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*RESPONDING TO HUMAN VULNERABILITY: FROM THE INDIVIDUAL TO
COLLECTIVE HEALTH*

**A CASE STUDY OF MONODRAMATIC PROCESS
OF SUPPORTING THE CLIENT MONITORED WITH
PSYCHO-EVALUATION OF ANXIETY**

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Abstract. *This article examines a case from psychotherapy practice that was approached psychodramatically. As this is an out-of-group client, the techniques used in the sessions are monodramatic, with sessions taking place online. The client reports high levels of anxiety in her daily life, and the request she enters the counselling process with is that she wants to work on herself. The paper begins with a brief introduction to psychodrama as a method, a description of the monodrama method and then discusses the client's case. It concludes by discussing the usefulness of the monodramatic method for this case and future directions for working with the client.*

Keywords: anxiety; psychodrama; monodrama; case study; online psychotherapy.

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Introduction

Psychodrama is a role-play based method of group psychotherapy that was created and developed by Jacob Moreno in the early 20th century. The method is based on the creativity and spontaneity inherent in human nature, and can be used to overcome psychological conditions. Because psychodrama is based on drama as an approach to theatre, it allows participants to not only voice their problems but also to interact directly with them (Blatner, 1996; Moreno, 1975). To date, psychodrama is a form of group psychotherapy that Karp and colleagues reflect as “a way of practicing living without being punished for making mistakes” (Karp et al., 1998). In the psychodramatic space, the individual is free to explore the causes of his or her attitudes, emotions, and behaviors that prevent him or her from leading the life he or she desires. Through this method, the client is able to relate his life experiences to the symptoms he is experiencing in the present moment, to find his own solutions to them, rather than simply analyzing what has happened and is happening to him (Wang et al., 2020).

Following Moreno’s philosophy, psychodrama is part of a triadic system composed of sociometry, psychodrama, and group psychotherapy (Giacomucci, 2021). Sociometry is an approach that explores the interrelationships between people in a group, the dynamics that develop between them, the evolution that this group goes through, and the relationship of networks within the group itself (Moreno, 1953). Psychodrama, on the other hand, has been described as an experiential approach to psychotherapy that involves action in which techniques are used to help externalize intrapersonal and interpersonal problems (Giacomucci, 2021). As described by Corey, it is “an action approach to group therapy in which clients explore their problems through role playing, enact situations using various dramatic devices to gain insight, discover their own creativity, and develop behavioral skills” (Corey, 2023, p.156).

Basic concepts in psychodrama

Psychodrama focuses on the present moment and the individual’s particular condition. Viewed as a philosophy, this method values “(a) the moment, the here-and-now, in which the past and the future meet to form highly significant experiences and (b) the interpersonal interactions among people who are related in some meaningful way(s)” (Kipper, 1998). The concept of here-and-now reveals the two main

components of psychodramatic action described by Moreno: creativity and spontaneity (Moreno, 1955), which aim to reveal and bring into play the authentic self of the individual. It is these two components, according to Moreno, that are the basis of well-being and good mental health, with the role of spontaneity being to provide “an adequate response to a new situation or the novel response to an old situation” (Moreno, 1934).

Psychodrama as a form of psychotherapy is used extensively outside of clinical settings. A psychodrama session, in general, involves the following elements: a session director, a protagonist whose case is addressed in the particular session, players (auxiliary egos) playing roles assigned by the protagonist, a stage on which the action takes place, and an audience (Giacomucci, 2021; Wang et al., 2020). The following three processes are observed in the session: warm-up, during which the director makes the initial contact with the group and prepares them for action; enactment, or the action phase, during which the actual psychodramatic action is performed by the protagonist and the auxiliary players; and the last process, sharing, during which the group shares the emotions or experiences generated by the game (López-González et al., 2021; Wang et al., 2020).

The warming-up phase is distinguished by the fact that the director then prepares the group for action, works on the group cohesion, its spontaneity, creates trust in itself and then a protagonist is chosen whose problem is addressed by the group (Blatner, 2000). The Enactment phase is the time when the protagonist enacts their problem through dramatic action. This is the main aspect of psychodrama in which the protagonist sets a real or symbolic scene and events are played out, in a series of skits simulating the reality when these events occurred (López-González et al., 2021).

