive or personality disorders. Three times appeared people with experience of psychosis and a few times people addicted to alcohol or psychoactive substances.

An alternative to nosological diagnosis is the recognition of the resources and limitations of a person understood holistically as a biopsychosocial whole. Such an analysis and the resulting description is closer to natural language. It is precisely this type of existential "diagnosis" that we use in the group described above, both during qualification and in contracting therapy goals and summarising therapy results.

Group norms

All variants of the group described here established similar group norms covering 3 main elements, with each group giving them some specificity:
1. confidentiality, group secrecy (involving the relative refraining of participants from interacting with each other outside formal group meetings)
2. commitment – activity, attendance, punctuality, writing reports (so called protocols)
3. authenticity – honesty, openness, not judging.

Writing protocols is a specific part of our group's setting. The long interval of two weeks between the group's meetings is mitigated by these notes taken and developed by the participants on a rotating basis. The minutes are usually a few pages long subjective account of the topics discussed at the meeting, the scenes played on stage, the roles played and the emotions that dominated the meeting. There are also multimedia protocols containing

associations in the form of images, films, memes or music. The protocols are created and distributed in such a way as to ensure the anonymity and confidentiality of the participants.

Some of the group participants were at the same time receiving pharmacotherapy under the supervision of different psychiatrists, and there were also those who were receiving individual therapy at the same time, which was usually started earlier. We agreed to this solution in the case of people for whom there were strong indications for therapeutic work in a group (e.g. interpersonal problems or social anxiety), and who at the same time needed more intensive therapy than once a fortnight.

Working formula in a psychodrama group

The specificity of working with the method of psychodrama requires introducing participants to the basics of psychodrama theory and practice. Usually, right after establishing group norms, leaders in a few sentences present the theory of the encounter, explain the meaning of spontaneity and creativity, refer to the theory of roles and group dynamics. Compared to other therapeutic approaches, the role of the therapists, the leaders, is special in psychodrama, as they are in a relatively open position towards the group, enabling an authentic encounter, and are also models of spontaneity and creativity.[12].

The main tool of psychodrama is the role reversal described above. Its application requires from the participants some practice as well as emotional readiness, that's why during each meeting various warm-up exercises for stage action are necessary. On the one hand the warm-ups prepare the participants for deep work on emotional, mental and physical level, on the other hand they have integrating role, moreover they stimulate tele – mutual empathy – necessary for effective group cooperation.

Besides the tools specific to psychodrama, other practical elements important for the meetings have to be mentioned. These are: ritual experiences to strengthen the community (e.g. oath of confidentiality), sociometries and encounters in pairs and subgroups to stimulate group dynamics and enable mutual positioning of the participants, seemingly aimless, carefree games to release spontaneity and creativity.

Another specificity of psychodrama that needs mentioning is the use of props, which are not only part of the psychodramatic scene, but are also used as a kind of projection screen, or emotional carriers in the course of various games. We usually use colourful scarves, chairs, but also teddy bears and other objects that can be given a symbolic meaning during the game.

A very important specificity of psychodrama is its experiential character. Intra – and interpersonal emotional experiences of the "here and now" take precedence in it, and reflection takes place through their juxtaposition with memories that are activated under their influence. In a sense, one could even say that psychodrama is a-analytical. The aim is that the energy pushing the participants to understand the problems, limiting patterns or symptoms that emerge during the session is used instead of being analysed on a rational level, to work through them by acting them out on stage (which often results in catharsis).

The new experiences created in action are then integrated during the last phase of each psychodrama, after the warm-up and role play, the so called **sharing** and **feedback**.

Sharing is a group collection of experiences that are emotionally close to what happened on stage, evoked by free association and consonance. It is a very important phase of integrating experiences, both on an individual and on a group level, and it is done by recalling experiences that are emotionally common, although experienced by the participants separately. During this process of integration it is important to maintain an atmosphere of empathy and safety, therefore also at this phase we avoid analysing the course of the game, interpreting, advising or judging. In this way the protagonists are protected from experiencing criticism or rejection, which could disturb the process of integrating new, still unstable experiences. It is also important for the reason that during acting on stage, through tone of voice, gestures or body posture, the protagonist reveals himself much more deeply than through narration in dialogue with the therapist or the group, which means that she/he relinquishes some of her/his defences and in a sense sacrifices herself/himself for the group, while during sharing the group returns the favour by revealing its own experiences.

A separate element of the final integration is the role feedback provided by the auxiliary ego, i.e. the group participants invited by the protagonist to play the roles involved on stage. During the role feedback, the auxiliary ego shares the impulses, feelings or thoughts he/she experienced while acting. Role feedback is an invaluable tool for broadening the protagonist's perspective and allowing him/her to confront one's projections with reality.

