

The Sociodrama of Life or Death:

Young Adults and Addiction Treatment

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The continued opiate epidemic has severely impacted young people as drug overdoses have reached unprecedented levels. Young people, more than ever, have been seeking addiction treatment with mostly unfavorable outcomes. Adjusting our treatment approaches to the specific needs of young adults is necessary. Many treatment programs for young adults can be improved by incorporating engaging, experiential treatment groups into their models, including sociodrama and sociometry. This article emphasizes the effectiveness of sociometry in meeting the developmental needs of young adults in addition to recounting the Sociodrama of Life or Death, which manifested spontaneously in an inpatient group at Mirmont Treatment Center and has been enacted with many different groups since. The walk toward life in sobriety or toward death by addiction is a walk that many are facing each day. Using future projection and surplus reality, the sociodrama brings these two paths, side by side, into the room for the group to experience.

Keywords: Sociometry; sociodrama; addiction; young adults; adolescence; life; death; step-in circle; group psychotherapy.

INTRODUCTION

Working with young adults in an inpatient drug and alcohol treatment center can be particularly challenging, as the recidivism rates are extraordinarily high and attention spans and willingness to change may seem extraordinarily low. Treating young people with chemical dependencies is important work in the context of the current opiate epidemic, as overdoses are the leading cause of death for youth between the ages of 18 and 25 in the United States (Smith, Lee, & Davidson, 2010). Recovering from addiction is indeed a life-or-death situation. Most inpatient treatment centers have program models which were initially developed for adult clients and have not adapted to meet the specific needs of younger clients.

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Providing experiential treatment options is one way that we can keep young adults engaged in treatment and provide better outcomes in their recovery (Cossa, 2006).

Although there are a variety of different experiential therapeutic interventions, it appears that sociometry and sociodrama are especially adept in meeting the unique needs of young adults in inpatient addiction treatment. A sociometric warm-up serves to bring group members together as they move toward the theme of the next action structure. Then the sociodrama provides group members with a vehicle through which they can investigate a collective topic in action (Minkin, 2016). It offers group members an exploration of both intrapsychic and interpersonal roles while helping them acquiring new perspective in their relationships and how others experience them.

The following is representative of a sociodramatic group intervention focused on the topic of life or death for an inpatient young-adult treatment group at Mirmont Treatment Center. The weekly group is an hour long and includes 20–40 clients between the ages of 18 and 25 years. At the start of the group, I like to get their investment by offering a choice between a psychoeducational group and an experiential group. When given these options, they have chosen the experiential group every time. I then invite all group members to demonstrate their commitment to participate respectfully while maintaining confidentiality by standing up and forming a circle, which creates the necessary structure for step-in sociometry.

THE SOCIODRAMA OF LIFE OR DEATH

Sociometry: Warm-Up, Assessment, and Intervention

Using sociometry with young adults may be particularly useful because of the significance of peer identification in their developmental stage. Somerville (2013) highlights the possibility that “sensitized responding in socioaffective brain circuitry” in adolescence may lend itself to heightened social sensitivity to both positive and negative evaluation from peers (p. 125). Because of the significance of peers at this time of life, healthy relationships between young people “[provide] a kind of support and safety that [older] adults alone, no matter how well intentioned, cannot provide” (Cossa, 2006, p. 21). The sociometric interventions effectively provide a vehicle for group members to connect and identify with one another in action.

The group introduced earlier responds very well to step-in sociometry and actually requests it each week. The three spirals of criteria offered by the Therapeutic Spiral Model—safety, experiencing, and meaning making (Hudgins, 2017; Hudgins & Toscani, 2013)—provide a useful map to foster safety and peer identification between group members during the step-in sociometry rounds. I introduce the step-in sociometry as a process of discovering and strengthening the social connections in the group, and inform clients that they always have a choice in their disclosures. I begin the first round by stating that “what you offer in the first round *cannot* be about your addiction or trauma”—“What else defines you as a person? What do you like to do?” I instruct the

group to step in the circle if they identify with a statement someone makes about him- or herself and that each group member is going to have the chance to make a statement on each of the three rounds. Generally, I will offer the first statement to demonstrate the process, which also creates an opportunity for the group to connect to me.

