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Self-Image and Social Adjustment Change in Deaf Adolescents Participating in a Social Living Class

M. Elizabeth Barrett

The life experience of a deaf child is typically one of social and experiential isolation. In an attempt to decrease social isolation and increase positive feelings of self-image, this study utilized the psychodramatically based social living concept. The Social Living Class is an action-oriented role-play approach to resolve issues and conflicts. The 12-week project was initiated with first year high school students at a large residential school for the deaf. The experimental group received the sociodrama class once a week for 50 minutes in place of their regular class. The control group continued its regular class schedule. Using the Meadow/Kendall Social Emotional Assessment Inventory, the experimental group showed significant increases on the Self-Image and Social Adjustment Scales to the .05 level. The control group showed no change.

Adolescence is a time full of growth and conflict, a pivotal period in the lives of most individuals. The stresses and strains felt by the normal adolescent are compounded for the deaf adolescent by virtue of the handicap of deafness. The deaf adolescent is a child whose developmental years have typically been characterized by social and experiential isolation. The profound impact of this life experience has been noted by experts in the area of deafness (Schlesinger & Meadow, 1972; Myklebust, 1964; Mindel & Vernon, 1971) citing children who have low self-image and are unable to interact spontaneously with the larger hearing society in a successful manner. The purpose of this study was to utilize the Social Living Class model in an attempt to decrease social isolation and increase self-image.

"Nature's plan seems to have been to provide one distance sense which functions uninterruptedly, keeping the organism in contact with

its environment at all times" (Myklebust, 1964, p. 46). Hearing constantly scans the environment and feeds information to the brain, which then evaluates the stability of the environment. As a warning system, it aids in mediation between inner needs and environmental conditions. As Myklebust (1964) suggests, "deafness alters experience, it causes imposition on monitoring and forces attachment and isolation" (p. 118).

This environmental isolation becomes further traumatizing with the addition of the human factor, particularly the mother's response and role in relationship to the child. The mother often notices by age six months that there is something amiss in the child's behavior (Mindel & Vernon, 1971). She may become anxious and lack the ability to interact with a child who is different, or, she may ignore and deny any signs of abnormal behavior (Mindel & Vernon, 1971). Whatever occurs, these feelings are transmitted to the child. These parental feelings, in combination with the lack of total communication ability with the child, often result in a child who reacts instead of interacts with those in the social environment (Edelin, 1972). This reaction most often takes the form of temper tantrums (Edelin, 1972; Altshuler, 1974) that give rise to a vicious cycle; the more the child displays socially unacceptable behavior, the more he/she is rejected; the more he/she is rejected, the more the tantrums occur. This reciprocal role relationship culminates in a behavior that further alienates the child from the family.

As the preschool years approach, it is the task of the child to undertake mental games by assuming the roles of parents and other adults in the make-believe world of play. Through individual and group play, the child learns and begins to understand the rules, roles, and nature of the social group. Group play with peers and siblings serves to develop social skills and seems related to the development of self-image (Coopersmith, 1967). For the deaf child, deafness often excludes the child from these learning activities. "Interpersonal development outside the home is often impeded. As the child grows older, deafness tends to limit the range of activities in which they can share, engage in, and feel gratified" (Mindel & Vernon, 1971, p. 45). The deaf child, therefore, is one who is often found playing alone, not by choice, but because of the increasingly complex task of communication. How does this isolation affect the young child's self-image? Coopersmith (1967) lists three potential bases for the development of low self-image: not being valued or sought out by others, the preference to be alone, and the environmental provision of limited opportunities for social interaction.

Schlesinger and Meadow (1972) note that "During the years of elementary schooling and approaching adolescence, a child is involved in

mastery of relationships beyond the ultimate confines of the family. Output of energies is aimed toward success in channeling capacities both intellectual and emotional" (p. 181). Now society at large, and not the family, becomes the major influencer of self-image. Attendance in school may also be the first time a deaf child can compare him/herself with peers. For the deaf child who attends public schools, the message is clear: You are different; you are inadequate. The deaf child, like any child, is susceptible to "internalizing the ideas and attitudes (of the society), adopting them, and expressing them as his own" (Coopersmith, 1967, p. 31). The larger society, then, extends and reinforces the message of the family. What occurs in the schools is a continuation of the negative feedback the deaf child was exposed to in the family; the child becomes further isolated and convinced of his/her inferior status.

"Adolescence is the period during which the individual experiences conflict between identity and role-confusion" (Erikson, 1963, p. 101). "This crisis for the deaf adolescent may be intensified because of his minority status as a deaf person and also because the variety and/or scope of available roles may be limited by deafness and lack of experience" (Bond, 1980, p. 5). Schlesinger and Meadow (1972) describe deafness and adolescence and the effects of the interaction between the psychological and physiological forces. They state, "Those who have not achieved internalized controls for behavior nor internalized motivations for exercise of skill tend to have a traumatic period in young adulthood. In this traumatic relocation, they frequently take refuge in previously abandoned stances of dependence" (p. 25). That is, the deaf child tends to rely on old behavior and roles that are even less likely to succeed than they had in the past.

The Effects of Group Psychotherapy with Deaf Adolescents

Little has been documented about the effects of group psychotherapy with deaf adolescents although it is not a new strategy in helping deaf adolescents confront issues. Sarlin and Altshuler (1968) have reported this technique as successful in assisting the deaf adolescent in decreasing feelings of isolation through the development of peer group mutuality and concern. Altshuler and Rainer (1970) have also reported the positive effects of preventative group therapy with deaf adolescents. Bonham, Armstrong, and Bonham (1981), in a case presentation study, found that subsequent to a 12-week psychotherapy group, the parents of deaf adolescents reported "an increase in family discussions at home, feelings shared at home, the increase of spontaneity of feelings

and noted that their children were generally making better adjustments" (p. 808). The school staff reported "decreased interpersonal conflicts and increased alliances in both social and academic arenas" (p. 808).

Moreno postulated that the self is developed through the roles we take in life. The more expansive one's role repertoire, the more capable he/she is in spontaneously interacting with the world in a creative and successful manner. That is, it is through interpersonal actions that roles are developed and the self is created. For the deaf child whose range of social interactions has been limited, an impoverished self develops. That is, the child has limited roles from which to draw in order to interact successfully with the world. Clayton and Robinson (1971), Stein (1979), and Swink (1979, 1983) report success in the use of psychodramatic techniques with the deaf, citing its applicability to the deaf population because its action-oriented emphasis combines in a natural way with American Sign Language, the language of the deaf community.

The Social Living Class, a model to be used in the schools, is based on psychodrama and was developed by the Psychodrama Section at Saint Elizabeths Hospital in Washington, DC. The Social Living Class uses psychodramatic theory and techniques as a way to "aid in the development of children's ability to spontaneously explore new and rewarding methods of social interaction" (Balsham, 1974, p. 8). Social Living Classes conducted with hearing children (Balsham, 1974; Meerbaum, 1977; Picon, 1975; Swink & Buchanan, 1984) have been effective and have, in at least two cases (Balsham, 1974; Picon, 1975), resulted in positive self-image change and assumption of greater responsibility for actions. This method seems particularly suited to the needs of the deaf adolescent whose social interactions have hindered the development of an expansive and functional role repertoire. The Social Living Class has, in fact, been used with deaf adolescents (Bond, 1980). Bond states that the model is appropriate and can aid in helping deaf children develop alternative roles for dealing with the larger hearing society. Through the sociodrama class, the deaf adolescent is given the opportunity to increase spontaneity and to expand his/her role repertoire by engaging and dealing with other class members around the issues of import. "It also attempts to improve each child's ability to relate to social living situations in a flexible, positive way" (Altschuler & Picon, 1980, p. 6).

The purpose of this study was to analyze the effects of the Social Living Class model with high-school-aged deaf students. The study looked at two variables. First, it evaluated the effects of the class on social isolation. The premise was that the use of the class would increase group mutuality and cohesiveness, thereby decreasing social isolation.

A second variable was the effect of the class on self-image, for, as social isolation decreased and roles were expanded, feelings of positive self-image should increase.

It was hypothesized that there will be a significant difference between the mean change on the Social Adjustment and Self-Image Scales of the Meadow/Kendall Social Emotional Assessment Inventory (SEAI) of the experimental group. The control group will show no significant mean change on either of the scales.

Method

Sample

Thirty-five deaf students who entered a large residential school for the deaf as freshmen in the fall of 1983 participated in the study. The experimental group consisted of 19 students, and the control group consisted of 16 students. The age range of the students was from 14 to 17 years of age. The experimental and control groups were selected on the basis of teacher interest and willingness to relinquish two class periods a week to conduct the project. Two social studies teachers were interested, and the administration felt that the Social Living Class concept would fit in well with their curriculum. Students from each class were randomly assigned to either the experimental or control group.

