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Psychodrama and Group Work With Adolescents

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INTRODUCTION

SOME TIME BACK, the executive editors of this journal decided that the development of theme issues could be important in encouraging contributions to the journal from individuals who may work in unique and specific areas of the field. A number of themes were identified, and a policy of no more than two theme issues a volume was established. This volume, however, is the exception to that rule because it will include three theme issues. This is due primarily to the journal's focus during the past year on the Moreno centennial, which brought a delay in publication of material that was in the gathering process. It is not fair to the authors of those articles to delay their publication dates further.

Consequently, this and the following issue of the journal will address a single theme—psychodrama and group work with children. Well over two years ago, we issued an invitation for submissions on this theme. The submitted manuscripts were sufficiently age specific that we were able to divide the topic into two issues, the first focusing on adolescents and the second on children.

This issue presents a series of articles focusing upon work with adolescents in group psychotherapy, psychodrama, or action methods. As more and more psychodramatists are employed in contexts treating adolescents, their unique methods of working are finding their way into treatment models and clinical programs. The articles in this issue reflect some of the methodologies of working with adolescents and some of the contexts for providing service. I wish to thank the contributors to this issue and my task force who reviewed and recommended articles.

Treadwell, Stein, and Kumar present a succinct overview of the psychodramatic action and closure techniques that might be used with adolescents. Knittel's article on strategies for directing psychodrama with adolescents is a helpful process overview of work with young people. Managing adolescents within the therapy context is a major concern of therapists and helpers, and Sasson addresses this issue in her article on management techniques that work when using psychodrama with adolescents.

Weil, Pascal, Kaddier, and Lubochitzky, who work in Haifa, Israel, share an interesting article on the use of verbal games with late adolescents who are in in-patient group psychotherapy.

As psychodramatists, we frequently make use of related means—art, sculpting, movement, and music—for interacting with clients. John Saroyan focuses upon music in an article about using music therapy with an adolescent psychiatric unit.

My article, which concludes this issue, focuses upon adolescents within the context of family therapy. It presents a research study that compared the effectiveness of verbal and action methods of intervention in families with adolescents.

The diversity of articles in this issue reflects the wide range of contexts and issues in which psychodramatic and action methods can be used with adolescents.

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A Survey of Psychodramatic Action and Closure Techniques

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ABSTRACT. Estimates of the number of psychodramatic techniques range between 200 (Haskell, 1975) and 300 (Z. Moreno, 1966; Greenberg, 1974). This article brings together published psychodramatic techniques that are designed to stimulate protagonists during the action (self-disclosure) phase of a psychodrama. Also included are the closure techniques to shut-down the action and allow protagonist(s) and group members to enter the sharing phase of the psychodramatic process. Because of space limitations, only brief illustrations of each technique are offered, followed by specific references for a more comprehensive description of the technique.

THIS COMPENDIUM OF PUBLISHED psychodrama techniques can serve as a ready reference for practitioners of group psychotherapy, psychodrama, and sociometry. The categorization of approaches entitled action and closure techniques may be somewhat arbitrary because most techniques, with appropriate modification, can be used in any phase of a psychodrama session. Alterations of a technique are not listed as separate techniques (i.e., not given a separate number) but are described as variations of the technique.

Action Techniques to Facilitate a Protagonist

Action techniques are designed to facilitate the movement of the protagonist(s), as well as group members, from the initial verbal (warm-up) phase to the action component of a psychodrama. Some techniques are meant to prepare protagonist(s) to identify a conflict and move into the enactment phase. Other techniques are very specific and take place within the enactment phase.

1. Autogenic Warm-up. Rothman (1961) describes the use of the self-hypnotic techniques to put a selected protagonist into a slight trance.

Rothman did not elaborate on the procedures for this technique. Enneis (1950) also has described the use of hypnosis with a protagonist before moving into action. Enneis cautions that suitable training is needed before a director can use hypnosis.

A variation of this technique is Hypnodrama. This procedure requires hypnotic induction on stage or in the center circle. When the protagonist is in a trance, the use of psychodramatic techniques are employed to carry out the drama (Supple, 1962; Greenberg, 1974).

2. Initial Interview. Interviews are helpful in obtaining biographical and background information from the protagonist. In this process, the director, protagonist, and the group are warming up to the conflict to be enacted. The director's main objective is to present the problem in a concrete form, locate its place in time, and have the protagonist recall who was present (Schramski, 1979). When this is achieved, the director is ready to develop the scene, and strategies, in terms of significant others, color of the room(s), memorable sounds, furniture, important objects, time of the situation, clothing he or she was wearing, posture (sitting, standing, etc.), and protagonist's mood (past and present).

A variation of this procedure is the Role-Taking Interview designed for adolescents in crisis. After rapport has been established, the following sequence is suggested: (a) identify significant people in the adolescent's social atom, (b) establish a criterion for the role-taking exercise, (c) facilitate the assumption of the role, (d) interview the adolescent in the role, and (e) note patterns and discrepancies (Altman, 1985).

3. Role Reversal With Significant Others. The director has the protagonist introduce his or her significant other(s) to the group by assuming that role. As themes and conflicts emerge, auxiliaries are selected to explore the protagonist's conflict further (Z. T. Moreno, 1959).

4. Auxiliary Ego Techniques. The auxiliaries may be chosen by the protagonist or appointed, based on sociometric information, by the director in order to assist the director with the psychodramatic process (Goldman, 1984). Auxiliaries may take any role—for example, significant other (father, mother, lover), objects (clock), emotions (fear, anger, openness), mirror of self, or a double. The following are shortened descriptions of auxiliary ego techniques.

- The *mirror* technique involves having an auxiliary assume the identity of the protagonist and reproduce his or her behaviors. When using a mirror, the protagonist is asked to step aside and observe the mirror. This is useful in having the protagonist examine his or her own behaviors by way of the auxiliary (Z. T. Moreno, 1959).

- The *double* aids the protagonist in expressing ideas, thoughts, and feelings that she or he is experiencing but is unable to express in words. This includes reproducing the protagonist's nonverbal behaviors (gestures and body mannerisms). At times, the double, taking cues from the protagonist's verbal and nonverbal expressions, might express thoughts and feelings (positive or negative) that the protagonist might be blocking. Typically, the double stands close, either directly behind or alongside of the protagonist in order to observe nonverbal cues carefully. The protagonist may, of course, choose to validate or invalidate his or her double's statements. A double's task is to provide the protagonist with needed support by empathetic communication. Thus, the double stimulates, supports, clarifies, and aids in giving suggestions and interpretations to the protagonist (J. L. Moreno, 1953; Blatner, 1973).
- *Drafting* is used when a double (usually a trained person) is chosen to assist or coach a weak protagonist by encouraging, developing, and enacting situations whereby the protagonist is pulled into the action. It is the director's responsibility to ensure that the double will not dominate or replace the protagonist with his or her own projections or conflicts (J. L. Moreno, 1952; Z. T. Moreno, 1959; Weiner and Sacks, 1969; Greenberg, 1974).
- *Multiple doubles* help the protagonist express two or more aspects of his or her identity. For example, one double represents the protagonist as the overconfident salesperson, another double portrays him as the submissive husband, and a third double depicts him as an angry father. The primary purpose is to add clarity to the protagonist's dilemma (Z. T. Moreno, 1959; Blatner, 1973; Greenberg, 1974).
- The *reformed auxiliary ego* technique is employed when a protagonist displays intense hatred, anger, or fear toward a significant other. The director explains that the auxiliary ego is a reformed significant other who makes no apologies and expresses no undue guilt feelings but expresses an interest in the protagonist's past emotions. The auxiliary conveys the attitude that the past cannot be changed, but it would be possible to start a new relationship. It may be useful to have the protagonist reverse roles with the reformed other (Sacks, 1973).
- The *auxiliary world* technique is effective with hallucinatory and delusional individuals. The director has auxiliaries assume the roles that are a part of the protagonists hallucinatory and delusional world. The auxiliary world technique attempts to shape the natural environment around the inner world of the patient (Moreno, 1945; Blatner, 1984).
- The *silent auxiliary ego* technique is a method for treating deteriorated mental patients. Marion Smith (1950) described the use of this

technique (suggested by J. L. Moreno to Smith) when treating regressed mental patients. This procedure "uses gentle gestures in place of words, tries to motivate the patients to occupy herself (*sic*) constructively and surrounds them with an atmosphere of optimism" (p. 92).

