**Empowering through Psychodrama:**

**A Qualitative Study Exploring Powerlessness to Powerfulness**

**at Domestic Violence Shelters**

**Abstract**

Psychodrama is a therapeutic technique in which the stage is used to enact and reenact life events with the aim of instilling, among other positive changes, hope and empowerment in a wide range of populations suffering from psychological duress. The therapeutic process in psychodramamoves away from the classic treatment of the individual in isolation to treatment of the individual in the context of a group.In domestic violence situations, in which abusive men seek to socially isolate their victims from family and friends, the social support that psychodrama provides can positively influence the psychological health and well-being of the participants. This qualitative study examines the manner in which psychodramatic treatment can empower abused women residing in domestic violence shelters and help them regain control of their lives. Participatory action research that studied domestic violence survivors living in a shelter in Israel, over a 12-month period, reveals that psychodrama therapy can significantly reduce levels of anxiety, stress, guilt, and self-blame. It can also increase perceptions of self-worth and confidence. These findings contribute to our understanding of the potential of psychodrama in helping reshape life roles and reframe experiences within a creative process, with the aim of facilitating a transition from powerlessness to powerfulness among vulnerable populations.

**Introduction**

Domestic violence is defined as a pattern of abusive behaviors, including physical, sexual, and psychological forms of maltreatment, that are carried out to gain power (Walker, 1996); it is primarily perpetrated by men on their female partners. The global problem of violence against women has no cultural boundaries and crosses all religions and cultures. At the UN’s fourth International Conference on Women in 1994, every participating country reported that domestic violence was occurring within its borders (Chen, 1995). In 2005, the World Health Organization conducted a large international study on domestic violence. Approximately 24,000 participants from ten countries from every region of the world were interviewed; the findings showed an enormous amount of domestic violence incidents and related bodily injuries. More than 20% of the women who reported physical violence during their interviews also admitted that they never told anyone about the abuse. In the United States, it has been estimated that a woman is battered by an intimate partner every 9 seconds, and roughly 8.7 million women are physically abused by a male partner each year, with 2 million of these women experiencing severe violence (Roberts, 2005). The global incidence of domestic violence and its extremely detrimental effects require an immediate call for action, but women who are abused in their own homes often feel a sense of helplessness and despair (Roberts, 1998). Domestic violence can rob them of their confidence and self-esteem (Chen, 1995), stripping them of the courage needed to leave their abusive situation.

 One of the most common governmental interventions to protect women and children has been the opening of domestic violence shelters. In 1985, the United States passed the Domestic Violence Prevention Act, which authorized the funding of state domestic violence organizations, agencies, and shelters. The goals of such shelters include both immediate and long-term goals: (1) help battered woman find safety, (2) empower women to win back control of their lives, (3) and provide therapeutic interventions to deal with the ramifications of abuse (Dutton, 2006).

Before battered women make the decision to seek help and enter a domestic violence shelter, many are in denial of their situation, blame themselves for the abuse, and see no alternative possibilities (Eckstein, 2011). Their lives are plagued by powerlessness and victimhood; most women suffer abuse for years before gaining the courage to leave and seek help. Although moving to a shelter requires courage and determination and constitutes a first step toward breaking the cycle of abuse, the effects of victimization do not automatically disappear once the women have left their abusive homes. A study conducted in South Africa reveals a focus on victimhood and powerlessness, along with a sense of power, in the narratives of women’s shelter residents. In recent years, literature on domestic violence is moving from an emphasis on women’s powerlessness and victimhood toward a focus on empowerment (Schalkwyk et al., 2013).

**Therapeutic interventions with abused women**

Although women’s shelters strive to provide a period of safety for abused women, the time spent in a shelter is not an easy path. Yet, she also faces concrete challenges such as having to search for a new home, find work, and filing legal action—and she must deal with the psychological harms caused by the abuse. All of these factors put women at high risk of returning to their abusive partners. In fact, many do return to their abusers after having resided in a shelter for a period of time (Anderson, 2003). The research literature suggests several explanations for why they do so: they lack economic resources and social support, have experienced traumatic infantilizing relationships, and feel disempowered (Choice & Lamke, 1997).

