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A Return to The Roots: Mysticism and Psychodrama for Traumatized Populations:

A Literature Review

Capstone Thesis

Lesley University

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Drama Therapy

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Abstract

This paper is a literature review on the spiritual roots of psychodrama and how this can be utilized for traumatized populations. To support this hypothesis, I reviewed research done on post- traumatic stress disorder, spirituality and mysticism, as well as how psychodrama has been utilized for traumatized populations. J.L. Moreno's original writings on psychodrama and its components and philosophy are utilized to situate mysticism and spirituality within the psychodramatic paradigm. All terms listed above are defined using research done within the United States, although Moreno began his career in Austria. To end the paper I discussed the importance of staying true to the philosophy of psychodrama and how this may benefit survivors of trauma.

Keywords: Psychodrama, spirituality, mysticism, trauma, PTSD, group therapy, Moreno

Author Identity Statement: I am a white, trans-masculine, non-binary, currently able bodied, queer living on the ancestral lands of the Lenape indigenous tribe.

Introduction

The first time I learned about psychodrama was in an introductory class on drama therapy. I was immediately intrigued by the power I perceived within psychodrama. In the fall of 2016, I took a week-long intensive course on psychodrama taught by Edward Schreiber, a certified psychodrama trainer, longtime practitioner, and writer on the method. When attending this class, I was in a place where I had distanced myself from my own spirituality due to trauma and other negative lived experiences. Spirituality and mysticism had always been important to me as a child. During the week-long intensive I reconnected to my spirituality and had a renewed sense of purpose. This class was a catalyst for my own growth and informed how I want to approach taking on the role of the clinician. It has been 7 years since that class, and I have continued to develop my spiritual practice as well as my therapeutic orientation.

I believe it is important when writing research to situate the author in time and privilege. To start, I am a graduate student at a private university, so I am privileged with access to higher education. I am also white and benefit from white privilege and the white supremacist society of the United States of America. I believe as a white person it is my responsibility to actively combat and question the racism inherent in our systems. I am a U.S. citizen and have the lived perspective as someone who has lived in this country my whole life. For the scope of this paper, I will center research done in the United States. I also have some lived identities that influenced me to center traumatized populations. I have Post Traumatic Stress Disorder and have familiarity with the effects of trauma. I am also a recovering alcoholic and will discuss the importance of spirituality during recovery. Professionally, I have spent much of my human services career working with traumatized populations such as commercially sexually exploited youth (CSEC), houseless youth, and the Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Two-Spirit,

Intersex, Asexual, and more community. For this paper I will use the acronym LGBTQ2IA+ to refer to the community listed above. I myself am also a member of this community as a trans masculine, non-binary, queer person. The last part of my transparency is that I am a Norse Pagan, which informs the point of view to which I experience spirituality and mysticism. Jacob L. Moreno was influenced by the Kabbalah, so I will also consider the mysticism within the Jewish faith. All of the identities and roles listed inform my point of view and influence my experience of psychodrama and research.

The theory I am exploring in this paper is that returning to the mystic and spiritual traditions of psychodrama will benefit the work done with people who have experienced trauma. However, I believe that this return to spirit will not only benefit those who have been through trauma, but anyone who seeks psychodrama as a form of therapy. This research centers survivors of trauma because of the prevalence and impact of trauma. Trauma informed care and trauma centered care have been hot topics for the past decade. There have been studies on the prevalence of trauma globally, but we are going to stay within the context of the United States.

These topics are important for the future of psychodrama, as well as the application and use of psychodrama. When J.L. Moreno was alive, he was worried about the “cannibalization” (Giacomucci, 2019, p. 7) of psychodrama and the dismantling of its tools from the whole philosophy of psychodrama. In the psychodrama section I will go into further detail about the effects on patients who were involved in psychodramatic techniques, but ended up feeling hurt from the experience because of the missing whole of psychodrama (Giacomucci, 2019).

Literature Review

Before getting into the research, I want to do a disclaimer about language used in some of the quoted text. Psychodrama was introduced in the 1920’s and has been written about and

studied since that time by many different researchers and practitioners. Some of the writings use the pronoun “he” as a universal pronoun for human lived experience. I will not be editing these quotes to reflect our modern use of gender- neutral language, but outside of quoted works, I will be utilizing gender neutral language including the singular “they” as well as other gender neutral language. I do not want to center the cisgender, straight, white male experience, however, many of the writings from the past were written by people who occupy those identities due to the lack of access to academia for women, queer people, and people of color.

