Research Article

Positive psychodrama: A framework for practice and research

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ABSTRACT

In the last two decades, positive psychology researchers have been studying the factors that promote well-being and optimal functioning to help individuals and communities thrive and flourish. This article introduces *positive psychodrama* as a framework for practice and research that builds on a sustainable and growing body of research indicating that a complete notion of mental health consists not only of the absence of mental illness symptoms but also the presence of mental health indicators. I address the question of how does psychodrama look through the lens of positive psychology. After an overview of psychodrama background and research, positive concepts in J. L. Moreno's psychodrama theory and philosophy are revisited and linked to contemporary positive psychology literature. Empirically-supported positive psychology interventions are also reviewed and examples of positive psychodrama activities are presented. Psychodrama therapists and researchers are encouraged to focus not only on decreasing mental illness but also on improving mental health, thereby contributing to the growing body of literature on this topic.

Introduction

According to the World Health Organization's constitution, "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (http://www.who.int/about/mission/en/). This view is supported by a sustainable and growing body of research that indicates that a complete notion of mental health consists of *both* the absence of mental illness symptoms and the presence of positive mental health indicators (Keyes, 2013). In light of new scientific advances, longevity, and empirically validated treatments for mental disorders, positive psychology researchers have been studying positive factors that are beneficial to well-being and optimal functioning (Fredrickson, 2012; Orkibi & Dafner, 2015; Orkibi & Ronen, 2015; Orkibi, Hamama, Gavriel-Fried, & Ronen, 2015; Schueller & Seligman, 2010).

Positive psychology interventions are defined as treatment methods and specific intentional activities that are primarily "aimed at cultivating positive feelings, positive behaviors, or positive cognitions" (Sin & Lyubomirsky, 2009, p. 467). Since Fordyce's (1977, 1983) seminal intervention to increase personal happiness, other positive psychology treatment methods have been suggested, including well-being therapy (Fava, 2016), quality of life therapy (Frisch, 2006), hope therapy (Cheavens, Feldman, Gum, Michael, & Snyder, 2006), strengths-based counselling (Galassi & Akos, 2007; Smith, 2006) or therapy (Murphy & Sparks, 2018), and positive psychotherapy (Rashid, 2015). More specific intentional positive psychology activities include writing gratitude

letters and reading them aloud in person, identifying and then exploring ways to optimize the use of one's character strengths, documenting and explaining the causes of good occurrences (Seligman, Steen, Park, & Peterson, 2005; Toepfer & Walker, 2009), counting one's blessings (Emmons & McCullough, 2003; Sheldon & Lyubomirsky, 2006), expressing gratitude (Emmons, 2013; Sheldon & Lyubomirsky, 2006), doing acts of kindness (Lyubomirsky, King, & Diener, 2005; Lyubomirsky, Sheldon, & Schkade, 2005), practicing mindfulness (Grossman, Tiefenthaler-Gilmer, Raysz, & Kesper, 2007), practicing forgiveness (Lundahl, Taylor, Stevenson, & Roberts, 2008; Reed & Enright, 2006), writing about personal life goals and building goal-setting and goal-pursuit skills (Cheavens et al., 2006; King, 2001; MacLeod, Coates, & Hetherton, 2008; Sheldon, Kasser, Smith, & Share, 2002), engaging in mental rehearsal to instill goal-directed hope (Feldman & Dreher, 2012; Marques, Lopez, & Pais-Ribeiro, 2011; Weis & Speridakos, 2011), and visualizing and/or writing about one's best possible future self (Layous, Katherine Nelson, & Lyubomirsky, 2013; Quoidbach, Wood, & Hansenne, 2009; Sheldon & Lyubomirsky, 2006). A mounting body of randomized controlled research suggests that such positive activities significantly enhance well-being and resilience through the cultivation of positive cognitions, emotions, and behaviors (Layous, Chancellor, Lyubomirsky, Wang, & Doraiswamy, 2011; Lyubomirsky & Della Porta, 2010; Sin & Lyubomirsky, 2009).

