



Psychodrama: helping families to adapt to childhood diabetes

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Introduction

The diagnosis of diabetes for a child and the initiation of treatment marks the start of a difficult period for both the patient and his or her family. Diabetes requires children to take on responsibilities beyond those of their peers: they have to eat regularly and under supervision, monitor their exercise levels, inject insulin, check their blood glucose levels, and go for regular check-ups. The family also has to take on the responsibility of helping their child to accept and adapt to their disease and to deal with treatment, but to otherwise lead as normal a life as possible. A person's health has an impact on everyone they live with, so a holistic approach to treatment, that takes into account the individual and their environment, and also offers support to relatives, can be advantageous. As psychodrama incorporates this idea of a holistic approach in a supportive environment, it is well suited to integrated medicine.

Psychodrama can be beneficial in helping children with diabetes and

Summary

Effective management of diabetes in children requires a holistic approach that takes into account the roles of diabetes education, treatment and disease management, and the integral role of family relationships. Psychodrama is a group-based psychological support technique that aims to improve the acceptance and understanding of diabetes within the families of diagnosed children. Through group improvisation, role plays and feedback sessions, the families of children with diabetes participate in a cathartic process that helps them to share their problems, benefit from others' insight and feedback and to discuss behavioural changes that will avoid similar problems in the future. The families that participated in this study reported an enhanced understanding of the contribution that relationships with their children have on the successful management of their diabetes. Through recognition of the reasons for their anxieties about their children's diabetes, they were able to address fixed behavioural patterns in a supportive, non-judgmental arena, and to work towards positive change. Their children benefited indirectly through changes in their parents' behaviour and improved communication within their families. A reduction in the children's HbA_{1c} levels was observed through the course of the study, although this could not be considered a direct result of psychodrama.

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Key words

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their families to accept the condition and to learn to live with it. The aim is to provide them with group support, interaction and reconstruction – allowing them to transfer experiences on the psychodrama 'stage' into their everyday life in a supportive environment. In addition to dealing with the psychological impact of the diagnosis of diabetes on a child, it is important to remember that the psychological and social needs of the child pre-diagnosis still exist post-diagnosis and to ensure that the child is treated the same. Parental engagement with psychodrama can, therefore, benefit children with diabetes indirectly through changes in their parents' behaviour and improved communication within the family.

What is psychodrama?

Psychodrama is a science of measuring, understanding and managing

interpersonal relationships, and was developed in the early twentieth century by JL Moreno. It is a group psychotherapy method that attempts to develop new perceptions and behaviours by using dynamic interactions, sociometric measurements and group dynamics. At the core of psychodrama is the belief that human beings are spontaneous, creative, influential and social, and these qualities are responsible for the behaviour of individuals throughout their lives. These qualities provide the opportunity for individuals to realise the alternatives in life, to make choices and to act in a way appropriate to each situation. Focusing on these qualities, the objective of psychodrama can be expressed as: 'a new response to the previous condition, a suitable response to a new condition'. Psychodrama rearranges cognitive

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structures and facilitates changes in individuals or groups. As group psychotherapy, psychodrama gives people the ability to reconsider their relations with other people, to understand the problems they experience and to make choices. Moreno believed that an individual is free and can develop by interacting with others. He asserted that there is the potential for creativity in human existence, but that individuals must live in the here and now and make their mark on the future by developing spontaneity.