Trauma

In this section I define Post Traumatic Stress Disorder (PTSD) and trauma as the current Diagnostic Statistical Manual (DSM-V, 2022) defines it. The language around trauma has changed and evolved over time, so I also take the time to delve into the history of trauma being used as a mental health term, not just a physical health term. I also explore the different modalities that have been consistently utilized within the United States to address trauma and PTSD.

PTSD was first added to the DSM in 1980 (Breslau, 2004). It was specifically added to the DSM to address the experience of veterans coming back from the Vietnam War (Breslau, 2004). Before the United States introduced the PTSD diagnosis, the word “trauma” had mostly been used to address physical trauma. One of the first documented uses of the term trauma as a term to describe mental distress, was in the 1860’s. A British physician, John Erichsen, started using the term “trauma syndrome” to describe the experience of victims of trains going off the rails and how their mental health was affected (Leys, 2000). Not long after Erichsen, a neurologist in Berlin, Paul Oppenheim, called the mental effects of trauma “traumatic neurosis.” Oppenheim said there was an effect on the functioning of the brain after traumatic experiences

(Leys, 2000). Below is a quote with a short summary of part of the evolution of the PTSD diagnosis within the United States of America.

During the 1980s and 90s, however, the range of contexts in which this clinical concept [trauma] was applied expanded dramatically. Indeed, PTSD developed into a prominent cultural model for understanding the suffering that can be caused by a wide variety of traumatic experiences, from automobile accidents to childhood sexual abuse. In medical clinics, courtrooms, and the popular press, the clinical syndrome of PTSD is invoked to identify victims, explain their actions, and justify official responses. Following the terror attacks of September 11, 2001, for instance, several groups of researchers quickly responded with studies of PTSD, and reports from these studies were given expedited review and prominent placement in major medical journals (Breslau, 2004, p. 113).

Since the 1980's and 90's with the increase in understanding of trauma and PTSD, there have been many studies about the effects of trauma on specific populations instead of just on combat veterans. These populations include substance abuse, natural disasters, sexual abuse, and more (Gershoni, 2003).

The World Health Organization (WHO) did a study in 2011 where over 60,000 people from 24 different countries were interviewed about missing work due to one of 19 different common mental and physical disorders (WHO, 2011). They found that the majority of missed days at work were due to Bipolar Disorder and PTSD (WHO, 2011). My research is centered within the United States, but it was interesting to see the 24 countries surveyed (the US being one of them) and the similarities with work missed due to neurological disorders, PTSD in particular. Another study done within the United States was about the pervasiveness of the feelings of self disgust and other negative affects including anxiety and depression in people who

have developed PTSD after sexual assault (Olatunji et al., 2023). The people surveyed were those who had experienced sexual assault and developed PTSD, people who were sexually assaulted but didn't develop PTSD, and a control group of people who had not experienced sexual assault and did not have a PTSD diagnosis. Those who had been sexually assaulted had higher rates of self disgust and negative effects, with people who developed PTSD after sexual assault developing higher rates of self disgust and negative affects (Olatunji et al., 2023).

The American Psychiatric Association (APA) defines trauma as:

Trauma is an emotional response to a terrible event like an accident, rape, or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships, and even physical symptoms like headaches or nausea (American Psychiatric Association, 2023, para. 1).

Although trauma can induce PTSD, it does not always. For someone to meet the diagnosis for PTSD they must meet multiple criteria that have been compiled into the PTSD checklist known as the PCL-5 (National Center for PTSD, 2020). The PCL-5 consists of a list of 20 symptoms that are categorized by corresponding sections within the DSM-V that are B, C, D, and E. It is important to note that an individual does not have to have every symptom listed on the PCL-5, but only one from section B, one from section C, two from section D, and two from section E (National Center of PTSD, 2020). However, the National Center for PTSD wrote that a clinical interview is necessary for a PTSD diagnosis, but the PCL-5 can be utilized for a conditional PTSD diagnosis and monitoring symptoms (2020). 64 studies involving the PCL-5 were surveyed by a team of researchers who found that the PCL-5 was able to accurately reflect the symptoms people with PTSD experience (Forkus et al., 2022).

What are some of the modalities utilized to address the effects of trauma and PTSD? One of the most popular modalities seen within the United States is Eye Movement Desensitization and Reprocessing (EMDR). A study on the effectiveness of EMDR was done on older adults between the ages of 60 and 84 who were diagnosed with PTSD and other psychiatric disorders (Gielkens et al., 2022). The study showed a decrease in scores on the Clinician Administered PTSD scale (CAPS-5) for the patients studied who were treated with EMDR.