It has therefore been suggested that such positive psychology interventions are not only useful supplements for the traditional treatment of psychopathology, but are "fully justifiable in their own right"

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(Duckworth, Steen, & Seligman, 2005, p. 641). The rationale for positive psychology interventions lies in the Sustainable Happiness Model where about 40 % of people's happiness is thought to be accounted for by intentional activity, whereas 50 % is explained by genetics and 10 % by circumstances (Lyubomirsky, Sheldon et al., 2005). This model suggests that intentional cultivation of positive capacities and experiences may increase well-being and positive mental health. Thus, laying the groundwork for what I call *positive psychodrama* and provides the tools to begin addressing the question of how does psychodrama look through the lens of positive psychology.

Background

During his time as a medical student, Moreno (1889-1974), the creator of psychodrama, experimented with storytelling and role-playing in the parks of Vienna, and was fascinated by children's natural spontaneity and creativity (Moreno, 1964, p. 153). This is also when the concept of group therapy emerged from Moreno's work with groups of female sex workers from the "red light" district of Vienna. He met with them several times a week as part of a project to prevent the spread of venereal disease and to organize sex workers into a recognized labor union (Moreno, 1978, pp. xxviii-xxx). Gradually, from discussions on various health topics, the sex workers' personal sufferings became the key focus and the orientation of the meetings shifted to therapeutic interactions in the group where one sex worker became the others' therapeutic agent (Moreno, 1964, pp. 155-157). In retrospect, Moreno considered that these activities with children and sex workers were the forerunners of psychodrama:

> Psychodrama was done in life, on the streets, in the parks and in the homes. We had no psychodrama stage then. The theatrical element was implicit rather than explicit. The participants were real people and the problems were real... (Moreno & Moreno, 1975/2012, p. 30)

Contrary to what is sometimes assumed psychodrama did not evolve from the conventional theater of Moreno's time. In fact, Moreno criticized the conventional theater of his era, stating it was a "a rigid drama conserve" – the finished product of a completed creative process (Moreno, 1972/1994, p. 39). He argued that by assuming the identity of a fictional character, actors in conventional theater dehumanized and reduced their own identity. Moreno was concerned with life itself, rather than with mimesis and artificial situations. He viewed drama as an extension of life, not imitation (Moreno, 1972/1994, p. 15) and was thus interested in facilitating a real-life spontaneous existential *encounter* in the here-and-now (Moreno, 1969a); namely, a deep interpersonal communication that involves reversing roles with others, a direct and authentic encounter between the self and others, with all the strengths and weaknesses (Moreno, 1960, 1964).

To meet the criteria of an existential encounter (Moreno, 1969b), and liberate the conventional theater of his time, Moreno founded the Viennese Theatre of Spontaneity in 1922 that eliminated written scripts and the stage, and turned both the actors and the audience into spontaneous creators (Moreno, 1983/2010, p. 12). He experimented with various types of improvisational drama and discovered that role-play was often cathartic and healing for the actors themselves (see the story of Barbara in Moreno, 1972/1994, pp. 3-5). Despite some favorable reviews and periods of success, the Theatre of Spontaneity met resistance from the public and the press who saw little advantage in spontaneous performances. Moreno realized that

> a hundred percent spontaneity in a therapeutic theatre was easier to advocate; the aesthetic imperfections of an actor could not be forgiven, but the imperfections and incongruities a mental patient might show on the stage were not only more easily tolerated but expected and often warmly welcomed. (Moreno, 1983/2010, p. 22)

As a result, the Theatre of Spontaneity became the Therapeutic Theatre (also called the Theatre of Catharsis) that "uses the vehicle of the spontaneity theatre for therapeutic ends. The key person is the mental patient. The fictitious character of the dramatist's world is replaced by the actual structure of the patient's world, real or imaginary" (p. 52).

Although Moreno coined the term "psychodrama" in 1919 (Moreno, 1969b, p. 15), it is only after he immigrated to the US in 1925 that his experiments with audience participation developed into the therapeutic psychodrama method. Most of the techniques used in classical psychodrama gradually developed from 1936 into the early 1940s (Blatner, 2000). Classical psychodrama is a group action method, an art of the moment, in which participants act out their problems and possible solutions. In Moreno's own words, it is "the science which explores the 'truth' by dramatic methods" (1972/1994, p. 12), where "truth" refers to one's genuine and authentic psychological experience with respect to oneself and others.