The first spiral is prescriptive criteria, which include increasing ability for containment, nonjudgmental observing, and strengths (personal, relational, and spiritual). The intention of this first round is to familiarize the group with the sociometric tool, identify social connections and similarities, create movement in the room, and foster the necessary safety for the second round. I encourage the group to have fun during this round as everyone has a chance to step in with a statement about themselves. Next, spiraling down into trauma and addiction criteria, I ask “What characterized your addiction?,” “How did it affect you?,” and “What consequences did it bring?” The intention of this round is to make deeper connections and to help group members realize that they are not alone in their experience of addiction. Clients often report that this gives them the opportunity to share without having to talk about it. They share simply by taking a step forward. Since the plan is to enact a sociodrama with the topic of life or death, during this second round I will introduce a few selected prompts for use in the step-in sociometry, such as “How many people have nearly died due to their addiction?” and “How many people know someone who has died from addiction?” From here, we spiral back up with recovery or transformation criteria: “What are you looking forward to in your recovery?” and “How have you changed since you have been sober or clean?” This completes the spirals of step-in criteria; by this time the group is generally very warmed up and has discovered that they have much more in common than they expected.

Sociometry, which is often implemented as a warm-up to action, can also be utilized as a valuable assessment tool and an intervention to promote group cohesion (Buchanan, 2016). As the group is stepping in for different criteria, it is important for the director to be observant and notice the themes that arise, as well as the statements or experiences that most of the group identifies with. Many clients will report that sociometry was the most important part of the group for them, as it provided an experience of inclusion. Jacob Moreno’s teaching that “the therapeutic agency was not necessarily related to the therapist, but that it was inherent in every member of the group” (Z. T. Moreno, Blomkvist, & Rutzel, 2000, p. 92) seems to be a core principle in the use of sociometry as it creates a space for the group to heal parts of itself.

Sociodrama: Action and Experience

A sociodrama enacts a collective group concern and “taps into the truth about humanity that we are each more alike than we are different” (Sternberg & Garcia, 2000, p. 4). Although the topic of life or death can seem existentially heavy, an element of aesthetic distance helps to maintain a sense of safety, as the sociodrama is not an individual’s story: It is the story of the group. And in many ways, it is the story of an American generation caught in the midst of an opiate

drug epidemic, as overdose rates have increased over 400% since 1999 (Centers for Disease Control and Prevention, 2016).

After the sociometry, I reintroduce the topic and move toward a sociodrama, as the group is well warmed up. Designating one wall of the group room as *today* and the opposite wall of the room as *1 year in the future* (use any future projection), we have set the stage. I invite the first protagonist to join me in a step-by-step journey into the future. Instructing the group that we will journey to both future possibilities, life and death, I allow the first protagonist to choose which he or she would like to explore first. Almost always, the first protagonist chooses to walk the journey toward death. Starting at the wall designated as *today*, I direct the protagonist to take one large step toward the opposite wall, toward death: "Now we are at the day of discharge from inpatient treatment; if *you* [referring to the group] are moving toward death, what does that look like on this day?" At this point the group begins to create and enact a story, a timeline of relapse and death by addiction. Each step into the future (a week, a month, 3 months, 6 months, 9 months, a year, etc.) is another scene spontaneously put into action, with new roles introduced. For instance, at the day of discharge, someone in the group might call out, "He decided to hang out with old neighborhood friends instead of going to a 12-step meeting!" From here, I bring in other group members to play the roles of old friends and to spontaneously act out the described scene.

In creating a story for the enactment, the group taps into its source of creativity and spontaneity; most group members even report having fun during the treatment! Of course, each sociodrama has a different and unique story; however, the following roles seem to consistently appear: addiction, drug dealer, old friends, family members, and law enforcement. At the end of the timeline, the far end of the room, the protagonist enacts a dying scene and is asked to remain on the floor as each group member in role is prompted to speak to the deceased person from their role's perspective (addiction, drug dealer, old friends, family members, law enforcement, etc.). The most powerful point usually comes from the family of the protagonist, who express their sadness or disappointment. I direct everyone in role to remain where they are, to stay in role and represent this future possibility for everyone in the room.

