**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 things, hope and empowerment to 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 quality of social support that psychodrama provides can greatly influence the psychological health and well-being of the participants. This qualitative study examines the manner in which psychodramatic treatment can empower abused women staying in domestic violence shelters and help them to regain control of their lives. A participatory action research following domestic violence survivors placed 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. Furthermore, findings suggest that attitudes towards self-worth and confidence were also elevated. The findings of this study contribute to our understanding of the potential of psychodrama in helping to reshape life roles and reframe experiences within a creative process, with the aim of stimulating a transition from powerlessness to powerfulness among vulnerable populations.

**Introduction**

**Domestic violence shelters**

The global problem of violence against women has no cultural boundaries, and crosses all religions and cultures. Domestic violence has been defined as a pattern of abusive behaviors, ranging from physical, sexual and psychological maltreatment. These behaviors are carried out in order to gain power and are of the most serious life-threatening problems in society today (Walker, 1996). 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, with 2 million experiencing severe violence (Roberts, 2005).

In 1994, the United Nations held their fourth International Conference on Women, and asked all countries to disclose on the prevalence of domestic violence, in order to implement plans to assist abused and battered women. No country has reported an absence of domestic violence, although there was a great variation between the countries. Those delegates that participated in the Conference gained a better understanding of how women who experienced violence in their home where greatly affected in the way they perceived the world, and how domestic violence can rob them of their confidence and self-esteem (Chen, 1995).

In 2005, a large international study on domestic violence was carried out by the World Health Organization in Geneva, Switzerland. Approximately 24,000 participants, from 10 different countries from around the world were interviewed, and findings showed an enormous amount of domestic violence incidents and related bodily injuries. Over 20% of the women who reported physical violence during their interview also admitted that they never told anyone about the abuse. This tragedy of domestic violence requires an immediate call for action, but women who have to deal with being abused in their own home often feel helplessness and dispair (Roberts, 1998).

One of the most common government interventions to protect women and children has been the opening of domestic violence shelters. In 1985, the Domestic Violence Prevention Act was created. This act authorized the funding of state domestic violence organizations, agencies, and shelters, in order to provide options for women to overcome and end abusive relationships. The immediate goals of domestic violence shelters can be categorized into three major units: (1) to help battered woman find safety; (2) empowering women to win back control of their lives; (3) therapeutic interventions to deal with the ramifications of abuse (Dutton, 2006).

In the stages before the women enter a domestic violence shelter, most of their lives are plagued with powerlessness and victimhood. Many are in denial of their situation, blame themselves, and see no alternative possibility (Eckstein, 2011). Most women report years of abuse before having the courage to leave and seek help. 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. A study conducted in South Africa reveals the 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 trying to move away from the fixed notions of women’s powerlessness and victimhood, and move the focus from victimhood to 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. There are many concrete challenges such as having to search for a new home and work; filing for legal action; and dealing with the psychological distress caused by the abuse. All of these factors put the women at higher risk of returning to their abusive partner. In reality, many of them do in fact return to their abuser after having resided in a shelter for a period of time (Anderson, 2003). The research literature suggests several explanations for women's decision to return home to their abusers: (1) economic standings; (2) absence of social support; (3) traumatic infantile relationships, and (4) lack of feelings of power (Choice & Lamke, 1997).

Many therapies are offered at women's shelters in order to try and change thinking patters and allow for the adaption of new behaviors. Psychological interventions must tackle three major areas: (1) self-esteem, thought processing, perceptions of others and perceptions of the world at large; (2) psychological sufferings, such as: anxiety, anger, depression; (3) dealing with interpersonal relationships and difficulties with trust and intimacy (Dutton, 2006). A comparative study of Israeli sheltered women's perceptions of their abusive marital relationship revealed that two themes were dominant in the participants' thought processing: dominance and submission. The underlying theme was the balance of power between themselves and their spouse and many described their abusive partners as hostile and domineering and wished for their own future to be more independent and powerful. These findings suggest that intervention therapies in shelters should address the concepts of independence, power and submissiveness and try to empower these women to cultivate a sense of control over their lives (Shostack, 2001).

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

A particularly important dimension in group therapy with abused women is the dimension of social support. In many cases abusive men seek 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 the strong relationship between social support and the psychological well-being of abused women.

**Empowering with psychodrama**

The unique nature of psychodramatic group therapy is beneficial in ways that traditional psychotherapy is often inadequate. The psychodrama group acts as an accommodating space for coping with experience of distress of the participants by creating a space for self-expression and a human encounter, mutual support, and sharing (Ron, 2018). Roine and others describe the ability of psychodrama to evoke spontaneity and uncover creativity in difficult patients (Roine 1997; Schacht, 2007). 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 difficult populations, such as at-risk adolescents, alcoholics, drug addicts, those coping with anorexia and many others (Karatas, 2011). A recent study sought to demonstrate the value of psychodrama in working with abused women shows how psychodramatic methods can support the women in their recovery process and stimulate changes in their victim role (Bucuta, Dima & Testoni, 2018).