Psychodrama theory and research

Moreno expounded psychodramatic theory in an unsystematic fashion. Boria (1989) claimed that the theoretical structure of psychodrama is "not more than a framework or a skeleton of a body still to be built" (p. 166). Psychodrama theory is a composite of rich and complex interrelated theoretical concepts rather than a systematic and cohesive doctrine (Bustos, 1994). This is perhaps why some psychodramatists ground their practice in Morenian philosophy and theory, whereas others adopt a "theory-free" approach that views psychodrama as a "method or series of techniques which may be used from any psychotherapeutic or philosophical perspective" (Wilkins, 1999, p. 9). Along these lines, Kellermann (1987b) argued that "psychodrama should be defined in a way that does not assume a theoretical orientation" (p. 78). Blatner (1996) contended that "psychodrama is more of a praxis than a separate school of thought…. a complex of both technique and the principles which underlie their application" (p. 157). Nevertheless, Moreno's reservations as regards the separation of his method from its underlying philosophy comes to the fore in this statement: "Take my ideas, my concepts, but do not separate them from their parent, the philosophy; do not split my children in half, like a Solomonic judgement. Love them in toto, support and respect the entire structure upon which they rest…" (cited in Z. T. Moreno, 1969a, p. 5).

Only a few attempts have been made to restructure psychodrama theory into a more coherent framework with premises that can be empirically tested. Academic publications on psychodrama has mostly been oriented towards describing psychodrama practice through illustrative case studies or clinical vignettes, and there are only a small number of correlational studies (e.g., Kipper, Green, & Prorak, 2010). Psychodrama has been generally isolated from mainstream behavioral sciences because most psychodramatists work in private clinics and not at universities. Unlike counselors, psychologists, and some creative arts therapists who are affiliated with research universities, psychodramatists in private practice are less likely to conduct rigorous research, publish papers with hard evidence of efficacy, or train new generations of graduate students who will further develop and test the theory and impact of psychodrama. Nevertheless, over the years, four major attempts have been made to review and summarize psychodrama intervention studies (Kellermann, 1987a; Kipper & Ben-Ely, 1979; Orkibi & Feniger-Schaal, 2019; Wieser, 2007). The latest review suggests that psychodrama intervention research between 2007–2017 has followed an upward trajectory, and reports promising results across methodologies. However, a call to improve methodological and reporting quality was put forward, along with the need to theorize and examine modality-specific mechanisms of action or change which distinguish psychodrama from other psychotherapies and their impact on desirable outcomes (Orkibi & Feniger-Schaal, 2019).

Moreno's theoretical foundation of classical psychodrama, in particular the hypotheses concerning the contribution of spontaneity and creativity to psychological health (described below), have been

explored empirically in a number of studies, although more are certainly warranted. With respect to spontaneity, several studies have reported positive associations between spontaneity and well-being measures, extraversion, self-actualization, creative capacity, and playfulness, and negative associations with neuroticism, stress, anxiety, depression, and symptoms of obsessive-compulsive disorder (Christoforou & Kipper, 2006; Kellar, Treadwell, Kumar, & Leach, 2002; Kipper & Hundal, 2005; Kipper & Shemer, 2006).

With respect to creativity, a considerable body of research has accumulated over the years, but not by psychodrama researchers. Among the positive predictors of creativity are hope, self-efficacy, and optimism (Rego, Sousa, Marques, & Cunha, 2011; Rego, Sousa, Marques, & Cunha, 2011). Similarly, a meta-analytic review of 225 publications revealed that "chronically happy people and those in pleasant moods might be more creative as well as more efficient problem solvers" (Lyubomirsky, King et al., 2005; Lyubomirsky, Sheldon et al., 2005, p. 831). This review also concluded that "laboratory findings on induced positive moods suggest that pleasant emotions enhance performance on simple measures of flexible thinking and originality" (p. 838). Another meta-analytic review of 102 experimental and correlational studies showed that positive, highly activating and engaging mood states predict indicators of creativity such as cognitive flexibility, divergent thinking, creative insight, creative solutions, and creative performance (Baas, De Dreu, & Nijstad, 2008). A different meta-analytic review of 72 studies revealed a strong relationship between positive mood and creative thinking or ideation and a less robust association between positive mood and overall creative performance (Davis, 2009, p. 33). However, some studies have found that negative moods can also facilitate creative problem solving, depending on the task at hand (Chen, Hu, & Plucker, 2016; Kaufmann, 2003; Tidikis, Ash, & Collier, 2017). High levels of creativity were found to be related to low levels of stress, the capacity to adapt and cope, and self-actualization (Runco, 2014). Creative tendencies measured as the Big 5 personality trait called "openness to experience" was shown to be inversely related to mortality and poor health (Ferguson & Bibby, 2012; Turiano, Spiro, & Mroczek, 2012).