- The *divided double*, often referred to as the contrary double, involves two auxiliaries playing contradictory parts of the protagonist's psyche (Rabson, 1979).
- The *ideal other* is a technique employed to reduce the protagonist's tension during the closure phase of the psychodrama. The *other* refers to the protagonist's significant other, that is, brother, sister, mother, father, and so on; the *ideal other* is the wished-for significant other whom the protagonist never experienced. This *ideal other* is a fantasy-type replacement for the *other* in reality (Greenberg, 1974).
- *Spontaneous double* incidences involve the audience. Instead of the director or protagonist selecting the double(s), the director invites members from the audience (group) to double when they feel empathic with the protagonist. This can occur anytime during the psychodrama. This technique is not used in classical Morenean psychodrama (Rabson, 1979).

5. The Auxiliary Chair. This is commonly referred to as the empty-chair technique (Greenberg, 1974). A chair (or multiple chairs) is assigned the role(s) of a significant other(s) or part(s) of oneself (confident, shy, etc.). The chair(s) serves as a neutral auxiliary ego(s), in the sense that it is easy to talk to or to project onto, and the participants are not influenced by the personality characteristics of a live auxiliary ego(s) (Lippit, 1958; Warner, 1970). The protagonist may also reverse roles with the significant other(s) symbolized by the empty chair(s).

Lippit (1958) observed that this technique is useful with children and adults who are sensitive to the presence of live auxiliaries. The director stands behind the chair to facilitate the process of projection by asking questions relevant to the conflict. The process of projection may be facilitated by the use of such behavioral names as "agg" for aggression, "snu" for snobbishness. The director demonstrates the behaviors characterized by these chairs, moves the chairs, sets the emotional tone, and asks questions pertaining to these behaviors for group discussion. The chair(s) provide a vent for emotions; the chair(s) can be hugged, pushed, hit, or kicked (Starr, 1979).

6. High Chair. The protagonist is seated on a chair that is located in such a manner that she or he has the sense of being taller or higher than other members in the group. Alternatively, the protagonist may be asked

to stand on a chair to make him or her feel more powerful in dealing with authority figures (Greenberg, 1974; Starr, 1979).

7. Chairing. This technique is used when the participant expresses two or more opposing directions to take regarding any interpersonal situation. Chairs are used to represent each alternative. The protagonist reverses role with each chair, and the director interviews him or her in that role. This technique is helpful in decision making (Vander May, 1981).

8. Dream Technique. The protagonist enacts a dream rather than explain the various details. This allows him or her the opportunity to organize the dream as it is presently recalled and to select auxiliaries to represent the characters in his or her dream (Z. Moreno, 1959; Weiner and Sacks, 1969; Greenberg, 1974).

9. Maximizing. The director uses auxiliaries to exaggerate an emotion(s) that the protagonist is suppressing (Blatner, 1973; Rabson, 1979).

10. Concretization. This technique forces the protagonist, with the aid of auxiliary ego(s), to express thoughts, ideas, and feelings in a concrete form. It provides the director and the protagonist with a visual blueprint of feelings that are usually central to inter- and intrapersonal relationship situations that were not being overtly stated (Rabson, 1979; Heisey, 1982).

11. Role Reversal. This method has the protagonist exchange roles with a significant other(s) or significant aspects of oneself that are in conflict. A director may choose to interview the protagonist in reversed roles or have the protagonist interact with himself or herself in the various roles. This variation is referred to as the interview in Role Reversal (Vander May, 1981).

Role reversal is useful in obtaining information about a significant other (or parts of self), as perceived by the protagonist, to facilitate the work of the auxiliaries and the director. In the role of the significant other (or a part of the self), the protagonist is likely to experience what it is like to be in the other roles and can possibly gain another viewpoint of his or her own roles in conflict (Haskill, 1975).

12. Role Reversal With the Director. This technique is effective in aiding the protagonist's development of internal controls that are essential in setting goals, making decisions, and generally controlling one's life (Vander May, 1981).

13. The Substitute Role Technique. This procedure involves working with resistant protagonists who are experiencing conflicts with significant others. The purpose is to have the protagonist reverse roles with a significant other. The director has him or her carry on a conversation with another significant other with whom there is limited or no conflict. This gives the director, the group, and the auxiliaries vital information and allows the protagonist a chance to relax his or her defenses. After

various interactions, the protagonist may be led, in his or her role, to interact and explore conflict(s) with the specific significant other with whom there is serious conflict (Parrish, 1953).

14. The Soliloquy. The protagonist is instructed to talk aloud about his or her concern or conflict as she or he walks around the stage. This gives information to the director about the nature of the conflict. The soliloquy is best used to warm up the protagonist to a conflict situation or to calm the protagonist down after a catharsis (J. L. Moreno, 1954; Starr, 1981).

A variation of this procedure is the Aside Technique, in which the director stops the action, as needed, and asks the protagonist: What are the thoughts and feelings you are presently experiencing. This procedure is used when it is too threatening for the protagonist to speak about thoughts and feelings directly to the auxiliary ego (Blatner, 1985; Heisey, 1982).

15. Surplus Reality. According to Yablonsky (1981), surplus reality involves magnifying a situation out of proportion to enable the subject and the group to get a closer look at the problem (p. 23). Imagery and play are the primary methods of exploring a protagonist's surplus reality (Blatner, 1973).

A variation of this technique is described by Goldman (1984), who suggests using a significant object (e.g., clock, picture, teddy bear) to induce surplus reality. The protagonist is asked to become the significant object and is interviewed in that role.

16. Psychodramatic Body Building. The protagonist chooses auxiliaries to assume the roles of various body parts to reproduce himself. The director interviews the protagonist (by having him or her reverse roles with the auxiliary) to determine how this part functions in relation to the rest of the body. The questions may be asked: "What do you usually do for this body? Are you noticed? Are you active? After completing one part, the protagonist proceeds to other parts (other auxiliaries) until the whole body is built. Once the body is complete, the protagonist is asked to step aside and watch the various parts interact. The director then asks the protagonist to identify unsatisfactory parts and rearrange them to achieve greater harmony. Situations to explore how the parts can function differently may also be enacted. Sharing is focused on bodily frustrations (Robbins and Robbins, 1970).

17. Judgment Technique. This technique is used to encourage forgiveness in a protagonist who is angry at a significant other. The protagonist is asked to select an auxiliary to play the role of God. God pulls the protagonist to the side and informs the protagonist that he or she is dead and is comfortably placed in heaven. God then assigns the protagonist the responsibility of deciding whether or not the significant other will be per-

mitted into heaven. The objective of this technique is to continue through other conflicting situations with the significant other until some resolution is achieved (Sacks, 1965).

18. The Death Scene. Used when a group member(s) is experiencing homicidal, suicidal, or other self/other destructive thoughts, this technique involves three phases—confrontation, judgment, and rebirth.

After an initial period of relaxation, the director dims the lights and confronts the protagonist by informing him or her that he or she is dead. The director asks the protagonist what it is like to be dead. If the protagonist displays anger or hostility, she or he is introduced to Mephistopheles, to bargain to receive the power to revenge his or her rage. If the "protagonist agrees to bargain with Mephisto, then she or he is allowed to act out his or her revenge" (Siroka and Schloss, 1968, p. 204).

If the protagonist is uncertain of his identity, or shows an inability to relate with others, the person is introduced to St. Peter, the embodiment of a kind old gentleman. St. Peter expresses surprise in finding the protagonist and interviews him or her concerning his ability to take on responsibilities, form close relationships, and act meaningfully. Following this defense, the protagonist is asked to call upon and reverse roles with someone who is willing to corroborate what was stated to St. Peter. Then the two are asked to reverse back, and St. Peter asks the protagonist "to state how he might have changed things had he still been alive" (Siroka and Schloss, 1968, p. 204).

During the judgment phase, a judge enters the scene and asks the protagonist to select group members to act as jurors. The protagonist serves as both a prosecuting and a defense attorney. The jury members are asked to share their feelings with the protagonist but not to judge the person. Neither the jury nor the judge passes a judgment; rather, the protagonist delivers the verdict.

