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Comparison of interpersonally oriented verbal and action-oriented psychodrama groups by graduate student participant/ observers

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Twenty-six graduate student members of both interpersonally oriented verbal and action-oriented psychodrama groups evaluated their experience in both styles of group therapy on the Semantic Differential and on Yalom's Therapeutic Factors. The results indicated that the psychodrama group was rated on the Semantic Differential as of higher value, as more potent, and as more active than the verbal group. The psychodrama group was also rated higher overall on Yalom's Therapeutic Factors, and separately on three of the eleven therapeutic factors (Altruism, Catharsis, and Existential Factors). While this study took place in an academic setting, the results support the proposition that psychodrama groups are perceived to be as effective as, or more effective than, interpersonally oriented verbal groups.

KEYWORDS: Psychodrama; psychodrama group; group therapy; verbal group; therapeutic factor; action oriented; catharsis.

Psychodrama, an action-oriented method of both individual and group therapy, is arguably the original form of group psychotherapy. J. L. Moreno, the founder of psychodrama, introduced the term "group psychotherapy" in 1932 (Hare & Hare, 1996). "Psychodrama is a deep, action method... in which people enact scenes from their lives, dreams or fantasies in an effort to express unexpressed feelings, gain new insights and understandings, and practice new and more satisfying behaviors" (Garcia & Buchanan, 2000). However, it has not enjoyed the popularity in the United States that it has elsewhere in the world (Kipper & Ritchie, 2003). This is despite the fact that

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many of the techniques introduced through psychodrama are now commonplace in group psychotherapy (Blatner, 2009). Gershoni (2009) suggests that this may be due in part to the controversial personality of its founder. Kipper and Ritchie (2003) conducted a meta-analysis of psychodrama research and concluded that psychodramatic techniques show an effect size comparable or superior to other group therapy techniques. However, they also noted the paucity of research on psychodrama, which may be another reason for its underutilization. The interpersonally oriented verbal group method has been more accepted, and is in greater use than psychodrama. Focusing on the examination of the here-and-now relationships between group members, the effectiveness of these methods has been documented (Yalom, 1995). Psychodrama has not been as thoroughly researched. Kipper and Ritchie's meta-analysis examined the effectiveness of specific psychodramatic techniques, and their findings suggested that the psychodramatic techniques were at least as effective as verbal group techniques. However, they did not examine the overall relative effectiveness of these two different approaches. The present study examined the overall effectiveness of psychodrama with the aim of determining the relative efficacy of interpersonally oriented verbal and action-oriented psychodrama groups as perceived by subjects who experienced both modalities.

METHOD

Subjects

Twenty-six graduate students who were enrolled in a group therapy course as part of a master's degree program in either mental health counseling or marriage and family therapy served as the subjects for this study. All but four were female. Half of the subjects represented a mixture of racial and ethnic minorities. While subjects participated in the groups as part of the course format, participation in the data collection was voluntary. Twenty-six of the twenty-eight class members were present for data collection, and of these, all participated voluntarily. All data were collected anonymously.

Instruments

Semantic Differential. The Semantic Differential (SD) is an instrument designed to measure the connotative meaning of concepts. This refers to the attitude, or emotional response, that individuals have to concepts (Osgood, Tannenbaum, & Suci, 1957). For example, most people would agree on the denotative meaning of *automobile*. However, the connotative meaning or attitude would be very different for an environmental activist than it would for a teenager who just received his/her driver's license. Based on factor-analytic studies, Osgood et. al. determined that all concepts could be placed in three-dimensional semantic space. The three dimensions are Evaluation (how highly valued the concept is), Potency (how strong or powerful the concept is viewed), and Activity (how active or energized the concept is perceived). The SD has been replicated across cultures and languages, and has well-established reliability and validity (Heise, 1970).

In the present study, the specific SD used was the one presented by Heise (1970). This consisted of twelve bipolar adjectives, four for each of the SD factors. A copy of the scale appears in figure 1. Half the subjects completed the verbal group SD before the psychodrama group SD. For the other half of the subjects the order was reversed.