Instrument

The Meadow/Kendall Social Emotional Assessment Inventory (SEAI) was used to measure change in social adjustment and self-image. The SEAI is a teacher report inventory, containing 59 items aimed at measuring observable behaviors on three subscales: social adjustment, self-image, and emotional adjustment.

Norms are available based on a sample of 2,400 deaf boys and girls ranging in age from 7 to 21 years old. It is based on a nationwide sample, normed on deaf children enrolled in 10 different schools and programs for the deaf around the United States. The Meadow/Kendall Scale was selected because of its normed sample on a deaf population. It was felt that use of a scale normed on a hearing school-aged population would produce data that could not easily be generalized to the deaf child.

The research design was a traditional two group pretest/posttest arrangement. The experimental group received 12 weeks of the sociodrama class for 50 minutes once a week in place of their regularly scheduled social studies class. The control group continued with their regular class schedule.

The Social Living Class was directed by this psychodrama resident who

is fluent in American Sign Language and was assisted by two social studies teachers and a counselor from the school's counseling department.

Results

The initial hypotheses underlying the project were that participation in the Social Living Class would decrease feelings of isolation, thereby increasing social adjustment to the environment, and that positive feelings related to self would also increase. It was further hypothesized that the control group would show no significant increases in either area. The clearest test of these hypotheses was a comparison of the mean differences of the Social Adjustment and Self-Image Scales of the SEAI. Significance was determined by utilizing a *t*-test for comparison of intra-group mean differences.

Table 1 presents the means, standard deviations, and *t*-ratios for each of the groups on both scales.

The experimental group showed statistically significant increase on both scales at the .05 level of significance.

Table 1.—Means, Standard Deviations, and *t*-Ratios for Pretest/Posttest Results of Experimental and Control Groups on Social Adjustment and Self-Image Scales of the Meadow/Kendall Social Emotional Assessment Inventory (SEAI)

Control Group

Social Adjustment				*Self-Image*			
Post		*Post*		*Pre*		*Post*	
n	16	*n*	16	*n*	13	*n*	15
M	3.01	*M*	3.15	*M*	2.94	*M*	2.95
SD	.818	*SD*	.799	*SD*	.627	*SD*	.441
	t-ratio 1.772				*t*-ratio .329		

Experimental Group

Social Adjustment				*Self-Image*			
Pre		*Post*		*Pre*		*Post*	
n	19	*n*	19	*n*	19	*n*	19
M	2.92	*M*	3.06	*M*	2.88	*M*	3.07
SD	.6	*SD*	.375	*SD*	.396	*SD*	.360
	t-ratio 2.37**				*t*-ratio 2.34**		

**$p < .05$

Discussion

It is suggested that the results support the positive effects of the sociodrama class when utilized with deaf adolescents in terms of increasing positive feelings of self-image.

In reviewing the results, the reader should be aware of a limitation of the study. That is, author was aware of the behaviors as measured by the Meadow/Kendall Inventory and was also responsible for directing the Social Living Class. The possibility, then, of teaching the test should be noted. It should also be noted, however, that the Meadow/Kendall asks for ratings of specific classroom behaviors when the content of the Social Living Class consisted of enacting scenes both in and out of the context of the classroom.

Another factor, which could have contributed to the results, may have been the residential school environment itself. Because of the nature of a young deaf child's home environment where complete interactive communication does not occur, the deaf child often only experiences total social involvement in the day school program where significant others (teachers, other deaf children) use sign language as the primary mode of communication. The child, therefore, misses out on many opportunities outside of the school environment where social learning occurs. For many of the students who enter high school residential programs for the deaf, it is often the first time where all persons in the child's world express themselves through sign. The child is able to experience and participate in many interactions from which he/she was restricted in the past. In this context, it seems predictable that the child's abilities and skills in dealing with the social world would be challenged and expanded.

The Social Living Class, it appears, gave the adolescent an additional arena in the form of a structured, action-oriented environment to look at new learnings and roles that were developing, re-enact them, and change, modify, or add to the role as desired. As the student was, in a sense, being bombarded with new stimuli from and about the environment, the Social Living Class gave the child the chance to take a "time-out" and manipulate the roles he/she was being asked to play in a way that felt powerful and satisfying. In addition, other class members gave feedback, suggestions, and took reciprocal roles in the action to facilitate resolutions to role confusions and role conflicts.

Through the use of psychodramatic techniques such as role reversal, doubling, and mirroring, students were able to view their behaviors and interactions from a variety of perspectives. For example, in the role reversal, the students experienced the effect of their behavior in the role

of a significant other. The double technique of asking one student to verbalize the feelings of another helped develop a feeling of connectedness with other group members. Finally, the mirror gave the opportunity for a student to choose someone to play him/herself, step out of the scene, and observe it from an outsider's perspective.

In summary, the Social Living Class structure and techniques not only provided the students an environment where they could feel powerful in creating roles, but also, through group participation in role plays, developed a sense of commonality of past and present life experiences and concerns among members. Psychodramatic techniques and the Social Living Class, then, aided the children in preparing for more successful and satisfying interactions with the world by offering the opportunity, through psychodrama, to create and manipulate the world as they experienced it.

Future Projections

Further research needs to be pursued in utilizing psychodramatic techniques in work with deaf children and their families. In addition, a replication study directed towards deaf children in the public schools could give much needed information about self-image and social adjustment in deaf children who attend school with their hearing peers.

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The research described in this paper was conducted by the author while a psychodrama resident at Saint Elizabeths Hospital, Washington, DC.

Use of Psychodramatic Intervention with Families: Change on Multiple Levels

Rory Remer

Psychodramatic interventions can promote multiple level changes, changes in both problem definition and behavior. After examining the concepts of first and second order change, the author compares aspects of the psychodrama process and psychodramatic interventions to selected, commonly employed first and second order change techniques from other theoretical orientations, specifically family systems approaches. Parallels are drawn between the goals of each. Brief descriptions of the psychodramatic interventions include examples of how they might produce second order change.

For the sake of therapeutic intervention, families are often viewed as systems (Haley, 1967; Minuchin, 1974). As systems, they present problems for change agents, not the least of which are the complexities and non-linearity of interaction of family members (i.e., there are no simple cause-effect relationships). To provide effective and efficient intervention, approaches that attend to system requirements continue to be developed, employed, and evaluated (Haley, 1976; Madanes, 1981; Minuchin, 1974).

Psychodrama is not a new approach. In fact, many psychodramatic techniques have already been adapted to, combined with, or incorporated in family therapy approaches (e.g., statue building, role playing). However, many family therapists may be unfamiliar with psychodramatic theory and its direct application to use with families. Psychodramatists, on the other hand, may not be conversant with family systems perspectives, which may prove enlightening. Remer (1985) has shown that psychodramatic theory and practice lend themselves directly to systems interventions. An increase in awareness and more extensive

knowledge of both orientations could thus enhance therapeutic effectiveness by providing both a more diverse perspective and a more varied repertoire of interventions.

To introduce readers to psychodramatic concepts and techniques, particularly for use with families, this article will address some basic aspects of both psychodrama and multiple level change. These concepts will be discussed in the context of different levels of change and a variety of change strategies. Comprehensive coverage of all the theory and implications of these orientations to therapy cannot be provided in a short article. The author hopes that this article and those sources to which the readers are referred will provide sufficient encouragement for further exploration of and training in psychodrama and certain family systems approaches, specifically *strategic* (Haley, 1967, 1975; Madanes, 1981) and *structural* (Minuchin, 1974).

First and Second Order Change

The benefits that can accrue in using a psychodramatic approach (or some adaptations) can be more easily seen within the context of the distinction made by Watzlawick, Weakland, and Fisch (1974) between first and second order change. The differences in the level of intervention required to make effective changes of either or both types is useful information for any therapist to have.

First order change is a direct change in behavior. It is straightforward in the sense of being exactly what it seems, a kind of frontal attack on a problem. An example of a problem that might lend itself to a first order change intervention is a parent who hits a child because the slap stops the child from doing something that irritates the parent. A possible first order approach to a solution is teaching the parent to use other effective and acceptable ways to gain the same end—perhaps learning to use time-out procedures. Examples of interventions that are intended to effect first order change are giving information, training clients in the use of communication skills, and employing and/or teaching clients to practice behavior modification techniques. One hallmark of such interventions is that the client can, and usually should, understand and recognize the intervention and its purpose for it to be most effective.