The last phase, the rebirth, involves having the protagonist decide whether to be born again as the same person with the same problems or as a person with new insights who can take on responsibilities for his or her own life (Siroka and Schloss, 1968).

19. The Good-Bye Technique. This approach brings forth the protagonist's struggle regarding feelings and thoughts about separation and termination from a significant other. The goal is to facilitate an individual's direct expression, realization, and acceptance of the loss (Kaminski, 1981).

20. Technique of Self-Realization. Group members are instructed to think about their life plans, which are then enacted with the help of auxiliary egos (Z. Moreno, 1959).

21. The Pressure Circle. The protagonist is encircled by other group members who grasp arms and hold hands, not allowing the protagonist to

escape from the circle. The circle is symbolic of the protagonist's pressures. The protagonist is instructed by the director to escape by any means possible.

Another variation is the use of chairs to represent significant others. When chairs are used, the protagonist is asked to build a circle around himself and designate whom or what each chair represents. The protagonist must move the chairs where she or he wants them in order to escape the pressure circle (Weiner and Sacks, 1969). This technique is also referred to as the Breaking Out Technique (Blatner, 1973).

22. Comfort Circle. In this procedure, which is often used following a scene of grief, despair, or tragedy, group members surround the protagonist to offer love and compassion verbally and nonverbally (hugging, kissing, and physical contact). This is also used during the closure phase of therapy (Weiner and Sacks, 1969; Starr, 1979).

23. Circle of Friends. Past, present, and desired friends walk around the protagonist, listening to his or her dream. The friends interact until the dream is finished (Weiner and Sacks, 1969).

24. The Wall or Fence. Group members form a wall that represents the protagonist's inner barriers separating him or her from a significant other person. She or he is directed to break through the wall and make contact with the person on the other side (Weiner and Sacks, 1969). This procedure is also referred to as the Breaking-in Technique (Blatner, 1973).

A variation of this procedure, entitled the Reacting Barrier Technique and developed by Robbins (1968), is intended to increase communication. A symbolic wall of auxiliaries is placed between the protagonist and the significant other(s). Each auxiliary in the wall is assigned a specific task in the communication block, and every positive exchange gives the protagonist greater access to the significant other. Every negative exchange increases the distance from the significant other. Robbins emphasizes that the main purpose of this technique is to clarify interaction between significant others rather than to achieve catharsis.

25. Shoulder and Shoulder Pushing. The protagonist is asked to push around the stage a part of himself or herself that she or he likes or dislikes most. The director carefully watches the behavior, especially if there is extreme anger or sensitivity being demonstrated (Weiner and Sacks, 1969). This technique is often referred to as Physicalizing (Rabson, 1979).

26. Behind the Back. This method is analogous to arranging a "gossip group" that discusses the protagonist (or a group member) behind his or her back. The protagonist sits in a chair with his back toward the group and cannot take part in the group's discussion. Group members reveal their feelings, behavior, and attitudes toward this member (Corsini, 1953).

27. Behind Your Back Audience Technique. The protagonist asks the group members to leave; however, instead of leaving, they turn their backs to the protagonist. The protagonist pretends they have left and proceeds to tell each member of the group how she or he feels toward each (Z. Moreno, 1959).

28. The Turn Your Back Technique. An embarrassed, shy, or uncomfortable protagonist can state ideas and feelings to members of the group who intimidate him or her. The director instructs the protagonist to turn her or his back and pretend that she or he is in a familiar place but alone with the director (Z. Moreno, 1959).

29. Implosive Psychodrama. Implosive psychodrama (Gumina, Gonan, and Hagen, 1973) parallels implosive therapy (behavior therapy) in that both techniques share the belief that a strong emotional response is needed to bring about change. Both methods recreate the environment(s) in which the emotional response(s) took place and attempt to elicit an anxiety-provoking or emotion-arousing response. During the psychodrama session, the conditioned stimuli, events that produce an emotional arousal, are enacted (perhaps repeatedly) by the protagonist so that these can be aligned with a more secure setting, resulting in the extinction of anxiety responses. During this procedure, which is also referred to as the Psychodramatic Shock Technique, the protagonist replays a traumatic scene (many times) until it loses its negative power (Z. Moreno, 1966).

30. Behavioristic Psychodrama. Ferinden (1971) describes the use of this technique for modifying aggressive behavior in children. Children first act out negative behaviors, and then a discussion is held. Next, alternate positive behaviors are discussed and practiced through role playing. This is repeated weekly until the behaviors are modified. Children are requested to practice between psychodrama sessions.

31. The Blackout Technique. The protagonist is allowed to experience his psychodrama episode without observers and with a sense of solitude. The lights are turned off, the room becomes black, but the action continues (Z. Moreno, 1959).

32. Focusing on the Differences. The director asks the protagonist to choose two auxiliaries, one to represent herself and one to represent a significant, negative identity. The director places the two auxiliaries back to back and has the protagonist express critical differences between herself and the other. Each time a difference is mentioned, the auxiliaries move apart. When a similarity is accidentally stated, the auxiliaries come closer. When the protagonist can no longer recall differences or similarities, the director may assist in the evaluation of the differences by asking if the protagonist is, or is not, very similar to this other person (Miller, 1972).

33. The Identification Technique. Miller (1968) describes this technique as similar to the Focusing on the Differences concept. Rather than exploring differences, however, the protagonist investigates the similarities with significant others (Miller, 1972).

34. The Substance Personification Technique. With this procedure, designed for working with substance abusers, the protagonist chooses an auxiliary to personify the bottle, needle, powder, or pill. The auxiliary then attempts to entice the protagonist. The director asks the protagonist to do away with the personified substance and instructs the substance to fight back. The protagonist may recruit other auxiliaries to assist him in eliminating the personified substance (Blume, Robbins, and Branston, 1968).

35. Future Projection. This involves a conscious manipulation of time. When it is used in conjunction with the Double and Auxiliary Chair Technique, it helps the protagonist to make decisions. Diagnostically, the method aids the director and auxiliaries in assessing the protagonist's intentions regarding situations that cause him or her great anxiety. For example, the protagonist may be asked to practice a new behavior and to act it out with the support of auxiliary egos. Future projection allows the protagonist to experience the consequences of personal actions as these actions affect him or her and his or her significant others (Yablonsky, 1954; Rabson, 1979).

In a variation of this technique, called the Age of Regression, the director takes the protagonist back in time to significant events. This is specifically helpful to resistant protagonists who get stuck in roles, forget significant events, have difficulty verbalizing what or who is bothering them (Vander May, 1981).

Psychodivorce, a variation of Future Projection, helps patients deal with an impending divorce (Miller, 1964). The life ahead is experienced by using doubling and mirroring, with emphasis on the pre- and postdivorce emotions of loneliness, anger, guilt, and inadequacy

36. Role Training. The protagonist is asked to play a specific role, relevant to his or her conflict. This is followed by having other group members play the same role and demonstrate different possible solutions. During role training, discussions may take place after each enactment (Haskell, 1975; Hale, 1981).

37. The Living Newspaper. Members of the group are asked to act out an important event from history, something reported in the newspaper or on television. The purpose of this is to bring to life noteworthy situations that will enable people to comprehend how certain events affect their personal lives. An example is the trial of Adolf Eichmann. The trial had a profound effect on many people; but, more specifically, individuals who had a personal relationship to the atrocities of Nazism were deeply af-

fected by the trial. The various traumatic events that occur, such as the one mentioned, affect human beings and indeed have to be addressed in the psychodramatic modality that explores the agony felt privately (J. L. Moreno, 1947; Yablonsky, 1981).

38. Autodrama. This technique allows one person to play roles that are in conflict with one another. Role reversal and the interview in role reversal are basic techniques in executing a person's autodrama. This approach is useful in expanding the protagonist's perspective on a situation because it allows him or her to respond in a different but appropriate way. This technique is often referred to as a Monodrama (Weiner and Sacks, 1969; Blatner, 1973; Rabson, 1979).

39. Axiodrama. This method allows the protagonist to investigate specific ethical, moral, or value-type concerns that most individuals face at one time or another (Blatner, 1973).