Therefore, once immediate safety needs are met, most women’s shelters offer several modalities of treatment and therapy designed to change thought patterns and allow for the development of new behaviors. These psychological interventions address three major dimensions: (1) *cognitive*: self-esteem, thought processing, perceptions of others, and perceptions of the world at large; (2) *psychological*: anxiety, anger, and depression; and (3) *interpersonal*: relationships and difficulties with trust and intimacy (Dutton, 2006). A comparative study in Israeli shelters of residents’ perceptions of their abusive marital relationships revealed two pervasive themes in their thought processing: dominance and submission. There was an imbalance of power between themselves and their spouses; many described their abusive partners as hostile and domineering and wished that they themselves would become more independent and powerful in the future. This suggests that therapies in shelters should address the concepts of independence, power, and submissiveness and try to empower residents to cultivate a sense of control over their lives (Shostack, 2001).

Yet, in traditional therapy there is a structural power imbalance between the therapist and the patient that could potentially perpetuate feelings of powerlessness in abused women (Carlson, 1997). Group psychotherapy, in contrast, provides the participants with an experience of equality of status with the other participants and even with the therapist. Unlike one-on-one therapy, in which there is only a single relationship between two people, the group is based on multiple relationships: member to group, member to member, group to leader, and leader to group. The interpersonal dimension—a group member’s sense of acceptance and belonging; a personal allegiance and commitment to the group; and the trust, support, and compatibility felt among the group—plays a significant role in the therapeutic process that occurs in group settings (Wise & Nash, 2019). Rudolf Dreikurs (1955) emphasized the dimension of equality that exists in group therapy, in which individuals are valued for who they are in the group and for their self-disclosure and honesty, not for what they have achieved in their lives. Other studies have found that individuals who felt understood and protected in group therapy reported greater improvement in overall well-being (McDermut, Miller, & Brown, 2006).

A particularly important feature of group therapy with abused women is the social support offered by the group. In many cases abusive men sought to socially isolate their partners from family and friends. Therefore, social support networks are an essential factor in helping abused women recover from violent relationships. A study by Tan and colleagues (1995) examined the relationship between social support variables, psychological well-being, and experience of further abuse. Results showed a strong relationship between social support and the psychological well-being of abused women.

**Empowering with psychodrama**

The unique nature of psychodramatic group therapy makes it beneficial for abused women in ways that traditional psychotherapy is often not. The psychodrama group acts as an accommodating space for coping with distressing experiences by creating an arena for self-expression and human encounter, mutual support, and sharing (Ron, 2018). Roine (1997) and Schacht (2007) describe the ability of psychodrama to evoke spontaneity and uncover creativity in difficult-to-reach patients. Farmer (1995) highlights the way in which the psychodramatic stage allows participants to approach their feelings and thoughts in situations where the verbal dialogue of analytic psychotherapy is limited. These techniques are especially beneficial for vulnerable populations, such as at-risk adolescents, alcoholics, drug addicts, and those coping with anorexia (Karatas, 2011).

A recent study on the use of psychodrama with abused women shows how psychodramatic methods can support the women in their recovery process and facilitate changes in their victim role (Bucuta, Dima & Testoni, 2018). Abused women typically engage in various coping strategies that are related to the way they perceive the abusive relationships in which they are trapped. One of these coping strategies is characterized by guilt and self-blame, with the core sense of *“It’s my fault*.” These feelings are often provoked by the abuser’s complaints regarding the woman’s performance in her roles as a wife and mother (Miller & Porter, 1983). Psychodrama in general, and the technique of role reversal in particular, can allow abused women to reshape their perceptions on their own life roles. In role reversal, the abused woman (the protagonist) exchanges roles with the psychodramatist, who represents an auxiliary ego, and together they enact a significant interpersonal situation; doing so allows the woman to view her world from the viewpoint of the other and to explore the behaviors and feelings that are embedded in the roles that she tends to play (Kellerman, 1994). She is encouraged to reexamine life choices and expand her role repertoire by developing new roles, both within the self and also in relation to how she interacts with others. The therapist can also direct the role playing so that the woman has to express parts of herself that she needs to understand better or confront. Thus, role reversal and role playing can facilitate both the learning of new coping skills and a shift in perceptions of the other and the self (Dayton, 1994).