As a student studying drama therapy, I would be remiss if I didn't mention how drama therapy has been utilized for traumatized populations. One population I would like to highlight here is refugee women. Being a refugee can be an incredibly traumatic experience. First, there is the danger being escaped from in their country of origin, then there is the stress of assimilating into a culture and country completely different from their own (Sajjani & Johnson, 2014). Creative Alternatives of New York (CANY) has been working with refugee populations for decades and utilizes drama therapy as a tool for healing (Sajjani & Johnson, 2014). CANY utilizes the ideas of metaphor, group therapy, and creativity as the main components of their drama therapy for traumatized populations.

The field of trauma work has a relatively short history, but clearly there have been many strides taken and different modalities tested. From EMDR, to Psychodrama, to multiple drama therapy practices, and so many more trauma work continues to be a main focus of mental health practitioners across the country.

Psychodrama

“Psychodrama can be defined as the science which explores the ‘truth’ by dramatic methods” (Moreno, 1966, p. 13). Psychodrama was developed by J.L. Moreno and his partner in life and work, Zerka Moreno. The seeds of psychodrama were planted when J.L. Moreno began

to tell stories to children who played in the gardens of Vienna (Moreno, 2012). Eventually the children began acting out these stories and Moreno was taken with the surplus reality (I will define this in more detail later in the paper, but in summary it is the idea there is more to reality than just what we see) created, and the growth of the children as a whole (2012). After J.L. Moreno moved to the United States, he opened a psychiatric hospital in Beacon, NY where he could continue to develop and practice psychodrama (2012). There he met Zerka who brought in her sister for psychiatric care at the hospital. Zerka was taken by what she witnessed through her sister's therapeutic experience with J.L. Moreno (Moreno, 2012). Since psychodrama's inception, it has been adopted by 100's of countries all over the world. There are psychodrama conferences, training programs, and centers that specialize in psychodrama the world over.

Here is a brief summary of the "instruments" of psychodrama (Moreno, 1966, p. 14). First there is the therapist who is called the director in psychodrama. Their job is to facilitate the psychodrama and follow the protagonist's lead. The protagonist is the subject of the psychodrama and is meant to center and uplift the protagonist while relying on strengths based interventions. In a group setting there are also the auxiliary egos and audience or the group. The auxiliary egos are chosen by the protagonist and take the roles dictated by the protagonist and possibly suggested by the director. The rest of the group are then the people who are not directly in the psychodrama, but are still an incredibly important part of the group process. And of course there is the space itself, which is also an integral part of psychodrama and called the stage. I discuss the importance of the space further on in this section. These parts represent the pieces and players involved, and are informed and reflected by the philosophy. Zerka Moreno wonderfully sums up the clinical perspective of the philosophy of psychodrama in 3 quotes:

“... we are cosmic beings before we are biological, psychological, sociological, or economic beings” (2012, p. 40). “Instead of looking at mankind as a fallen being, everyone is a potential genius and like the Supreme Being, co-responsible for all of mankind. It is the genius we should emphasize, not the failings” (p. 295) “Our instruments are basically spiritual and existential, pointing to and supporting the value of the human spirit” (p. 515).

These quotes so perfectly encapsulate the clinical perspective because they highlight the strengths based foundation of psychodrama. They also reflect the philosophy behind psychodrama, that we are all connected through humanity and spirit.

One of the core “universals” of psychodrama is the construction of time (Moreno, 1966). Moreno discusses the importance of the construct of time from a philosophical and therapeutic point of view. He makes a point of addressing psychoanalysis and how it can neglect the importance of the “here and now” by focusing only on the past. A major tenant and facet of psychodrama is the mindfulness of being in the here and now and focusing on how the protagonist is working with their own past in the here and now. Moreno also describes “the rehearsal of life technique” that centers the protagonist’s future and how they can prepare for this future in the here and now (p. 5). “Thus all three dimensions of time— past, present, and future— are brought together in psychodrama, as they are in life, from the point of view of functional therapy” (p. 5).