Closure Techniques to Integrate Protagonist Back Into the Group

Closure ties the protagonist back into the group and gives him or her a regenerated sense of integration. Many group members are deeply affected by a psychodrama, and time is necessary to express and explore how the psychodrama relates to them. This last stage of the psychodramatic process requires that the director identify and tie together whatever loose ends are left for herself, group members, or the protagonist. The concept of integration during this phase is critical for every member of the group. Possible procedures are noted here.

1. De-roling. This provides the auxiliaries with an opportunity to state to the protagonist what they felt and what it was like to be in their designated roles. This process assists the auxiliaries to become free of their assumed roles (Haskell, 1975; Rabson, 1979).

2. Sharing. In sharing, the audience gives feedback to the protagonist by discussing personal reactions to the psychodrama episode. Group members share relevant personal experiences and do not analyze, interpret, or ask questions of the protagonist (Goldman, 1984).

Barber (1977) has suggested several variations of sharing to facilitate meeting specific group needs. For example, he notes that a nonverbal sharing of looking, touching, and making sounds may be better after a wordy drama (p. 123). Members may not reveal their concerns or feelings during sharing. Blatner (1973) suggests using the Unfinished Business Technique to get group members to express their resentments toward and appreciations of each other. Blatner and Moreno (1952) stress that it is not always necessary to work on concerns that emerge during the sharing session, but it is important that uncommunicated feelings be expressed.

3. Summarization. In task-oriented groups, a summary of events, implications, and future plans (e.g., agenda for the next meeting, choice of protagonist) is useful in keeping the group members focused on the problems to be resolved (Blatner, 1973).

4. Dealing With Separation. To facilitate the parting of group members after a session, Blatner (1973) suggests "ritualizing the separation experience" by having the group form a circle to acknowledge thoughts and ideas about being away from one another until the next meeting. This technique may help the group members learn to handle the painful separation process, either terminal or temporary, with relationships where grief and admiration were an integral part of the bonding process.

5. The Final Empty Chair. After group members have shared with the protagonist, the Final Empty Chair technique allows participants the opportunity to express their ideas and thoughts to empty chair(s) that are filled with the absent roles that have been portrayed by the protagonist. Group members have the opportunity to "share more completely, and gain the same value from action that the protagonist received" (Speros, 1972).

A Concluding Comment

The forementioned psychodramatic techniques were never intended to be used as prescribed formulas to cure a diagnosed ailment. Moreno stated succinctly that a goal of psychodrama was "not to replace meaning by skillful composition and the marvels of technique" (Moreno, 1964, p. 41). The techniques summarized here can generate ideas for both the novice and the experienced practitioner to use in finding ways to assist groups in achieving their objectives.

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Strategies for Directing Psychodrama With the Adolescent

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ABSTRACT. In this article, the author describes specific strategies that have been successful when psychodramatic techniques have been used with adolescent groups. The typical group member has had a history of alcohol and drug abuse. Conclusions presented come from more than 16 years of weekly group-counseling sessions. Psychodrama has been found to be uniquely suited to the adolescent who is dealing with the problems mentioned here and other issues.

ADOLESCENCE, THAT TIME OF TESTING, is a period of disengaging from the family of origin and discovering an identity. The adolescent spends an unusual amount of energy trying to anticipate the reactions of others in social situations. Elkind wrote "the adolescent is continually constructing, or reacting to, an imaginary audience. It is an audience because the adolescent believes that he will be the focus of attention, and it is imaginary because, in actual social situations, this is not usually the case" (Elkind, 1974, p. 91). Adolescents wonder how they will look to others. Because of their particular egocentrism, "adolescents are likely to believe that others are aware of how they feel, but that others can't possibly understand their unique personal experience" (Hayes, 1984, p. 9).

Late in the adolescent period, the young people become aware that parents and other adults are not as they have seemed. As the adolescent begins the transition to being an adult, he or she redefines what it is to be an adult. The adolescent differentiates the self from the mother and father. An outcome of disengaging from parents is a rediscovery of who the parents are. Ultimately, the person moves from the child's position of being nurtured and protected to the adolescent stage when parents guide and provide. With patience, the parents may even enjoy a relationship in which the adult child meets and confers with the adult parent.

When family life is inconsistent, the adolescent frequently develops a negative self-concept and a low self-esteem. With these negative thoughts

come confusion about one's identity and role within the family and peer culture. Adolescent behavior is in response to the family system. For example, in an alcoholic family, the adolescent, according to Black (1981), may take on one or more of the following roles:

1. The Responsible One. This adolescent is self-reliant, achievement-oriented, and strives to create structure in an otherwise unstructured world. This self-reliance often reduces freedom to share intimately.

2. The Adjustor. This adolescent is super flexible. The Adjuster plays a detached reactive role and tends to be a follower who is very uncomfortable when confronted with a decision.

3. The Placater. This adolescent is sensitive to others, helpful, and eager to please. Out of guilt, the placater tries to keep harmony and save others from discomfort.

4. The Acting-out Adolescent. Although this is a minority group among children of alcoholics, they become the squeaky wheels and are most likely to receive professional help.

Group therapy with the adolescent alcoholic must take into account the young person's developmental stage as well as the family system of which the young person is a part.

Psychodrama With the Adolescent—Rules and Exceptions to the Rules

Strategies for directing a psychodrama for adolescents differ from those followed with adults. For example, working with the adolescent requires more structure. With an adult group, it is not uncommon for a member to express a need with a statement like this: I have something I'm warmed up to that I need to work on. In the years that I have worked with adolescent groups, I seldom recall hearing that comment from that age group. Yet, we have done psychodramatic investigations in very productive ways.

1. *Give directions clearly and exactly.* Keep in mind that these are young people whose functional vocabulary is limited. When you want a member of the group to put a story into action, be very specific concerning what you want that person to do. As an example, let us assume that one of the group needs to deal with some unfinished business with a significant other. To an adolescent group, it probably would not be clear or precise to say simply: It sounds as if you have unfinished business with your mother. Would you like to put that into action? My experience is that there is usually one of two reactions to a statement or a question like that. The group member responds with either a Huh? or a No! A better way is to

move to a selected place in the room (the stage) and say to the person, "Come and stand beside me. We are going to perform magic by bringing your mother here. We are going to do that so that you can say some important things to her." If someone else in the group has done psychodrama before, the person probably will accept what you say and not question your direction. If this is the first time you try this, there is a good chance that you will get some nonverbal signals that the young person thinks you are crazy. Do not worry about this. Remember you are the boss and are in charge! The group will acknowledge this and accept it. While you are kind, fair, and sensitive, you must also be firm.

2. *Take charge.* It is very important that the group knows you are in charge and that you know exactly what you are doing. Do not be tenuous or shaky. Be assertive. Clearly state your directions and expectations.

An adolescent group seems inclined to shift, at will, from the psychodramatic process to verbal interaction and dialogue. If you allow this to happen, you destroy the warm up as well as the action. For example, while I am directing a psychodrama with an adolescent, other members (the audience) frequently become so involved with the action that they begin to interrupt its flow with questions and interpretations. When that happens, it is very important that I take charge and reestablish the rules (norms) concerning when sharing and questions are important. Spontaneity within the group is essential, but it can also interrupt the flow of action for the protagonist. Usually, it is sufficient for me simply to hold up my hand as a signal to wait.

3. *Keep the drama in the first person.* To be effective, the dialogue in the drama must be in the first person. For example, when the protagonist is speaking with an auxiliary, it is very important that he or she continues to use the personal pronouns I and you. It is relatively easy to keep the protagonist in the first person as long as he or she is in the role. When the protagonist is requested to reverse roles, however, it is not uncommon for the protagonist to say "I think she would say. . . ." At this point, it is very important to model appropriate role reversal behavior by doubling. From time to time, it will be necessary to remind the protagonist and others to remain in role and to concentrate on "being" the absent person or the protagonist.

Another procedure that will help is having the protagonist reverse roles with the auxiliary who is being the absent person. This exchange of roles should happen at the beginning of the session. For example, as soon as the protagonist selects someone to be the absent person, they should reverse roles. This warms up the auxiliary to being the person and the group to his or her presence.