Previous research indicates that abused women typically engage in various coping strategies which are related to the way they perceive the abusive relationships they are trapped in. One of these coping strategies can be called *“It’s my fault”* and is characterized by guilt and self-blame. These feelings are often provoked by the abuser’s complaints regarding the woman’s role performance 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 point of view on their own life roles. Role reversal, in which the protagonist exchanges roles with another person represented by an auxiliary ego in enacting a significant interpersonal situation, allows the protagonist to view his or her world from the viewpoint of the other and to explore the behaviors and feelings that are embedded in the roles that he or she tends to play (Kellerman, 1994). Participants are encouraged to reexamine life choices, expand their role repertoire by developing new roles, both within the self and also in relation to how they interact with other people. While much of role reversal reflects human relationships, the protagonist may choose to present and reverse roles with parts of themselves that they need to understand better or confront. Thus role reversal and role playing can facilitate 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 them to clarify and express a deeper level of emotion (Blatner, 1996). The double allows the protagonist a sense of visibility and facilitates expression of thoughts and feelings (Fox, 2008). It also helps them to develop additional self-knowledge and more sense and meaning of the situation (Dayton, 2005). In addition, auxiliary group members, who have succeeded, through their capacity for empathetic projection in feeling their way into the inner world of the protagonist, feel valued and heard. This is regardless of the accuracy of the doubling, since even if the doubling is rejected or corrected by the protagonist, it has given the auxiliary a voice and the protagonist the opportunity to clarify their feelings (Ron, 2018).

**The study setting and participants**

The women’s shelter is located in the center of Israel. It can hold up to 12 women. The residents are obliged to assist in the shelter. This includes rotations of cooking the meals, cleaning the rooms, and doing the maintenance duties at the shelter. Some of the women work outside of the shelter but are restricted with the times they are allowed to work and must align with implemented curfews. Their children are also allocated to different kindergartens and schools in the area. The shelter includes a nursery which provides day care for children ranging from 2 to 4 years of age.

As the shelter residents are not bounded by a specific time duration, the psychodrama group was an open group, allowing for turnover and variability of the group’s participants (Miller & Mason, 2012; Turner, 2011). Ages ranged from 20 to 65. The number of participants in each session normally ranged from 6 to 10. The group touched on subjects ranging from social skills, trust, coming to terms with a new life, fears and anxieties, regret, forgiveness, anger, hate, love, and growth. The sessions took place once a week, lasting about an hour, and incorporated a range of psychodramatic techniques including different types of warm-ups, 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 with psychodramatic techniques**

One of the most prominent techniques in which frequent use was made during the therapeutic process is *role reversal*. Role reversal was used in the group to help the participants to gain insight to themselves or another and to deepen their emotional experience. The following example is from a psychodramatic vignette with one of the participants, 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 anymore”.*

The therapist asked M if she would like to work as the protagonist and reenact the scene she just described. M agreed and chose an auxiliary ego to play her 9 year old daughter.

*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 stepping into the role of her daughter helped her to gain insight that maybe her daughter was just asking for her attention and not necessarily for concrete help. Instead of feeling frustrated and helpless in the fact that she is 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 during one of the afternoons while her daughter was doing her homework, M went in to sit down next to her. She just put her hand on her daughter and said: “How about after 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.

Another powerful tool that has been used repeatedly in the group was the *doubling technique*. The double in psychodrama is meant to act as an additional “I”, which allows a protagonist to express and share thoughts and feelings that may be difficult to articulate into words, and pose repressed conflicts while providing a sense of safety and support. The double played a significant role in the therapeutic work with T, a 19 year old woman of Ethiopian descent.

T came to the shelter together 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, as time passed, T shared 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 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 like. T placed 5 chairs around the room. She said she would like to try and 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 doubling technique helped T to allow herself for once to voice her opinion, even 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”.*

In addition to role reversal and the double, other psychodramatic techniques were used in the group during the year. One of them is the *Magic shop,* a psychodramatic technique in which an imaginary shop opened by the therapist or by a member of the group under the supervision of the therapist, provides the participants 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 protagonist (the 'customer') which can foster a commitment for change. Here is an example from 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 sentence of 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 to be 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. My husband 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 magic shop?*

*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 hand shake).*

The magic shop can be a very powerful and empowering experience. The technique of allowing participants to choose for themselves what it is they want to sell and buy makes the experience more intrinsic, rather than motivated by what a therapist may suggest a group member needs to emotionally buy and sell. At the same time the protagonist learns that we cannot get anything of value without giving something away. There is no growth, no transformation, without giving something up.

