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# A pilot study on an analytic psychodrama group for cancer patients and family members

# Uno studio pilota su un gruppo di psicodramma analitico per familiari e pazienti oncologici

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## ABSTRACT

Drawing on semi-structured interviews, this exploratory study uses a qualitative content analysis to document the possible benefits of the analytic psychodrama group (APG) in cancer recovery, a topic currently under-investigated. These preliminary results show that group therapy started positive changes and coping processes for the participants in several areas. In particular participants find that APG helped them to increase self-awareness, express and share feelings, reduce fears, make decisions. Some APG devices are described as useful for developing intersubjectivity and empathy in social relations. Further studies involving larger samples of participants are needed to evaluate APG efficacy with this typology of participants.

**Keywords**: cancer; psychodrama; group therapy; coping; Italy

## RIASSUNTO

Basandosi su interviste semi-strutturate, questo studio pilota utilizza un'analisi del contenuto qualitativa per documentare i possibili benefici dello psicodramma analitico (APG) come terapia di gruppo a supporto delle cure oncologiche, ambito ancora molto poco studiato. Questi risultati preliminari mostrano che la terapia di gruppo ha avviato nei partecipanti cambiamenti positivi e processi di coping in diverse aree. In particolare i partecipanti ritengono che l'APG li abbia aiutati ad aumentare la loro consapevolezza, ad esprimere e condividere emozioni, ridurre paure, prendere decisioni. Alcuni dispositivi dell'APG sono ritenuti utili in particolare per lo sviluppo dell'intersoggettività e dell'empatia nelle relazioni sociali. Ulteriori studi su campioni più ampi sono ad ogni modo necessari per valutare l'efficacia dell'APG con questa tipologia di partecipanti.

**Parole chiave**: cancro; psicodramma; terapia di gruppo; coping; Italia

## Introduction

A diagnosis of cancer and subsequent treatments often result in a disruptive experience that challenges a person's well-being emotionally, physically and socially. Studies on group therapies report benefits to patients in various psychosocial areas (Zabalegui et al. 2005; LeMay, Wilson 2008; Menichetti et al. 2015; Spiegel et al. 1981,1989; Edmonds et al. 1999; Simpson, Carlson, Trew 2001). While literature already explored the use of cognitive-behavioral as well as creative arts group therapies in cancer care (Simpson et al. 2001, Visser e Hoog 2008), there is no literature investigating analytic psychodrama group (APG) in cancer care [see however Menichetti et al. 2015; Vegni et al. 2010 for studies on Morenian-oriented psychodrama interventions).The purpose of this article is to fill this gap by exploring the potential benefits of APG as aid in the recovery of cancer patients.

## Method

A group of 10 cancer patients and family members met for two years on a monthly basis for a two sessions morning (each of 1hour and ½), in the setting of the University of Rome Sapienza, Italy. Participants were recruited in the oncological department of the teaching hospital of the university. Recruitment process involved public presentations in the hospital, brochures available in the department, preliminary individual interviews. Particularly relevant was also the role of the oncologists in promoting group therapy among patients. Not every patient or family member is willing to join a group, especially if it is their first group experience or if they had prior unhappy experiences. During first sessions about 25% of participants withdraw; new members progressively joined, drop-out rates decreased and the group size gradually became more stable. Participation in the same group of both patients and relatives belonging to the same family was not allowed.

The group intervention followed a psychodynamic approach to psychodrama as in the elaboration done by Lemoine & Lemoine (1972) of the seminal work of Moreno & Moreno (1969, 1975) in the light of Freudian and Lacanian theories (Freud 1955; Lacan 1966).

The group was facilitated by three psychodramatists, alternating in the functions of directing and observing group phenomena. Besides general group processes, psychodramatic techniques includes: play (or performance), role reversal, doubling, real-time observation with feedback at the end of each session. The focus during the session is on the performance of different scenes, rather than just talking about them. However, in the post-performance, all the group members can comment on the play, sharing their perspective with the protagonist of the scene. Each session ends with the observers' comments and reflections aimed at grasping shared feelings and meanings in the group's discourse (see Appendix). All study procedures were approved by the university ethical board, and the patients signed informed consent forms regarding their participation in the research.

Participants are encouraged to listen to others, without a judgmental attitude, contact their feelings and progressively express them. The aim is to face and express fears and concerns, as a way to eventually regain agency, find coping strategies and potential to desire and hope.