Overall, a number of modality-specific mechanisms may account for the ways in which spontaneity can lead to creativity. Within the safe and secure psychodramatic environment of "as if", a warm-up process may stimulate spontaneity, playfulness and highly activating and engaging mood states. These, in turn, may lead clients to think in more divergent ways and act more creatively, flexibly, and adequately. Moreno himself stated that in psychodrama "reality can be simulated, so that people can learn to develop new techniques of living *without* [emphasis added] risking serious consequence or disaster, as they might in life itself" (Moreno & Moreno, 1975/2012, p. 19). This raises the question of how does psychodrama look through the lens of positive psychology.

Linking psychodrama to positive psychology

In the last two decades, positive psychology researchers have been studying the positive factors that promote well-being and optimal functioning to help individuals and communities thrive and flourish (Compton & Hoffman, 2019). This section revisits five core psychodrama concepts through the lens of positive psychology: spontaneity, creativity, and adaptation; sociatry and positive relationships; co-creation and mutual responsibility; roles repertoire and character strengths; and act hunger, flow, and engagement.

Spontaneity, creativity, and adaptation

The two inseparable core concepts of spontaneity and creativity were viewed by Moreno as "*primary* and *positive* phenomena" (Moreno, 1972/1994, p. 49). He believed that because spontaneity and creativity often become blocked by age and life events, the purpose of

psychodrama is to restore and release them.

Creativity

Moreno considered creativity to be essential for adapting to life changes and coping with unexpected challenges. He argued that people are not only "born to create" (Moreno, 1971, p. 137), but that "people must be creative in order to survive" because "the more creative the personality, the more problems it can solve, and that the more creative it is, the better it can structure and predict the future…" (Moreno, 1964, pp. 158-159). This notion corresponds to current conceptualization of creativity by creativity and positive psychology scholars. Creativity has been defined as "adaptive originality" (Simonton, 2002), and the need for creation is seen as part of the need to adjust to the environment (Sternberg, 2006, p. 9). Thus creativity is often considered a universal quality that helps people survive (Gabora & Kaufman, 2010; Richards, 2010), solve problems (Royston & Reiter-Palmon, 2018), and even grow after trauma (Orkibi & Ram-Vlasov, 2018). Creativity has been associated with flexibility, openness, autonomy, humor, playfulness, willingness to try new things, elaboration of ideas, etc. (Cropley, 1990). Similarly, in positive psychology's Handbook of Character Strengths and Virtues (Peterson & Seligman, 2004), creativity is classified as a cognitive strength that falls under the virtue category of "wisdom." As a character strength, creativity refers to the ability to generate ideas or behaviors that are recognizably original, novel, surprising, or unusual but also adaptive; namely, that make "a positive contribution to that person's life or to the lives of others" (p. 110). However, according to Moreno, in order for creativity to emerge it needs to be catalyzed by spontaneity.

Spontaneity

Whereas creativity refers to the creative outcome itself (a creative product or a cognitive/ emotional/ behavioral response), spontaneity refers to the pro-creative catalyzing *state of readiness* through which creativity emerges (Moreno, 1955b, p. 365). In other words, spontaneity expresses itself through creative acts (Kipper, 1986, p. 13). Formally, Moreno defined spontaneity as a state of readiness that propels "the individual towards an *adequate* response to a new situation or a *new* response to an old situation" (Moreno, 1978, p. 42, emphases added). The adequacy of a response is a function of its suitability to the requirements of a given situation (Moreno, 1972/1994, p. 93) as an appropriate response "with competency and skill" (Hare & Hare, 1996, p. 36) "*well-timed,* and neither too much nor too little in *intensity*" (Kipper, 1986, p. 12). The newness of a response refers to being "fresh, novel, creative, in the here and now, not fore-ordained or pre-determined, but arising out of the immediate situation…" (Z. T. Moreno, 1969b, p. 213).