4. *Do not let the group terminate the drama prematurely.* At times, the spontaneity of the group will take over if the director allows it. As I have suggested before, spontaneity is what makes the group function. Within the context of the drama, however, it could be damaging. For example, assume one of the group members is chosen or elects to be a protagonist and is engaged in a psychodramatic encounter with her mother. As the drama unfolds, the director becomes aware that there is a need for the protagonist to deal with some business with a sibling. The decision to bring a brother into the drama must be stated clearly by the director, and the action must be kept moving. If it does not continue, there is the risk that the group may interrupt the drama, break the mood, and begin interjecting their own ideas about what should or should not have been done during the previous encounter with the mother. It is imperative that the director keep the group informed and keep the action progressing.

5. *Have realistic expectations during the sharing stage of the drama.* When I direct adult groups using psychodrama, the sharing stage is highly productive. Other members of the group who have identified with certain segments and have reflected internally upon their own dilemmas and issues experience a great deal of catharsis and personal growth. The same level of introspection leading to profound insights is not characteristic of groups of adolescents. Their focus, most frequently, is outward rather than inward. Therefore, during the sharing stage, most of their comments are directed to the protagonist. My experience suggests that this is not harmful or detrimental to the protagonist. On the contrary, it frequently is beneficial for the protagonist to know the extent to which others have been intensely interested and caring. The honest feedback is growth producing.

It is also important for me as the director to redirect the adolescents' attention inward and to help them find where in their life the drama seemed to take them. To accomplish this, I need to be very sensitive to nonverbal clues. When I observe that someone has been moved by the drama, I invite that person to join me on the stage, and the process begins over again.

General Observations

Recently, during one of my weekly group sessions with adolescents, one member was being urged to talk about an issue. She said "I don't know how to talk about it." Another girl turned to her and said, "Then act it out." This would not have been an option had it not been for the fact the group was accustomed to psychodrama and its value. The exciting outcome was that the girl was able to express her feelings fluently by psychodramatically being in the setting and experiencing the freedom to talk. She also was receiving undivided attention from the other group members.

My final observation concerns the psychodramatic approach to group therapy, which allows us to circumvent the left side of the brain and go directly to the right side of the brain with its rich experiences and imagery. The therapy becomes a three-dimensional experience, rather than a two-dimensional picture, about which one can only talk.

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Psychodrama With Adolescents: Management Techniques That Work

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ABSTRACT. Management methods used with adolescents in psychodrama groups in a psychiatric treatment center are described in this article. The environmental setting, social norms, structure of sessions, and therapist's style are detailed. Management of group processes to counter disintegrative forces are also discussed.

A PSYCHODRAMA GROUP was planned for the Day Treatment Program of the newly opened Manitoba Adolescent Treatment Centre (M.A.T.C.). The center, for adolescents with conditions ranging from mild to severe psychiatric illness, offers residential and outpatient programs. These programs include individual therapy, family work, academics, work experience, and social and personal learning programs. The staff includes a multidisciplinary team of psychiatrists, doctors, nursing staff, occupational therapists, day treatment child care workers, community mental health workers, and volunteers.

The programs are scaled to each youth's level of functioning. The team assesses the individual's needs and determines an assignment to possible program components. The psychodrama group was open to those lacking verbal communication skills adequate for other psychotherapy groups.

The group met once a week for 2½ hours. Membership was open, with new clients being assigned and others being moved out of the program.

The inexperienced leader of the psychodrama group was enthusiastic, had had a crash course in methods/techniques, and was reading the relevant available literature (Blatner, 1973; Greensberg, 1974; Moreno, 1945, 1946, 1947, 1951, 1958, 1963; Overholser and Enneis, 1960; Yablonsky, 1976). Ahead lay the challenge of implementing a therapeutic technique with dynamite potential for a group of children who were both explosive and recalcitrant.

After a year's experience with this therapy procedure, we reflected on why the program worked with a group of adolescents compromised by

psychiatric illness and normal "adolescent psychosis." Our review pointed to the specific management methods that had evolved. These techniques are consistent with those described by Yalom (1975, 1980, 1983) and also include management techniques that were a result of the interplay of the adolescents with the therapist.

Establishment of Goals

Four goals were established. Three of these were spelled out and reiterated to the participants, both in a direct didactic and in a subtle way through the work that was set out at each meeting. These goals encouraged a sense of personal worth, promoted self-empowerment, and expanded consciousness. The fourth goal, possibly embarrassing to youth if articulated outright, provided the opportunity to play together—an experience that most of the participants sorely lacked.

Managing the Physical and Social Environment

The environment in which important psychodrama work could unfold had to be carefully managed by the group leaders. The youth in the group, easily intimidated by a new experience, personal exposure, and risk taking, required a solid social framework and an ensured safe and secure environment.

The group began meeting in the familiar setting of the treatment center and later, as the group and its practices were established, moved out to the rehearsal rooms of the Manitoba Prairie Theatre Exchange, a community theater and theater school. This change of scene, initiated because of the practical problem of limited space in the treatment center, signaled to the participants that they could use the community resources much as other youth do. Consequently, the new setting fostered socially mature and responsible behavior.

Just as every social organization has spoken and unspoken rules, this group developed a few simple guidelines at its first meeting. Later these were printed up for each member to keep in a notebook. One guideline emphasized respect for persons and for their privacy. Any disclosure made in the group was privileged information; no verbal abuse was allowed. Sharing of feelings and thoughts was at the discretion of the owner. Each member had the right not to participate in the work and to leave the group and rejoin the following week. The length of the break was set. Group consensus developed, and the facilitator's control often came about by referring to the established written rules.

An important aspect of the structure of each session was the certainty of the occurrence of certain events. Social amenities began each working ses-

sion. Coffee, juice, cookies, and other snacks were the first order of the day. The simple ritual of passing around the cups and treats was visibly enjoyed. Beyond this, the ceremony became an important communion-like experience. This initial act of breaking bread together helped set the mood and decorum.

The rationale and the potential of "breaking bread together" was presented to the adolescents in a didactic way. The concept was well received. Further along, this possible scenario was presented: Group members could share food with each other and family and peers, much as they did in psychodrama meetings. With this part of the program as well as other parts, the sense of personal efficacy was built. The participants gradually became the providers of the shared food. Based on this opening ritual, the session moved from a simple beginning to a more elaborate or demanding personal and social experience.

The second regular item at the group sessions was a warm up. Breathing, muscle relaxation, and imagining of a personal sanctuary or safe spot (a minimal meditation) were predictable events. Again, each of the three was introduced with some simple didactic material laying out the rationale to the participants. These exercises began as brief tasks requiring little effort or self-exposure and built to more demanding ones. As with all of the other activities, participation here was optional.

A small portable board on which the day's work was written was part of every meeting, a visual map to organize both one's time and forthcoming experiences. There were constants—eating together, warm ups of breathing, muscle relaxation and imaging, the break period, structured and purposeful games, and acting out one's own story by using doubling, mirroring, the antagonist, and the entire arsenal of psychodrama.

Managing the Group Process

Active management was required to develop and maintain the group momentum and to keep the group moving in the direction of personal challenge and more strenuous social engagement. A constant counterpressure was the individual's depression, anger, insecurity, disparagement, psychotic states, negativism, and social patterns of disruption. The need to gauge and ameliorate any young person's rising anxiety levels as a result of the social situation or of intrapsychic phenomena was another counterpressure.

When one member states, "This group sucks," while another is laid out in a prone position—the picture of passive resistance, a third sits arms akimbo with neck and head drawn into a living block of anger and hostility, a fourth smiles at visions he cannot share with others present, a fifth

enters and stands on the coffee table, and a sixth is devouring her nails, the initial inertia is well defined for the group leaders.

Yalom (1983) suggests two keys to working with a group of people low in personal and interpersonal function: vigorous structure and sustained, sensitive support for the participants. A third key emerged in this working group—sufficient belief, on the part of the group leaders, in the importance and validity of the tasks at hand. Vigorous structure, meaningful support, and belief in the specific task emerged as three factors that were the counterforces to the disintegrative currents.

A variety of short tasks requiring a limited attention span fitted the realistic abilities of the participants to concentrate. Most exercises required less than 5 minutes to complete. As the participants became comfortable, this was expanded to 7 and 9 minutes. Rarely did a piece exceed 15 minutes of working time. The exception was the unfolding of personal psychodrama.