Another universal of psychodrama is the therapeutic space or stage. Moreno described the psychoanalysis therapeutic space to only cater to the patient with a chair or couch to sit (1966). He asserts that psychodrama was one of the first modalities to not only provide a place for the patient to sit, but for the space as a whole to be curated to patients’ healing. Moreno gives an example of a protagonist coming to therapy and creating their home space within the

therapeutic space to engage in the rehearsal of life psychodrama. “The stage space is an extension of life beyond the reality test of life itself. Reality and fantasy are not in conflict, but both are functions within a wider sphere— the psychodramatic world of objects, persons, and event” (p. 14). In 2023 we see therapists’ offices are far more catered to the patient evidenced by books that can be utilized by the patient, pride flags to show allyship or lived experience within the LGBTQ2IA+ community, sometimes spiritual or religious iconography, plants, and so on. At my last internship my office consisted of many plants, books, art supplies, multiple chairs to choose from, and art on the walls to create a space that seemed lived in and not so sterile. The third “universal” Moreno describes is reality (1966).

Surplus reality is only an analogous term; in our case it means that there are certain invisible dimensions in the reality of living, not fully experienced or expressed, and that is why we have to use surplus operations and surplus instruments to bring them out in our therapeutic settings (p. 7).

Moreno was inspired by Marx’s writings on “surplus earnings” and how the capitalists take these from the working class. Reality is far more than just what we see, it’s what we experience, we feel, and how we navigate it. Thus, surplus reality within the psychodrama acknowledges the complexity of reality and how the protagonist experiences their reality. Moreno uses role reversal and auxiliary egos as examples of surplus reality. In surplus reality a husband can take the role of his wife preparing his breakfast, and the wife can take the role of her husband running late for work. When engaging in role reversal both parties get to experience a touch of the reality of the other. Auxiliary egos can occupy multiple parts of the protagonists’ reality including pets, identities, ideas, people who cannot be there, and many other facets of the protagonists’ life.

The fourth universal J.L. Moreno describes is the “cosmos” (Moreno, 1966, p. 11). “A therapeutic method which does not concern itself with these enormous cosmic implications, with man's very destiny, is incomplete and inadequate” (p. 11). The cosmic element is directly related to the mystic and spiritual foundation of psychodrama. I will go into greater detail about the quote above when I discuss the importance of maintaining the spiritual element of psychodrama and how to not maintain and nurture the spirit, is to not properly utilize psychodrama. Moreno discusses the cosmic universal within psychodrama and how “God” is not just a figure in the clouds who can only be accessed by a priest or professional, but is within all of us.

Everyone can portray his version of God through his own actions and so communicate his own version to others It is no longer the master, the great priest, or the therapist who embodies God. The image of God can take form and embodiment through every man—the epileptic, the schizophrenic, the prostitute, the poor and rejected (Moreno, 1966, p. 12).

To be connected to spirit is to be a living being on this earth. Being able to embody our idea of “God” and to see “God” within ourselves and the people around us. This is integral to Moreno’s understanding and defining of mysticism. We embody and experience things outside of this reality in the surplus reality to grow and heal in our daily life.

Now that we have covered the roles necessary to facilitate a psychodrama and some of the core tenants and universals, I want to explore more of the philosophy behind psychodrama. One of these philosophies is the idea of the Godhead. Moreno believed that we were all closer to God than believed, and part of this connection was a well of creativity (Moreno, 1946). Within all of us is the potential for creativity and a connection to the Godhead, or place where creativity originates and disseminates to all people. Creativity and spontaneity are key components to

psychodrama and are accessible to all people through our universal connection to each other and therefore the cosmos (1946). Another philosophical idea in psychodrama is that of the autonomous healing center. Moreno believed that not all healing was something we could see or quantify, but also a process going on inside of us silently while we are participating in the psychodramatic process (Moreno, 2012).

I could honestly write an entire book on psychodrama, its philosophies, and its practice, but for the scope of this paper, I am going to end here. In summary, and important thoughts to carry on into the next sessions are, psychodrama is an intrinsically mystical therapeutic modality because of the focus on creativity, spontaneity, and the idea that we are all connected and able to heal within and around ourselves.

Mysticism and Spirituality

Defining mysticism in a short and succinct way is incredibly difficult. When searching for sources on mysticism, many were centered around a specific religious tradition; for example mysticism within Islam, Christianity, and Buddhism. If I was to define mysticism in accordance with every organized religion, this paper would turn into a very long book. Mysticism is not necessarily only experienced within traditional organized religion either, but it is also experienced and practiced on a more individual basis (Oliver, 2009). One clear aspect of mysticism is a direct contact with the divine, however that may be defined by the practitioner. It is also explained that religion is equally difficult to define because of how broad the definition becomes when trying to be inclusive of the vast variety and difference in religious belief and thought. However, it is noted, that traditional religious thought and practice can be described in everyday terms, such as describing a mosque or cathedral. When describing people's direct connection to their definition of the divine, it can be harder to describe a rather complicated

connection and/or relationship. Part of this difficulty is that connection and communion with the divine is more subjective and based on experience and phenomenon from an individual perspective.