This theory is put into practice through my work as a diabetes nurse. I see the effects that families' attitudes have on children newly diagnosed with diabetes and I can work with them, as a psychodrama leader, to help them find a new response to the situation. The group aims 'to protect and to activate the present mechanisms which organise themselves. The group deals with the problem by activating one individual by another or one group by another for helping the other'.¹ The treatment is not, therefore, achieved by focusing on an individual who cannot adapt, but by dealing with a group in interaction with the individual.²

Quantifying the effectiveness of psychodrama

In a study by Kellerman, people found participation in psychodrama groups useful in terms of catharsis, self-understanding and interpersonal relationships.³ Ozbay *et al* carried out a study in Turkey to assess the effectiveness of psychodrama groups on adolescent outpatients.⁴ They found that psychodrama helped patients break out of family patterns and to develop a new sense of identity and individualism. Further analysis of the assessment methods used in psychodrama, such as spontaneity tests, creativity tests, role tests, sociometric evaluations

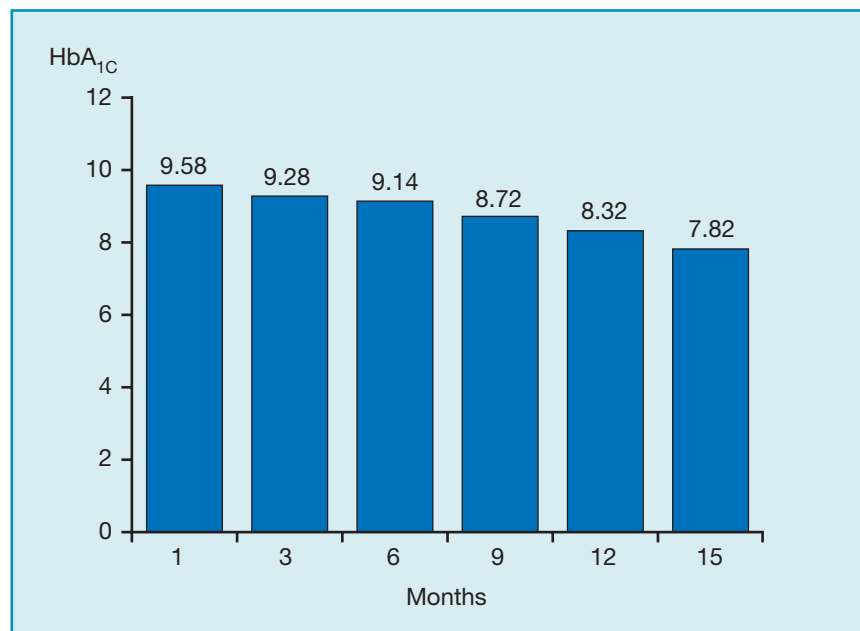


Figure 1. HbA_{1c} levels of the children whose families participated in the psychodrama sessions measured at 3-month intervals by the Biochemistry Laboratory in Medical School of Eylul University, Izmir, Turkey

and qualitative studies, would be beneficial for future development of the field.^{5,6,7,8}

The psychodrama toolbox

Stage

The stage is the most important tool in psychodrama. Any place where the 'protagonist' (see definition below) stands can be used as the stage. The stage is empty at the outset, but is turned into a place where the event happens by the members of the group and by the objects (e.g. a chair, a piece of cloth, etc.) chosen by the protagonist. As the protagonist defines the stage through his or her own reality, it loses true reality and gains a new identity both for the group leader and the group participants.

Protagonist

The person who brings a personal matter to the group and who presents it on the stage is the protagonist. While expressing personal feelings and thoughts by actions and words, the protagonist

experiences an event from other perspectives and learns to see the events from the perspective of others within the group by, for example by role reversal.

Leader

The leader is the person who is responsible for leading the protagonist and the group members from the start of the session to the end. The leader recognises the connection between the way the protagonist behaves on the stage, and the way they behave in real life. They must ensure that the relations between the protagonist and the group members continue and that they all participate in the catharsis experienced on the stage. The leader should aim to absorb the entire scene through detailed observation and to facilitate the group's experience.

Auxiliary ego

The auxiliary ego is the person who takes the place of real or imaginary people needed by the protagonist



to assist in acting out an event in the past, present or future. For example, the protagonist will choose a group member to represent his/her child or to represent a partner who does not show concern or affection to his/her child.