Moreover, the psychodynamic approach promotes attention to devices such as free associations, dreams, lateral and vertical transference interpretations.

Co-therapy and case discussions have been used as devices for dealing with therapists' countertransference.

At the end of the cycles participants were asked to respond to a semi-structured interview, lasting about 20 minutes (see Appendix). The interview aimed at evaluating the sessions they attended and to assess the benefits, if any, received from participation.

Questions also concerned particular episodes and events that were particularly salient for them. Finally participants were asked if they would recommend participation to others in their same situation.

Interviews were audiorecorded and transcribed verbatim. Interviews were analyzed using a qualitative content analysis aimed at identifying the main themes in the participants' answers. For the aims of this paper, we selected the excerpts that could better display the variety of ways in which participants talk about their experience of group therapy and the most recurrent themes and benefits accounted for participation.

At the beginning of the group therapy participants filled out a questionnaire about various personal and medical characteristics such as age, gender, living situation, the type of cancer, and its treatment and status.

## Results

Participants were predominantly women (80%) and aged 57 years old on average (with an age range from 35 to 77). The majority of them were cancer patients, only 30% of participants were relatives of patients (e.g. daughter, husband, nice). The education levels were relatively high, with more than half (60%) having a higher vocational or university education. Cancer patients had different cancer stages, location, and type.The participation in the APG was viewed very positively. No one gave an unsatisfactory evaluation. All of them said that they would recommend the course to acquaintances in their same situation.

Participants report that APG helped them to: being self-aware ("this idea of a flow…this thing that I cannot stop when I talked…it is a metaphor of the flow of feelings, pain, despair that overwhelms us…being able to contain (them), hold on, it has been helpful"); expressing and sharing feelings ("I tend to control everything, to be always serene and so forth, in the group I was able to let go these defenses and set me free, and also to cry, which I never allowed my self in these years"); reducing fears ("I thought that everything was happening to us, only to us, and instead, listening to the others, one understands that one can get through it and in some way live with it"); making decisions ("it helped me to make a decision…I could not decide whether to retire or not…I decided to not to…I met with the principal, talked to her, and she told me 'you are doing good to not retire, and maybe later you will feel better and be back teaching again'").

When asked about what they found particularly useful in the APG technique, participants quite consistently pointed to the opportunity of taking the others' perspective as a way to improve the quality of relationships ("I am more able to understand my sons, my husband, to put myself in their shoes. I am more relaxed. I feel less angry with them now") but also as a way to make sense of one's own living experience and to find a new position for oneself within relationships ("in the others' stories one relives one's own story, and maybe in your own story you are not aware of something and instead when you see it brought it up by someone else, you can access it. You eventually realize that you feel emotionally touched because it is something about you, even if you did not acknowledge it as such").

In particular the participation of both family members and patients helped to understand the viewpoints of both sides regarding cancer issues ("being in contact with cancer patients helped me to better understand how my mother might feel and the problems she can face with her cancer").

The devices of doubling and role reversal are indicated as particularly useful at this regard ("when we double the characters, this mechanism allows us to decentralize our point of view, we deepen our viewpoint but also take the others' perspectives and therefore we can see things in a tridimensional way, rather than within a flat perspective such as when we only rely on our point of view").

More in general relevant clinical changes were observed by the therapists pertaining the relation with one's own body, the fear of dying, ways of dealing with uncertainty, as well as a gradual shift in the group's discourse from an exclusive focus on the illness as "a dead end" to orienting towards other events and matters of life.

Through group therapy participants also developed social bonds. Some of the participants met also outside the sessions, maintained contacts through social media (whatsapp), and engaged in creative pursuits (i.e. writing novels).

## Discussion and conclusions

This exploratory study aimed at highlighting potential benefits in using analytic psychodrama therapy group in cancer care, a kind of group work that is currently under-investigated in this field of healthcare.

Interviews show that positive changes and coping processes have been started for the participants in many areas. In particular participants find that this type of therapy helped them to restore empathy in relationships.

Some features of APG are described as useful devices for developing intersubjectivity in social relations: a mixed group of patients and family members, devices that support taking the others' perspectives (such as doubling or role reversal) as well as the possibility of experimenting in the play new ways of engaging with others.

Social relations are proved to be important resources to mobilize in coping with cancer (Berkman et al. 1979; Kennedy et al. 1988; Kroenke, et al. 2006, Rini, et al. 2006; Yoo, et al. 2010; Zucchermaglio, Alby 2017), which might have a positive impact also on physiological reactions to the disease (Spiegel 2012; Goodwin et al. 1987).

