The Journal of Psychodrama, Sociometry, and Group Psychotherapy, Vol. 62. No. 1

Conducting Substance-Abuse Groups Utilizing Improvisational Action Methods

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This article is based on work conducted over a two-year period with several open-ended substance-abuse groups as part of a voluntary acute treatment program treating recently detoxified clients in an outpatient homelike setting. Rehearsals for Growth, an application of improvisational theater techniques to psychotherapy (D. J. Wiener, 1994), was used successfully to teach group trust and cohesion, foster interdependence, and enhance group members' confidence in using their spontaneity and creativity to maintain a sober lifestyle. This article first presents the rationale for using action methods in the treatment of clients with substance-abuse problems; next, it describes the core concepts of Rehearsals for Growth; then it briefly describes some distinctive techniques used in conducting these groups; and it presents information that is useful to therapists for the conduct of these groups. In a final section, comparisons are made between Rehearsals for Growth and psychodrama groups.

KEYWORDS: Substance Abuse; Groups; Improvisation; Action Methods; Rehearsals for Growth.

RATIONALE FOR USING ACTION METHODS IN THE TREATMENT OF CLIENTS WITH SUBSTANCE-ABUSE PROBLEMS

The recidivism of detoxified clients in substance-abuse treatment programs has been empirically associated with these clients' affective disorders (notably depression and anxiety; Regier et. al., 1990). It has been demonstrated that substance-abuse treatment for dually diagnosed clients that does not attend to their accompanying affective disorders only infrequently results in lasting improvement (Grinspoon, 1991).

The mood of clients with depression and substance-abuse problems can be elevated by physical activity (Thoren, Floras, Hoffmann, and Seals, 1990) and by laughter and humor (Lefcourt, H.M., Davidson, K., Shepherd, R., Phillips, M., Prkachin, K. & Mills, D., 1995). While the action methods of Rehearsals for

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ISSN 0731-1273

Growth (RfG, a clinical application of improvisational theater games described later; D. J. Wiener, 1994) guide clients to make considerable use of activity, laughter, and humor, we do not advocate indiscriminate emotional expressiveness for this population. For many of them, emotional expressiveness is associated with being "high"; they have not developed a capacity to access expressiveness without the use or abuse of psychoactive substances. During recovery they experience the fear that permitting themselves heightened expressed emotion would risk losing their self-control and lead them to relapse. Consequently, we recognize the need both for a gradual exposure to RfG techniques and for building considerable group support and reassurance into the group therapy.

Dramatic enactment as a particular form of action methods holds promise in counteracting the psychological dynamics of clients with substance-abuse problems. According to Moffett and Bruto (1990):

Chronic substance abusers cope by using immature defenses (i.e., denial, projection, and acting out). These immature behaviors interfere with learning from social experience and with effective participation in conventional psychotherapies. Dramatic methods of therapy ... offer specific advantages for the actors and the audience. Role-playing invites the immature person to project and act out in nondefensive interaction with others. The actors can tolerate exposing their problematic behaviors through roles because such behavior can be disowned (i.e., denied in oneself and projected onto the dramatic role). Similarly, the audience can engage in personal issues from a safe theatrical distance rather than completely avoid their problems by denial or acting out. (pp. 346–347)

Our work, conducted over a two-year period with several open-ended substance-abuse groups as part of a voluntary acute treatment program treating recently detoxified clients in an outpatient homelike setting, supports the efficacy of dramatic enactment as a treatment method for these clients to explore and create healthy alternatives to their prior real-life behaviors and attitudes (Ramseur, C. A., & Wiener, D. J. (2003).

For clients with substance-abuse problems, speech is often used to deceive, persuade, and manipulate others in the service of perpetuating the abuse of drugs. For this reason, the verbal discourse of clients in talk-only therapy cannot be relied upon as truthful. In contrast with conventional talk psychotherapy, action methods utilize other-than-verbal channels of communication—notably bodily posture, gestures, and movement—making it considerably harder to deceive others, as the "performed incongruity between verbal content, vocal tone and bodily movement readily reveals insincerity, defensiveness and deception" (Ramseur and Wiener, 2003, p. 110).