Second order change is a change in perspective, i.e., a change in the way the problem is formulated. Second order change is typically indirect, change on a meta-level. It is not necessarily a direct change in behavior. Some interventions intended to effect second order change are reframing, paradoxing, and restructuring. While these techniques may prove effective with clients directly involved with their use (i.e., being

aware of and understanding the interventions), often their effectiveness relies on the clients' ignorance of the technique's use and, particularly, its intention. If aware, clients may feel manipulated and resist the intervention, consciously or unconsciously, thus rendering it ineffective. As such, second order change strategies may seem like misdirection.

An example of a problem that lends itself to possible second order change intervention, in this case relabeling, might be a parent who almost totally ignores a child's "pawing," viewing this behavior only as attention-seeking. The parent might then be told that the child is trying to love, as opposed to annoy, the parent. This intervention may alter the parent's perspective so that the problem is no longer how to stop the attention-seeking, but how to reciprocate this affection—second order change. This altering may result in the parent paying attention to the child, the child feeling loved and thus feeling secure enough to leave the parent alone more often.

Change on one level can effect change on the other level. For example, the child could stop bothering the parent and the parent consequently could see the need to give more affection. On the other hand, the parent could view the child's need for appropriate attention and respond with the result that the child becomes more self-assured and independent. The outcome is the same, and the order of change makes no difference as long as the problem is resolved. Whether a change in perspective precedes and produces a concomitant change in behavior or whether the change in behavior initiates and influences an alteration in the perception of the problem is of little consequence.

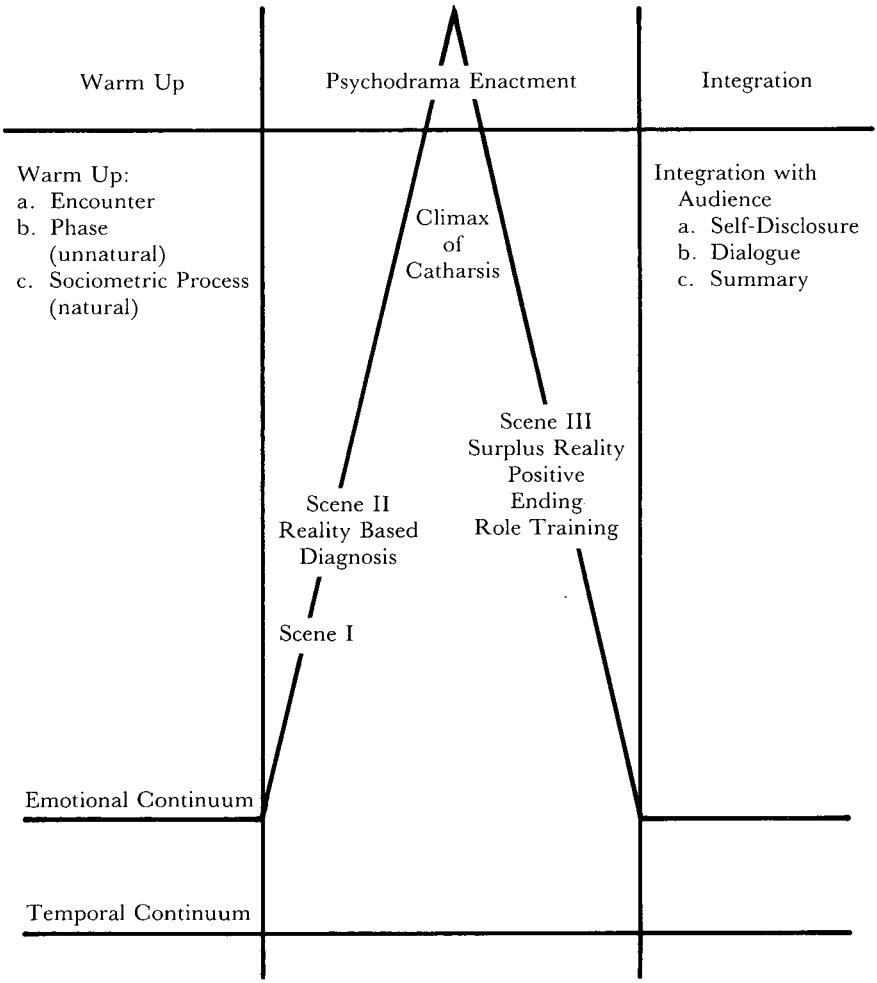
This does not imply, however, that the distinction between first and second order change is unimportant. Quite the contrary. As Watzlawick et al. (1974) indicate, attempting one type of change when the other is in order (e.g., a change in behavior when a problem reformulation is necessary) can be not only confusing to the one attempting to make the change, but also totally ineffective, inefficient, and self-defeating.

The Psychodramatic Process

To understand how the psychodramatic approach and specific techniques involved operate on multiple levels, one must have some knowledge of the psychodramatic process. Without extensive detail, the process is portrayed in Figure 1.

The first and last stages of the process, warm up and integration, are more group oriented as group process is commonly conceived. In the warm up, the theme for the drama is chosen, and the protagonist emerges. The protagonist is the person who represents the group and

Figure 1.—The Hollander Psychodrama Curve



Reprinted from Hollander (1978, p. 14) with permission of author.

works through that theme for and with the help of the group. Warm up may occur in many ways in or outside the session proper. In families, one way this stage is addressed is by the "choosing" of the identified patient. In a session, warm up may simply be choosing the topic to be addressed for the week.

The last stage of the process is integration. Here the group, in this case the family, works toward the reintegration and support of the protagonist by sharing the responsibility for parts in the theme or problem. The aim is to bring cohesiveness to the group and to direct its energies constructively.

While there are certain techniques that can be generated directly from psychodramatic theory (e.g., statue building and group sharing) applicable to these two stages, most effective therapists have their own approaches (and labels) for the warm up and integration stages. Training in psychodrama can expand therapists' repertoire, e.g., sculpting emotions rather than simply sculpting the family constellation can be used as a concretizing technique involving the whole family.

The aspect of the process most usually associated with the term psychodrama and the stage that may differ most from more traditional approaches to family therapy is the enactment. In this stage, action is essential. To make the transition from the warm up to the enactment proper, the scene is set. Psychological and physical details are represented with chairs moved to approximate the actual configuration of the scene. The representation, understanding, and accepting of the protagonist's (client's) reality is implemented. Then, through the drama's enactment, there is a release of energy previously blocked by defenses, known as the catharsis of abreaction. This phase is followed by the channeling of that energy using newly provided resources—the personal skills, which have been learned, or group cohesion, which has been developed—and leads to a combination of cognitive and affective reorganization, surplus reality. The "insight" thus produced (catharsis of integration) is then supported and, one hopes, transferred to action for change outside the therapeutic setting during the integration stage.

It is through the enactment, using action-oriented techniques, that the psychodramatic approach can accomplish multiple level changes. (See Table 1 for descriptions of the various psychodramatic techniques discussed throughout the article.) During this stage, or actually these phases, the use of psychodramatic techniques can add most to the effectiveness of family-oriented interventions.

One important choice to consider when working with families is the type of psychodramatic enactment to employ. There are three types—classical, situational, and sociodramatic. While all three can be utilized, the most appropriate in family therapy situations is usually sociodrama, followed by situational psychodrama. The classical enactment, in which past traumatic material (the *status nascendi*) is evoked and dealt with, may be extremely threatening to all but the most open "significant others" of a protagonist. Since there is a less formal designation of

Table 1.—Primary Level Change Goals of Some Psychodramatic Interventions

Technique	Description	Other Theoretical Label/Approaches	Primary Level Change Goal(s)	Other Effects
Scene Setting	Describing the physical aspects of the scene in detail, placing props/ furniture to represent reality, portraying significant others	Cognitive rehearsal Active listening Empathic understanding Concretizing	Disclosing Taking responsibility for active change	Creating rapport, empathy, and a supportive atmosphere Understanding the problem from clients' perspective Clarification of parameters of the problem
Auxiliary Ego	Selecting people to portray significant others, instructing them in role, engaging them in the enactment process	Problem clarification Concretizing	Showing interaction rather than talking about problems Providing information	As in scene setting but geared primarily toward interpersonal aspects of the problem
Doubling	Portraying a special auxiliary ego role to express the inner feelings and thoughts of the protagonist, acting either supportive and/or confrontive	Primary level empathy Advanced level empathy Self-involving response Cognitive rehearsal Cognitive modeling	Accepting support to catalyze change Providing information	As in auxiliary ego, particularly providing support to encourage freer exploration from various perspectives