Group

The group represents society. The people who do not take an active role during the play provide feedback on how they are affected by the experiences depicted in the improvisation, and offer the protagonist an alternative interpretation of events – helping the protagonist to see events from another perspective. It is important that the group members do not voice their own interpretations during the play to avoid making the protagonist feel as though he or she is being judged.

The key episodes of a psychodrama

Warm-up episode

The leader uses various psychodrama techniques during the warm-up stage to overcome any resistance in the group, to increase spontaneity and participation among group members and to aid in the effectiveness of the following session. The key components of the warm-up session are: 1) an overview of previous sessions; 2) sharing of participants' feelings and emotional states in the group; 3) group communication facilitated by the psychodrama leader.

Play episode

An event seen as problematic by the protagonist is brought to the stage 'here and now'. The event is given context in reality by asking the protagonist when and where the event has taken place and who participated. It is then brought to life by choosing the auxiliary egos who will take on the roles in the play.

Some psychodrama methods are used in the play episode.

Projection towards the future

Recognition of potentially difficult situations and an understanding of what leads to them can help to avoid such experiences in the future.

Role reversal

Role reversal can take place between the protagonist and the actors playing auxiliary egos. An example of this is when a mother takes on the role of her child with diabetes to gain an understanding of the problems and difficulties that he or she faces.

Pairing

Pairing requires one of the supporting egos or the group leader to put themselves in the place of the protagonist. The auxiliary ego stands behind the protagonist and acts as his/her inner voice when he/she faces obstacles. In this way, the auxiliary ego can express feelings and thoughts that the protagonist cannot express or is unaware of.

Role feedback

After protagonist's play, the auxiliary egos feedback about their inner experiences during the play, this helps both the protagonist and others to understand their emotions and to consider how they may affect others.

Sharing

After protagonist's play, group members who have had similar experiences may share their feelings. The benefit of sharing in psychodrama is that the protagonist does not feel exposed, judged or excluded from the group.

The mirror technique

The protagonist himself is replaced by a group member. This technique allows protagonist to see their own

body language from another perspective and to gain greater understanding of its effect.

Role assignment by pairing

This is role assignment by the protagonist through pairing as if he/she were the assistant actor by standing behind him/her. This method provides information for the protagonist facilitated by questions asked by the leader, about how the other person sees him/her as well as providing more information to the leader.

Improvisation

Improvisation activates the imagination and, when someone acts spontaneously through improvisation, a situation may reveal an event that that person had not been aware of previously.

Psychodrama training

A leader of a psychodrama group requires more than just theoretical knowledge. As psychodrama is a tool based on the principle of learning through experience, it is important that the psychodrama leader has also been placed in a similar environment to the group's participants and has been taught through his/her own personal experiences.

Students aiming to be psychodrama leaders are trained in close groups of participants, where the same group members attend each session of the training course. They have the opportunity to experience the role of auxiliary ego as well as the protagonist. Acting in a variety of roles on the stage offers them insight into new and alternative approaches to the situations in their lives, resulting in personal growth and enhanced awareness.

A psychodrama leader must be aware of his/her emotions and recognise the importance of body



language and spontaneity. Without a strong appreciation and understanding of these characteristics, a leader is unable to develop them in the groups they lead. During training courses, the trainees may be able to develop these skills within their own closed group, but there is also the opportunity to participate in short-term open groups designed to focus, and build on, the development of these key capabilities.

In total, training to be a psychodrama leader takes around five years. This period should consist of a minimum of 480 hours of group work, and 180 hours of formal, theoretical education. The first stage of training is the psychodrama preparation stage (lasting 36 hours). The psychodrama education provider must consider the potential student to be suitable for psychodrama education before they can pass this stage and undergo assessment to be a certified psychodrama leader assistant. It is at this stage that the student then starts his or her own personal development through participation in group sessions (open and closed) and undertakes practical and theoretical psychodrama training.