Another key psychodramatic tool that allows participants the opportunity to see themselves and the world through another’s perspective is the doubling technique. Doubling is the attempt, made by the psychodramatist or by an auxiliary group member, to express the unvoiced thoughts or feelings of the protagonist, enabling her to gain clarity and express a deeper level of emotion (Blatner, 1996). The double in psychodrama is meant to act as an additional “I,” which allows the double to express and share thoughts and feelings that the protagonist may find difficult to articulate into words; the double also expresses repressed conflicts while providing a sense of safety and support. The double thus affords the protagonist a sense of visibility and facilitates her expression of thoughts and feelings (Fox, 2008). This process helps her develop additional self-knowledge and more sense and meaning of the situation (Dayton, 2005). In addition, the auxiliary group member, who has succeeded, through her capacity for empathetic projection in feeling her way into the inner world of the protagonist, feels valued and heard. This occurs regardless of the accuracy of the doubling, because even if the protagonist rejects or corrects the interpretation, it has given the auxiliary a voice and the protagonist the opportunity to clarify their feelings (Ron, 2018).

Another psychodramatic technique used in the group during the year is the “magic shop,” in which an imaginary shop is opened by the therapist or by a member of the group under the supervision of the therapist: what it sells are not goods, but instead the participants are given an opportunity to buy and sell different characteristics and emotional states. During this activity the “owner” and “customer” negotiate a deal. The task of the owner is to make a realistic deal with the customer (the protagonist) that can foster a commitment for change.

Being a customer or owner in the magic shop can be a very powerful and empowering experience. Allowing participants to choose for themselves what they want to sell and buy puts them in charge of their choices, rather than their decisions being influenced by what a therapist may suggest she needs. At the same time the participants learn that they cannot get anything of value without giving something away. There is no growth, no transformation, without giving something up.

**The study setting and participants**

The women’s shelter is located in the center of Israel. It can hold up to 12 women, who are each assigned daily responsibilities, including cooking meals, cleaning rooms, and doing maintenance work around the facility. Some of the women work outside of the shelter, but their hours are restricted and must align with the nightly curfew. Their children attend kindergartens and schools in the community. The shelter includes a nursery that provides day care for children ranging from 2 to 4 years of age.

There is no time limit on how long a resident can remain in the facility. Because there is no specific duration of services, the psychodrama group was an open group, allowing for turnover and variability of its participants (Miller & Mason, 2012; Turner, 2011); there were between 6 and 10 participants in each session. Group members’ ages ranged from 20 to 65. addressed

The sessions took place once a week, lasting about an hour and incorporating a range of psychodramatic techniques, including different types of warm-up activities, working in small groups, role playing, doubling, empty chair, and psychodrama vignettes, as well as encounters between the women themselves, which allowed the opportunity to work through conflict and develop new behaviors within relationships.

**Findings**

**Empowering through the use of psychodramatic techniques**

One of the most frequently used techniques was *role reversal*, which helped the participants gain insight into themselves and the others and deepened their emotional experience. It was also used together with *doubling*. The following example is from a psychodramatic vignette with M, a 29-year-old mother of two. During one of the sessions, M expressed her disappointment and frustration with her 9-year-old daughter:

*Yesterday my daughter was doing her homework and was constantly asking me to come and help her. She knows that I don’t know how to read and write Hebrew, and yet she keeps insisting that I come and sit with her. I don’t know what to do any more*

The therapist asked M if she would like to reenact the scene she just described while taking on the roles both of her daughter and of herself as mother. M agreed.

*M role playing as Daughter:* Mom, can you come and help me with my homework. Mom, mom, can you come and help me!

*(M role-reverses back and forth with her daughter)*

*M:* You need to do it yourself.

*Daughter:* Mom, I need your help!

*M:* You know that I don’t understand, so stop asking me!