REHEARSALS FOR GROWTH GROUP THERAPY

Fundamentals of Rehearsals for Growth

Rehearsals for Growth is an application of theater games to therapy which focuses on enhancing spontaneity and creativity and expanding clients' role repertoires by means of improvised theatrical enactments (D. J. Wiener, 1994).

RfG's staged enactments are partly structured tasks that require some improvisation, the essence of which is spontaneity, the adventure undertaken when one is unable to anticipate (and hence plan for) the immediate future. One therapeutic benefit of improvisation is that habitual patterns of behavior are more readily put aside when encountering the unexpected. The method is founded on the dual recognitions that successful life performance requires adequate role and relationship development and that interpersonal improvisation and good interpersonal relating share common principles. The therapist's challenge in employing RfG with substance-abuse recovery groups lies in the creation of a playful, encouraging, nonjudgmental milieu that fosters the group safety, cohesion, and support necessary to promote individual engagement, motivation, and dramatic exploration of unfamiliar roles and responses. Nurturing leadership, playfulness, affirmation, and flexibility are essential components of the RfG therapist's role in working with this population.

RfG enactments simulate theatrical performances, with clients (termed "players") performing in an area of the room designated as a stage and nonperforming clients remaining physically set apart from the players as an audience. The therapist moves between these areas, at some times in role as a coach or theatrical director near the stage and at others as another audience member. The objective of these enactments is not mastery of performance skills but rather the exploration of novel possibilities, akin to psychodramatic role exploration and role expansion. The emotional tone of these performances is generally playful. While realistic re-enactments of events in clients' lives also are used in the group, these are generally deferred until group cohesiveness has been established and the clients have had a number of experiences playing fictional or displaced roles. RfG makes use of both nondramatic enactments (termed "exercises"), in which clients perform while being their conventional social selves, and dramatic enactments (termed "games"), in which they play characters other than themselves. Literally hundreds of distinct RfG enactment forms have been developed and utilized in therapy, with new forms and variations being devised continually. We have pointed out elsewhere:

> More important to the effectiveness of RfG than the specific form of the tasks is the playful, non-judgmental atmosphere created through group support of performances, which encourages client exploration of imagination, fantasy, and spontaneity. The fundamental rule of performance improvisation is "to accept all offers," meaning that all players on-stage accept the premise of whatever is co-created by themselves and other players. Enactment of RfG games and exercises teaches cooperation with and validation of others and greater acceptance of one's spontaneous imagination, and lessens performance anxiety. Since the form of theatrical improvising used in RfG both relies upon and develops relationship skills, RfG group therapy offers clients vivid experiences of affirmation, support, and pro-social playful interaction. (Ramseur and Wiener, 2003, p. 108)

RfG shares the goal of developing relationship skills in substance-abuse group therapy with both Motivational Enhancement Therapy (Miller and Heather, 1986) and the Stages-of-Change Transtheoretical Model (Velasquez,

Crouch, Maurer, and DiClemente, 2001). In recovery, clients with substance-abuse problems struggle with their shame and self-devaluation when recollecting their addiction-controlled prior conduct. RfG games offer them an opportunity to enact scenarios as they wish themselves to have been, to be, or to become. It can be very effective to use displacement to help create safety for clients by allowing them to try out some desired action without consequences. For some clients, even the thought of performing an act feels threateningly real enough for them to decline the invitation to pretend. Although RfG enactments are actual performances in the group, they are often framed as "rehearsals" instead of some real-life performances, reducing the pressure that participants frequently feel.

TECHNIQUES

Creating a climate of safety and mutual support for participation in RfG substance-abuse groups requires a gradual induction into play and performance. Warm-ups disinhibit group members and facilitate their exploration of non-habitual actions, thoughts, and feelings. The therapist continually assesses the developmental level of the group (Johnson, 1991) through observation of the fluctuations in group energy and cohesion.

The warm-ups chosen depend on such factors as the space available, group size, physical limitations of the group, time allotted to the group, readiness of the group to participate, and familiarity of the group with RfG and other action activities. In our groups there does not need to be a clear demarcation between the warm-up and action phases, although the move of specific members to the stage signals an enactment.

The following frequently used techniques are representative of the action methods used in our groups.

