

Collective psychodrama in death by disease

Abstract

The article presents a collective psychodrama session on death by disease within the framework of the Fernando González New School of Thought. Four roles appear: the patient, the companion, the doctor and the family. Each character brings meaning to the situation and allows us to understand the death situation from each perspective.

Keywords: psychodrama, collective psychodrama, dead, sickness, healthcare

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Introduction

The aim of this article is to show how collective psychodrama can be a useful tool for understanding situations related to death by illness. Psychodrama is a psychotherapeutic methodology that uses dramatization as a means of expression. As a psychotherapeutic procedure, its objective is the treatment of individual problems in spite of being performed in a group.^{1,2} However, there are other dramatic procedures that allow the use of dramatizations with different objectives than psychotherapy. What delimits the difference between the different dramatic procedures is the objective sought by the procedure and the role that the coordinator has with respect to this objective. Martínez et al.,² lists several of the dramatic procedures: psychodrama, sociodrama, role playing, dramatic games, dramatic experiences, dramatic research, dramatic techniques in institutional psychology, dramatized supervision, spontaneous theater, dramatic techniques of vocational orientation, dramatic techniques of surgical psychoprophylaxis and application of dramatic techniques in pedagogy. To this list of procedures it would also be necessary to add collective psychodrama.³⁻⁶

From this extensive list of dramatic procedures, three main ones stand out: psychodrama, sociodrama, and role playing. The purpose of sociodrama is sociotherapy, i.e., the resolution of conflicts in groups such as institutions and groups. In this way the role of the coordinator is directed to the interpretation of factors such as coherence, cohesion, tele, etc., emphasizing not to interpret the individuals but the structure of the group. The purpose of role playing is pedagogy, that is, the teaching of a particular role. It is particularly useful for corporate training or role teaching for vocational orientation. The coordinator should not fall into the error of interpreting the individual or his internal conflicts; his place is to interpret his adjustment to the preset role. However, none of these procedures can shed light on the psychosocial situation as Arias Castrillón et al.,⁴ point out. Sociodrama, although it does not focus on the subject's own issues but on the group's, concentrates its attention on elements of the group structure such as cohesion, coherence, tele, belonging, cooperation, communication, leadership relationships, etc.; making use of sociometry and the sociogram.⁷⁻¹² But it does not offer a broad reading on the psychosocial situation. Here appears the Collective Psychodrama.

Collective Psychodrama is a dramatic procedure that uses dramatizations as a way to study and understand human situations. It interprets issues related to the characteristics of the problem or situation that occurs, such as historicity, shared meanings, the agents of the situation, the power relations that occur, the possibilities of community resolution of the situation or problems and the shared

meanings, associated with historicity, of the places where these situations occur. It uses notions of collective social psychology such as psychosocial,¹³ relationship and interaction.^{14,15} On the other hand, it is important to talk about some studies regarding death and the meanings about it.

There are several studies on the meanings surrounding death. Sevilla-Casado et al.,¹⁶ conducted a study on death anxiety with nurses working in health care. Palacios-Espinosa, et al.,¹⁷ for their part investigated the meanings of life and death in women with breast cancer. Fernández et al.,¹⁸ investigated rites, meanings and feelings about life and death for her doctoral thesis. Vega-Vega, et al.,¹⁹ investigated the meaning of grief in pediatric nurses facing the death of a patient from cancer. Montoya Juaréz et al.,²⁰ also worked with health professionals on death, in this case in residences for older adults. Similarly, some on the meanings about the disease. Muñoz Price et al.,²¹ investigated on the meanings of patients with chronic diseases. Ledón Llanes et al.,²² investigated the psychosocial impact of diabetes. However, there have not been as many studies on death due to illness. Flores- Guerrero et al.,²³ investigated, from a cultural anthropological perspective, the meanings of health, illness and death. This is how the possibility of thinking about how collective psychodrama can become a tool to understand the human situations associated with death by disease appears.

Methods

A collective psychodrama session was held within the framework of the new Fernando Gonzalez School of Thought. This school was defined as a space for art, culture and life. It was an initiative of several young people, who invited the public and met in different parts of the city to discuss issues of current importance, analyze problematic situations of the city, the country society in general, and even themselves. The methodology consisted in the realization of thematic cycles of 4 sessions, in which for each cycle there was a macro theme that encompassed the themes of each session. Each session of the cycle was articulated with an artistic expression, namely literature, visual arts (photography, painting or drawing), theater and music. The sessions are held every Saturday and had three times: an incitement, a creation and a sharing. In the incitement, poems or writings were read on the theme that called for the session, or songs or photographs were shared. The moment of creation was based on exercises that allowed participants to make their own artistic creation related to the theme of the session, according to the artistic expression that articulated the session. And finally the sharing was a moment of discussion about the creations and the philosophical, political, ethical, scientific and spiritual ideas that emerged from the whole session. Within

the framework of the cycle on the Body, a collective psychodrama session entitled “everything has its end” was developed on the finitude of the body. It is proposed to dramatize a situation of death by disease through dramatization in order to understand the different actors, shared meanings and problems that appear in a situation like this.