Mirroring	Exaggerating a characteristic or stance taken by the protagonist—usually by a double—for the protagonist to examine more closely	Advanced level empathy Confrontation Modeling	Modeling new behaviors and demonstrating dysfunctional aspects of old behavior	Extending clients' perspectives of themselves and their actions by demonstrating how they can appear to others
Statue Building	Having the protagonist represent a perspective/feeling/other internal construct of the protagonist visually using group members to represent the reality	Concretizing	Providing information Encouraging active exploration	Making the implicit thoughts and feelings explicit
Behind-the-Back	Engaging in a discussion of the actions/thoughts/feelings of relating to the protagonist as if he/she were not present but with him/her as audience	Challenging perceptions Confrontation	Providing information	As in mirroring but with more explicit emphasis on how the client is perceived by others
Role Reversal	Having the protagonist exchange roles with a double or other auxiliary ego	Role extension Challenging perspectives Role rehearsal Empty chair	Learning new behaviors Providing information	Encouraging client to see other perspectives and learn to appreciate differences, experiencing polarities

Technique	Description	Other Theoretical Label/Approaches	Primary Level Change Goal(s)	Other Effects
Physicalizing	Translating thoughts/ feelings into actions as part of the enactment, representing conflicts actively to be dealt with in that mode	Role exploration Behavioral rehearsal Enabling Affective arousal	Providing information Clarifying perceptions	Encouraging client to experience feelings and actions, rather than be removed from them; overcoming defenses; engaging blocked energy
Surplus reality	Extending the functions of the protagonist and auxiliary ego beyond the limits set in first stages of enactment	Cognitive restructing Cognitive rehearsal Behavioral rehearsal Strength bombardment	Practicing new behaviors Getting feedback Providing reinforcement	Reconstructing cognitive representations to provide new avenues to approach old problems; engaging new resources and strengths
Soliloquy	Having the protagonist step out of the scene and deliver a monologue about the reactions it is producing internally	Disassociation Cognitive insight Cognitive rehearsal Successive approximation	Providing information Speaking thoughts aloud	Allowing the client to get perspective on a problem through distancing from the emotional reactions—the reversal of physicalization

the protagonist in sociodrama, there is more flexibility to work on the family theme from various perspectives.

Technique is critical. What can be presented here is only a brief introduction. Some psychodramatic techniques (e.g., family statue building) can be and are already used by family therapists (Okun & Rappaport, 1980). Full enactments are more powerful and more complicated. Classical may be done effectively by having the "significant other" observe from behind a two-way mirror to prevent disruption of the drama or the problem of multiple protagonists (Goldman & Morrison, 1984).

Multiple Level Changes

While the exposition to this point may have been enlightening, it still has not addressed the main issue of how psychodrama operates on more than one level simultaneously. Drawing parallels between various aspects of the psychodramatic process and some interventions from other therapeutic approaches that attempt to make changes at primary and secondary levels, the first and second order changes, may help clarify how both levels of change processes may be engaged at once.

Second Order Change Strategies

Much has been written about second order change strategies, usually under the rubric of paradoxical interventions (Weeks & L'Abate, 1982). The literature on this topic is too extensive to summarize here in any comprehensive and cogent manner. To give a flavor for these types of interventions and indicate how they relate to psychodramatic process, some of the more commonly used and well-known strategies follow, accompanied by hypothetical examples of psychodramatic actions to accomplish them or similar ends.

Change by Implication

Change by implication occurs with a covert redefinition of the problem (Hoffman, 1981). For example, a therapist suggests to a family that they argue openly in a session. When the family accepts the invitation, the problem is redefined not as fighting but as finding a way to fight constructively. The psychodramatic process includes many changes by implication. One covert change it elicits by actively involving the family in the process is to redefine the situation as one about which something constructive can be done, one about which there need be no fear of addressing.

Simply setting up a scene—perhaps an argument tnat occurred at dinner—and enacting it provides a change by implication. This indicates to the family that "this problem involves everyone, not just X" and "we can take some constructive action, rather than just talking or ignoring the problem." These can be powerful messages aimed at involving the entire family.

Reframing

When a problem is reframed, a shift in the locus of the problem takes place (Grunebaum & Chasin, 1978). The shift may be from an individual focus to one on the family system, from past to present, etc. Inclusion of the family members in the enactment, as well as in the whole process, reframes the problem as one shared by the family rather than one being owned by a single member. The "reliving" of past events reframes the problem as one that can be dealt with and corrected in the present.

Two requirements of the psychodramatic process always reframe the problem (if it needs reframing): the insistence on acting in the "here and now" and the use of family members as auxiliaries to portray the situation. The shift to the present tense—"I'm entering the room. It is dark."—reframes the situation as one to be handled now. The inclusion of others—as in an action family sociogram (Goldman & Morrison, 1984)—reframes the problem as a shared family one, not that of the protagonist (identified patient) alone.

Relabeling

Relabeling is changing the way the problem behavior is discussed so that there appears to be a possibility for a workable solution (Grunebaum & Chasin, 1978). Usually the shift is from a negative valence label (e.g., living one's children's lives for them) to one with a positive connotation (e.g., caring that one's children are not hurt by their actions). The relabeling may also be from a relatively non-productive term (e.g., clinical depression) to one over which there can be more control (e.g., being irresponsible). The goal in either case is to encourage any movement toward a solution so that modification (shaping) of that movement can occur. Use of many psychodramatic techniques—such as role reversal, provocative doubling, auxiliary ego (particularly "antagonists" during surplus reality)—often help to relabel the behaviors of those involved.

An example of relabeling is what occurs in role expansion by an auxiliary ego during surplus reality. In the case of family therapy, a double

aiding a real, rejecting father might say: "The world is a hard place. I want you to be ready for it, to be tough." This statement relabels the father's actions as caring, but misdirected. This may enable a rapprochement between the father and the protagonist and help the protagonist ask for and get paternal affection.

Another possible instance is when a double senses the hurt feelings of a protagonist who is acting angry. The double might say: "I'm hurting so badly. I won't be hurt any longer." This relabels the feelings as hurt rather than anger, allowing the protagonist to accept support and comforting from other family members as they see and react to the hurt instead of the anger.

Therapeutic Double-bind

Double-binding (Haley, 1975) requires that three conditions be met: a verbal directive be sent; a contrary command be issued on a different level of communication; and an injunction from leaving the field be implied. What makes this situation therapeutic is that gains can be made from following any one of the directives. Double-binding implicitly "challenges the clients' model of the world by forcing them into experiences which contradict the self-destructive limitations of their present model" (Weeks & L'Abate, 1982, p. 7). Suggesting that a family doing well have a relapse can serve such a purpose. If they do not relapse, further evidence is provided of their growth; if they do, they demonstrate that they can handle the situation without dire consequences. This also indicates that the therapist sees them as only human and can accept them and, in addition, adds to the therapist's stature as an "expert." Provocative doubling or multiple doubles actively representing polarities can be used to accomplish these goals, perhaps forcing a choice and "unsticking" the family.

Another, more concrete, example may help make the description clearer. Suppose during the course of family therapy, the therapist encounters a resistant parent, one who actively fights whatever suggestions or comments are made. One strategy could be to tell the parent that this resistance is really a functional behavior, that, in fact, a parent should be skeptical. After all, therapists tend to push too fast at times and in doing so make mistakes. Suggest that the parent slow the sessions down by voicing any personal reservations about the therapist becoming overzealous. A parent accepting this suggestion will become directly involved in and helpful to the therapeutic process. Resistance now becomes the vehicle for constructive involvement upon which other interventions can be based. Even if the parent ignores this sug-

gestion, there will be less active disruption during the session. Either choice facilitates therapeutic movement.

Mirror techniques often fulfill the requisites for therapeutic double-binds. For example, a protagonist who is stuck in a passive stance may find the double curled up on the floor in a fetal position, begging for attention. The two messages involved might be: "I'm so dependent. Help me or I'll die" and also "It looks ridiculous to be so babyish. I must grow up." Being in the scene and pressed to deal with the double provides the injunction not to leave. If the protagonist takes care of the double, she learns to accept and nourish an important aspect of herself; if she rejects the double, she is acting more assertively. In either case movement is promoted, and understanding enhanced. The family may also recognize the bind in which they put the protagonist with contradictory messages and the struggle she is having to become more independent.

Prescribing the Symptom

Prescribing the symptom, a special case of therapeutic paradox, is exactly what the name implies, doing more of what is problematic (Haley, 1976; Weeks & L'Abate, 1982). There are two possible goals: to provide more insight into what the symptom does for the family, how it is self-defeating and/or what needs to be done to give up the symptom; or to force the family to rebel against the prescription, thus giving up the problematic behavior and demonstrating to themselves that they can. One example of this might be having a mother sit with her children every moment they are doing their homework to ensure she is doing everything possible to provide them with an excellent educational experience. This prescription usually leads to the insight that she cannot protect her children from their responsibilities while fulfilling her own. Doubling and mirroring techniques from psychodrama can provide a physical representation of the impact of the symptom, which usually elicits the desired examination and change.