The therapeutic process in psychodrama takes place in a variety of ways, the most important of which are: reparative experiences – the development of resources in surplus reality [13] (e.g. a meeting on the psychodrama stage with a father you have never met in reality), as well as in the reality of group interactions (e.g. experiencing one's own constructive influence on another participant), experiencing emotional fellowship with the group (e.g. during sharing), experiencing catharsis (including audience catharsis – e.g. physical confrontation with the persecutor), trying out new roles and training social roles (e.g. an assertive attitude), the transformation of internal roles (e.g. an omnipotent cruel mother into a mother composed of weaknesses and virtues), expanding awareness and greater self-insight thanks to feedback.

In the following section you will find descriptions of situations that happened in our group. They illustrate the theory described above. The data of the participants in the described events, especially their names (also other characteristics), have been modified to ensure everyone's anonymity and to comply with the confidentiality rule.

IV. Clinical material. Description of one of the psychodrama sessions

This session was attended by new people for whom it was the first contact with psychodrama and group therapy in general. Such meetings are of a special nature, as the inclusion of new people means reintegration of the group and building its cohesion somewhat anew

[2]. The warm-up phase is therefore a particular challenge of such a psychodrama session. The most important among its goals are reducing tension in the group, building a sense of security and trust, which does not mean that other goals cease to be important: activation, directing attention to internal experiences and emotions in relations with others, inducing a state of relative spontaneity and finally, the emergence of a topic that arouses sufficient readiness to bring it on stage [17].

We started with a warm-up that included an element of role-play to familiarise the new participants with the basic tool of psychodrama and to prepare them for acting on stage. Everyone was supposed to take an object out of their pocket or purse, and then, in the circle, enter its role and introduce themselves to the group. The participants spontaneously took on the roles of various items: from a beach bag and freshly purchased door numbers, to a cheap lip gloss, perfumes or a key ring. Jagoda reported it in the protocol: 'during this exercise, I had an overwhelming impression that the objects are not so random and in the case of people who I had already met a bit, I saw interesting analogies with their lives and problems.' Mariusz, on the other hand, pointed out another aspect: "I must admit that the non-standard start and the arrival of new people knocked me out of my rhythm and expectations. I was even a bit angry (a bit like after the birth of my younger sister, which turned the house upside down". These accounts illustrate the importance of the warm-up as a bridge from the everyday state of distracted attention to focusing it on the here and now of group relationships and self-reflection enabling themes to be recognised for further work on stage.

After a short relaxation during an active task, we moved on to the last element of integration, which was an 'encounter' game consisting of various non-verbal welcomes, so that everyone had the opportunity for a mini meeting alone. The elimination of words in these meetings led to funny situations – ludicrousness is a simple way to stimulate spontaneity and creativity. The effect of lowering tension through this playfulness resonated in Jagoda's protocol: 'I, on the other hand, was quite pleased with this unusual, relaxed start. Since the morning I was regularly affected by really strong anxiety and panic and this relaxed atmosphere, the exercises to get me going, helped a bit'. The relaxation and finding safety in the group probably enabled Jagoda to take up stage work later on. Measuring the pulse is the most common opening of many psychodrama groups, also most of our meetings start with such an anti-interaction verbal round. The instructions for the pulse vary, usually the participants are asked to refer to feelings from the previous meeting, to share something from their lives between sessions and to name current needs.

The group was particularly touched by a very long, double-threaded statement by Roksana. First, she said that her son's girlfriend lives with her and not only does not participate in the costs, but also uses her cosmetics and even underwear; then about an unpleasant, even shocking conversation with a former member of the group, Radek, who behaved aggressively towards her. The other statements were calm, quite neutral in tone, which translated into a significant reduction in the energy level in the group. So we decided to introduce an energizing movement exercise and only after that we moved on

to the warm-up focusing attention on the topics to be worked on stage. This starter was a dialogue in randomly selected groups of three and four entitled 'What do I want to be like when I finish therapy?' We wanted the newcomers to have the opportunity to define their therapeutic goals and to get to know the goals of the rest of the group, for whom it was also a good opportunity to revise the previously defined goals. At the end of the warm-up we asked everyone to choose a scarf symbolizing the inner image evoked by the previous exercises and we proposed that 2 or 3 people play their topics on stage.

Work on self-acceptance, dialogue with the uterus

Jagoda was the first to take the stage, addressing the fear of a gynaecological diagnosis which could end in a very painful procedure – fallopian tube recanalization. She then wrote: 'I was surprised myself that such a strong force pushed me to work. I think it was a desperate hope [...]. I see it as a really big achievement on my part to publicly admit my fertility-related weakness, to name specifically where in my body the problem lies and to say something out loud about my uterus.'