Short tasks also seemed to keep anxiety levels down. Work or exposure requiring personal examination, brief intimate contact, or a foray into a totally new experience such as conscious breathing were kept initially brief to mitigate the rising anxiety of participants. The rule that one did not have to participate but could not disrupt others at work helped to alleviate anxiety levels. Confident in the validity of the task at hand, the leaders were not upset if only one or if no one tried a newly introduced item.

Short tasks, each having a solid yet changing focus, moved across the spectrum from a general to a more personal or private level. For example, a piece of work on the theme of personal worth began in the following manner. As part of the warm-up section, the focus was on neck-muscle relaxation, and these instructions were given to the group by the leader.

> Pretend that you are wearing a magnificent diamond and it rests in the hollow of your neck. Now that you have it on, sit in such a way as to show its brilliance and sparkle.

Because everyone was wearing a diamond, each focused on his or her own experience of showing off the rare jewel. The next time this item is presented, the "pretend you have a diamond" still has a solid focus, but the focus has moved from a neck exercise to both a personal and a shared experience. A large crystal on a chain was offered to each participant in turn. Fixing it in place, they could move to adjust usual postures to show its brilliance. They were asked to notice what had changed in their bodies, as well as how it felt to be a part of some object of great worth. No one had to do the work or put this experience in words.

Others present were invited to comment on the changes seen in the person whose turn it was to wear the item of great worth. No didactic elaboration broke the mood or the power of the theatrical moment. The element

of surprise of a real diamond and the ceremony of affixing it on one's neck converged in an unexpected moment of ritual and personal experience.

Participation in the work by the leaders lowered anxiety. Leaders served as the partner of those participants who needed the safety of an adult instead of a peer. Venturing into the unfolding actions became safe when an adult actively supported the youngster's efforts.

Sustained sensitive support was important. As Yalom (1983) states, random style does not work. Support and encouragement must be specifically tailored to the working moment and the individual. Often, it is better to compliment (minimally) the work that an individual has just done, rather than the individual. Leaders must be sufficiently pleasant to encourage participation and security, and of course, the pleasantness does affect the atmosphere. A little selective deafness to baiting barbs, sulks, grossness—all and any testing behaviors—helps. Because many of the participants are personally and socially underdeveloped, interpreting their attention-seeking antics as legitimate wit is often an important route to effective support for the participant. An example of this follows.

A boy was telling a story to a doll. The doll was treated as a group member. Through the year, it was used in many roles, from newborn to abandoned infant to child-abuse victim. This day, the doll was portrayed as a total brat with whom the protagonist had to baby-sit. In the role of baby-sitter, the student was telling it a story. A blue glass box with a mirror bottom was used as the imaginative probe. The tale had obvious personal meaning and, in the middle of the story, which held all the participants in rapt attention, another member stood up, made motions with his elbow, and uttered guttural noises. His potential disruption to the mood and work was quickly turned into a contribution as the protagonist was asked to pause in his story so that the Samurai war lord could make his contribution. After the dance of the gutturals and elbows was completed, the story continued its measured flow. Ordinarily, this storyteller monopolizes and upstages everyone around him. The Samurai warrior usually is disruptive as a way of alleviating his anxieties. In a rare moment for both, cooperation resulted. The drama was enhanced by the dance. The story then continued, carrying the storyteller and his audience to the concluding moment. The king looked into the glass box with its mirror bottom and, after his many misadventures, saw only his lonely self.

The leader's ability to provide sustained and sensitive support is derived from his or her respect for the participants, both for their suffering and for the small steps they are taking to increase personal consciousness and enhance their self-worth and self-empowerment. The following vignette encompasses a few theatrical moments when some of these small steps

were evident. The auxiliary support and attentiveness of the other individuals present were important for this moment of acting out one's own truth.

Case Example

A boy (A) with a history of suicide attempts and severe depression, who was a product of an impoverished and disrupted home, approached the group leader stating that he had never had a birthday party. It was decided that a party would take place. A cake inscribed with his name and a suitable gift were purchased, although it was not the actual day of A's birthday. As he had pointed out, by the correct date he would have graduated out of the psychotherapy group. Much to his surprise (and the element of surprise is an invaluable ingredient in psychodrama work), the cotherapists introduced an unexpected event into the party. Pulling appropriate props for a good fairy and a bad fairy from a large green bag, the two leaders began an enactment of Sleeping Beauty, revised to meet the birthday boy's story. The table became the cradle, and a very tall participant agreed to be the baby crying on cue, as the sad facts of baby A's birth were described. The bad fairy had not been invited to the birth celebration, and the 4 P-Curses of Pimples, Pain, Poverty, and Problems had been laid on this misbegotten child. All those present had to try to lift the curse from the crying, helpless infant. One participant offered Clearasil for the pimples, another a bag of gold for the poverty, a third friendship, a fourth understanding for the problems, another a stainless steel sign to be worn by the infant, stating: I am capable and lovable. The protagonist watched his story unfold, became quiet, and then began to cry, sharing with the group the pain associated with miscarried hopes of being recognized and valued. The group was again a source of help, willing to support him in his pain, as they had moments before supported his celebration by eating and drinking together.

Conclusion

Management of the milieu and group processes of the Psychodrama Program for Adolescents was a vital aspect of the treatment at the Manitoba Centre. Careful attention to all aspects of the background structures created a safe environment and permitted the clients to begin the journey of personal empowerment, discovery of self-worth, and expanding consciousness by using psychodrama modes. The program blended the elements of predictability and surprise with a goodly dose of fun and humor.

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The Place of Verbal Games in the Framework of In-Patient Group Psychotherapy With Late Adolescents

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ABSTRACT. In this article, the authors discuss the importance of games for the social and emotional development of children and adults, and the therapeutic use of games, with references to the literature. The article specifically focuses on the value of group therapy in which the therapist uses verbal games in a psychiatric setting with late adolescents who suffer from maladjustment to their environment. These games are administered in the setting of a hospital day-ward, which provides a therapeutic milieu with a multidisciplinary approach. The authors describe and analyze the games, discussing their value as both a therapeutic and a diagnostic tool.

THE IMPORTANCE OF GAMES IN CHILD DEVELOPMENT is well known (Piaget, 1952; Caplan & Caplan, 1973). Games elicit pleasure and provide the child with experience and training in different roles (Mead, 1934; Erikson, 1963; Reilly, 1974). They are educational instruments through which preparation for life is brought about by imitation of the adult world and the acquisition of such socializing characteristics as integration in a social framework, acceptance of instructions, and postponement of gratification (Huizinga, 1950; Wilkinson, 1980). For the child, games represent an elementary stage toward interaction and a positive human contact in which feelings are expressed. In play, the child must adopt the attitude of all the other players who are organized into a sort of unit. In this process, the player develops an "other" that is an organization of the attitude of those involved in the same process. The social group may be called the "generalized other" (Mead, 1934, p. 134).

The importance of games continues in the adult world, as a tool for pleasure, entertainment, release of tensions, and development. Further-

more, games allow for the expression of a problem or a painful message through a more comfortable medium because of their "as if" character (Caillois, 1961). "Games are integral and dynamic components of the unconscious life plan, or script, of each individual," according to Berne (1968, p. 62). They are the basis of transactions on social relationship (Huizinga, 1950; Goffman, 1961). Games offer an opportunity to experience society as a whole and, within the same process, to experience other individuals (Mead, 1934). Games enable one to enact these interactions instead of dryly describing them. The game partners represent a microsociety (Moreno, 1959).

These factors make games an important and multifaceted tool in therapy, facilitating the establishment of contact, reducing resistance, and inducing spontaneity and catharsis (Mead, 1934; Moreno, 1953). Moreover, these games help the therapist to get acquainted with the patient's relationship to the environment and with the nature of the patient's interpersonal relationships and sociometric position. Thus, games may well represent a means both of diagnosis and treatment.

