Psychodrama is a group action method based on the idea that the personality may best be viewed as an aggregate of many roles. In other psychology systems, these roles are also called parts, sub-personalities, sub-selves, and complexes. One theoretical perspective that I have found to be especially useful in my psychodrama work is the combination of family systems therapy and the internal dialogue approach developed by Richard Schwartz, Internal Family Systems Therapy, and described in his book by that title (Schwartz, 1995).

I have combined psychodrama with Internal Family Systems Therapy for many years in my group work. I find this combination of approaches especially useful in substance addiction groups and with people who are psychologically rigid. The principles of Internal Family Systems Therapy inform and modify the psychodramatic approach and concretize roadblocks in this internal work. The use of psychodrama allows the internal parts to be embodied for work within group process. The combination of IFS and psychodrama strengthens both methods. What follows is a brief introduction to psychodrama and to IFS and how it aids parts work in psychodrama. Then in an attempt to demonstrate the usefulness of this theoretical approach in action, I have added some case material.

Psychodrama is a complex role-playing technique used in groups. In this process, the client, called the protagonist, sets the scene which has been problematic. The protagonist chooses other group members to role play the others (called auxiliaries) in the scene. The protagonist describes or role reverses with the other to show the auxiliary how to play the role. Role reversal means the protagonist takes the part of the others in the scene. This shows the person playing him what role to play and deepens the protagonist’s understanding of that person and the situation. Then the scene is played with protagonist and auxiliaries to the protagonist’s satisfaction. For important questions asked of the auxiliary, the protagonist needs to role reverse to answer.

The Internal Family Systems Model of Therapy was developed in Chicago by the family therapist, Dr. Richard C. Schwartz. He worked both systemically and individually with bulimic clients and their families at the Institute for Juvenile Research in Chicago. He discovered his clients had internal parts which worked against each other in a balance to maintain the status quo like the family members in family systems therapy. He developed Internal Family Systems Therapy to work with these internal parts in individual therapy. He has since brought these parts interventions into couples and family work. Like Psychodrama, IFS is non-pathologizing and collaborative. Each theory is based on the normal personality having many parts. The client has all the resources that she needs. However, she does not always have access to those resources due to a polarization of her parts. The internal dynamic is similar to what happens in families according to family systems therapy, a homeostasis. In this systems perspective, polarized internal parts are locked into combat, drawing emotional energy that could be used in resolving problems and keeping the person frozen in homeostasis. The therapist’s goal is to help the client
decrease the polarization so that the client has greater access to her resources for solving her problem.

Key to IFS theory is the concept of the Self. The Self is the untouched core of each person, protected from trauma by the other parts. When the client is in Self, she demonstrates compassion, interest and empathy toward her parts and others and has access to all of her resources. She is coming from what some theories would call the internal therapist. Many traumatized individuals are not aware that they have a Self/leader because it has been hidden and protected by the parts. Polarized parts step up to absorb the damage of trauma and react forcefully when threatened, taking over or hiding the Self. These parts frequently develop in childhood and do not have adult coping strategies. Please refer to Internal Family Systems Therapy, Richard C. Schwartz, PhD (1995) for a more complete description of the theory.

Coming from the Internal Family Systems theoretical perspective, the psychodrama director needs to pay attention to the polarization of internal parts which occurs in systems work. He pays attention to the attitude of the protagonist toward each part. If there are feelings getting in the way, they are labeled as coming from another part and that part is asked to stand aside temporarily so that the protagonist can learn about the problematic part. Those parts which get in the way of action are the parts which need to be added to the drama since they are already present in the scene holding the protagonist back. For example: on a chemical dependence inpatient unit, what follows is the psychodrama of an intelligent 22 year old woman I will call Candy. She had been physically abused by her father as a child and was consequently angry most of the time.

As protagonist, Candy had identified as a problem that she had an angry, acting out adolescent part. She identified this part as getting in her way throughout her life, on the unit that morning, and also at work since that part would not listen to anyone, particularly her boss. She was both angry at and afraid of this part since she never knew when it would come out or what it would do. Candy felt out of control over this part. She never knew what the consequences would be and the particular consequence which she was working on was the use of drugs. Candy was angry at that part, trying to shame it and control that part by force. Candy did not want to know why the part acted out so much or what that part needed, nor was she in any state of mind to give that part what it needed. The acting out adolescent part worked against her being part of a group.

Candy was caught in a bind by the polarization of these two powerfully charged parts, the adolescent part and the angry at herself part. The director asked her to choose someone from the group to embody that fear and anger, validating those two intense feelings and separating them from her functional, caring part, her “self” in the IFS system. The director then role-reversed Candy into the fearful angry part and asked if that part could step aside so that her “self” could talk with the teen part. She agreed to this and role reversed back. The auxiliary as that fearful angry part stepped back, symbolically holding the fear and anger, and Candy’s “self,” her internal non judgmental compassionate leader, was able to interview the acting out adolescent part to find out what that adolescent part needed. An agreement was made by Candy’s “self” to give her acting out adolescent part
more attention by bringing her to psychodrama more often. Being in her nonjudgmental “self” allowed Candy to get to know that teen part a little more and to find out what it needs rather than get into a non-productive angry, blaming fight with that part.