Concretizing situations, particularly with exaggeration, can produce the effects of prescribing the symptom. In effect what is said and done is an exaggeration of the situation so that the protagonist learns how the symptom is of benefit, how it can be controlled, and/or that the symptom is no longer needed. Having the members of the family actually hang on a father who complains of exhaustion or overwork can put him in touch with his strength, indicate how the only way he can allow himself to let the family down is by physically collapsing, and/or provoke him into shaking them off so that he can care for himself. He and they can also experience members' strength and tenacity so all realize the family members are able to take care of themselves.

"As If" Paradoxing

The "as if" paradox, which might also be termed double-thinking, is discussed in detail by Madanes (1981). In part designed in reaction to the manipulative aspects of the traditional therapeutic double-bind, playing "as if" allows clients to gain directly by dealing with the real problem or indirectly by handling a situation that only represents the "real" problem. The representation does not have the same threat value as reality. Double-binding goals are achieved without the same sense of coercion as may be experienced in the "straight" therapeutic double-bind. Psychodramatic process fits these requirements exactly. Role playing the representation of the "real-life" situation, role reversals, exaggeration, mirroring, and a host of other aspects of the process lend themselves readily to implementing this type of change strategy in psychodrama.

Having a protagonist reverse roles and act through the role of the other family member produces the "as if" situation. The protagonist acts as if she were the other, the point being that even though she is pretending to be the other, it is really she who is acting (i.e., doing). Having a daughter who has difficulty expressing anger reverse roles with her mother because the mother can be angry allows the protagonist to learn how to express the anger she has. If she can do the role, she sees she has the skill in her repertoire. If she has trouble doing so, it is not entirely her problem; it is her "mother's." So she learns it is not always easy to express anger, even for someone who appears facile at it. Again, in either instance, there is a therapeutic gain.

Restructuring

Restructuring the family's physical relationships in a session as a representation of a deeper restructuring of the family's relationships to each other in other situations is a secondary change technique employed by Minuchin (1974). Similar ends can be accomplished in a family psychodrama through the use of role reversal with doubling, statue building, or physical manipulation of the scene elements by the director (therapist).

Restructuring can be done in a number of ways: directly as part of the session by directing family members to sit in a designated configuration to role play a certain situation; through a series of role reversals between family members or between family members and therapists; by sculpturing the family situation as perceived and then as changed to how it might be preferred; or by using some combination of these. For

example, a distant father can portray a scene with his estranged son. A double for either or both can be added to change the structure further. In another example, having a mother and father role play an interaction between them without a triangulated daughter present can take her out of the middle and show the family (particularly the daughter) what is going on. Even the choice of where the director sits during the sharing can alter the structure.

While these examples certainly do not cover all the possibilities, they give the reader a feel for the second order changes and their relationship to psychodramatic intervention. Other parallels or adaptations are left to the creativity of the individual therapist. However, in the best spirit of the definition of spontaneity, it should be noted that such interventions take analysis of the situation, planning, and practice to be most natural and effective, i.e., they are based in some conserves.

First Order Change Strategies

From what has been discussed so far, the impression may have been created that the psychodramatic process operates only, or at least primarily, through second order change processes. The stress has been on second order change simply because those aspects of the approach may be less obvious to those not familiar with the concept or to those unfamiliar with the psychodramatic approach. Almost every aspect of or technique used in psychodrama has a primary change component as well. Indicating parallels to techniques from other orientations again can serve as a way to demonstrate the inclusion of first order change processes. Only a few of these similarities will be mentioned and will be sufficient to illustrate the point.

Some of the techniques used in psychodrama, a brief description of each, some of the primary level change goals they can attain, and some techniques/labels from other theoretical orientations to which they are similar are presented in Table 1.

There is not enough information presented here to allow complete mastery of the use of these tools. For more background in psychodrama theory and intervention, the following texts are suggested: Moreno (1953), Hollander (1978), Goldman and Morrison (1984), Blatner (1973), Leveton (1977), Corsini (1966), Greenberg (1974), Starr (1977), and Yablonsky (1976). Some books and articles dealing with family systems theory have been mentioned with the discussion of family systems techniques. In addition, training and supervision in family therapy and/or in the use of psychodrama is highly recommended.

Limitations

Psychodrama is not a panacea. It has been shown, however, to be a powerful tool, with limitations, particularly in its pure form. The primary problem is engendered by psychodrama being so action oriented. A number of people must be present (at least five, preferably including two trained therapists initially); there must be adequate space for an enactment; and there must be adequate time allowed in a session to permit cycling through the entire process. (These constraints may make its use more feasible in conjunction with multiple-generation or multiple-family group interventions.) In addition, there may be a fair degree of resistance to the approach in the beginning, simply because it is so different from what people have come to expect from "talk therapy"—i.e., the novel aspect of an action-oriented approach, its strongest point, also causes difficulty. To be most effective, clients must be trained in how to become involved in the process either through modeling or instruction. In this respect, it is not much different from other approaches although this approach is perhaps more time consuming and difficult to accomplish.

Both psychodrama and family system approaches require specific training in their use. Explication of theory and description of interventions are not enough. As may be obvious from the reader's reaction to what has been presented here, observation of and supervised experience in the actual use of psychodrama are essential to building knowledge of and confidence in the approach and facility in its application.

Conclusion

Psychodramatic intervention in its entirety and the selective use of its various components can, when employed properly, help effect changes of both first and second order. The similarity of the aspects, techniques, and applications of psychodrama to other first and second order change interventions has been indicated here. In addition, as has been indicated elsewhere (Remer, 1985), this approach offers a unified perspective incorporating theoretical and practical aspects that can address some of the complexities of dealing with a family system. In spite of limitations stated, the gains accrued from use of the psychodramatic approach combined with the family systems perspective suggest that increased familiarity with both may be beneficial to any therapist. The broader the base of knowledge available to the therapist, the better the chance of intervening effectively.

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Conference to Explore Group Strategies in Short-Term Treatment

Gracie Square Hospital will present the Third Annual Therapeutic Activities Conferences on June 5, 1986. The conference is entitled, "Effecting Change: Group Strategies in Short-Term Treatment."

The conference, sponsored by the Department of Therapeutic Activities, will feature concurrent presentations addressing developments in short-term treatment with psychiatric, substance abuse and eating-disordered populations.

Keynote speaker for the conference will be Peter Sifneos, M.D., professor of psychiatry, Havard Medical School. Robert J. Campbell, M.D., director, and Frances Hamburg, M.S., A.D.T.R., director of the therapeutic activities department of Gracie Square Hospital, will make the introductions.

The 18-member faculty, comprised of professionals from various disciplines, will address current developments in short-term treatment.

Deadline for registration is May 23. For more information and registration, call or write to Ms. Hamburg at Gracie Square Hospital, 420 E. 76th St., New York, NY 10021, 212-988-4400.

Sociodrama and the Vietnam Combat Veteran: A Therapeutic Release for a Wartime Experience

Dena D. Baumgartner

This article aims to encourage readers to increase their awareness of the Vietnam veterans and the contribution psychodrama can make in the treatment of veterans with post-traumatic stress disorder. Readers will become familiar with the application of psychodrama with these veterans. The discussion centers on the use of sociodrama with combat veterans at an outreach center in Washington, DC.

American troop involvement in Vietnam continued for a period of eleven years (1964–1975) and included over 8,500,000 men and women. Of that number, 2,800,000 actually served a tour of duty in Southeast Asia. It is estimated that 500,000 to 700,000 of these men and women now have emotional problems (Walker & Nash, 1981). These problems in adjustment reflect either delayed or chronic forms of post-traumatic stress disorder (PTSD) (Keane & Kaloupek, 1980).

According to the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychological Association, 1980), the essential feature of PTSD is the development of characteristic symptoms following a psychologically traumatic event that is outside the usual range of human experience. Langley states that PTSD usually occurs in a cluster of interrelated symptoms. Each component underlies the veteran's inability to cope effectively with the tasks of everyday life. The symptoms of this noncoping include guilt, depression, social alienation, irritability, high stress levels, catastrophic nightmares, sleep disturbances, aggression flashbacks, and exaggerated startle response. Because most of these veterans have been suffering from PTSD for a number of years, other problems such as marital, legal, vocational, as well as substance abuse, are evident.

The crumbling of the veteran's personal life after returning is re-

ported in studies done by Wilson and Doyle (1977), Pilisuk (1975), Wilson (1979), Huppenbauer (1982), and Harris (1971).