During enactment, the protagonist uses a repertoire of new behaviors or responds in a new way to an old situation, with the ultimate goal of reaching catharsis through deconstruction, then reconstruction of the protagonist’s internal elements (López-González et al., 2021). Different types of psychodramatic techniques can be used in this phase.

Some of them are: role reversal, through which other players (auxiliary egos) represent parts of the protagonist’s subjective reality (Dayton, 1994; Yaniv, 2012), which allows to consider other possible perspectives than the protagonist’s (Blatner & Blatner, 1988) and broadens his/her understanding of the external world and interaction with it (Karp et al., 1998). Duplication or alter ego, whereby another

group member or the director gives voice to the protagonist's inner reality (Giacomucci, 2021). Zerka Moreno describes the role of the double in the following way, "to reach deeper layers of expression by peeling off the outer, socially visible 'I' of the subject and by reaching for those experiences and imageries which a person would reveal in talking to herself, alone, in the privacy of her own room" (Moreno, 1946b). Another commonly used technique is mirroring. This technique allows the protagonist to see herself from the side, from a distance, and to "see herself as others see her" (Moreno, 1946a). The essence of the technique is the following: during the psychodramatic action, the director makes the protagonist take his or her place in the audience, and an auxiliary ego plays out the scene that the protagonist has constructed while he or she watches their actions from the side as if looking into a mirror (Moreno, 2013).

After the psychodramatic play is over, the sharing phase follows. In this phase, the group participants share with the protagonist what experiences they have from their own lives related to his or her play (Blatner, 2000). Each group member is given the opportunity to share "Tell us what there is in your life that responds to the psychodrama you've just witnessed" (Blatner, 2000). It is crucial to emphasize that the group's interpretations and analysis of the protagonist's intrapsychic dynamics are not allowed (Blatner, 2000). This ending phase allows the protagonist to re-engage with the group while increasing group cohesion and allowing for the universalization of group experiences (Blatner, 2000; Kellermann, 1992; Wang et al., 2020)

Monodrama: working with individual clients

Similar to the group method of psychodrama, monodrama has wide application. It can be applied to psychiatric and psychosomatic diagnoses and diagnostic groups, as well as crisis intervention, supervision, monodrama in the inpatient sector, monodrama in the outpatient sector, and sociodramatic monodrama (Erlacher-Farkas & Jorda, 1996). Monodrama is defined as "a psychodramatic method in which the protagonist assumes all the roles in the play and the empty chair technique is added" (Özer Daniş & Üneri, 2017). Monodrama is preferred when, for example, there is no possibility of group work, when certain problems require strict anonymity, also when rapid crisis management is needed, etc. These advantages of the individual "monodramatic" setting are compensated by the disadvantage of giving up

the healing, real, multiple group meetings. On the other hand, this lack is realized creatively through enhanced symbolic work that can broaden and deepen the spectrum of roles (Erlacher-Farkas & Jorda, 1996; Krüger, 2024).

In monodramatic play, the phases and their sequence are the same as in psychodramatic group play: warm-up, enactment, sharing. The difference is that they are performed by one person and the psychotherapist. There are differences in the techniques themselves when performed in such a context.

Role reversal. In psychodrama, role reversal is done between two people. In a monodramatic play, assuming that the director is not playing a role, the protagonist switches from one role to another, playing the lines themselves. The interactions take place with objects that are chosen to represent the actors (Genest, 2009).

Double. In monodrama, the psychodramatist may choose to double the protagonist. In doing so, he temporarily leaves his primary role as director and "becomes" the client (Genest, 2009). Cukier (Cukier, 2007) suggests that the director should indicate to the client the moments in which he enters and exits his role as director in order to double the client.

In the action phase, other classical psychodrama techniques such as monologue, concretization, mirroring, exaggeration, and juxtaposition can also be used to enable the subject to develop a different perspective on other relationships in their life (Genest, 2009; Özer Daniş & Üneri, 2017).

In the sharing phase of monodramatic play, it is important for the therapist to decide to what extent to reveal his or her own personal life. The therapist needs to consider well whether sharing serves his or her personal catharsis or the client's case. It is recommended that the therapist share his or her personal processes to the extent that they help the case to develop (Cukier, 2007; Özer Daniş & Üneri, 2017).