For the purpose of this paper mysticism and a cosmic connection are best defined by J.L. Moreno. Moreno didn't necessarily agree with contemporaries of his time that psychiatry, theology, and philosophy were all mutually exclusive paradigms (Ozcan, 2019). Moreno believed that in order to help people, they need to be met not only as a fellow human being, but a fellow person with the capability of finding the divine within themselves and around themselves (Moreno, 1971).

Since Moreno's time, we have seen spirituality and mysticism utilized within therapeutic setting or specific therapeutic modalities. Pastoral therapy is the use of religious beliefs and teachings in a therapeutic session (VanKatwyk, 2003). Spiritual care is the idea of bringing spirituality into the care professions such as mental health counselors. Someone's spiritual beliefs can be an important anchor into making the patient feel more connected to themselves and humanity as a greater whole. A study was done on elderly people living in nursing homes who were able to utilize spirituality in their new living situation and to help with their feelings of loneliness (Ramazani & Bakhtiari, 2020). This study showed that integrating spirituality into the care of the residents significantly helped with their feelings of loneliness. The control group, who did not have spirituality integrated into their care, did not have the same alleviation of loneliness as those who had that integration.

The last example of spirituality in mental health rehabilitation is the success of Alcoholics Anonymous (AA). AA has been utilized as an autonomous group setting to help the addict work through and maintain abstinence from their drug of choice. There are AA meetings

at almost every hour of the day, in almost every city in America. One of the first steps of AA is acknowledging there is a spiritual power outside of ourselves that can help us with our cravings (AA, 2002). As a recovering alcoholic utilizing AA, I will definitely not claim that it is perfect by any means. However, it utilizes community and spirituality in a way that has spoken to millions of people all over the US (and some other countries).

Bring It All Together

Now that there is a general understanding of some of the main themes of this paper, trauma, psychodrama, and mysticism, I now connect all of these ideas. Psychodrama has been utilized for traumatized populations including veterans, survivors of earthquakes, and women who have experienced trauma (Gershoni, 2003). A study was done on two trauma informed psychodramatic modalities being utilized at an addiction facility for women (Giacomucci & Marquit, 2020). The two psychodramatic modalities are called the Therapeutic Spiral Model (TSM) and Relational Trauma Repair Model (RTR). The researchers found a 25% decrease in PTSD symptoms among the women who participated in the psychodrama groups. This article did not give any details about the spiritual components of TSM and RTR. Both TSM and RTR utilize interpersonal neurobiology in their development which was something Jacob Moreno was very interested in during his time.

I found many articles that studied the positive impact psychodrama can have on different traumatized populations. However, it was very difficult to find any of these articles that directly mentioned the mystic philosophy of psychodrama. There was one article that described the importance of the unification of Moreno's philosophy and mysticism with the practice of psychodrama in social work and mental health settings (Giacomucci et al., 2021). This article went to many of the original writings of Jacob Moreno and highlighted his humanistic and

cosmic viewpoints. Although we are seeing spirituality integrate into some mental health practices, it is still very under researched. I can speculate why this is, but my best guess is that quantifying the impact of spirituality can be incredibly difficult. Defining spirituality and mysticism is difficult enough, but trying to measure it's impact is even more difficult.

Discussion

One might ask, after reading the literature review of this paper, and the topic of this paper, "What about the atheists and agnostics?" If mysticism and the acknowledgement of spirit are integral to the practice of psychodrama, can people who are not spiritual or religious partake as practitioners and clients? My immediate response is, of course, everyone is welcome to participate and heal utilizing psychodrama. The mystic can be viewed as just what you experience during the psychodrama. It also lives in surplus reality, just having the idea that what we see and hear is not the only part of our reality. There are over 8 billion people in this world, and within all of them is a different reality of their own making and creation. Of course psychodrama will not work for everyone, but for those who are open to experiencing something outside of their own reality (whether it feels spiritual or not) psychodrama could have amazing benefits.