The use of games is a well-established procedure in the therapy of problematic children (Axline, 1947; Klein, 1955). The group has also been exhaustively described as an important therapeutic tool with adults (Slavson, 1957; Yalom, 1983; Bion, 1961). Sartre implied that it is important for a person to know how he is seen by others, yet he must be freed of his own fear of such knowledge. Adjustment to a group is often a difficult issue: "Without something to belong to, we have no stable self, and yet total commitment and attachment to any social unit implies a kind of selflessness" wrote Goffman (1961).

In the Vienna Gardens, Moreno, as a student, gathered children, formed them into groups, and watched them enact the fairy tales that he told them. He found that his own spontaneity grew in the playful interaction with the children. He was fascinated by the observations of fellow medical students, who seemed to lose that spontaneous connection with themselves as they became acculturated, carrying the fear, expectations, tensions, and cautions of the culture. Fox (1987, p. 39) also emphasized that "the more developed cultural conserves became, the more rarely people feel the need for monetary inspiration." Moreno hypothesized that the self emerges from the roles, and every role has two sides, a private and a collective side. In his psychotherapeutic work, he paid attention to the function and choices people made concerning time, space, reality, and the cosmodynamics (Moreno, 1969). He used techniques of psychodrama, role play, and sociometry to "transfer these phenomena from life itself into the therapeutic setting and back from the therapeutic setting into life itself."

Game Use in Psychiatric Day Care

The verbal games presented in this paper are used in the psychiatric day care unit of the Rambam Medical Centre, Haifa. Patients of the unit are typically late adolescents and young adults of average and higher than average intellectual level, usually admitted because of a severe maladjustment to their familial or social environment. The disturbances seen include anxiety disorders, personality disorders, including borderline personality organizations, and sometimes psychotic disorders in a remission state.

In contrast to psychodrama or role playing, the games used are not based on a declared problematic situation, and the participants are all actively involved, including the game leader. This creates a free and relaxed atmosphere, which contributes to the success of the games. The games have general principles and characteristics that can be found in the literature (Erikson, 1963; Huizinga, 1950; Gross, 1901; Sapora & Mitchell, 1961). These are verbal games, developed in a relaxed, entertaining atmosphere that stimulates the continuation of the game (Patric, 1914). The participants are encouraged to drop weighty thoughts, serious attitudes, and their traditional laws of behavior. The game opens the gates of imagination and creativity for the participants (Elly, 1973). Nevertheless, the games have rules that must be well established and clear. This allows for the transfer of at least part of the responsibility for what is said from the client to the role given to him or her or to the leader (who has imposed the rules and allocated the roles). While following external instructions that provide reference points and protect him or her from a complete loss of control, the client allows himself or herself a liberation from the limits of his or her normative communication channels. The very acceptance of the rules of the game reflects the individual's receptiveness to socialization. The game leader suggests the topic of the game and usually chooses funny or extreme situations to free the clients from inhibitions and conventions. The leader can involve the clients in the selection of the game but retains the control and the regulation of the game. The whole group participates in the game, and the fast pace of the games is stimulating. It prevents the effects of inhibition, conflicts, and defense mechanisms and encourages equal participation of all. In this framework, as opposed to the group conversation framework, the nonparticipant stands out.

The game leader and the members of the treating team participate in the game, and thus their image of authority changes to that of peer participants for the duration of the game. This fact confirms that free behavior is allowed, but their presence guarantees at the same time that things will not go too far. The game leader must ensure that the game atmosphere will remain entertaining. During the game, no immediate interpretations are made. The

information coming to light is kept for later discussion in other therapeutic activities of the ward. The leader must further ensure that the game will not degenerate to what could provoke conflict and confrontation. The leader will select the type of game that matches the mood of the group or switch games, if necessary, to preserve the therapeutic objective. The personality of the leader contributes to the success of the games. She or he has to be sufficiently spontaneous to participate with ease in the games without being threatened or threatening, and has to be sufficiently dynamic. Essentially, the game is a means to an end. It is clear to everyone that the game is a diagnostic and therapeutic tool. Nevertheless, the game is played as if it were the aim itself. Thus, the make-believe character of the game is conserved and frees players from their inhibitions.

Games

In this section, we will describe and analyze a few games that illustrate the value of this type of activity as a diagnostic and therapeutic tool.

The Game of Character Traits

Description of the game. One of the clients volunteers to leave the room. Each of the other participants points out a salient characteristic of the absent person's personality. After rejoining the group, the client receives the list of the character traits and is asked to decide, with no more than three guesses, who suggested which trait. After this stage, she or he is given the chance to ask the participants to elaborate on their choice. Finally, the client must choose from the list three character traits that best fit him or her.

Diagnostic and therapeutic meaning. The rules of the game require the participants to be active and to step out of their internal world in order to identify an outstanding character trait in someone else. In fact, people often see in others problematic characteristics of their own personality (projection) or the opposite traits. The active participation of the game leader allows the client to discover that relaxed and informal modes of communication can exist with therapists in situations parallel to the patient/therapist relationship. As for the volunteer who leaves the room, the game gives that client the opportunity to verify the difference between the impression she thinks she makes on others, and the image others have of her in reality. She will thus progress toward a more differentiated and realistic self-image. Furthermore, she may have the opportunity to realize that some character traits that she had thought were hidden were actually perceived by others and to discover how others react to

them. The game also reveals how the volunteer deals with the opinions put forward by the others. That revelation, providing the therapeutic team with important information concerning defenses, coping styles, and other ego strengths or weaknesses, can then be discussed with the patient in relation to other frameworks of the ward.

The game's rules urge the volunteer to enter into a forthright dialogue with the people who expressed their opinions and finally either to accept or reject criticism. This stage of the game is of great importance for the leader has emphasized that the chosen characteristics are perceptions, not ultimate truths, and their choice maybe considered as more or less influenced by the personality and the problems of the participants who pointed them out. By asking for elaborations, the volunteer will have to consider the opinions expressed in a more rational way and will soften her first conflicting afflicting emotional reactions.

Example. A patient, outwardly quiet and passive, interrupted his silences with occasional nonverbal indications of considerable inner tension. In so doing, he aroused anger against himself among most of the participants. During the game, he was described as "presenting a facade," "very aggressive," "violent," "scornful," "eager for attention," "tormented," and "tragic." Such remarks, hurtful in themselves, were expressed by his group companions in a relaxed play atmosphere. The client was quite amazed to realize that in spite of his efforts to cover up his aggression and fears, they were obvious to the others. Nevertheless, these had not led to his rejection. After this exercise, he stepped forward and spoke more freely of his real feelings during the verbal group sessions.

The Game of Looking for a Partner

Description of the game. A volunteer is asked to choose a wife or husband, a therapist, or a co-tenant from among the members of the group. The volunteer's choice will be on the basis of the answers that the potential partners give to a set of questions. The volunteer leaves the room and prepares three questions to ask the potential partners. The questions have to be personal and problem oriented, not merely general or theoretical. This is an example of a good question: If you return home after a hard day of work and find that I am not at home and did not leave any message, what will be your reaction? This is an unsuitable question: What is your opinion about couple life nowadays? In the meantime, the group appoints three or four candidates and decides beforehand which of them is the most suitable partner for the volunteer. Each participant explains his or her selection in a short sentence. The volunteer then puts the three questions to each candidate. According to the answers, the volunteer makes a choice and explains

it. At the end of the game, a comparison is drawn between the selection of the volunteer and that of the group.

Diagnostic and therapeutic meaning. As far as the volunteer is concerned, the kind of questions that are asked is important: Can one address one's crucial problems? How does one conceive relationships? How does one look at or what is one expecting from a partner, a therapist, a friend? What are the personal needs that determine one's choice?

From the candidate's point of view, the meaningful points are the answers that they come up with and the ways in which they react to conflicting situations such as passivity, aggression, guilt feelings, and dependence. Moreover, the game gives the opportunity to confront a competitive atmosphere and to face the frustration that might ensue from the choice that somebody else makes.

Example. A young woman was admitted because of pathological grief reaction following her father's death. The relations with her father were described as good. He, however, was feeble-minded and could not help her in setting limits for herself, even in quite risky situations. This young woman was also afraid she might follow in the same path as her sister, an unmarried mother, who became a scapegoat of the family. During the "choose-a-husband" game, her questions were provocative.