Figure 1. The semantic differential. (type of group appears here).

nice	___	___	___	___	___	___	___	awful
	3	2	1	0	1	2	3	
big	___	___	___	___	___	___	___	little
	3	2	1	0	1	2	3	
fast	___	___	___	___	___	___	___	slow
	3	2	1	0	1	2	3	
bad	___	___	___	___	___	___	___	good
	3	2	1	0	1	2	3	
powerless	___	___	___	___	___	___	___	powerful
	3	2	1	0	1	2	3	
dead	___	___	___	___	___	___	___	alive
	3	2	1	0	1	2	3	
sweet	___	___	___	___	___	___	___	sour
	3	2	1	0	1	2	3	
strong	___	___	___	___	___	___	___	weak
	3	2	1	0	1	2	3	
noisy	___	___	___	___	___	___	___	quiet
	3	2	1	0	1	2	3	
unhelpful	___	___	___	___	___	___	___	helpful
	3	2	1	0	1	2	3	
shallow	___	___	___	___	___	___	___	deep
	3	2	1	0	1	2	3	
old	___	___	___	___	___	___	___	young
	3	2	1	0	1	2	3	

Yalom Therapeutic Factors. Yalom (1995) developed a theory, based on research, in which he distilled the therapeutic factors responsible for the psychological growth that occurs in therapy groups. He identified eleven therapeutic factors: Installation of hope, Universality, Imparting of information, Altruism, Corrective recapitulation of the primary family group, Development of socializing techniques, Imitative behavior, Interpersonal learning, Group cohesiveness, Catharsis, and Existential factors. For the purpose of this study, an ad hoc scale was used, the Therapeutic Factors Scale (TFS). In this scale, each of the therapeutic factors was rated on a seven-point scale. The instructions were "Please rate the type of group listed at the top for your impressions of the presence of each of the therapeutic factors." Below each of the therapeutic factors there was a seven-point rating scale, with 1 representing low, 4 representing medium, and 7 representing high.

PROCEDURE

Twenty-eight students who were enrolled in two sections of a graduate course in group therapy experienced four sessions of verbal, interpersonally focused group therapy, and four sessions of psychodrama group therapy. The sequence for the entire course was as follows: first session, introduction to the course; next four sessions, verbal group; next four sessions, psychodrama group; last session, data collection, followed by closure. The therapist for both groups was the researcher, who was trained and experienced in both styles of group.

Interpersonally oriented verbal group (hereafter referred to as verbal group). Each section of approximately fourteen students was further subdivided into two groups using the method described by White, "Choosing Buddy Groups" (2002, p. 33). Each group met for one hour per session, with the other group observing in a "fishbowl" arrangement. The observers filled out observation sheets for the purpose of improving their observation skills. On these observation sheets students were asked to list three interventions made by the therapist and three interventions made by other group members, and to identify which of Yalom's therapeutic factors were present (with examples) and the level of group development (with examples). After the first hour the groups were reversed, with the first group serving as observers and the second group having the therapeutic experience. The sequence was alternated for each session. The textbook assigned that describes this type of group was *The Theory and Practice of Group Psychotherapy* (Yalom, 1995), and the group was identified to the participants as a "Yalom-style" group. During the group experience the therapist kept the focus on the group members. Fifteen minutes before the end of each group, the therapist intervened and invited the group members to examine the interpersonal interactions in the group.

Action-oriented psychodrama group (hereafter referred to as psychodrama group). During the psychodrama groups the fourteen students in each section were kept together as one group, as a psychodrama group can accommodate larger numbers. Each of the four sessions followed the usual format for psychodrama: a warmup, the enactment, and sharing. The students in this segment were asked to be participant/observers and to fill out the same observation forms on the group in which they participated. The experiential portion of each session lasted approximately two hours. The textbook for the psychodrama segment was *Acting-In* (Blatner, 1996).

RESULTS

Data were entered into the Quattro Pro spreadsheet program, and analyzed using the statistical subroutines contained in this program, except for the *Wilcoxon Signed Rank Test*, which was conducted via a freestanding program (Wilcoxon Signed Rank, n.d.). The results for each hypothesis are presented below: *Alpha* was set at .05.

H_1: There will be no difference between subjects' attitude towards the verbal group and their attitude towards the psychodrama group, as measured by the SD. Results can be found in table 1.

Table 1. Comparison of verbal group (VG) and psychodrama group (PG) on semantic differential factors (SDF).