Although each individual has an innate capacity for spontaneity and its resulting creativity, this capacity needs to be warmed up with four preconditions: a sense of trust and safety; openness to intuition, images, feelings, and non-rational processes; playfulness; and a movement toward risk-taking and exploration (Blatner, 1996, p. 43). In the creativity and positive psychology literature, the relationship of creativity with being "open to experience" and "tolerant to ambiguity" has long been documented (Compton & Hoffman, 2019; Robinson, Workman, & Freeburg, 2019) as well as the relationship of creativity with playfulness (Chang, Hsu, & Chen, 2013; Hunter, Bedell, & Mumford, 2007; Isaksen & Lauer, 2002; Proyer, Tandler, & Brauer, 2019).

According to Moreno spontaneity is not conservable, cannot be accumulated or stored, and is spent as it emerges and operates only in the immediate moment (Moreno, 1955a, 1955b, p. 372). Spontaneity typically decreases with age (Moreno, 1972/1994, p. 80), and is often discouraged, restrained, or feared (Moreno, 1974, p. 80); hence, the purpose of psychodrama is to restore and unblock it. Unlike its everyday meaning, and as shown by empirical findings (e.g., Kipper et al., 2010), spontaneity in psychodrama is different from mindless instinctive or uninhibited impulsivity since it moves in a prescribed

direction and therefore contains an element of self-control (Kipper, 1986, p. 11), autonomy and freedom from uncontrollable external or internal influences (Moreno, 1941, pp. 213-214).

Moreno's conceptualization of spontaneity resonates with Langer's (2011) contemporary conceptualization of mindfulness in the positive psychology literature, which she defined as "a flexible state of mind that is characterized by openness to novelty, sensitivity to context, and engagement with the present moment" (p. 279). Studies have shown that increases in mindfulness result in benefits such as better health and longevity, positive affect, creativity, and enhanced awareness of multiple perspectives in problem solving (Delizonna, Williams, & Langer, 2009; Langer & Moldoveanu, 2000).

Sociatry and positive relationships

In line with the above, Moreno believed that spontaneity and creativity should be expressed in human relationships for humanity to thrive in greater freedom and authenticity (Blatner & Cukier, 2007, p. 294). He thus believed that clients should be treated in groups rather than alone in isolation, and offered the concept of *sociatry* to convey his interest in the well-being of not only individuals (psychiatry), but of groups, communities, and society as a whole (Moreno, 1978, p. 119). He thus aimed for a "society in which our deepest selves are realized" (Moreno, 1949, p. 236) and believed that "a truly therapeutic procedure cannot have less an objective than the whole of mankind" (Moreno, 1978, p. 3).

Moreno thought that human potential comes to full actualization not in isolation, but rather in relation to others by genuinely considering the You and not solely the I (Moreno, 1949, p. 238) through an existential *encounter* in the here-and-now (Moreno, 1969a). He even stated that his entire triadic system – sociometry, psychodrama, and group psychotherapy – serves as an instrument to facilitate encounters (Moreno, 1969b, p. 8).

Moreno's perspective on relationships corresponds to the "positive psychology of US" in which the ME and the WE are balanced and both the individual and the collective perspectives are viable and considered essential for living satisfying and productive lives (Snyder & Lopez, 2007). Positive psychology research indicates that positive social relationships are one of the most important sources of life satisfaction and well-being (Lambert, Fincham, Gwinn, & Ajayi, 2011). Forgiveness, compassion, love, empathy, altruism, and kindness are positive factors associated with positive social relationships (Snyder & Lopez, 2002). Prosocial acts such as community services, volunteering and helping have likewise been associated with benefits for both the giver and the receiver (Piliavin, 2003). Similarly, capitalizing on positive events by offering an active-constructive response which conveys authentic enthusiasm and interest in others' good news has intrapersonal benefits, in contrast to passive-constructive, passive-destructive, and active-destructive responses (Gable & Reis, 2010). Another important positive psychological concept is social support, which refers to the social resources that individuals perceive to be available (perceived social support, PSS) or that are actually provided to them (actual or received social support) by others to help them cope with life stressors (Cohen, Gottlieb, & Underwood, 2000). Studies have shown that one's belief in the availability of social support (i.e., PSS) is more important to well-being than actual received social support (Chu, Saucier, & Hafner, 2010; Cohen & Wills, 1985). PSS has been positively and causally associated with mental health, physical health, longevity, and subjective well-being (Orkibi & Ronen, 2015; Thoits, 2011; Uchino, Bowen, Carlisle, & Birmingham, 2012).