Since large numbers of veterans have not been able to cope with civilian life, therapeutic interventions have been necessary. The main modes of treatment used for Vietnam veterans have been "rap" groups run by veterans themselves (Shatan, 1973; Lifton, 1973; Egendorf, 1975); individual psychotherapy (Horowitz & Solomon, 1975; Egendorf, 1982; Haley, 1978; Balson & Dempster, 1980; Lemere, 1981); group psychotherapy (Walker & Nash, 1981); and family therapy (Stanton & Figley, 1978). Boman (1982) found that though the treatment philosophies varied, many of the same underlying concepts emerged. The most important concept is that combat experience is the essential issue to be dealt with and must be pursued at a reality level, not interpreted purely in transference terms.

As Perls (1951, 1969) and others (Goldberg, 1975; Goodyear, 1981; Heikkinen, 1981; London, 1982; Malolich & Turner, 1979; and Polster & Polster, 1973) have noted, the greatest emotional conflicts result in unfinished business and unexpressed resentments. Unfinished business in prior relationships and experience have to be completed or expressed in order to move on to new present experiences and relationships.

Brende (1981) in his research believed that an effective therapeutic modality should provide a means of integrating split-off traumatic experiences so that flashbacks, nightmares, and rage attacks can become here and now behavior to be worked through during therapy. Figley (1978) also agreed that when traumatic experiences are relived in the form of here and now behavior they become a necessary part of the therapy.

Psychodrama and the Veteran

Psychodrama is a group therapy approach developed by J. L. Moreno in the early 1900s. In psychodrama, the client dramatizes past, present, or anticipated life situations in order to facilitate constructive change through the development of new perceptions or reorganization of old cognitive patterns and concomitant changes in behavior (Buchanan, 1984). Another therapeutic goal is catharsis which allows the client to move past a trauma into here and now personal growth.

In research done by Hagan and Kenworthy (1951), Kreitler and Bornstein (1958), and Robbins (1972), psychodrama is shown to provide the opportunity for intimate and emotional exchange in both

intra- and interpersonal exploration. They state that persons in a psychodrama become so busy with their performance and so moved by the actual experience that they lose their intellectual defenses.

Fantel (1948, 1951, 1952) found that psychodrama was very effective in working with veterans of World War II about the conflicts they encountered upon their return to civilian life. He discovered that psychodrama enables patients to air suppressed resentments, build their egos, see themselves as others see them, and to understand themselves. Rackow (1951) found the main reason for World War II veterans entering veterans' hospitals was anxiety and tension. Psychodrama, he found, provided a considerable amount of the insight gain and experience formation essential to recovery.

The veteran's re-entry into society can be viewed in terms of Moreno's (1962) role theory. Moreno viewed the role as a functional unit of behavior, comprising both private and collective elements of individual differentials and collective denominators. According to Moreno, the self emerged from the role. In an article on role fatigue, Barbour and Z. Moreno (1980) stated that when we begin to value our roles less we begin to value ourselves less. A lack of satisfying role replacement can trigger psychosomatic illness or emotional problems (Hollander, 1968). The veteran can be seen as suffering from role fatigue or role stress. Psychodrama offers a modality that can concentrate on role perception and can facilitate development of new roles for the veteran.

Application of psychodrama with groups of Vietnam combat veterans is rare. Olsson (1972), in a case study conducted in a U.S. Naval inpatient facility, found that the use of role reversal, soliloquy, return to the scene, and doubling were a great help to veterans who were trying to turn away from drugs. Brown (1984) described the chilling irony of psychodrama as a possible therapeutic release for a wartime experience, that, in military lingo, was a part of the "Vietnam theater of operations."

A pilot project involving psychodrama was designed and implemented at a Vietnam Veteran Outreach Center in Washington, DC. It is hoped that the following model may prove useful for future research in psychodrama with Vietnam veterans.

Design of a Pilot Program

Part of the author's training as a psychodrama intern at Saint Elizabeths Hospital consisted of a research project. An interest in working with Vietnam veterans led to the idea of running an experimental

psychodrama group for Vietnam combat veterans, and a proposal was submitted to the Veterans Administration.

This would be a weekly psychodrama group, meeting for eight weeks and paired with a control group for comparison. A pre- and posttest, the Vietnam Era Stress Test (Wilson & Krauss, 1980), was to be the measurement tool. The leadership team was to consist of three trained psychodramatists, a black male psychodrama staff member, and two white female trainees. An introductory psychodrama workshop served to familiarize the outreach center staff with psychodramatic theory and gain support for the project. The staff members were also invited to see psychodrama in training situations at the hospital and elsewhere in the Washington area. The psychodrama team visited the center on an average of once a week for over six months. These interactions with veterans and staff served to establish trust.

However, the research project was not approved by the Veterans Administration because they felt psychodrama was too powerful a modality to be used at an outpatient center. The psychodrama team met with outreach staff to discuss limits and safety and decided to use sociodrama instead of psychodrama.

J. L. Moreno (1946) defined sociodrama as a deep action method dealing with intergroup relations and collective ideologies. Blatner (1973) stated that Moreno's sociodrama is a form of psychodrama enactment that aims at clarifying group themes. Sociodrama does not focus on an individual personal dilemma. A person may participate as a protagonist in a sociodrama, but the focus of the group is on the role and not the person. Because of the fear that the Vietnam veteran would become too involved in the sociodrama, it was decided that the trained auxiliaries would play the major roles. The team contracted with one of the staff counselors for two sessions. One session was used to get permission from the group members to do a sociodrama and to serve as a warm up to the sociodrama. The second session was for the sociodrama itself.

Sociodrama

The combat veterans were black males between the mid-thirties and early forties in age. They were mostly underemployed or unemployed, and several had had previous psychiatric hospitalizations.

During the first sessions these veterans expressed concerns about the team not being veterans. They also wanted to know motives for a black man and two white women running a group for all black veterans. The concerns of the group members were put into action by auxiliaries taking roles of trust and mistrust. The director incorporated the psychodrama

techniques of doubling and role reversal. This helped veterans to express their fears and understand more of the psychodramatic process.

The team introduced and explained the concepts of sociodrama and psychodrama to the group. The themes were all interpersonal roles with heavy emphasis on family and societal roles. The group selected "The Vietnam veteran and the wife" for the first sociodrama. They ended by focusing on the veterans' level of commitment to returning for the following session. The commitment level was high.

As an evaluation measure of the session, the director used a spectrogram. One point in the room was for those who felt that the session had been worth their time, and at the other end of the continuum was another point representing the idea of a waste of time. Eight of the nine members went to the point identified as "worth their time." The remaining veteran's position was close to, but not at the very end, of the continuum. In sharing, one veteran's comment illustrates the impact of the initial session: "You know I haven't smiled since 1977, but tonight you all made me smile; there is something in this."

At the second session there were seven veterans present, four of whom had not been at the first session. After a careful warm up to the idea of roles, the group went into exploring the roles of the veteran and the wife.

Just as "G. I. Joe" was the slang term for WW II veterans, this group gave the title of "Y'all" to represent the typical Vietnam veteran. The title of "Miss Lady" was given for the role of the young wife. As the group progressed, the auxiliaries enacted tableaux of their courtship, draft notice, life in Vietnam for "Y'all," home life for "Miss Lady," and the return home. The director had the veterans, as audience members, make doubling statements for the characters at various times. One particularly poignant scene occurred as the veterans began to chant in the war scene, "Y'all, who got it today?"

The action focused on the deaths of buddies, relationships with the Vietnamese, and letters home. It continued on through the veteran's return home to an unsympathetic wife. The group members were extremely active in statements given in the returning home scenes. At certain points veterans jumped up and took the role of "Y'all" or "Miss Lady" to express some of their stronger statements in an interactive dialogue.

With all the precautions to minimize involvement, veterans were still very emotionally caught up in the session. The team spent several hours working with individual veterans in the sharing phase to help clear up such issues as death of a friend, rage against a wife, problems

with family members around drugs, and initial sharing of individual losses rarely expressed.

The evaluation of the second session was done orally by the veterans with permission given for the oral evaluation to be taped. Two questions were asked:

1. On a scale of 1 to 10, how would you rate this session?

The numerical ratings averaged an 8, with a range of 5 to 9, out of a possible 9. Veterans felt 10 represented perfection, and nothing was perfect in life.