Mirrors

In the Mirrors exercise (D. J. Wiener, 1994, p. 69), paired players face each other, standing 4 to 5 ft apart. The therapist assigns them the temporary roles of Leader and Follower. The Leader is to initiate slow, continuous physical movement that is to be mirrored by the Follower. Whenever the therapist calls "Switch!," the players are to exchange roles. When the therapist calls "Mutual!," players are to continue simultaneous movement without a Leader or Follower. While players of Mirrors are not instructed to assume dramatic (i.e., nonself) roles, they occasionally report doing so afterwards.

When Mirrors is done with eye contact throughout and without words, players often experience intimate connection to each other. Additionally, comfort with taking reciprocal roles is developed and tested as each player alternates as Leader and Follower. Attentiveness and intimacy are heightened while players engage in mutuality of movement without an assigned Leader or Follower. As with RfG enactments in general, in Mirrors the willingness to enter into play leads members to experience the similarity between pretense and real life. A minor contraindication for using this game would be the inability of the

group members to sustain movement because of physical or visual limitations. A more significant one would be for players with a history of physical or sexual abuse, who may find it difficult to play this game due to charged feelings around intimacy, abuse, trust, and violation associated with relinquishing control to a partner. It is advisable for therapists to know some history of their participants and to make it safe for them to not participate or to even stop an enactment if it becomes too uncomfortable for them.

Poet's Corner

In the RfG game Poet's Corner (D. J. Wiener, 1994, p. 84), two players cocreate the staged reading of a poem. One player takes the role of a foreign Poet who recites a poem "in his or her native tongue" by using gibberish (nonsense speech), all the while making broad, frequent gestures and varying vocal inflection. The Poet pauses at intervals to allow the other player, the Translator, to "translate" the poem into English (which is invented, but shaped by the Poet's gestures and vocal inflection). In turn, the Poet shapes his or her gestures and inflection to match the emerging content of the "poem." Poet's Corner works best when the players attend closely to one another. Although something is learned whenever an enactment is attempted, a performance that works well aesthetically is experienced as a memorable and transformative event for players and audience both. As in other RfG games and exercises, there is inherent risk in allowing oneself to venture into the unknown. The trust developed among players helps to create a sense of safety in this challenge, by both reducing inhibitions and encouraging curiosity.

Presents

The exercise Presents (D. J. Wiener, 1994, p. 105) builds on clients' familiarity with the social rituals of giving and receiving presents. Players in the roles of Giver and Receiver face one another. The Giver begins by holding out both hands, palms up and together, in a gesture of offering a present to the Receiver (unlike in realistic gift giving, the Giver does not know what present is being offered). The Receiver is told that she or he is to look at the Giver's outstretched palms and imagine a gift from the Giver to her- or himself appearing there. Once she or he "sees" the present, she or he is to mime picking it up and using it, ending the enactment by signaling in some way acknowledgement of the gift. These imaginary presents can be either material (e.g., a book) or conceptual (e.g., respect).

In enactments of Presents between players having a significant prior relationship history, feelings and expectations that they already have toward one another tend to intensify (D. J. Wiener, 1997). In those brief group settings where relationships between players are less established, the more frequent experiences are that of a Receiver-as-self playing opposite a Giver in the projected role of a significant other in the Receiver's life, or that full attention is given to the present itself and the feeling its receipt evokes. Since in Presents, the Receiver determines what the gift is, the Giver recognizes that the Receiver has the responsibility both for the particular gift received and for her or his way of acknowledging the Giver. "Presents evokes issues and enacted scenes that depict not only real life situations,

but also wished-for changes from the often painful reality. … Wished-for emotional gifts can be more powerful when received than physical gifts. If the therapist desires, he/she can use Presents to encourage clients to explore what it would be like to receive emotional gifts that they long for" (Ramseur and Wiener, 2003, pp. 125–126).

Transitional Enactments

While the enactment of the game and exercises just described frequently leads to more intense, personal enactments and verbal sharing, another way used to select or devise enactments at a more advanced stage of therapy is to base them on client themes, moods, and issues in their lives that are identified from verbal sharing. These transitional enactments, which begin as invitations to engage in imaginative fantasy, can evolve into realistic enactments or even full psychodramas, though as a rule this is not encouraged (see the later section "Convergences and Divergences in RfG and Psychodrama Group Practice").