The second stage of psychodrama education concerns leadership. This stage involves students leading small plays within their own, closed groups, under the control and supervision of a fully trained psychodrama leader. The students then form and begin to lead their own groups, based on their own interests and specialist interests (medicine, education, industry, etc.), although they continue to take supervision from the education provider. The final step in the training to be a certified psychodrama leader is the preparation and presentation of a thesis based on the group the student has led.

Psychodrama in action: an example from a group of families with a child with diabetes

The warm-up stage

The warm-up stage in one of the sessions began with the typical question focused on choosing the potential protagonist of the day: 'what's in your mind?' On one occasion, parents Figen and Ahmet expressed anxiety about their daughter having started kindergarten. They explained that their anxiety resulted in them calling the school frequently, to make sure that everything was alright. Figen was crying during the session and, to urge her to focus on the true problem, I asked her what it was that was upsetting her. She explained that she was extremely worried about leaving her daughter at school everyday, and that she felt sorry that she was unable to buy food from the school canteen like the other children. Despite her concerns, Figen did not show any of her distress to her daughter. Another member of the group, Gamze (who has a three-year-old son), questioned whether all the parents would experience this anxiety everyday as their children started attending school. This set the direction for the session.

The play stage

I asked Figen to recreate the canteen on the stage. She used a table to represent the canteen bar and used chocolate and sweets to represent the confectionery on offer. She then chose Ulviye to play the role of her daughter, Sanem. The improvisation began with Figen standing at the school gate watching Sanem standing at the canteen nearby. When I asked Figen if Sanem knew she was there, she explained that she did not because she was hiding, since Sanem had said she did not want her mother to go to the school. While Figen stood crying at the school gate, Sanem stood staring at the food in the canteen. What was apparent to

the observers in the group was that Ulviye, in the role of Sanem, kept looking towards the gate that Figen was hiding behind. I felt that it would be beneficial for Figen to make a role change with her daughter at this point.

In the role of Sanem, Figen started walking about in front of the canteen, looking at the bar hesitantly. When I asked her what it was that she was looking at, she said she wanted to buy some chocolate. I then asked Figen to go back to her place and to let Ulviye take on the role of Sanem once again. The improvisation recommenced with Ulviye repeating the last sentence Figen had said: 'I wanted to eat chocolate'. I urged Figen to reply to Sanem, but she found it too difficult, so I made her say (with the help of pairing): 'You cannot have it now but I may give you some when your blood sugar level decreases'. Figen repeated this sentence before moving back to the role of her daughter and replying, 'OK, mum. I won't eat the chocolate'. The improvisation was not a re-enactment of a conversation between Figen and Sanem, it was a representation of Figen's thoughts, feelings and her 'inner voice', and allowed her to imagine standing in her daughter's shoes.

Having worked with Figen and Sanem closely, I knew that Sanem was well versed in emotional blackmail and used the threat of eating behind her parents' backs to get what she wanted. This constant threat was the reason for Figen's secret trips to the school and, although she would stand on stage crying with anxiety, she had never talked to Sanem about it or told her that she should not eat.

The feedback and sharing stage

The next stage of the session was to encourage feedback from the rest of the group. We started with Ulviye, asking her to discuss her thoughts



about having played the role of Sanem. Ulviye explained that she had stared at the chocolate deliberately because she was aware of, and disturbed by, her mother watching, but said she would never eat them. Figen then explained that she felt the need to go to the school because she could not relax at home for fear of Sanem eating something she should not. I sympathised with Figen, but said that, drawing on my experiences, if children with diabetes are determined to eat forbidden foods, they will find a way to do it and it is impossible to prevent it. Furthermore, trying to control them can force them to do it in secret, which can be even more dangerous. Another group member, Gencay, whose son is 16 and has had diabetes for nine years, agreed, saying that even if children are young, it is best to give them freedom because they are aware of what is going on and trying to control them can be detrimental. Gamze recognised that this was a situation that she would have to deal with in the future and said that it helped her to be aware of it in advance and to learn how to approach it.