Results

This meeting began with a reading of poems about death and a sample of some of Rodrigo Arenas Betancur’s works, always with the intention of arranging subjectivities according to the central theme to be worked on. In addition, there was a short reflection on the different deaths that occur every day in everyone’s lives and how distant the finiteness of life seems in these times. The session began by discussing the working rules. As any psychodrama session, it was guided by the rules of “as if” and “everyone participates”, including the audience, which, although passively, is also in relation to the psychodramatic situation. In addition, it was carried out with the three times: warming up, dramatization and sharing. The objective of the session was discussed, which was to dramatize a situation of death by illness. In a first moment, the warm-up was performed, which aims to prepare the bodies for the psychodrama situation, a kind of body warm-up is done, which, more than an exercise, has the purpose of being able to interlace looks, to recognize the space as a shared space between participants and audience, to recognize who is the other who is there with me and what summons us, to recognize the moment and to give way to spontaneity in the movements and reactions. The first question is asked “does anyone want to share any experience of death by illness that they have lived through?” It was from this question that questions began to arise that demonstrated the anguish generated by the thought of death, the need to flee from it, either explicitly or latently.

For example, one of the participants joked that “none of us has lived through it, we are all alive”. This expression could be taken as a defense against the anguish produced by the thought of the real possibility of death and at the same time as a way of reaffirming one’s own existence. From this first comment, different contributions from several participants began to be made, where moments, roles, reactions, ways of living related to the subject of death, the proximity to it, being one’s own or another’s, and the sensations that it generates, were identified. Among them, three stand out: an experience of facing the possibility of death due to illness, another from the place of a family member waiting for the news of the end of life of another person, and finally the role of the person who must accompany the person facing death. Ana told of her experience with death, lived at the time when she was diagnosed with cancer and she asked to be operated on, to be opened up and have her body checked and the possibilities of being saved, but that, if they noticed that they could not do anything, they would simply let her go on her way. She would say “open me up, explore, and if science can do something for me, intervene. But if you see that science can’t do anything for me, leave me alone”. Camilo shared with us his experience of sitting in the waiting room while patient and companion are with the doctor in another space; where the only possibility is to wait for everything to pass and to be able to enter after the diagnosis to receive the news. Finally, Brayan shares the guilt he feels for not having been there for his mother when she was diagnosed with a tumor in her head; he also shares with us the detachment for the life she had. To begin the dramatization, the following characters are suggested by the coordinator: patient, physician, companion and family. The group responds with silence, a piercing silence that can be interpreted as the anguish produced by imminent death. It is because of this that it is preferred to skirt the anguish and choose the roles of lesser commitment first: the doctor, the companion, the patient and

finally it is agreed that the other participants, except for the audience, were going to be family members.

First of all, the script and the function of each of the characters is defined among all of them. This is how it turns out that the patient should give an account of how the experience of death is lived, as strange as it may sound, in the subject. On the other hand, the physician should fulfill the communicative function of giving the patient the news of death. The role of the companion was to be available at all times for the patient and that of the family was to accompany them both in the process. The scene unfolds and is divided into four parts: 1. Patient-doctor, 2. Patient-doctor- accompanying person, 3. In the first stage, the physician spends some time going around and around before telling the patient that he/she is going to die; it is the coordinator, who plays the role of a double, who instructs the physician to tell the patient “you are going to die”. It is also proposed to the patient to make a soliloquy for him to express what he is thinking or feeling, in which he thinks about his own father and about the way in which he believes that in his life he has always hurt the people he has loved. In the second half, the patient remains in the same distressed position as in the first half; he is hunched over, with his gaze lost, his hands unloaded in his lap. The physician tries to explain to the companion what is happening to the patient with technicalities and little sensitivity. Here the accompanying person is anxious and only wants the doctor to leave so that he can be alone with the patient. Space is given for each one to have a soliloquy and express what they feel and think: the physician reaffirms how difficult it is to give the news of death; the companion expresses his pain as he remembers a real life situation in which he was accompanying a friend in a similar moment; the patient expresses that the only thing he wants is to be left alone.