Address the Telephone

In Address the Telephone (Ramseur and Wiener, 2003, p. 128), group members are invited to move from the familiar activity of talking on the telephone to performing the act of speaking on stage to an imaginary person, using a theatrical prop telephone. The player may place the call or be cued by ringing sounds provided by other group members; other players, out of sight of the caller, may improvise the voice at the other end of the line. The drama therapist Renee Emunah, who developed a similar version of this exercise, notes: "Like drama itself, the telephone as a prop is almost real, treading that thin line between the actual and the imaginary—a line at which such powerful theatre and therapy can take place" (Emunah, 1994, p. 189).

True Confession

Useful in groups where the theme of trust has emerged, True Confession (Ramseur and Wiener, 2003, p. 118) has volunteer pairs of members take turns enacting scenes in which each confesses the truth to the other, who is standing in for someone the Confessor has deceived. True Confession often leads directly to the staging of an enactment, with the Confessor encouraged to reverse roles with the deceived other. Enacting a confession is the trusting act of unburdening in a safe environment, which frequently prompts observing others to reveal their own secrets and may bring about cathartic responses from all group members.

Altered States

In Altered States (Ramseur and Wiener, 2003, p. 119), players enact a brief scene in two contrasting ways: as their "abuser selves" and as their "sober selves." The main point of enacting Altered States is demonstrating that players readily display expressiveness as the abuser self, despite their being substance free while performing. This enactment may be used by the therapist to lead the group to

answer the question "What does your sober self need, *besides* drugs or alcohol, to get in touch with your fun-loving, expressive self?" As we have previously noted, "The evidence of clients' ability to behave in an emotionally expressive way while substance-free counteracts their belief that drugs are necessary for the enjoyment of life" (Ramseur and Wiener, 2003, p. 119).

DESIGN OF THE RFG THERAPY GROUP

Clients come to RfG groups accustomed to the exclusively talk-therapy format that characterizes most prior therapy experience. Their unfamiliarity with action methods initially renders some members timid and defensive when the element of performance is introduced. Some clients refuse outright to participate, saying that performing reminds them of scary or humiliating past experiences. However, these clients are keenly interested in how to have fun without abusing substances, so the offering of these enactments intrigues them. When thanked by the leader for sharing their true feelings, reminded that they are only invited to participate, and reassured that no one will pressure them to do anything, they become more relaxed. Furthermore, when clients' feelings and memories of negative experiences of performing publicly are shared and validated by others in the group, these clients become more willing to participate. By the time they leave the group, most clients have voluntarily engaged in RfG group games and exercises. RfG exercises may evoke open and voluntary expressions of personal situations when the enactments address sensitive issues.

GROUP RULES AND CONSTRAINTS

Elective Participation

Freedom of choice to participate in RfG games is a rule; akin to the "pass" rule in psychodrama, the therapist does not pressure nor tolerate others to pressure anyone to participate. Unlike some life experiences (including some substance-abuse therapy groups) with harsh consequences for nonparticipatory behavior, RfG games are offered in an invitational spirit of play without coercion. Hence, clients experience participation as a choice. In the same spirit, the therapist accepts the offer of the client to make his or her own choice. In doing so, the therapist usually lifts emotional constraints to participation, which allows and encourages the client to play.

Safety and Play

The RfG group atmosphere is kept playful and relaxed; group applause is given to show appreciation and support for each member's courage in being willing to perform. In sharp contrast to the rigidly enforced and explicit ground rules of verbal psychotherapy groups that are normative in much of substance-abuse counseling, rules for the RfG group are kept to a minimum in order to encourage freedom of expression. Since some enactments involve physical movement and/or physical contact with others, two rules are: 1) Keep yourself

and others safe by using movement within your physical abilities and limitations; and 2) keep others safe by limiting contact to what others have agreed to permit. Group members are assured that there is no preconceived right or wrong way to perform—only their way matters. Note that the fundamental rule of improvisation, namely, to accept all offers, is deliberately omitted, as it is more important that members of these groups first experience the freeing effects of spontaneous play than that they consciously align their performances with those of others. Full instructions are given at the beginning of each game or exercise, which makes "informed consent" a feasible practice for client participation at all times.