Co-creation and mutual responsibility

Relatedly, Moreno believed that each person shares a co-creative power with the supreme creator he named the *Godhead* (Moreno, 1972) – a metaphor for infinite creativity (Moreno, 1955b, p. 117). He

considered each person to be a *cosmo-dynamic* being, who actively participates in the creative dynamics of the cosmos (Moreno & Moreno, 1975/2012, p. 23). Therefore, Moreno's I-God concept stands for the "I-Creator" and must not to be confused with superiority or egotism and should not be related to any religious context (Moreno, 1955a, p. 391). Rather, this concept reflects a belief in the Godlikeness of *each person* (Moreno, 1983/2010, p. 26) to the extent that "each person is both the one who creates and the one who is created and is therefore responsible for the world which they have created and everyone and everything in it" (Tauvon et al., 1998). In other words, people are co-responsible with each other for themselves and the entire world.

In the positive psychology literature, similar concepts have been associated with well-being and meaning in life such as mutual responsibility, being a service to others, and contributing to the greater good (Compton & Hoffman, 2019). Noteworthy is the Buddhist principle of *interbeing* that denotes the interconnectedness of all humans and nature, which contrasts with the worldview that humans are separate from each other and from the rest of the natural world (Hanh & Eppsteiner, 1998). The latter worldview has been associated with many of the social, economic, political, and environmental problems of our time (Eisenstein, 2013). The presence of similar concepts in Moreno's philosophy is not surprising, given his interest in the Hebrew Bible, the New Testament, and Buddhist texts (Marineau, 1989).

Roles repertoire and character strengths

Moreno's role theory defines three dimensions of role that lie on a developmental continuum. Psychosomatic roles are located on a physiological dimension, psychodramatic roles on a psychological dimension, and social roles on a social dimension where each dimension is based on the preceding role dimensions. Moreno (1962) proposed that a unified Self evolves from a dynamic self-creative process in which body, psyche and society are integrated. He defined the concept of role as

> The actual and tangible forms which the self takes …the functioning form the individual assumes in the specific moment he reacts to a specific situation in which other persons or objects are involved… The tangible aspects of what is known as 'ego' are the roles in which he operates. (Moreno, 1961/1987, pp. 62–63)

Consistent with his view of people as both the creators and creations, Moreno considered people not only as role takers and role players, but also as role creators who have the capacity to freely and creatively construct their Selves (Moreno, 1972/1994, p. 62). Dayton (1994) clarified this distinction as follows:

> *Role taking* is the stage of imitation, or modeling, one of the deepest forms of learning. *Role playing* is the stage of doing what we learned in role-taking while bringing of ourselves to the new role we are practicing, experimenting with and making adaptations to. *Role creating* is the stage in which we recreate the role with unique vision. We keep the elements of the first two stages, while creating the role anew to suit our talents, needs and desires. (pp. 21–22)

Moreno associated mental health with the creation of a wide repertoire of roles that enables the individual to act flexibility and adequately, in the right way at the right time (Fox, 1987, p. xiv). Psychodramatic role training involves the creative rehearsal of roles in order to perform adequately in future situations (Moreno, 1972/1994, p. 63).

The Morenian concept of role corresponds to the notion of *character strengths* in positive psychology. Character strengths are positive traits that are ubiquitously recognized as morally valued; they are distinguishable concrete "routes" to displaying a virtue (Peterson & Seligman, 2004). For example, the interpersonal virtue of Humanity can be achieved through related strengths such as kindness, love, and social intelligence. Intervention research has shown that helping clients to identify and then use their top (i.e., signature) character strengths can

increase health and well-being indicators in adults (Pang & Ruch, 2019) and adolescents (Proctor et al., 2011). Because character strengths are manifested in people's thoughts, emotions, and behaviors they can be conceptualized as roles, consistent with Moreno's (1972/1994, p. 354) view of people as role-players, in that "every individual is characterized with a range of roles that dominate his [sic] behavior…." This approach was implemented in Azoulay and Orkibi's (2015) four-phase psycho-drama treatment model developed in their work with at risk youth and inspired by positive psychology. In their model, "roles worth devel-oping and keeping" convey adaptive personal strengths (e.g., agreeable, kind) that are contrasted with maladaptive "roles worth changing" (e.g., antagonistic, inconsiderate). Here, the concept of role is used to represent a problem or a behavior in a less pathologizing and stigma-tizing fashion while acknowledging clients' ability to replace mala-daptive roles with more adaptive ones.