**The group and the sharing circle as a means of empowerment**

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. The sharing phase in psychodrama is the phase in which group members share their personal life experiences as they relate to the work of the protagonist. In practice, the psychodrama activity in the women group did not necessarily focus on one protagonist, and there was not always a clear separation between the main activity and the sharing phase. Within the group, the sharing circle was a space where participants could share their feelings, their troubles, and whatever else they were undergoing.

Undeniably, the women in the group empowered each other, allowing the immersion of common themes and challenges to work as a support system, helping to alleviate a sense of loneliness within individual situations and struggles. This space of empathy, mutual support and sharing often evoked an experience of universality; a discovery that the individual is not alone in her experience and in her distress. Sometimes this happened right at the beginning of the group sessions:

*The psychodrama session opens with a group "pulse check. The participants are asked to express their emotional state.*

*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 then 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 realised I was surrounded by women who felt the same, it became easier*.

Here, R shared with the group her emotional state and the difficulty she has been coping with. This was followed by sharing of similar experiences by V and T. A dimension of *universality* was established within the group (Yalom, 1995), or a *mirror reaction* as termed by Foulkes (Fehr, 2003) where an individual can see himself in one of the group members. T aptly described it in her own words when she shared her experience with R and with the group: *" when I realised I was surrounded by women who felt the same, it became easier*".

When a problem, distress or painful sentiment was offered during the group sessions, it was frequently possible to see how the participants used the sharing circle to offer support, empower, and encourage one another:

*O, a 32 year old mother of 3 was the protagonist. O believed leaving her home had a serious impact on her son and 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 3 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 when S, T and C try encouraging 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" of each other.

**Discussion**

The lives of women who have gone through 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 an action 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 a certain truth, and has the potential to stimulate action and change in patients' lives. The foundation of beliefs can be reexamined during the reenactment of particular events thus hopefully leading to a change in self narratives and belief system as a whole (White, 2007).

The findings of this study indicate 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, reoccurring themes such as victimhood, guilt, powerlessness, fear for the future and hope for change, played a key role in the therapeutic process. Tackling these areas with the use of psychodramatic techniques - role reversal, the doubling technique and others - and with the power of the group and the sharing circle, proved to shift the perspective of helplessness and despair into feelings of empowerment and 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 role performance as a wife and mother (Miller & Porter, 1983). Role reversal was frequently used in the women group to enable participants to see themselves through the eyes of others in a way that will allow them to expand their self-narrative and reshape their point of view on their own life roles (Yaniv, 2012). Furthermore, the use of 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 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 has been used repeatedly in the group along with the use of role reversal, was the psychodramatic *double*. The double was employed as a way to give a voice to women who struggled to express themselves, to offer interpretation or insight while providing a sense of safety and support, and to enable expressions of identification and empathy among group members. This reflects the concepts of Moreno and his successors of the double as an “additional I”, which allows the protagonist to better sense that he is visible and facilitate expression of thoughts and feelings that may be difficult to formulate into words (Blatner, 2000; Fox, 2008). In the women group, the double played a significant role in creating a special environment in which creativity and free expression of thoughts could blossom. Such an environment is of great importance in breaking the chain of abuse and promoting the possibility of change and growth of domestic violence and abuse survivors (Shostack, 2001).

In addition to the use of psychodramatic techniques such as role reversal and the double, the study illustrates the role of group sharing as a receptacle 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 their responses as well. The women in the group could return to this space for the universality (Yalom, 1983), or the “mirror reaction” as termed by Foulkes, in which participant discover that they are not alone in their distress, that their fellow group members cope with similar distress and they share it with the group. This is the quintessence of what Moreno described as the fabric of life and human encounter which comprises the psychodrama group (Blatner, 2000). In situations of domestic violence, in which women have been socially isolated by their partner from family and friends (Eckstein, 2011), the quality of social support that psychodrama group therapy provides can greatly influence the psychological health and well-being of the participants.

**Conclusion**

This study contributes to our understanding of the benefits of psychodrama group therapy in dealing with feelings of self-blame, helplessness and lack of control among women residents of domestic violence shelters. Various studies point to mindsets and behavior patterns related to victimhood and powerlessness among victims of domestic abuse and violence (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 where traditional psychotherapy is limited (Karatas, 2011; Karp, 1994). The unique contribution of this study is the close encounter that it provides to practitioners and researchers with the processes that take place within the setting of women therapy group in a domestic violence shelter, and with the ways in which psychodrama can tackle manifestations of anxiety, self-blame and helplessness while elevating self-worth, confidence and sense of control among survivors of domestic abuse.