Veterans and Novices

In open-ended groups, the frequency of group members leaving and new members joining requires that the therapist fully restate some instructions. It helps that veteran members often assist novices by reassuring them and sharing their positive experiences. Moreover, the willingness of veteran members to volunteer to perform enactments facilitates novices' participation. Varying the exercises used so that the veteran members do not get bored is key to holding the clients' interest and investment, particularly in groups that frequently change their membership. Time may limit the number of enactments that can be performed, particularly with a large group. As with any therapeutic group, it is sometimes necessary for the therapist to abandon planned interventions and accommodate responses and issues that emerge during the group.

Using RfG Methods Outside the Group

As we have noted elsewhere,

> A testament to the beneficial impact of RfG exercises and games is that players often want to share their play experience with a loved one. Clients in recovery from substance abuse problems very often are anxious to improve strained relationships with their loved ones, but do not recognize that the non-abusing family members are also healing or working through pain and suffering endured by living with them. Often times, non-abusing family members are angry with the client and are not able to connect with them as (s)he desires. Instead, they themselves need time to heal before they can interact positively with the client. Hence, clients are cautioned not to become discouraged if their family's reaction to the game was not what they hoped for. (Ramseur and Wiener, 2003, p. 124).

Self of the Therapist

In order to keep the atmosphere upbeat and to encourage play, the RfG therapist needs to remain constantly aware of her or his own affective state. Resistances activated in some group members require that the therapist be "in Self" (described further in the following section) to maintain flexibility and avoid getting caught in countertransferential processes. In our approach, the use of Internal Family

Systems (IFS) therapy language and techniques, described further in the next section, works well in maintaining such maneuverability.

Using Internal Family Systems in RfG Groups

In Internal Family Systems (IFS) theory (Schwartz, 1995), human personality is a dynamic interaction among numerous subpersonalities, termed "parts," which carry the memories, feelings, and emotional burdens acquired by interaction with the external world. Psychological health results from these parts being optimally organized under the leadership of a part called "the Self," while dysfunction results from parts becoming polarized (i.e., in conflict with one another) and resistant to Self-leadership. The goal of IFS therapy is to restore Self-leadership and inner harmony to the parts; IFS technique guides clients to attend to their inner experiences in order to separate out their stressed parts, activate the positive qualities of their other parts, and unite all parts under Self-leadership.

Used in RfG groups, IFS language and experiential techniques have a number of effects: 1) helping direct clients to view their substance abuse as behavior activated by certain parts, rather than by their entire being; 2) providing a frame for clients to connect to Self; 3) reassuring their scared parts and encouraging them to venture willingly into disclosure and play; 4) confronting oppositional parts so that they "step back" and allow the client's Self to play; and 5) evoking group compassion and respect for other group members. Once clients have identified some of their emotionally reactive parts, the therapist may invite them to "check in" on how these parts are reacting to a contemplated or enacted process, thereby assessing those clients' readiness to proceed. Consistent with IFS therapy practice, the therapist does not ordinarily dialogue directly with a part but asks the client's Self to mediate with recalcitrant parts. Additionally, adhering to the IFS practice of attending to one's inner process helps the therapist to "stay in Self" and to avoid the pitfalls of succumbing to countertransferences that are often activated in groups. "Very frequently, though not always predictably, other group members function as effective co-therapists when they are in Self. The therapist needs to intervene selectively in interactions between group members to ensure therapeutic progress" (Ramseur and Wiener, 2003, p. 129).

Training RfG Group Therapists

In addition to group-therapy experience, therapists wishing to lead RfG groups with clients who have substance-abuse problems are advised to obtain training in RfG methods. A list of RfG-certified trainers and current training courses for mental-health professionals is available from the RfG website (D. J. Wiener, 2005).

Video-recorded role play, followed by video playback combined with commentary and discussion, is used to provide an enriched learning experience. To simulate group process, trainees who are in role as substance-abusing clients who have just completed medical detoxification are encouraged to portray specific clients with whom they have had difficulty in real life. Alternatively, cards on which are printed "types" such as "passive, vague, socially polite,"

"defensive, shut-down, noncompliant," and "aggressive, competitive, domineering" can be distributed to trainees to role-play those types. This is preferable to providing trainees with highly detailed character descriptions, which tend to distract them from attending sufficiently to the improvised interaction once the simulated group is underway. The trainer initially plays the role of the group leader; later in the training, participants are invited to take turns assuming the leadership role.