*Therapist as the double for M:* I understand that it is difficult for you. And I want to be there for you. It must be hard doing your homework all by yourself.

*M to Daughter:* I understand this is hard for you. But I don’t speak the language. I don’t understand. But if you want, I can still sit with you.I will try and be there for you. Even though I cannot help you with your homework, maybe all you need is to not feel alone...

In this vignette, M, by stepping into the role of her daughter, was able to realize that perhaps her daughter was just asking for her attention and not necessarily for concrete help. Instead of feeling frustrated and helpless because she was unable to help with her daughter’s homework, M had the opportunity to feel valuable as a mother just by showing her daughter empathy and love. At one of the subsequent sessions, M shared with the group that, one afternoon while her daughter was doing her homework, M sat down next to her. She put her hand on her daughter and said, “How about afterward we take a break and make a chocolate cake together?” The understanding that all her daughter needed was her presence and attention allowed M to let go of her insecurities as a mother and focus on the quality of time they spent together as mother and daughter.

The *doubling technique* played a significant role in the therapeutic work with T, a 19-year-old woman of Ethiopian descent who came to the shelter with her 2-year-old daughter. The first time T joined the group, she was extremely closed and shy and did not utter a word the whole meeting. As the weeks progressed, T slowly began opening up, but she still found it very difficult to share her feelings and opinions with the group. However, after some time, T chose to share with the group a dream she had the previous night:

*T is standing in a courtroom in front of her husband and father-in-law, who are screaming and throwing things at her. The judge asks her to sit on the stand and state her case. T seats down on the witness stand, but she is frozen and cannot utter a word. Her husband and father-in law continue screaming at her until the judge finally throws T out of the courtroom.*

T explained to the group that she was scheduled soon to meet her husband at an Israeli courthouse. The therapist asked her if she would like to work as the protagonist and try to prepare herself for the meeting. She agreed.

*The therapist asked T to set up the room as she would imagine the courtroom to look. T placed five chairs around the room. She said she would like to try to speak to her father-in law.*

*Therapist:* What are you doing at the courthouse?

*T:* I am asking for a divorce.

*Therapist:* Why are you crying?

*T: (long silence)* I am afraid to see my father-in-law and husband.

*Therapist:* What scares you?

*T:* That they will scream at me and I will not be able to answer.... In our religion, no matter how you are treated, one must respect their elders.

*Therapist:* Let’s try to role-reverse. Can you be your father-in-law for a moment?

*T sits in as her father-in law.*

*Therapist to father-in-law:* You know, T cannot find the words to speak to you. Do you know why?

*T as father-in-law:* T has no right to speak. She is a disgrace to this family!

*Therapist asks T to role-reverse back to herself.*

*Therapist as the double for T:* I don’t deserve to be treated this way.... I have the right to voice my opinion. I never tried to hurt anyone. I only want to protect my children*.*

*After a long pause, T finally looks up.*

*T to her father-in-law:* My children have no right to be treated this way.

The vignette continued for quite some time. The use of the doubling technique allowed T for once to voice her opinion, even if only in a psychodramatic setting. In one of the subsequent meetings, T shared with the group her experience at the courthouse:

*It was a very difficult time. but when the judge asked me to speak, I was able to tell her what I wanted. I was able to ask for my freedom.*

Another psychodramatic technique used in the group during the year was the magic shop;the following vignette shows how it was used in one of the group sessions:

*Therapist:* Welcome to my magic shop. What are you interested in buying today?

*L:* I want to sell my heart and buy a stronger one.

*Therapist:* We cannot take your heart; that is something we do not buy here since it is uniquely yours. What we can offer you are things to make your own heart stronger. Can you think of anything that will make your heart stronger?

*L:* Power and patience.

*Therapist:* What kind of power do you want? Can you give me a sentenceof power?

*L:* Yes...that I have the power and right to be respected.

*Therapist:* You say this sentence almost in a whisper, as if you are embarrassed or ashamed. Do you really feel you deserve tobe respected?

*L: (long silence).....*Not always.

*Therapist:* Why not?

*L:* Because I uprooted my children and took them away from their friends, their community.