Act hunger, flow, and engagement

Moreno believed that clients should actively act upon their issues rather than passively talk about them. Thus, a fundamental Morenian premise is that just as an infant's self-expression through action exists before self-expression through words, act hunger precedes word hunger (Moreno & Moreno, 1944). Moreno claimed that people have an innate need to go beyond words to fulfil their act hunger; namely, a strong conscious or unconscious urge to express or experience some emotion or behavior that has not been adequately satiated through embodied action. This hunger acts on what Moreno called *open tension systems* of intrapsychic or interpersonal issues that have not been completed or brought to an adequate closure (Garcia & Buchanan, 2009, p. 407). Many clients want psychodrama to bring closure to an act that has not been completed in real life. This can often include, for instance, ful-filling a need to say goodbye, expressing unspoken words or feelings, or resolving unfinished business. According to Blatner (2000, pp. 104, 113), the concept of act hunger implies a recognition that humans have a *positive* need for healing by embodying the fullness of an act. There-fore emphasis is placed on *action insight* when a deeper understanding of the roots of an issue is gained through active experiential exploration (Kellermann, 2000). Thus often in psychodrama clients are fully im-mersed in the enacted scene to the extent of experiencing a state of flow (Kipper, 1986, p. 59).

In positive psychology, high active engagement has been associated with a psychological flow state of being completely absorbed in a specific activity that matches an individual's abilities, with optimal attention to the here-and-now and a loss of sense of time (Csikszentmihalyi, 1991). Flow experiences may facilitate skills devel-opment, improved performance, and a greater sense of competence, enjoyment, and meaning in life (Csikszentmihalyi, 2014). Engagement is also one of the five elements in Seligman's PERMA model of flour-ishing where applying one's "signature" character strengths has been reasoned to facilitate deep engagement (Seligman, 2011). Engagement has been associated with a range of well-being indicators in adults (Orkibi & Bar-nir, 2015) and youth (Orkibi & Tuaf, 2017).

Practical applications of positive psychodrama

The underlying theoretical framework of my own positive psycho-drama (**PPd**) approach draws largely on Seligman and Csikszentmihalyi's (2000) multi-temporal conceptualization of positive psychological factors across temporal dimensions. These are forgive-ness, contentment, accomplishment, and satisfaction with the past; savor, flow, happiness, meaning, and satisfaction in the present; and hope and optimism for the future. This multi-temporal framework is particularly applicable to psychodrama because psychodrama takes place in a *surplus reality* – a reality beyond everyday reality, an extended realm of dramatic action in which clients actively explore the feared and/or hoped-for past, present, or future (Moreno, 1965). In

psychodrama "there is no differentiation of time at all. There is also no differentiation of different kinds of realities with one regarded as more real, valid, or true than another" (Blomkvist & Rützel, 1994, p. 235). PPd implements in action-oriented way, empirically-supported positive psychology interventions (e.g., Magyar-Moe, Owens, & Conoley, 2015; Parks, 2014).

Thus, I define PPd as an action method that is based on guided dramatic role-play in which personal and interpersonal positive factors are actively explored across time dimensions to promote optimal cog-nitive, emotional, behavioral, and social functioning. PPd operates in multi-temporal dimensions where clients can re-enact events in the past, gain a broader perspective and awareness in the here-and-now, and explore possibilities or rehearse anticipated events in the future. As in classical psychodrama, in PPd group members often undertake the role of supporting players (auxiliary egos) in the psychodrama of the group member (the protagonist) whose issue is the focus of the session. Auxiliaries help the protagonist by providing a concrete representation of an absent person, a part of the body, inner voice, issue, inanimate object, etc. Auxiliaries serve as an extension of the psychodramatist, thus experiencing themselves as agents of positive change. The *role reversal* technique (in which clients take on the role of 'the other' in their psychodrama), the *double* technique (in which the therapist or a group member expresses something the client is unable to express), and the *mirror* technique (in which clients watch someone else replaying what they previously did) are used to broaden clients' awareness, per-spectives, and response possibilities with respect to both self and others.