As a leader, I was glad that Jagoda decided to take up the topic of fertility. Knowing her inhibitions in the area of body and sexuality, I hoped that she would talk to her life partner on stage, but to my surprise she invited not him but her gynaecologist. I was afraid that a conversation with a specialist could be technical and superficial, so I suggested to the protagonist that for the sake of balance she could also bring the role of the womb on stage. It was the dialogue with the uterus that turned out to be the key moment of this work. This is how the protagonist herself described it in the protocol: 'I recall with emotion the moment of tender turning to her [the uterus] – it is an abstract scene, but I still think about it with tenderness. I think it was my first small, big step towards greater acceptance of myself, my body, towards greater self-awareness.'

Once again in this session, the topic of acceptance and rejection resounds. Jagoda struggles with the rejection of her own corporeality, but since it happens in a group, it can be seen as her parallel struggle with accepting the group's support. In turn, the process of accepting/ nesting of the embryo takes place at the level of its corporeality. It was a great joy that at the next group session, Jagoda shared with the group the information that after 2 years of efforts, she is most likely pregnant (indeed, this information was confirmed soon). This situation can be considered as an example of a very literal unleashing of creativity during a Psychodrama session, since on the body level a process of embryo nesting is taking place.

Working with transference and the catharsis of anger

The next protagonist was Roksana. The subject that she brought up must have surprised everyone, she said that she wanted to escape from the group and was furious at the leader, that is at me. The leader of this protagonistic work was my co-therapist. He suggested to the

protagonist to choose someone from the group for my role and so the role of the therapist appeared on stage next to the protagonist (I, of course, remained part of the audience).

In the first scene, the protagonist confronted the leader on stage, spewed out the anger that grew in her from the pulse, when she mentioned a painful conflict with Radek. She shouted: 'Instead of protecting me, you announced that Radek was returning to the group.' The role reversal, i.e. the protagonist playing the antagonistic role and listening to the resentful voice of the participant, did not add much to Roksana's experience. The therapist leading this play therefore used the mirror technique, suggested to the protagonist that she chose someone for her role, and she herself sat in the audience and watched the meeting from the perspective of the audience. Playing the role of the audience, and the sheer physical distance involved, helped Roxana to see the scene through different eyes, noticing how from the shadow of the leader role emerges the figure of her mother, who could not protect her from the aggressive, abusive stepfather. This released very strong, painful feelings in her, which she gave vent to by confronting her mother in the next scene; she angrily accused her of not caring and supporting her. This was very moving and liberating, not only for the protagonist herself, but also for the whole group, which was reflected in the **sharing**. In the case of this session, **sharing** was common to both works described. References to Jagoda's work concerned, on the one hand, the uncertainty about the possibility of pregnancy and motherhood, known to several participants, and on the other hand, the phenomenon of avoiding confrontation with one's weaknesses and limitations due to fear of rejection. Many people referred to Roksana's game, especially to the phenomenon of experiences from childhood, often distant past, overlapping current situations. A few people mentioned, for example, how they see their critical parents in their supervisors and how it makes their lives difficult for them. There was a lot of anger and pain. Releasing these emotions in a group could be understood as the catharsis of the audience, which is a parallel process to the catharsis of the protagonist that took place on stage.

Most of the meeting described here (the whole first part and the beginning of the second) was filled with various integrating exercises, movement games, emotional warm-ups. Already in the course of these there were harbingers of the group's current theme, which emerged more fully, although not yet explicitly, in the pulse. It was expressed by Roksana speaking in anger about how her boundaries are crossed. Underneath this anger, however, was a pain connected with an unsatisfied need for acceptance and a fear of the pain of rejection. From this common leaven two works on stage were born. The protagonists brought their personal, very painful and significant themes onto the stage, as a result of which an important play out took place in both works (in one case the consequence was pregnancy).

These two plays with protagonist were the culmination of the joint work of the whole group and could be combined as a unit. In the first, the protagonist struggled with her fear of motherhood, her concern that she would not be able to be a good mother. The overworking consisted of a symbolic release of acceptance and tenderness towards herself (the womb). In the second, the protagonist released her anger towards her mother for being abandoned, neglected. Perhaps she was also accounting for her maternal mistakes, which

at that moment she was only prepared to see externally, through the prism of the leader or her mother. For the group, these two plays had a common dimension. By releasing first tenderness and then anger on stage, the group confronted the theme of acceptance and fear of rejection.

In turn, the personal benefits that the protagonists gained from playing on stage were possible thanks to the cooperation of the whole group as a community. This shows how important it is in psychodrama, and maybe in group therapy in general, to integrate the group, to prepare well the ground for creative work that results in change. The effort put into building the community and activating the resources of both participants and leaders cannot be overestimated. Such conditions occur during the group session, where authentic encounters take place – starting from warm-ups, to playing, and to sharing.

I realise that, as an experiential method, psychodrama is difficult to describe in words alone, but I hope I have succeeded at least in giving the reader some idea of its power and wide potential, and in showing that outpatient group therapy has an important place among other available interventions. For it is a solution for those patients who have a need to work on themselves, but who are too burdened with life obligations to fit into more time-demanding offers.

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