*Therapist:* Why did you leave and seek shelter?

*L:* Because my children were in danger. Myhusband is a dangerous person.

*Therapist:* So even though things are difficult, do you believe you and your children are in a safer place now?

*L:* Yes...Yes, we are safer.

*Therapist:* Did your husband treat you with respect?

*L:* No. No he did not.

*Therapist:* And do you really want to buy the power to ask for respect at this magicshop?

*L:* I do.

*Therapist:* What will you sell us in return?

*L:* Guilt and shame.

*Therapist:* If I sell you power and respect, are you sure that you will not want your shame and guilt back in the future?

*L:* I don’t want it back!

*Therapist:* Are you sure?

*L:* Yes!

*Therapist:* Are you sure???

*L:* Yes!!!!

*Therapist:* Done deal. *(Therapist extends her hand out to L for a proper handshake).*

**Empowering through the sharing circle**

In addition to the use of role reversal, doubling and other psychodramatic techniques, the group itself acted as a space for self-expression and empathy, mutual support, relatedness, and sharing. After one or several protagonists engaged in one of the psychodramatic techniques, the group entered the sharing phase in which members shared their personal life experiences as they related to the work of the protagonist(s). In practice, however, there was not always a clear separation between the main activity and the sharing phase. Yet in every meeting, the sharing circle was a space where participants could share their feelings, their troubles, and whatever else they were experiencing.

Undeniably, the women in the group empowered each other, as common themes and challenges emerged and served as the framework for a support system, helping alleviate a sense of loneliness within individual situations and struggles. This space of empathy, mutual support, and sharing often led to the discovery that each woman was not alone in her experience and in her distress. Sometimes this revelation happened right at the beginning of the group sessions, and not during the later sharing circle. Each session began with a group “pulse check,” in which participants were asked to share their emotional state. Here is one example:

*Therapist:* If you could express yourself as a season, how would you describe yourselves this morning?

*R:* Winter. It’s cold. I feel like there’s a storm inside me. Sometimes I think I would be happier if I went back home.

*V:* I felt the same way when I first came to the shelter. I think I felt worse than I felt living at home.

*R:* I miss my bed. I miss my kitchen. I miss my furniture.

*T:* It was also very hard for me in the beginning. I couldn’t fall asleep for weeks. But after, when I realized I was surrounded by women who felt the same, it became easier.

Here, R shared with the group her emotional state and the difficulties she has been coping with. Then V and T shared similar experiences. T aptly described this experience in her own words: *“When I realized I was surrounded by women who felt the same, it became easier*.”

When a woman shared a problem, a distressing experience, or a painful sentiment during the group sessions, the participants often used the sharing circle to offer support, empower, and encourage one another:

*O, a 32-year-old mother of three was the protagonist. She believed leaving her home had a serious impact on her son and she was consumed with guilt. As the enactment ended, the women formed a circle to take part in the sharing.*

*S:* I would like to begin. The first time I was at a shelter was three years ago. I had to pull my daughter out of her school, and it was very difficult for her. She didn’t want to leave her home. She would cry every morning, complaining how much she missed her friends. In the end, I left the shelter…. And now here we are again. But this time I realize that my daughter will adjust. Slowly she is making new friends*.*

*T:* I also struggle a lot with how my children feel.

*C:* Sometimes I can’t sleep at night because I have so much guilt. Guilt about leaving my home, leaving my close family.

Here we can see how the group sharing has become a space of mutual support as S, T and C tried to encourage O. The circle of sharing allowed the women to express their distress and feelings of guilt, regret, and anxiety and at the same time to act as “therapeutic agents” for each other.

**Discussion**

The lives of women who experience ongoing domestic violence and abuse are plagued with powerlessness and victimhood. Many are in denial of their situation, blame themselves, and see no alternative possibility (Eckstein, 2011). Although turning to a shelter requires courage and determination, and constitutes a first step towards breaking the cycle of abuse, the effects of victimization do not automatically disappear once the women have left their abusive homes. Therefore therapeutic interventions in domestic violence shelters should address mindsets and behavior patterns related to victimhood, self-blame and powerlessness, and try to empower patients to cultivate a sense of control over their lives (Shostack, 2001).