SDF	VG Means	PG Means	t[ab]	P
Evaluation	5.49	6.07	-3.01	.006'
STDV	1.03	0.70		
Potency	5.35	5.99	-2.96	.007'
STDV	0.95	0.69		
Activity	4.11	4.95	-2.5	.019'
STDV	1.11	0.93		

a df=25
b t-test for correlated samples
' $p<.05$, two-tailed test

As can be seen in table 1, the null hypothesis was rejected for all three factors on the SD. The psychodrama group was perceived as being significantly higher than the verbal group on all three dimensions. Subjects perceived the psychodrama experience, on the Evaluation factor, as being of greater value, and held it in higher regard than the verbal group experience. On the Potency factor, the psychodrama group was viewed as being stronger or more powerful than the verbal group. The psychodrama group was also perceived as being more dynamic and energized on the Activity factor.

$H_{2:}$ There will be no difference in subjects' observations of the verbal group and the psychodrama group on the eleven Yalom therapeutic factors. To examine this hypothesis, the *Wilcoxon Matched Pairs Signed Rank Test* was performed on the means for the two group types on the *TFS*. The results were W+ = 9, W- = 57, N = 11, p <= .032, where W+ = the sum of the rank differences where the verbal group was viewed more positively than the psychodrama group, and W- = the sum of the rank differences where the psychodrama group was perceived more positively than the verbal group. For 9 of the 11 therapeutic factors, the psychodrama group had a higher mean than the verbal group. The probability of .032 led to rejection of the null hypothesis. This suggests that when all the Yalom therapeutic factors were combined in one analysis, the psychodrama group was perceived to exhibit a greater presence of these factors than the verbal group. To examine the factors individually, a *t-test for correlated samples* was performed on each of the eleven factors. The results will be found in table 2.

Table 2 contains the comparisons between the verbal and psychodrama groups on each of the Yalom therapeutic factors. Examination of table 2 reveals three therapeutic factors where the null hypothesis was rejected: Altruism, Catharsis, and Existential Factors. In all three cases the psychodrama groups were perceived as exhibiting a greater presence of these therapeutic factors.

Table 2. Comparison of verbal group (VG) with psychodrama group (PG) on the Yalom therapeutic factors.

Therapeutic Factors	VG Means	PG Means	t[ab]	P
Installation of hope	5.19	5.65	-1.35	.1.90
STDV	1.33	1.35		
Universality	6.11	6.31	-0.63	.532
STDV	1.21	1.09		
Imparting of information	4.96	5.35	-1.21	.239
STDV	1.64	1.62		
Altruism	5.00	5.65	-2.15	.041'
STDV	1.47	1.49		
Corrective recapitulation of the primary family or group	3.65	4.38	-1.42	.166
STDV	1.70	2.04		
Development of socializing tendencies	4.96	4.23	1.75	.092
STDV	1.59	1.39		
Imitative behavior	4.23	4.54	-0.65	.521
STDV	1.70	1.75		
Imterpersonal learning	5.61	5.43	0.44	.660
STDV	1.30	1.45		
Group cohesiveness	5.61	6.08	-1.40	.173
STDV	1.23	1.38		
Catharis	5.15	6.46	-4.74	.000*
Existential factors	4.38	5.42	-3.71	.001*
STDV	1.55	1.50		

a df=25
b *t-test for correlated samples*
* *p*<.05, two-tailed test

DISCUSSION

The results show that participants who experienced both the interpersonally oriented verbal group and the action-oriented psychodrama group have more positive perceptions of the psychodrama group. Their attitude, or emotional disposition, suggests that the psychodrama group is seen as having greater value ("better"), as more potent ("stronger"), and as more active than the verbal group.

As the SD is a measure of attitude, participants have a more positive attitude toward the psychodrama group.

The therapeutic factors identified by Yalom can be applied to all types of therapeutic groups. In this study the participant/observers ascertained a greater presence of the factors in the psychodrama groups, and therefore these groups should be of greater therapeutic benefit. The three factors that were significantly higher in the psychodrama group were Altruism, Catharsis, and Existential Factors. There are many ways in which altruism is manifest in psychodrama. The act of volunteering to be a protagonist is a service to the rest of the group. Group selection of the protagonist, playing auxiliary roles, spontaneous doubling of the protagonist, and sharing with the protagonist are ways in which group members give to one another.