Moving back to the beginning of the timeline, I solicit another protagonist to walk the timeline moving toward life. Again, each step into the future calls for a new event with new roles introduced as the group develops a story, a timeline of life in sobriety. Usually this timeline includes the roles of sponsor, Alcoholics Anonymous or Narcotics Anonymous, friends, family, and a higher power. I also include the role of addiction unexpectedly, so that the group can role train and practice responding to the voice of addiction after being resourced with supportive roles. Another aspect that I have found to be particularly helpful is to concretize many rewards of sobriety along the timeline. Using physical objects in the room, I focus especially on concretizing the internal rewards (self-respect, family trust, self-love, purpose in life, happiness, courage, ability to help others, etc.), which are not always visible. By the time this second protagonist gets to the end of the timeline, he or she is surrounded by supportive roles and literally has

arms full of the rewards of sobriety. From here, I direct each auxiliary role to speak to the protagonist as he or she has reached 1 year of continuous sobriety. This helps to really anchor in the sense of achievement and how it affects others in the life of the protagonist.

Before instructing clients to derole, I acknowledge the two scenes, which are now side by side, showing a striking contrast. One scene shows a deceased person surrounded by mourning family, while the other scene portrays abundance and celebration. Weaving in the topic again, I remind the group that each of these scenes is a future possibility for everyone in the room, and that each step they take is moving toward one or the other, life or death.

Processing and Integration

The enactment ends with deroling and brief time allotted for open sharing and processing the sociodramatic piece. I encourage group members to share how the sociometry or the enactment may have affected them. I inquire if there were aspects of the sociometry that were surprising when revealed, and if they have learned anything new about their group. Often I will ask if they feel more connected to the group after the sociometry exercise. In terms of the sociodrama, I question how it related to their own stories. The purpose of this phase of the group is to facilitate meaning making and integration of the work before closing the session.

STEP-IN SOCIOMETRY

A Tool for Processing and Integration

This alternative processing method facilitates rapid sharing and is very useful in a larger group with limited time remaining in the session. After the enactment and deroling, I instruct group members to return to the standing circle that we had formed during step-in sociometry. I invite group members to step in “if you experienced sadness during the drama,” while reminding them, “Keep your head up and connect with others who identify with you.” I continue by prompting anyone who experienced anger, joy, guilt, shame, and so on, to step in. Moving on, I might ask anyone who feels more connected to the group or gained new insights from the sociodrama to step in. As clients step in, I invite them to share briefly what the new insights are. Then I give space to group members to step in and offer their own statements about their experiences during the group. In this way, the step-in sociometry is used as a closing to anchor in the transformation of the drama, in addition to the warm-up to action. With the last few step-in prompts I might ask those who had fun during the group to step in, and to lighten the mood further I might invite anyone who is ready to eat lunch to step in! Using the step-in sociometric tool in this way allows group members to quickly indicate any feelings that they experienced during the group and to connect with others who felt the same feelings, and for the facilitator to assess how the sociodrama may have affected the group.

CONCLUSIONS

J. L. Moreno (1953) described an underlying structure responsible for a preference system that develops within groups and can lead to individuals being socially excluded: “We call this process of persistently leaving out a number of persons of a group the sociodynamic effect” (p. 75). Social exclusions during adolescence can increase the likelihood of mood or anxiety disorders later in life (Lev-Wiesel, Nuttman-Shwartz, & Sternberg, 2006), which suggests that as clinicians working with young people we need to be particularly attentive to the sociodynamic effect. Through the use of sociometry, we can help groups more evenly distribute the social wealth and limit the possibility of social exclusion. Using Moreno’s sociometric tools, we can provide group members with corrective emotional experiences, fostering a sense of inclusion which evolves from discovering the many unseen social connections between group members. Likewise, the sociodramatic tool fosters group unity as the group enacts a topic that is their own, while simultaneously touching upon each individual’s story.

The Sociodrama of Life or Death was first enacted spontaneously by a group of clients who sociometrically chose the topic and creatively put it into action with my directing. Since its inception, I have directed it many times. Each time it demonstrates a similar beginning, ending, and overall process or experience, although the content produced varies with each group. In the same way, each human being has a similar conception, ending, and process of life; it is the content of our lives that makes us different. Step-in sociometry allows us to connect with others who have the same life content. Sociodrama reminds us that although the content of our lives may be different, we all have an existential commonality. “Sociodrama and sociometry on their own and together attempt to bring a group to the unity within humanity, to what connects us to one another and to the whole of mankind” (Schreiber, 2016, p. 76). And the whole of humanity must be our ultimate objective, as we are all coresponsible for the healing of our society (J. L. Moreno, 1953).

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