CONVERGENCES AND DIVERGENCES IN RFG AND PSYCHODRAMA GROUP PRACTICE

Convergences

In both RfG and psychodramatic groups, the therapist or leader gives considerable attention to group sociometry and to pacing the action phase of the work to the warmed-up state of group members, individually and collectively. In advanced stages of groups, and once IFS thinking has been introduced, the RfG group therapist can stage enactments between parts of the same group member, or between those of different members, using psychodramatic tools such as auxiliaries, role reversal, doubling, and multiple-ego technique (Blatner, 2000). Sociodramas are occasionally constructed around such commonly encountered substance-abuse themes as being truthful, struggling with temptation, and breaking social ties (to others still in the drug scene). As noted previously, the "pass" rule is adhered to, as are the rules for postenactment sharing (with the additional use of applause).

Divergences

Unlike in psychodrama groups, there is a deliberate attempt made in RfG groups to limit the emotional depth and temporal length of focus by the group on any one client's drama. Our experience shows that clients at this early stage of recovery do not assimilate or integrate well the intense emotionality occasioned by cathartic enactments, nor are they well disposed to witness or empathize with other group members going through highly intense emotionality. Of course, at a later stage of recovery, psychodramatic work built upon an RfG group foundation can be highly beneficial.

One way of conceptualizing these differences is to view client functioning in groups as occurring in four stages. In increasing order of both emotional challenge and therapeutic benefit, they are 1) acting as oneself, distanced from painful experience; 2) acting as someone else, distanced from painful experience; 3) acting as someone else, dealing with painful experience; and 4) acting as oneself, dealing with painful experience. Stage 1 represents clients' typical presentation at the beginning of therapy; Stage 4 represents the desired state most therapists welcome. In our view, getting from Stage 1 to Stage 4 directly is impractical for a substantial majority of clients in early recovery. By offering clients the identity-displacing experiences of Stage 2, therapists will find them ready to move to Stage 3 on their own, without much resistance. From Stage 3,

clients spontaneously move to Stage 4 when ready; to attempt to hasten this transition prematurely is counterproductive.

For these reasons, clients are offered, or improvise, fictional characters, which are at once displacements of their own experience of self and developed less "from the inside out." While clients identify with and resonate with these characters, which are set in motion through fictional enactments (rather than emotionally true reconstructions of historical experiences), the "surplus reality" is typically far weaker than in psychodrama.

In an RfG enactment, players other than the protagonist differ from psychodramatic auxiliaries in that they are frequently playing characters equally important and as equivalently displaced as the protagonist. Even when a scene is devised primarily for the benefit of one group member, other players in the scene have the latitude to improvise their performances rather than faithfully render their character's role from the protagonist's perspective. The ensuing onstage action is consequently far less predictable than in a psychodrama. A further difference lies in the selective use of the "near-doubling" technique (Hayden-Seman, 1998, p. 67), in which the therapist makes "you" statements to clarify or expand members' statements, thereby giving voice to unexpressed feelings and hidden thoughts underlying their actions and words. Near-doubling is not used during enactments, but rather to facilitate postenactment sharing. In our experience, the time and effort needed to train and supervise group participants in full psychodramatic doubling is seldom warranted in these groups, where accurate empathy with others is usually secondary to generalized affirmation.

CONCLUSION

The application of dramatic, playful action methods in a supportive group milieu appears to hold considerable promise as a tool in the reintegration of clients' personality and social functioning that is necessary to prevent relapses from substance-abuse detoxification. By using enactments that increase emotional expressiveness and displaced experiences coupled with verbal group sharing, members explore alternatives to avoidance, manipulation, and reliance on psychoactive substances. In consequence, group members feel better about themselves, experience drug-free enjoyment, create trustworthiness and loyalty among themselves, and deal more realistically and honestly with life problems. Therapists familiar with action methods and who possess the qualities of projecting nurturing leadership, playfulness, and an aptitude for flexibility will likely be able to use RfG methods effectively.

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