When utilizing psychodrama for traumatize populations it is important to remember the wholeness of a person. Being hollistic with our mental health care is useful when trying to support someone who has experienced trauma. Just addressing the symptoms of trauma, such as depression, disassociation, nightmares, etc. is a surface level way of working with trauma. Perhaps someone's trauma symptoms are exacerbated by their current living situation, or the country they are living in. For example, we are seeing an extreme attack on LGBTQ2IA+ individuals in this country, specifically transgender and gender variant folks. If someone

experiences depression due to having survived a hate crime, how will they be able to tackle the core of their depression if living in a transphobic and homophobic culture?

I think something important for me to highlight is the lack of research on the positive impacts of spirituality in psychodramatic settings. I did find multiple articles about catering to a client's spiritual and/or religious beliefs can benefit the client (Jerome et al., 2023). Spirituality can be seen as an important building block for resilience. With this knowledge I can conceptualize the marriage of psychodrama and spirituality, but I don't actually have the literature to back it up. With that being said, I did not get to provide substantial evidence of the importance of mysticism being an integral part of psychodramatic work with traumatized populations. I still hold the belief it is important, but unfortunately do not have the resources to support this belief.

Art and Spiritual Based Research

While conducting research for this paper, I tried to synthesize and develop a better understanding of the research through my own spiritual practice. As stated earlier on in this paper, I am a Norse Pagan. An important component to my own spiritual understanding is utilizing runes. Runes are ancient symbols found throughout Scandinavia that represent certain thoughts and ideas. It has also been utilized as an alphabet, but that is not as important to my spiritual practice. As I dove into research, I pulled runes and meditated with them so they could improve my understanding of the content. I also pulled a rune before starting the research process, after I had submitted my thesis proposal and it was accepted. The images below are the runes I pulled, accompanied by their definitions and how they related to the research I was reading at the time.

Figure 1

Photo of Gebo Rune.



The first rune I pulled was Gebo, which is often translated to gift. A Norse Pagan practitioner I often am inspired and informed by is Igrid Kincaid. She has a book of poems that are reflective of her own deep connection and work with the runes. One of the ways she views Gebo, is that it is a gift, but not without sacrifice. What did I have to sacrifice in order to obtain the many different gifts of knowledge I received during researching?

Figure 2

Photo of Jera Rune.



The second rune pulled when I was reading the direct writings of Zerka and J.L. Moreno, was Jera. Jera is often seen as a rune of harvest and reaping what we sow. I was literally harvesting research from the writings of the people who created psychodrama. It was also literally autumn, and I was also the teaching assistant for Edward Schreiber's psychodrama 101 class.

I pulled a rune after the first weekend of the in person component of Shreiber's psychodrama class. Gebo returned and was a theme throughout the weekend intensive. One of the students in the psychodrama class was a protagonist for their own psychodrama where they referred to the experience as a "gift."

Figure 3

Photo of Ingwaz Rune.



I was emotionally, mentally, and spiritually, fatigued after the final intensive weekend of the introduction to psychodrama class. I pulled the rune Ingwaz which symbolizes fertility and birth. I myself have never experience literal pregnancy, but I have heard that it is an uncomfortable experience, while also being special and magical. I was reflecting on my own discomfort doing research. I had so much I was learning and having to synthesize into an accessible and digestible thesis paper. I felt full, uncomfortable, but on the precipice of something meaningful and worthwhile

This paper's final draft was written under a new moon and eclipse. I wrote a short poem to recognize the end of a very intensive process, and the end to a journey.

"New Moon"

I gaze out the window looking for you

I don't see you tonight

You're looking upon others tonight

I think about your absence from my life

I think about your presence in their lives

I close my eyes in gratitude

And hold my hands in apprehension

I thank you for your return

Conclusion

I recommend mental health practitioners who are utilizing psychodrama or psychodramatic techniques not shy away from the spiritual and mystic component of psychodrama. However, as I mentioned in the discussion, I do not have substantial evidence of the mystic component being integral to the practice. Psychodrama is a mental health modality that relies on professionals learning the craft (as are majority of mental health modalities). Spirituality and mysticism are valuable mediums to explore healing from trauma. Psychodrama is also a modality that was created out of the belief that all people are connected and have the capability to heal themselves and others. We have within us and around us the autonomous healing center and Godhead that connect to our mind, body, and spirit. With powerful leaders emerging in the psychodrama field, I hope to see a return to the roots of psychodrama; a return to the idea we are all cosmic beings.

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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