In a study by Kristina Gotseva-Balgaranova (Gotseva-Balgaranova, 2016), using monodramatic play shows how it helps children get to know themselves better and discover new ways of coping with frustrating situations. Nery (Nery, 2021) points out that in online dramatization, the participant experiences a virtual psychodramatic role simultaneously in both the virtual environment (the internet platform) and the dramatic context (the "as if" space). This role emerges from the enhanced imaginary capacity when preparing for action online. Living these roles contributes to the experience of hyper-supplementary reality by merging the dramatic context with the virtual environment.

Psychodrama and anxiety: a review of research

There have been numerous studies that support claims that the psychodramatic method is helpful in the treatment of anxiety. In a study by Gatta and colleagues (Gatta et al., 2010), conducted among adolescents suffering from psychiatric illness, psychodrama therapy was shown to positively affect their treatment and a reduction in depressive symptomatology, including anxiety, was observed during, and after therapy. Hamamci (Hamamci, 2006) in his study indicated that psychodrama combined with CBT lowered levels of depressivity, negative self-directed thoughts, and dysfunctional attitudes. In a recent study, Erbay and colleagues (Erbay et al., 2018) reported that psychodrama affected cortisol levels measured in participants' saliva. In the same study, they also observed reductions on the STAI score that were statistically significant. A study by Tarashoeva and colleagues (Tarashoeva et al., 2017) showed that patients suffering from panic disorder treated with both psychodrama psychotherapy and pharmacotherapy had significant improvement in anxiety symptomatology and overall well-being.

In this paper, I present a case with whom I worked monodramatically and, consistent with previous research, a reduction in anxiety symptomatology was observed. Also, an example has been given how to adapt therapeutic techniques (monodrama) to an online setting. The narrative delves into client's subjective experiences and emotional state, portraying her anxiety, low self-esteem, and the impact of specific life events. The case study contributes to psychotherapy training and practice by showcasing the application of monodrama in an online setting and highlighting its potential benefits for clients experiencing anxiety.

The N.R. case: monodrama in aid of anxiety symptomatology

The client in the description of this case study gave her written consent for the data from the sessions to be published. The name has been changed in order to preserve the anonymity and identity of the client according to the ethical standards.

The case study examines the effectiveness of monodrama therapy in reducing anxiety symptomatology in a client receiving online counselling. The case also explores the impact of monodrama on client's creative process and self-discovery, particularly concerning her pursuit of writing.

N.R. is a woman in her thirties, living abroad with a partner, without children and a stable profession, with a university degree. She contacted me on a social networking site, wishing to start psychological counselling, which would then develop into psychotherapeutic work. Due to the fact that N.R. lives outside Bulgaria, the counselling and therapy sessions are conducted online. The request she entered the counselling period with was that she wanted to improve herself and stop undervaluing herself.

The first counselling session took place on 02.08.2024. Prior to this meeting, in a message, N.R. shared, "I have anxiety, I have worked on traumas from all my ages until now, forgiven my mother and father, gone through anger, denial and acceptance, love. I just find it hard to overcome anger and shame. I have a hard time with self-criticism. I still have work to do on that. Self-building, value system, self-acceptance and I've been through that too, but I guess it's a process and there's always something to be done there. Overall, I have built a life and stability that was only in my dreams, but it seems like just when I need to enjoy them and experience happiness and peace, I can't." Physically and clinically healthy, confirmed by blood work she had done. Intermittent panic attacks.

In the first session she shared that she had lost her mother at an important time for her, and subsequently in our meetings this loss took on a clear expression of how important an object her mother was, and how traumatic an event her untimely death was. Of her father, she said he was "intelligent, kind, but not empathetic." After her mother's death, her relationship with him strengthened, but could not compensate for the loss. She worries that she will lose him because of his advanced age.

Before she left for another country, she was a victim of financial fraud, which also affected her self-esteem and judgment. After this period, N.R. lost trust in people and decided to leave Bulgaria. The symptomatology she shares is that she is constantly overthinking, overreactive, with low self-esteem and an overall negative outlook on life. She relates to Andersen's fairy tale "The Ugly Duckling".