In the third part, the accompanying person asks the patient what he wants and expresses that what is important at that moment is what he wants, that is when the patient responds that he remembers his farm and that the only thing he wants is to be taken back, he wants to be able to be there and to be calm. Here there is an intervention on the part of the physician in which the medical, legal and care aspects that govern the patient’s current conditions are highlighted. The companion, for his part, tries to get the doctor to leave them alone, saying that these things are not important to them, but the doctor insists and talks about the illegality of euthanasia and the obligation of care that they have with the patient. The latter is restless, there is a soliloquy on his part in which he expresses that he is very angry with the doctor because he only wants to be left alone and to be allowed to decide his own death. Finally, in the fourth period, some of the people who were designated for the role of family (at the beginning there were 8 or 9 and 5 participated in the scene) enter the scene. The companion begins to give them an explanation of what is happening with the patient and tells them that he wants to go to his farm. Here, the participant who had shared the experience of his mother’s death, who was playing the role of the family, withdraws without making any comment. The other family members begin to comment on the situation in different ways: they say that a second opinion should be sought, they ask the patient what he wants, what he feels, they tell him that he must first have more tests, and that in order to go to the farm he must first be sure that he will be able to “endure the trip”.

At this point the patient is about to start saying something, but stops, looks at the coordinator and tells him that he is no longer able to continue with the role, to which the coordinator responds that there is no problem and takes the role of the patient. He takes the floor and makes an interpretation from the role saying that he feels like resting, going to the farm and being with the people he loves and who have loved him, that he feels that this life has also been something valuable

and that he has not only hurt his loved ones, but that he has also loved them. He moves on to the moment of sharing. In the moment of sharing, the aim is to collect perceptions, interpretations, emotions and sensations generated or allowed by the previous moments, both from the audience and from the characters who had more direct participation in the scene or scenes carried out in the psychodramatic space. At this moment, comments on the experience of the scenes emerged: the person who played the role of the doctor reaffirmed the difficulty that it represented for him to tell the patient that he was going to die. A person who played the role of the family member commented on the experience of denial, where he felt all the time in denial of the patient's imminent death and proposing different options because he did not believe that he was really going to die. For her part, who played the role of the patient also made her contributions. He spoke of how with other actions and thoughts, such as smoking a cigarette and drinking beer, he had been able to distance himself a little from the sensation that did not allow him to continue on stage, and he also reaffirmed the indignation produced by not being able to decide about his own death.

Conclusion

In this psychodrama session it was possible to notice the resistance towards death, the difficulty to face it as something real and not as something imaginary or something that can only happen to the other person, not to oneself or to the people closest to each one. This was noticeable in the different ways of experiencing the space: many stopped observing and participating directly, they dissociated themselves by means of objects or chats, they drank red wine, smoked cigarettes, diverted their gazes and conversations to less unbearable places. On the other hand, one could also see in the passers-by the curiosity that the subject of death generates in some, and the curiosity of seeing others doing something that is not normally done in society without an aesthetic intention. Although during the different times of the psychodrama, internal and external reflections are made on the themes and the different emerging issues, it is in the moment of sharing where more comments and analysis arise from everything that was experienced in the warm-up and the dramatization. In this space all the people can have a time to tell their experience, emotion, thought or feeling about what they have experienced, they can express everything that this psychodramatic situation has aroused in them and make a joint reflection. It is also in this space where the coordinator can give greater interpretations of what has been observed and also of what has been experienced counter transferentially. The sharing space also gives the possibility of closing issues that open up in the psychodramatic situation, reaching conclusions that are almost always provisional, as are often the issues of subjectivity, and achieving a farewell, a completion of the session by all the people who participated in it. Four particular situations within the scene are highlighted and serve as a conclusion:

- i. The participants who are part of the audience leave as the scene unfolds and by the time the performance begins, they have been greatly reduced. This shows how ominous death is, how unbearable it is for people to face a situation in which death is the central theme.
- ii. The companions were in function of satisfying the wishes of the dying person, the companion character always asked the patient "but what do you want?" and this shows how many companions, in a situation of death, renounce their own wishes and focus on fulfilling the wishes of the dying person. The dying person becomes a kind of emperor and his or her wishes become "orders".
- iii. The physician in his cold role always tried to communicate through technicalities and away from the emotional experience that the context of death causes the patient and the family. However, this is evidence of how healthcare personnel (doctors, nurses, respiratory therapists, etc.) are confronted daily with death situations and in this way becoming emotionally involved becomes a risk factor for their mental health. So they use technicalities and sanitary norms as a way to keep a healthy distance with the death situation and many times it becomes a situation with little empathy with the patient, the companion and his family.
- iv. The family appears in the scene, but many of them leave the dramatization saying "I can't cope with this" or "this is too much". Somehow it is presented as a mandate to be there and accompany the patient. However, it is emphasized that each subject has different coping resources and not everyone has the emotional possibilities to adequately deal with the situation.

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Conflicts of interest

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