Starting from the past, the *time regression* technique may enable clients to re-experience a positive past event when they were at their best, and manifested a character strength. By focusing on a positive past event, this work is intended to increase the client's motivation for change and ultimately generate a sense of competence. To illustrate, Avi, a 15 year-old with self-control problems, re-enacted a scene that manifested his ability for self-control (a character strength that falls under the virtue category of "temperance"), when he managed to control his anger and refrain from fighting with his twin brother. This scene conveys a situation when the problem is absent or the weakest; an event that contradicts the dominant problem-saturated story of the client, conveying to him or herself that s/he can control the existence or intensity of the problem (i.e., conceptualized as a maladaptive "role worth changing") and assume a more adaptive role (Azoulay & Orkibi, 2015). The work focused on exploring what produced this adaptive unusual response. With a group member playing his brother, Avi's thoughts, feelings and behaviors in this scene were identified, praised, and reinforced to encourage this adaptive behavior (i.e., role). Psy-chodramatically, this work fostered Avi's underdeveloped "role worth developing and keeping," thus expanding his repertoire of roles.

Psychodrama also takes place in the here-and-now; namely, the actual present of the therapy session and the current situation in a client's life. Present-oriented positive psychology interventions include rehearsing acts of kindness to the self or others, counting and con-cretizing one's blessings, and expressing gratitude (Magyar-Moe et al., 2015). To illustrate, Dana, a 30 year-old psychodrama student, was invited to engage in a guided gratitude meditation where she thought of a person who had done something good and meaningful for her, yet whom she had never thanked enough. She was asked to reflect on how this person positively impacted her life. Dana then wrote a detailed letter expressing her thankfulness to her theater teacher in high school who had not only believed in her talent but also in her academic abilities, thus boosting her self-confidence. After writing the letter, Dana's act hunger was addressed as she was invited to actively express her gratitude to an empty chair that represented her teacher. The next week Dana shared she had paid a gratitude visit in her old high school to thank her teacher in person.

The *future projection* technique enables clients to explore the ex-perience of being their best possible future self in the here-and-now, instead of only visualizing or writing about it. Clients explore and

clarify expectations, goals, plans, and possibilities, as well as gain more hope, motivation, and confidence by means of preparation, rehearsal, and behavioral practice (Yablonsky, 1954). To illustrate, Nathaly, a 25 year-old women, wanted to come out as gay to her religious parents. As her future self, she rehearsed an encounter scene where she would meet her parents (played by two group members) and reveal her secret. Role reversal was employed to facilitate a deep and authentic encounter where perspective taking could be explored as to her parents' possible thoughts and feelings. Nathaly, as her future self, also helped her present self (played by a group member) to recognize resources that could provide her with emotional and instrumental support throughout the coming out process. Overall the work considered Nathaly's act hunger to come out as gay while clarifying and validating her expectations, hopes and fears. Through role training and rehearsal, the work fostered a realistic and adaptive vision of her future that warmed up her spontaneity "towards an adequate response to a new situation or a new response to an old situation" (Moreno, 1978, p. 42).

Conclusion

PPd aligns with the positive psychological view that psychotherapy should not only focus on decreasing mental illness, but also on improving mental health (Rashid, 2015). By playing God or being human, Moreno clearly believed that people can intentionally and creatively shape their lives. He drew on the healthier capacities of clients to actively participate in healing themselves and society through the act of co-creation. PPd therefore highlights the inherently positive theoretical underpinning of Moreno's theory and philosophy. It is not surprising that Moreno was credited with having "offered a new way of looking at human suffering which was more sympathetic and based on health rather than on pathology" (Bustos, 1994, p. 50). Moreno's epitaph, at his request, reads "the man who brought laughter to psychiatry." Psychodrama therapists and researchers are encouraged to further apply and study the implementation of positive psychological concepts and techniques in clinical practice and research.

Declarations of Competing Interest

None.

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