2. Do you feel this process would work for other Vietnam veterans? If so, why? If not, why not?

One veteran stated that it gave him a chance to open up and get some pressure off. In counseling he felt he was feeding in, but in action he felt he could feed in and also get feedback. Another felt he could talk and discuss for a long period of time, but seeing the actions made expressing his feelings easier. Several veterans said that they got to see and express feelings for both sides, veteran and wife. They said this helped them understand information about these roles that they had not previously put together. The main theme of evaluation for the session can be summed up in a comment from one veteran:

> "This session was very beneficial; those were scenes and roles we don't play out every day or tell our family. We need more sessions like this. I felt helped."

Public and veteran safety is the key word when working at an outreach center. The team approach is highly recommended. It is suggested that the team be composed of three trained psychodramatists: One to act as director and the other two to take major auxiliary roles. The team approach provides auxiliaries to take major roles, thus enabling the veterans to keep their emotional distance.

Veterans use nonverbal more than verbal messages. A team is more likely than a single leader to stay aware of these nonverbal emotions and have veterans deal with them before leaving the session and going home.

Sociodrama is recommended over psychodrama when first working with an outreach population. Sociodrama gives the veterans a collective look at their role in society. It helps in giving structure to sessions and in increasing group cohesion. Auxiliaries in roles should be clear in incorporating doubling statements from veterans. This participation helps keep high the group ownership of the collective role. Role reversal, doubling, returning to the scene, and the use of sociometry are

psychodramatic techniques that work well with veterans. The sharing phase revealed that even though auxiliaries took the major roles, veterans experienced a lot of feelings. Moreno's (1946) concept of psychodramatic shock comes into play here. Since veterans leave the center after the session and go home, it is extremely important that veterans achieve closure. The team should be prepared to stay, extending the session until the emotions of the veterans are expressed and dealt with.

The major problem discovered in this project was that of veterans not returning for followup sessions. One of the outreach counselors reaffirmed this finding and felt this to be a major problem at this center and for anyone running groups. He felt longer sessions were better because veterans once present would stay for hours. It is recalled that Moreno used to run marathon sessions, and perhaps this is a possible answer to the treatment for Vietnam veterans. A day-long workshop could be designed where veterans are introduced to sociodrama, and then hold a sociodrama with the possibility of going later into individual psychodramas. This might be a way to approach the above-mentioned dilemma.

Clinical practice and research with psychodrama and the Vietnam veteran is needed. It is our hope that this project will serve as an incentive for more research. Combining psychodrama with the particular needs of veterans makes for powerful interactions. If the readers of this journal direct their spontaneity and creativity toward this potentially fruitful field, there may emerge guidelines valuable alike to veterans and psychodramatists.

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BRIEF REPORT

Report from the J. L. Moreno Collection

Christopher Kraus
Joni Clouse

"I am a prophet with a sense of humor." The "I" is Jacob Levy Moreno, and the passage is located in some unpublished autobiographical sketches at the J. L. Moreno Collection in the Francis A. Countway Library of Medicine, in Boston, Massachusetts. The existence of such a collection may not surprise those who know how intent Dr. Moreno was on setting the historical records straight about his original contributions to a global society as the father of group therapy. In 1978 Zerka T. Moreno and Jonathan D. Moreno donated, in all, 1176 file folders, 300-plus books and journals, 129 audiotapes, 51 films, and other assorted "Morenobilia" to the Rare Books and Manuscripts Department of the Countway Library.

Without sufficient funds for processing the collection, the proposal for an inventory and index remained only a blueprint for another four years. In 1982, the American Society of Group Psychotherapy and Psychodrama established the Moreno Fund, and in 1984, the collection finally embarked on its transformation from chaotic crusty boxes and folders into a marked, ordered, and preserved system. The project is nearing completion. With a full inventory of contents, indexed to correspondents and authors, the collection is presently accessible for research and reading.

The collection contains segments of daily correspondence and records from the late 1930s to the 1970s regarding Moreno's vast and diverse personal enterprises at Beacon, New York, and New York City. The enterprises included Moreno Sanitarium, Therapeutic Motion Pictures, Inc., Beacon Publishing House, the Moreno Institute for psychodramatic and sociometric research, training, and public demonstrations, the World Center of Psychodrama and Group Psychotherapy for

the sponsoring of numerous international congresses and lecture tours, and the Moreno Consultation Center for psychiatric treatment. The collection also includes personal correspondence, protocols of public and private psychodrama sessions, manuscripts of unpublished material, early German publications, scrapbooks, audiotapes, films, and impromptu recording discs. The earliest manuscripts in the collection date back to 1906 when Moreno was a teenage student in Vienna. There are also such paraphernalia as the Doctor's bow ties and his honorary academic hood from the University of Barcelona.

Dr. Moreno's indelible mark of disordered order characterizes the collage of material in the collection, as if to assure his anticipated biographers that the files indeed belong to none other than himself. An apt description of the collection would be catalogued chaos, the veritable symbol of the unformed creative process, and the antithesis of the perfected finished product. Some of the most interesting items are fragments of handwritten notes scribbled in a fury on the backs of programs, folders, and correspondence. Hidden literally between the lines are autobiographical notes on the origins of J. L. Moreno's name, the significance of his Jewish heritage, and his early encounters in Vienna with Freud and a struggling Viennese painter allegedly named Shickelgruber (later known as Adolf Hitler).

The introductory autobiographical quotation evokes the image of a grandiose comedian destined to drift into anonymity. The first published psychodramatic protocol in J. L. Moreno's anonymously authored series of "Invitations to an encounter" (*Einladung zu einer Begegnung*) introduces this image in the title, "The Godhead as Actor" or *Die Gottheit als Komödiant* in German (1911). Fusing the roles of actor, comedian, and divinely inspired prophet, Moreno set out and subsequently claimed to have founded a science of human relations that encompassed the individual, social, and cosmic psyche. Within the rubrics of psychodrama, sociometry, and spontaneity, he respectively relegated Freud, Marx, and Jesus of Nazareth to the archive of primitive prototypes.

The collection and its portrait reintroduce several unanswered biographical questions that are central to the theory and practice of psychodrama, sociometry, and group psychotherapy. Who is this *Komödiant* who proclaimed quizzically, "I am God," and who used to "teach the people to play God" (Moreno, 1946, p. 6)? What was the significance of his personal dilemma of anonymity and the "paternity syndrome" (Moreno, 1953, pp. xxxvii-xxxix)? Should he receive universal recognition as the author of group therapy, the encounter movement, and the use of role playing as a method of professional therapy and training?

In sifting through the collection, it sometimes appears as though Moreno purposely mapped out his life as a young man and then meticulously followed each planned path so that his biographers would be struck by the creative continuity of his long, multi-faceted life. Moreno considered himself a genius of thought and action, and he intended to be remembered as one. In the autobiographical manuscripts of the collection, Moreno wrote that his autobiography

> is written on the premise that its author is a genius; it is an effort to make him look like one, and an earnest effort not to prove that he is one, but to believe it.

The collection challenges the objective observer to measure this ingenuity by the foundations, associations, publications, and channels of communication that J. L. Moreno created. The test of his genius lies as much in what he has *done* as in what he has said.

In another unpublished manuscript about genius, he wrote in characteristically grandiose style, implicating himself:

> Genius is the individual who gives in his [sic] life or work expression to the collective aspirations of the entire human species, or a substantial part of it. The better he [sic] does this, the more he [sic] is a genius. There are many dimensions of expression in every culture and many degrees of representation, therefore there are degrees of genius, minor and major geneiusses [sic]. Absolute genius results from absolute universality.

J. L. Moreno's theoretical ingenuity and actual productivity present in the collection a remarkable portrait of a private intellectual and a public activist: a thinker and a doer. These are two roles rarely found so completely present in one person.

The collection at the Countway Library is a testament to J. L. Moreno's relentless commitment to putting the principles of spontaneity and creativity into action. It reveals how Moreno led his own family into his psychodramatic kingdom. The collection contains a significant amount of correspondence with Zerka T. Moreno, his wife and professional colleague. Their son Jonathan, reared in the psychodramatic household, and later trained as a psychodramatist, is also represented in the collection. The extent of William Moreno's involvement in his brother's Sociometric Institute is also indexed. The large index of J. L. Moreno's correspondents reveals a sociometric network and a social atom acquaintance volume that crisscross the globe and extend well beyond 2000 contacts. His books, published in over 15 languages, represent the intercultural exchange of information that is necessary for a worldwide social theory. The number of films, audiotapes, and phono-

graph records indicates his willingness to use any means of communication available to spread his gospel. The patient records and protocols from Beacon Hill and Moreno Sanitarium document the testing of his theories in therapeutic practice. His expansiveness and truly global aspirations are realized and fully recorded in the detailed organizational correspondence of several international congresses of group psychotherapy and psychodrama. Finally, the collection clearly shows how Moreno constructed a self-perpetuating organism by establishing workshops and training opportunities at the Moreno Institute, throughout the United States and the world.