After the first three appointments there was a month when we did not have counselling as the client was on annual leave. We resumed our meetings at the end of September. The distressing symptomatology had increased for the reason that she had not relaxed as she had imagined, and she had had further adverse experiences with her father.

To empirically track the effect of the therapeutic intervention before and after it, the patient's

anxiety level was assessed using the State-Trait Anxiety Inventory. At the next meeting (5th in a row, 02.10.2024), N.R. completed the STAI (State-Trait Anxiety Inventory) questionnaire adapted from Shtetinsky and Paspalanov (Shtetinsky & Paspalanov, 1989) with the results as follows: situational anxiety: 70pts, personality anxiety: 76pts (out of a maximum of 80 for both scales). The results were shared with the client and possible options discussed as to why they were so. The tool (State-Trait Anxiety Inventory) was chosen because it can track both short-term emotional reactions, such as a *takāwa* to a particular session, and long-term dynamic changes in personality development. This tool assesses changes at the personality level, especially when used intermittently, as in the case presented. The test results indicate an evidence-based practice linking the personal and subjective experience of the person being tested to measurable outcomes. Since the instrument has been validated and adapted to Bulgarian conditions, it serves as a good measurement of the effect of psychotherapy sessions.

Follow-up meetings focused on N.R.'s current emotional states. The reason for this was that it was a turbulent period and N.R. did not know whether she would continue in the new position she was currently working in or whether she would be returned to the old position. During these meetings, she also shared other traumatic events that had happened to her that she felt had influenced her to be so highly anxious.

When we got into the actual therapeutic process, N.R. shared that she was searching for her "inner voice" and wanted to work on that. Her desire is to "reach my full potential." She is looking for the creative process that she has lost or suppressed over time. Her mother had forbidden her to pursue writing and art. Despite that, years later, N.R. has begun writing her own book. After the ninth session, which included a psychodrama game related to the book and specifically the creative process, N.R. shared during the sharing phase, "I got chills. It was like meeting a different part of me, of myself". This is her first monodramatic play.

In the next session, there was monodramatic play again, in which N.R. continued to explore the creative process and the book and delve deeper into that part of herself. In the 11th session, N.R. shared that she had some domestic issues that were resolved quickly and did not affect her emotional state as she had expected. She has taken them much more lightly and is glad to have achieved this, her small victory.

After this session, N.R. sent me a message that she would not be able to attend psychotherapy for the next two or three months due to personal reasons. For which she apologizes, but after that period she will return to therapy and the process. I asked her to complete the anxiety questionnaire again. The results, approximately two months later (25.11.2024) are as follows: situational anxiety: 64pts, personality anxiety: 63pts (out of a maximum of 80 for both scales). There is a difference between the first and second testing as follows: situational: 6pts decrease, personality: 13pts decrease. N.R., in one of her last messages to me, shares her attitude for the coming months while she will not be attending psychotherapy: "I will use what I have learned so far in my psychotherapy. I feel like the very idea of having to be strong gives me strength and comfort. Maybe because all my life this has been my condition. But I'm going to work on balance, being conscious that I need to be caring and kind to myself."

Conclusion

Presented is the case of N.R. who contacted me with a request to improve herself and to stop belittling herself. During the counseling process, N.R. disclosed her life history and accompanying symptomatology that were triggering anxious thoughts. After a test was administered, the result was found to be above two standard deviations from the average of the general population. As she entered the psychotherapy process, N.R. shared about reducing symptomatology and centering on specific goals she could reach. Although there is insufficient empirical data at this time, after the second testing there was a decrease in anxiety levels, which remain above the average for the Bulgarian population. In view of the reduction in anxiety symptoms and the decline in test scores, it can be concluded that the monodramatic process has a positive impact on N.R.'s ability to regulate her anxiety. Future directions to work on when she returns to therapy are to follow the process already started and the techniques used, developing self-regulation abilities, working on spontaneity and creativity, which N.R. values particularly highly.

The data presented in this case study supports the findings that psychodrama is a reliable therapeutic method and provides evidential support for the effectiveness and application of the method in online counselling that positively influences anxiety symptom reduction.

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