Catharsis is one of the goals of psychodrama. However, it is a specific form of catharsis, a "catharsis of integration," rather than a "catharsis of abreaction" alone. It is not sufficient to express an emotion from an old hurt; it is important to follow it with an experience of healing. According to the participants in this study, the psychodrama group presents a greater opportunity to experience catharsis. However, the *TFS* did not differentiate between these two forms of catharsis, so whether or not there was greater opportunity for catharsis of integration in the psychodrama group is not clear.

Existential factors are more subtle. Such things as taking responsibility for one's own life and accepting the inevitability of difficulties in life (Yalom, 1995) were perceived as being furthered to a greater degree in the psychodrama group than in the verbal group.

It is interesting to note that while the psychodrama group received overall higher ratings on the Yalom therapeutic factors than the verbal group, the means for both groups were on the positive side of neutral for 21 of the 22 means. Therefore, participants perceived both group experiences positively, and both had value. It is particularly interesting that on the factor of Universality both types of group were rated close to the maximum possible score, indicating that participants experienced the realization that "we're all in the same boat" in both styles of group.

There are several limitations to, or alternate explanations of, these results. In the sequence of this study, the verbal group met first, and therefore could have served as a warmup for the psychodrama group, producing a more favorable psychodrama group experience. There is also the possibility of a "recency effect" whereby the psychodrama group, having occurred closer in time to the administration of the research instruments, may have had a stronger impression on the subjects. Future research could reverse or counterbalance this sequence and examine this effect. Also, the verbal group had one hour of experience as a participant during each session, and one hour as an observer. During the psychodrama group, the subjects had two hours of experience as participant/observers. This additional hour the participants experienced may have affected the results. In future research the duration of the participant role during the verbal group experience could be lengthened.

Another limitation is that there was one person conducting all groups. To add to the generalizability, multiple therapists/directors could be used. Also considered as a limitation is the possible dual role of the instructor. The following steps were taken to minimize this problem: 1) the instructor was not a regular faculty member, and therefore would not participate in any academic decisions concerning the students; 2) the instructor pledged the same level of confidentiality as the students; 3) the instructor attempted to minimize his evaluative role. The grades for the course were assigned using a point system, with the grade determined by the cumulative total of points earned. Points were earned on three written papers. The students were told that the instructor would simply accept or not accept each paper. If the paper were accepted, the maximum number of points would be awarded. If the paper were not accepted, it would be returned to the student for revision until such time as it would be accepted. At that time the maximum number of points would be awarded. Because of these provisions, the instructor was able to function primarily in a therapeutic role.Another issue is whether the subjects were responding to the instructor preferences. The instructor did not state his preferences or present any research comparing the two modalities during the course of this study. He attempted to present both methods in the best possible light. Some evidence for his success in doing this may be that the subjects rated both experiences on the positive side of neutral on all SD variables and on 21 of the 22 *TFS* means. However, the possibility that the instructor subtly communicated his bias remains a limitation of this study.

Another issue concerns the number of t-tests performed. With a total of fourteen t-tests being performed, with alpha set at .05, there is a probability that .7 of these hypotheses could be falsely rejected. As six of the fourteen were actually rejected, and as the absolute probability values were generally considerably less than .05, it is unlikely that this possibility influenced the meaning of the results in any important way.

Two final limitations are that the groups were not randomly selected, and that they consisted of graduate students rather than a clinical population. A sample of convenience was used, with subjects being those individuals who had enrolled in a group psychotherapy course. In addition, they were students attending a course rather than individuals seeking psychotherapy. While this fact may have produced some initial reticence among some group members, over time the content of the sessions was quite similar to a typical outpatient therapy group. However, these sample limitations should be considered in generalizing the results.

In summary, attitudes toward psychodrama groups are more positive than they are toward verbal, interpersonally oriented groups. Also, the factors that predict psychological growth of participants in groups are present to a greater degree in psychodrama groups. This adds to the evidence of the greater efficacy of psychodrama groups, and suggests that group therapists should seriously consider their use. Also, those concerned with cost-effective delivery of mental health services, such as managed care providers, should find these results of interest.

Not only is psychodrama efficacious, it can accommodate larger numbers in a group, and therefore it is more cost-effective. Finally, exposing graduate students in therapeutic fields to psychodrama should lead to greater popularity and use of this method. These conclusions should be considered in light of the limitations stated above.

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