Ironically, the J. L. Moreno Collection unavoidably tempts that habit of human nature Moreno found most ludicrous and dangerous: worship of the finished product, or worse yet, worship of a single, isolated creator. Did Moreno really want to be idolized as a one-time genius and prophet, ultimately judged, either positively or negatively, by his accomplishments? Above all, he sought those who would analyze and encounter a creative process that encompassed even the creator. In this spirit, Moreno's papers are not enshrined as stale relics inherently valuable in isolation; they are preserved for their usefulness as a richly conserved model of spontaneity. The preservation of this collection serves as yet another movement in the self-perpetuating creative process that Moreno felt was the fundamental element to happy, healthy, and cooperative social interaction. The conserved papers attend the spontaneous breath of new life.

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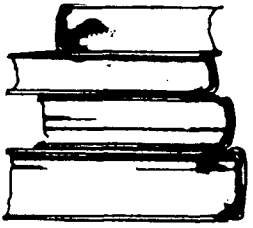

BOOK REVIEW

Title: *The Quiet Profession*
Author: Anne Alonso
Publication Date: 1985
Publisher: Macmillan, New York
Price: $22.50

The question is, can one get through the miasma of platitudes that oozes through the first part of the 143 pages of text, even after one is reconciled to the author's psychodynamic viewpoint. One finds such statements as: "The awesome privilege and the enormous burden of parenting the young come to fruition in the moment when they set forth carrying our visions of the truth and our dreams into posterity." "Borges describes an emperor who built the Great Wall of China at the same time that he ordered the burning of all the books that had existed before him. If the clinical field is to avoid the trap of ignoring the past as it builds its present structures, the supervisors must be recognized for the vital role they play in carrying the wisdom of the past into the state of the art." "The androgynous aspects of supervision are developed in the myth of Mentor. . . . Pallas-Athena, the goddess of wisdom, descends to join with Mentor to save the day. She enters his body. . . . Taken symbolically, we might see the merger of science and art as represented in the two aspects of the effective Mentor, then and now." Even the selections from the great metaphorist Erik Erikson teeter on the brink in this book.

Saving the day are the author's twenty-five formal "Examples," sociodramatic vignettes illustrating mini-crises in the lives of the professionals this book is for and about—psychotherapy supervisors. One of them illuminates the chronic impossibility of the psychotherapy field. We might have thought that experienced supervisors really knew what's what, but the author lets us know otherwise. In an example regarding five supervisors who had attended the same presentation and discussed what they thought of the speaker, they said: "A brilliant and

articulate young man. He'll be a big name in the field some day." "He has no heart, is the trouble!" "Hasn't he come a long way! He used to be impossible in the emergency service." "Not bad, not great. They all sound the same after a while." "This is an inappropriate case . . . so no wonder it's so hard to understand the presenter."

Still, the vignettes are compelling, even the ones embedded within paragraphs: One supervisor traveled many miles at the invitation of a former trainee to present a paper at a formal gathering, which the trainee had planned not to attend. Another spoke with dismay at hearing a former trainee report greater success with new methods from a new supervisor. Another expressed painful ambivalence at seeing a recent trainee's fourth publication appear in less than a year. Many of the author's examples of supervisory goofs make us feel better, even though some of them sound like things we might have done without the proportional ability to bail ourselves out.

Among the things I object to in this book is the presumptuous and gossipy way the trainees get evaluated: How does the trainee relate to you? Fun to be with? Argumentative and challenging? No mention of: Did this person's patients get better? Will any of this trainee's patients ever get better?

The problem here is that this book is interested in some kind of developmental maturation on the part of the patient (and the trainee) in which effective behavior and the reduction of psychological signs and symptoms are an afterthought, a side-effect of maturation. This perspective cannot be maintained on the tumultuous street, the distracting, authority-divided, and inefficient ward, or the raucous psychodrama stage. In the author's polite world of genteel chuckles, fresh shirts, and (do they still smoke?) delicately aroma'd pipes, everybody has time, and everything gets worked out. The trainee changes and grows. But in none of the twenty-five formal examples nor hardly anywhere else do we learn what problem brought the patient in in the first place.

The author's formal content is found in chapters such as *What Is Supervision?* "It is as difficult to define supervision as it is to define psychotherapy." Supervision serves "the needs of the administration, the therapist, and the patient." Supervision can be seen both as cognitive and as emotional. *Who Are the Supervisors?* "Supervision might better be thought of as . . . a collaboration between the supervisor and therapist to stretch and adapt to and enlighten one another." "One's supervisees are often perceived as a ticket to posterity." *What Do Supervisors Do?* Didactic teaching (defined nebulously), demonstrating "listening with the third ear," mapping out a treatment plan (I have no idea what one would sound like here), and imparting by means of

modeling a "nonjudgmental stance" toward the trainee (as if the supervisor would not be sought out continually for critical evaluations of his trainee forevermore), plus many more interesting elements that cut across different viewpoints.

The Supervisor in Developmental Perspective is just that. Polarities: Young/Old, Destruction/Creation, Male/Female; Nurturance, Competition, Intimacy; Levinson, Erikson. The "negotiation and maintenance of a healthy relationship with the training institution." Heavy stage-of-life/maturation theory here. Kernberg is cited: "One must accept that there is indeed badness in the world in which one lives. One must live by one's own ego ideals and accept the fact that the final responsibility is to oneself." Moreno might say: "to the world." I would say, "at least, to one's reference group." The author perpetuates a cliche about the desirableness of a fellowship for two years in the exotic tropics studying the influence of leisure, whereas Morenoists are in the tropics, Arctic, or desert, or all three, wherever they are.

The Supervisor at Impasse. "The supervisor is expected to be a teacher, a mentor, an administrator, a role model, a disciplinarian, and parental-like in his/her regard for the supervisee." The supervisor has to manage personal needs to be admired, to rescue, to be in control, to compete, to be loved, to work through unresolved prior conflicts, and to handle intrusive stress spillover. *Some Special Circumstances of Supervision* considers supervising across age and gender barriers (includes the author's slap at sexists Freud, Jung, and Bettelheim). Although the author acknowledges that "another may employ psychodrama to help the student 'live' in the patient's feelings and dilemmas," the author is clearly most comfortable in dealing with the trainee based on the trainee's verbal recapitulation of the session. Morenoists are not as concerned about the transference within the dyad and readily become their trainees' directors, protagonists, auxiliaries, audiences, cotherapists, and patients for teaching purposes.

The Supervisory Encounter, like therapy with a patient, is the "learning diagnosis." "Toward the end of the incorporation phase, the supervisor is apt to be hurled down from a shaky pedestal with some force." During "identification," "the trainee moves from 'slave' to 'apostle.' " At the end is evaluation ("one approach is to ask the student to write the first draft of the evaluation"). Both supervisor and trainee express appreciation and affection, discuss the disappointments, and forgive the nearly unforgivable. Finally, *A Model Program for Psychotherapy Supervisors* includes forming an association.

I loaned this book to my own current clinical intern who used the occasion to provide a critique of elements in my style of supervision. This

led me to realize a use for this book in providing actual and prospective trainees a guide to help themselves design a more effective training situation. On the other hand, I had occasion to inform that same intern that if we did things the way the author wanted, the internship would take ten years.

Were it not for the invitation to review this book, I ordinarily would not have read it, but now I'm glad I did. The author, Anne Alonso, apparently gives workshops at professional conferences, as she will at the 1986 American Group Psychotherapy Association annual meeting. It would probably be a delight to meet and work with Dr. Alonso, especially if in her personal work one would find the warmth, attentiveness, patience, love, exceptional powers of observation, and optimism one finds in this book. And it might even be a good idea to get regular supervision from someone with another viewpoint, especially if that person had at least a little of that which is lacking at every level of the mental health establishment—wisdom; the real thing.

Israel Eli Sturm

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Information for Authors

The *Journal of Group Psychotherapy, Psychodrama and Sociometry* publishes manuscripts that deal with the application of group psychotherapy, psychodrama, sociometry, role playing, life skills training, and other action methods to the fields of psychotherapy, counseling, and education. Preference will be given to articles dealing with experimental research and empirical studies. The journal will continue to publish reviews of the literature, case reports, and action techniques. Theoretical articles will be published if they have practical application. Theme issues will be published from time to time.

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3. The *Publication Manual of the American Psychological Association*, 3rd edition, the American Psychological Association, 1983, should be used as a style reference in preparation of manuscripts. Special attention should be directed to *references*. Only articles and books specifically cited in the text of the article should be listed in the references.

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