With the limits of a small scale sample, this exploratory study is a first step in the analysis of APG as aid for developing the quality of cancer patients' social relations. Further studies involving larger samples of participants are needed to evaluate its efficacy and the improvements of health outcomes produced by attending APG.

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## Appendix 1

### English version

*Questionnaire on biographical and medical information*

Name and Surname:

Age:

Marital status:

Number of children:

Profession:

Date of cancer diagnosis:

Cancer area:

Cancer stage (1-4):

Metastasis (yes/no) :

Treatments received:

Stage of treatment (ongoing /finished)

Disease status:

Oncologist (or other doctor):

*Interview outline*

1. How do you evaluate the experience of psychodrama in which you participate this year?
2. Would you recommended it to other family members or cancer patients? On what grounds?
3. Can you tell me in what way, in your particular case, this experience has been helpful?
4. Now that is over, do you find it different from what you expected? In what?
5. Can you tell me an episode that you remember, that struck you in particular?
6. Is there anything you would recommend to change in future editions ?
7. Would you participate in another cycle of meetings of psychodrama?
8. Imagine having to explain to a new participant what a psychodrama group is, what would you say?
9. Do you want to add something?

## Appendix 2

### Table with some of the topics discussed in the sessions- English version

| Sessions | Topics |
|---|---|
| n. 1 | • Relapse (fear of a recurrence, relapse as fall back/cut, erase the past, do not think, cut the mind-body connection)<br>• Cancer as "the tenant inside '<br>• The disease as "always being at war"<br>• primary relationship with the mother figure and a desire for separation<br>• The group experienced as' dissident ',' self-managed ', reflections on taking a position / function, fear of' "glue" effect and recognition of a setting |
| n. 2 | • Relationships and caring roles in the family, which change due to illness<br>• Difficulty in recognizing and expressing needs and / or desires<br>• External order (housecleaning, appearance) as a disease control<br>• Searching for a subjective position that is not con-fused in family relationships |
| n. 3 | • Feelings of betrayal of the body<br>• Psyche as body (fragmentation fears, fear of brain metastases)<br>• Communications with doctors |
| n. 4 | • Uncomfortable emotions (selfishness, envy) and magical thinking (mors tua vita mea ) looking for new meanings<br>• Family interactions, emotional nourishment, give and take, and accounts that do not add up, from need to desire |
| n. 5 | • Changes as a result of the disease ('unmasked' 'new vision', 'I'm getting more sincere', 'completely different music' 'Fortunately I have known you as you were before')<br>• Modulating spaces, tasks and family relationships, searching for alternatives to the sense of obligation and taxation |
| n.6 | • The body speaks (congestion, blocks, leaks, cough)<br>• Being alone or accompanied? Engaging others in the care and treatments, balancing protection and truth, gradually communicating emotionally "hard news."<br>• "Discomfort" in the management of bureaucratic issues (104 ASL, employers) |
| n. 7 | • the disease makes you 'evil' and the free to be different, to put limits, '"Eden" evoked as a place of free speech ("where you can say things without swallow "), but also a place of aggressive words<br>• dialogues with others, past and present, looking for the ‘right’ distance that balances availability, requests, borders |

| | |
|---|---|
| n. 8 | • the reality of the death of a family member, and "echoes" in the group<br>• new births and trips abroad (Barcelona, Dublin, London) as a metaphor for something new that leads "beyond" the starting point<br>• Pain like a wave that advances and retreats, opening and closing movements towards the world, oscillating between feeling and not feeling<br>• ghosts of death but also curiosity for unexplored territories |
| n. 9 | • Prostheses, wigs, makeup and possible repairs of a wounded plot and self-image, risk of 'put makeup' on their own desires<br>• improper patterns of relationship: to use and be used, always sunny outside and inside feeling bad, looking for a dialectic alternative that overturns 'the usual game' |
| n. 10 | • Sexuality and desire in the couple during and after the illness |

## Appendix 1

### Italian version

### *Questionario su dati biografici e medici*

Nome e Cognome:

Età:

Stato civile :

Numero di figli:

Titolo di studio:

Professione :

Data della diagnosi del tumore:

Area interessata:

Stadiazione (1-4):

Metastasi (Si/No):

Trattamenti ricevuti:

Stato del trattamento ( in corso, terminato):

Stato attuale della malattia:

Oncologo (o altro medico) di riferimento

### *Traccia dell'Intervista*

1. Come valuti l'esperienza di psicodramma analitico a cui hai partecipato quest'anno?
2. La consiglieresti ad altri familiari o pazienti oncologici? Per quali motivi?
3. Puoi dirmi in che modo, nel tuo caso specifico, questa esperienza è stata utile?
4. Ora che si è conclusa, la trovi diversa da come te l'aspettavi? In cosa?
5. Mi puoi raccontare un episodio che ti ricordi, che ti ha colpito in modo particolare?
6. C'è qualcosa che consiglieresti di cambiare nelle edizioni future del laboratorio?
7. Vorresti partecipare ad un altro ciclo di incontri di psicodramma?
8. Immagina di dovere spiegare ad un possibile nuovo partecipante di cosa si tratta, cosa diresti ?
9. Vuoi aggiungere qualcosa?

## Appendix 2

### Tabella con alcuni temi trattati nelle diverse sessioni- Italian Version

| Sessioni | Alcuni esempi di temi |
|---|---|
| n. 1 | • Recidiva (paura di una recidiva, recidiva come recidere, cancellare il passato, non pensare, recidere connessione mente-corpo)<br>• Il cancro come "l'inquilino dentro"<br>• La malattia come "essere sempre in guerra"<br>• Relazione primaria con la figura materna e desiderio di separazione<br>• Il gruppo vissuto come 'dissidente', 'autogestito', riflessioni sull'assumere una posizione/funzione, timore dell'"effetto colla" e riconoscimento di un setting |
| n. 2 | • Relazioni e ruoli di cura nella famiglia che si modificano a causa della malattia<br>• Difficoltà a riconoscere ed esprimere i propri bisogni e/o desideri<br>• Ordine esterno (pulizie di casa, aspetto esteriore) come controllo della malattia<br>• Ricerca di una posizione soggettiva non con-fusa nelle relazioni familiari |
| n. 3 | • Vissuti di tradimento del corpo<br>• Psiche come corpo (timori di frammentazione, di metastasi al cervello)<br>• Comunicazioni con i medici |
| n. 4 | • Emozioni scomode (egoismo, invidia) e pensieri magici (mors tua vita mea) alla ricerca di un nuovo senso<br>• Interazioni familiari, nutrimento affettivo, dare e avere e conti che non tornano, dal bisogno al desiderio |
| n. 5 | • Cambiamenti a seguito della malattia ('senza maschera' 'nuova visione del mondo', 'sto diventando più sincero', 'tutta un'altra musica' 'per fortuna che ti ho conosciuto come eri prima')<br>• Modulare spazi, compiti e relazioni in famiglia, ricerca di alternative al senso del dovere e all'imposizione |
| n.6 | • Il corpo che parla (ingorghi , blocchi, perdite, tosse)<br>• Essere soli o accompagnati? Coinvolgere gli altri nelle cure e nei trattamenti, bilanciare protezione e verità, gradualità nel comunicare notizie emotivamente "difficili".<br>• "Disagi" nella gestione di aspetti burocratici (104, ASL, datori di lavoro) |

| | |
|---|---|
| n. 7 | • la malattia rende ‘cattivi’ e liberi di differenziarsi , di mettere limiti, l’”Eden” evocato come luogo di parola (“dove si può dire senza ingoiare tutto”), parola anche tuttavia aggressiva<br>• dialoghi con altri passati e presenti, ricerca di una “giusta per sè” distanza che bilanci disponibilità, richieste, confini, in un movimento di riconoscersi reciproco |
| n. 8 | • la realtà della morte di un familiare, ed “echi” nel gruppo<br>• nuove nascite e viaggi all’estero (Barcellona, Dublino, Londra) come metafora di qualcosa di nuovo che porta “oltre” il punto di partenza<br>• Dolore come un’onda che avanza e si ritira, in movimenti di apertura e chiusura verso il mondo, oscillazione fra sentire e non sentire<br>• fantasmi di morte ma anche curiosità per territori inesplorati |
| n. 9 | • Protesi, parrucche, trucco e possibili riparazioni di una trama ferita e di un’immagine di sé, rischio di ‘truccare’ i propri desideri<br>• patterns impropri di relazione: usare e essere usati, fuori sempre solare e dentro star male, si ricerca nell’altro una dialettica alternativa che rovesci ‘il proprio gioco’ |
| n. 10 | • Sessualità e desiderio nella coppia durante e dopo la malattia |

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