Results

As a result of the psychodrama, the families were able to recognise their preoccupation with diabetes. When initially learning about the difference between living with and without diabetes, they felt able to maintain a balance, but when they became involved in management of diabetes on a daily basis, the balance was lost. The psychodrama studies aimed to work with families to develop new behavioural attitudes to help them be less protective and controlling, and to encourage them to give their children responsibility for their own decisions. Not only did this reduce the parents' direct involvement in their children's daily lives and increased their amount of spare time, it also taught them to trust their children.

At the outset of the project, the group members believed they would learn about their children and understand more about diabetes. Yet, as the sessions progressed, they realised that dealing with diabetes successfully is not only about understanding the illness, but also recognising the positive impact of good relationships within the family, and beyond, on a child's health. Realisation of the integral role of family relationships, and their own role within that, helped them to consider, through group improvisation, the roots of their own feelings of unhappiness. This had a beneficial effect on the group members and their own relationships as well as on their children. The growth of interpersonal relationships for the group members helped the families to adapt to their children's diabetes and, possibly as an indirect result, an improvement in the HbA_{1c} levels of the children was seen as the study progressed (Figure 1). Arguably, the parents' improved acceptance and management of their children's diabetes resulted in an improvement in the children's ability to cope with their illness. It is impossible to relate this to psychodrama in terms of a direct 'cause and effect', but psychodrama has been shown to reduce stress levels and improve diet, both of which are beneficial in diabetes control.

The families that participated in the psychodrama group tried to transfer the lessons learned from the experiences improvised on the stage to their own lives, to integrate them into future decisions and behaviour. Some members of the group have been able to find solutions to their problems, but some are still trapped in fixed patterns of behaviour. By participating in the group session, however, they were all able to share in and learn from different experiences and to understand that they are not alone.

Confidentiality:

The names of participants have been changed in order to preserve anonymity.

Conflict of interest statement:

None

References

1. Moreno JL. Application of the Group Method to Classification, New York: National Committee on Prisons and Prison Labor, 1932
2. Moreno JL. Who Shall Survive?, Washington, DC: Nervous and Mental Disease Publishing Company, 1934.
3. Kellerman PF. Psychodrama participants, perceptions of therapeutic factors. *Small Group Behav* 1987; **18**(3): 408–419.
4. Ozbay H. Therapeutic factors in an adolescent psychodrama. *J Group Psychother Psychodrama Sociom* 1993; **Spring**: 3–11.
5. D'Amato RC, Dean RS. Psychodrama research therapy and theory: a critical analysis of arrested modality. *Psychodrama in the Schools*, 1988; **25**: 305–313.
6. Dökmen Ü. Psychodrama in young people: three examples; regarding the conflict between the young people and parents. *The Symposium of the Adaptation Problems in Collage Students*, Bilkent University, Ankara, p. 83–89.
7. Kellerman PF. Outcome research in classical psychodrama. *Small Group Behav* 1987; **18**(4): 459–469.
8. Moreno JL. Validity of psychodrama. *Group Psychother* **11**: 3.

Further reading

1. Blatner A. *Foundations of psychodrama*. Sitem Yayincilik, Istanbul, Turkey, 2002.
2. Dayton T. *The drama within; psychodrama and experiential therapy*. Deerfield beach, Florida: Health Communications, 1994.
3. Pearce MA, Rosenberg CS, Davidson MB. Diabetes mellitus: diagnosis and treatment. In: *Patient Education*. Los Angeles: Tarcher Inc, 1984; 329–401.
4. Toparlak, D. The place of diabetes in the daily life of family Diyafon. *Child Adolesc Diabetes J* 2002; **24**: 18–20.
5. Zeigler E. *Changes — the path towards myself*. Publication of Umut Psychodrama Institute, Izmir, Turkey, 2002.