Psychodrama, as therapeutic method, provides a rehearsal stage to practice new ways to behave in relationships. It offers a safe environment to explore and examine life experiences that one has accepted as truth and has the potential to facilitate action and change in patients’ lives. The foundation of one’s beliefs can be reexamined by reenacting particular events, thus leading to a change in self-narratives and the belief system as a whole (White, 2007).

The findings of this study show the potential of psychodrama group therapy to allow a once voiceless victim the opportunity to release pent-up emotions that can foster new learning and behavior patterns. Throughout the course of the psychodrama women group, recurring themes, such as victimhood, guilt, powerlessness, fear for the future, and hope for change, played a key role in the therapeutic process. Tackling these themes by using psychodramatic techniques—role reversal, the doubling technique, and the magic shop—followed by participation in the powerful sharing circle, produced movement from feeling helpless and despair to feeling empowered and in control.

Role reversal in psychodrama can allow participants to view their world from the viewpoint of the other and to explore the behaviors and feelings that are embedded in the roles that they tend to play in their lives (Yaniv, 2012). This is of particular importance in therapeutic work with abused women, where feelings of guilt and self-blame are often provoked by the abuser’s complaints regarding the woman’s performance in her roles as a wife and mother (Miller & Porter, 1983). Role reversal was frequently used in the women’s group to enable participants to see themselves through the eyes of others in a way that would allow them to expand their self-narrative and reshape their point of view on their own life roles (Yaniv, 2012). Use of the role reversal had an additional empowering effect when women enacted their lives on the psychodramatic stage: through role reversal women were able to gain control over how antagonists were embodied in the scene. This was of particular importance in situations in which abusers were represented on stage. Reclaiming control, even if only in a psychodramatic setting, is an important part of the process of healing and empowerment of women who have gone through domestic abuse (Dutton, 2006; Shostack, 2001).

Another effective tool that was used repeatedly in the group along with role reversal was the psychodramatic double. The double gave voice to women who struggled to express themselves, offered interpretation or insight in a space of safety and support, and enabled expressions of identification and empathy among group members (Blatner, 2000; Fox, 2008). In the group, the double played an important role in creating a special environment in which creativity and free expression of thoughts could blossom. Such a freeing environment is of great importance in breaking the chain of abuse and promoting the possibility of change and growth (Shostack, 2001).

In addition to the use of psychodramatic techniques, sharing in the group served as the scaffolding for mutual support among the participants. In this space, the women could share their feelings and distress with the group and sense the attentiveness of other participants, who occasionally offered responses as well. The women in the group could return to this space to sense the universality of their experiences and responses (Yalom, 1983); Foulkes calls this the “mirror reaction” in which participant discover that they are not alone in their distress, that their fellow group members cope with similar distress and can share it with the group (Fehr 2003). This is the quintessence of what Moreno described as the fabric of life and the human encounter that comprises the psychodrama group (Blatner, 2000). In situations of domestic violence, in which women have been socially isolated by their abusers from family and friends (Eckstein, 2011), the quality of social support provided by psychodrama group therapy can have a strong positive influence on the psychological health and well-being of participants.

**Conclusion**

This study contributes to our understanding of the benefits of psychodrama group therapy for residents of women shelters in dealing with feelings of self-blame, helplessness, and lack of control. Research has shown that abused women share similar mindsets and behavior patterns related to victimhood and powerlessness (Anderson & Saunders, 2003; Eckstein, 2011). Another strand of research describes the therapeutic benefit of psychodramatic techniques (Blatner, 1996, 2000) and its effectiveness in treating particularly difficult populations for whom traditional psychotherapy’s usefulness is limited (Karatas, 2011; Karp, 1994). The unique contribution of this study is its description of the therapeutic processes that take place within the setting of psychodrama group therapy in a domestic violence shelter, which can reduce manifestations of anxiety, self-blame, and helplessness while elevating self-worth, confidence, and a sense of control among survivors of domestic abuse.