In IFS, her blending with this non-productive part is named and she asks that part to step aside so she can speak from the self. This drama was the first time Candy had been able to tolerate any interaction with the adolescent part, the beginning of a dialogue with that part. Another example: in another chemical dependency inpatient group, an alcoholic I will call Joe described a part which held a belief that he could be a “functional alcoholic.” This meant that he could drink and also perform daily work and social interactions successfully. This part was quite vocal. We concretized the part by using chairs to symbolize all the parts of the man’s life. Joe was sitting on the chair representing his support, his wife. He was holding in the air chairs representing work, children, church, family, and friends. As he was sitting, the job of holding all these chairs was easy. I asked the woman playing his wife to remove the chair he was sitting on while saying that she was leaving him. This caused the whole chair pyramid in his hands. He realized that his ability to function depended on his wife, stressed their marriage, and left him vulnerable. He changed his view of being a “functional alcoholic”.

In addition, the protagonist may be angry toward the part for holding him back. This anger comes from another part, since it maintains the inaction rather than helping the protagonist to find out about what causes the inaction and what needs to be taken care of before action can ensue. The attitude of the self toward one’s parts is curiosity and empathy (editor’s note: Self holds compassion, not empathy).

Example 3: in an outpatient group, a 40 year old depressed man I will call Bud could not stand up for himself against his very critical mother. In the role reversal as his mother, Bud showed her as inflexible, critical, and unloving, with no reason or intent to change. In the role reversal she was like a cardboard character with no depth and not flexible at all. Since there was no way to bring about the interpersonal change desired, the director progressed inward to the internal family dynamics. The internal parts were added right in the scene where Bud’s mother was demeaning him since they were present and holding him back. Bud revealed an inner wounded child part which the director seated next to him on the sofa. In his interactions with his inner child, Bud was caring and interested, putting his arm around that part and showing empathy with that part. He showed no negative feeling part interfering with communication with that inner child. As the scene progressed, Bud accepted and believed the criticism of his mother, physically sinking lower and lower in his seat, joining with and becoming more like his inner child part. He was unable to stay in his “self”, his inner therapist.

The director asked Bud, “You are growing smaller and smaller right now. Do you have a part which is on your mother’s side? Lets see that part.” . . . “Bud, role-reverse with your part which is allied with your mother and stand next to your mother. Let’s hear what that part says to you.” When Bud became the part allied with his mom, he became even more critical than she had been. “Role reverse back as your self.” That part is even more critical of you than your mother is. How do you feel about that part?” . . . “Anger comes
from another part. Ask that part with the anger to step aside for a little while so we can find out more about this critical part. Will the angry part do that for a short while?” Bud was able to get the angry part to step aside in order to address the self critical part without that judgment getting in the way. Bud in the role of the critical part, could answer the director’s questions: “Since all parts have the intention of being a help, let me know how you are helping Bud out. What do you want for Bud?” . . . “Do you like your job of being critical of Bud? Or is there something you would like to do instead? How could you still be useful to Bud?” . . . “Since you are useful to Bud at work and don’t get in his way there, would you be willing to focus on helping him at work and step aside when mother is around?” The scene continued with the interaction of his parts. Bud was able to come to a resolution between the critical and angry parts that the critical part would support him when he saw his mother rather than take his mother’s side. When the drama was defined as internal between his parts instead of between his mother and him, he was able to make a change.

Bud had previously enacted several psychodramas with his critical mother prior to this one, but had not been able to change his mother in role reversal or come to a satisfactory resolution. When the drama was defined as internal between his parts instead of between his mother and him, he was able to make a change. Bud was now able to address how his parts ganged up on himself on his mother’s side.

Example 4: in an outpatient group, one 60 year old man I will call Sam described himself as the eldest from a large family where he felt his mother had controlled and abused him as a child. Sam began his drama with a scene in which his mother was demanding he take care of her even though both of them were ill at the time and Sam was barely able to carry a tray with food on it. Sam said that even now, he feels guilty when he takes care of himself even medically and was neglecting medical procedures that his doctor recommends. The director interviewed him in that role of the limiting part, walking and talking around the stage. Soon Sam revealed his hatred for that negative limiting part. The director labeled that hate as a separate part and asked him in the role of the hate to stand aside. He was able to agree to a temporary backing off.

The talk with the shaming negative part continued as we walked around the stage. “What do you want for Sam?” “Does it really help Sam or harm him for you to be so negative?” “Could you agree to put aside the shame for a bit? If the shaming were gone, what could replace it that could really help Sam get things done?” Sam went back to his ill mother’s bedside with the transformed part of himself helping him say things. Sam told his mother that he loved her and still needed to care for himself because he was ill. He also spoke to the negative part of himself and they agreed that he couldn’t care for his mother if he was too ill. At the end of the drama scene, the negative part was affirming him and telling him it was OK to care for himself. He resolved to take care of the medical procedure that he needed. In each of these psychodramas, the director searched for the systemic occurrence of polarized parts which interfered with change. By taking into account the polarity and interaction of the internal parts, each protagonist developed his internal observer Self and worked toward cooperation in the system. The internal parts simply became part of the
scene where they arose. The protagonist worked with these internal parts in role play in the drama as she would internally using IFS principles, with respect and curiosity.

In each case positive change came about through working with the internal process systemically, looking for the part that takes the polar opposite position in order to keep the system in homeostasis. Psychodrama works best when it allows a person to express concretely a problematic situation in role play, including the internal process that comes up in the scene. In psychodrama, the protagonist can slow down the scene, explore what is true for him in that scene, and say the things he was unable to say in real life. In this combined technique the protagonist can find out more about himself in a safe way through this acknowledgment of his internal process.

*Reprinted from Self to Self 2004*