Her first question to her potential partner was, "If we go to a party and I meet a boy who attracts me and I accept his offer to accompany me on my way back home, how would you react?" She rejected the answer of the candidate who said, "That would hurt me a lot, but I would not show it to you. I would give in to your whim." She preferred the answer, "I would be deeply offended. I would leave you with him and consider that everything is over between us."

Next she asked, "How would you react if I were one hour late for our appointment?" She rejected the answer, "I would find out the reason for this delay, without getting upset," and chose the answer, "I would throw a tantrum."

The Game of Instructions

Description of the game. The leader marks pieces of cardboard, equal in number to the participants, each with different instructions, such as: Go to the one with whom you would prefer to stay if the remainder of the world were destroyed, or go to the person with whom you would like to see a movie, go to a party, or spend a weekend. The leader distributes the cardboard pieces at random among the participants. Each one has to hand the cardboard to the person who best fits the description. Those who get one or several cardboard pieces read, in turn, the text aloud and ask the per-

son(s) who gave them the cards the reason for the choice. The rules of the game require that participants address each other directly, by first name.

Diagnostic and therapeutic meanings. As a whole, the game is aimed at establishing forthright contacts. It also permits the therapist to obtain, in a concrete way, answers to subjects that are difficult to approach in a verbal, abstract, and direct way of expression.

When handing over the cardboard pieces, the participants might hesitate or show reluctance. While explaining their choice, some may reveal that they are not able to direct their explanation to the person chosen and must use a third party. The members' reactions to the messages transmitted are very often instructive.

Games That Encourage Emotional Expression

Description of the game. The leader chooses an expression with high emotional valence—I like, I hate, I congratulate, I get on someone's nerves. The leader then asks a participant to choose and address another participant, using that expression and giving a brief reason for the choice. Example: "I like A because of his innocence." Then, A will continue and say, "I like N for his sense of humor," and N will carry on. In the second round, the participants are asked to express hate or provocation by describing an irritating trait of behavior.

Diagnostic and therapeutic meaning. The direct emotional expression is realized through the leader's instructions, making use of extreme, exaggerated formulations. This helps to temper the impact of the message and helps to overcome emotional or educative blocks. It is important to notice to whom each one chooses to relate; to which character trait one is sensitive; and in which way one expresses criticism or positive comments.

The therapists observe the reactions of the one who has been addressed to an emotionally loaded message and his or her capacity to soften the impact of the formulation used.

This game offers the possibility of exploring the way one expresses one's own emotions and compare that to the way one reacts to others' expressions of emotion.

The Game of Marketing Character Traits

Well-known games that suit the general atmosphere of this group therapy are also used. For instance, we use the Character Traits Market, inspired by Moreno's magic shop (1959).

Description of the game. A participant or the leader of the group serves as the storekeeper and displays a great number of cardboards containing

character traits. Each participants marks on a cardboard the personal character trait to be exchanged for the one she or he wishes to acquire. In Moreno's magic shop, the storekeeper requires as payment something that the person recognizes as valuable. This reminds the player that one cannot receive without sacrificing something (Moreno, 1953).

In our game, however, the patients pay with a character trait that they declare is bothersome. According to the rules of the game, one must convince the storekeeper that in spite of his or her personal wish to get rid of it, this trait can be sold because it may have value to others.

Diagnostic and therapeutic meaning. At the bargaining stage, the clients frequently disclose that, in fact, they enjoy a secondary gain from the character trait that they want to get rid of. In this process, they reveal the very reasons for their resistance to alter the trait that leads to or produces this problematic behavior. This game improves the insight of the unconscious needs of the client.

Example. A participant wanted to buy stability and get rid of his dependence. To convince the storekeeper, he explained that dependence relieves one of the responsibility and the obligation to make an effort; someone else decides and executes in his stead. And he added, "Through dependence, one can create real ties; whoever is unable to be dependent will never succeed in establishing strong bonds of friendship.

Conclusions

For us, verbal games serve as a useful adjunctive technique in group psychotherapy. They contribute to the cohesiveness of the group and the feeling of belonging. Moreover, they promote the achievement of catharsis with the liberation of emotional reactions that were previously repressed (Erikson, 1963; Moreno, 1953; Gross, 1901), stimulate a freer emotional manifestation, and may enlarge the inventory of forms of expression. Games allow the patients to feel more relaxed and to consider the constructive aspects of comments or criticism. The reduction of resistance to self-disclosure is evident and brings out data of high diagnostic value that can be used in the other activity frameworks of the ward. Verbal games also reveal former interpersonal patterns and develop stronger new ones.

The concepts of social psychology and sociometry foster our greater understanding of the ways in which the individual is formed by groups (Goffman, 1961). The presence of the individual in the group permits him or her to identify the patterns of spontaneous interrelations with the other group members and to appreciate his or her sociometric position as a member of the group. Areas of interest, the nature of the questions, and the comments toward others permit the therapists and group members to become

acquainted with the member's preferential factors and attraction-repulsion system and thus identify the pattern of his or her interpersonal relations and social atom.

From the patient's behavior in the ward, the therapists can also presume which social units fit the individual and in which psychosocial networks the patient will most likely feel at ease. By observing the relation of the other group members to the patient, the therapist gains an appreciation of the degree of social configuration and social gravity, i.e., the features of the tele-phenomenon in the microsociety, which here is the group.

The "as if" situation typified by the verbal games estranges one from conventional social life, and thus, according to Mead (1934), the player reduces the opportunity of the self to express itself as a function of "men" (organized set of attitudes of others assumed by the individual). The self will act preferentially as a function of the "I" (a spontaneous and original entity from the action of which comes novelty). The "as if" atmosphere and the rules imposed by the game leader become the catalyst to the experiencing of new behavioral patterns. Likewise, spontaneity is also legitimized because it is a part of the rules of the games. Transference is enhanced by the simultaneous assumption by others of hypothetical roles far different from those which they assume in day-to-day life.

Some games accentuate the subjectivity of that which is expressed and felt. For example, the "who said what" aspect of the "character traits" game or the "looking for a partner" game shows the variability of the patterns of preference from one subject to another. The emphasis on the group members' reactions during the games brings to mind the sociodrama in which one is especially focused on the audience's reactions.

As a whole, the efficacious results from the use of games as an adjunct therapeutic tool can be obtained only when they are part of a wider, polyvalent framework of therapeutic activities in which it is possible to take advantage of the data gathered during the games. This necessitates close communication between the members of the team and a detailed report of all that occurred during the games.

In addition to their attractive features and usefulness, games also present certain problems. The active participation of the game leader may well have certain disadvantages: The leader needs to choose or reject certain candidate patients; use direct terms that may produce strong reactions, and face comments directed at him or her without being able to give immediate therapeutic answers because the leader is expected to avoid an attitude of authority. When a patient feels rejected or is the victim of a destructive force that emanates from the group, the leader is in a difficult position. Therefore, the game leader may well have to modify the patterns she or he is accustomed to use in other therapeutic modalities. This freer

atmosphere, which removes one from a habitual role, may drag one into reduced control of countertransference. Moreover, the need to postpone the immediate use of the data revealed in the games may well cause a partial loss of the emotional content of that data.

Finally, it seems that the games cited in this paper are probably not useful in their present form in all psychiatric frameworks. They must certainly be adjusted to the type and age of the patients under consideration. The authors believe, however, that their basic principles are generally applicable to a wide spectrum of psychiatric patients.

Despite these reservations, the use of verbal games as an adjunct psychiatric therapy is a profitable and efficient diagnostic and therapeutic instrument. From the patients' point of view, the games have become a popular part of the multidisciplinary activities. Their use and usefulness deserve wider attention, exploration, and research.

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The Use of Music Therapy on an Adolescent Psychiatric Unit

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ABSTRACT. This article considers the therapeutic value of a music therapy group with adolescents at an in-patient psychiatric facility. Emphasis is placed upon individual success for a given group task as patients are encouraged to participate at their own level of comfort. It is the responsibility of the music therapist to ensure that the participants are comfortable and do not feel threatened by high expectations or measures of evaluation. The process helps enhance group skills as a result of increased trust among peers and the adolescents' improved self-esteem. Expressing one's feelings gradually becomes less threatening and tends to get generalized into other group therapies.

SINCE THE EARLY 1950s, music therapy has been a legitimate means of treating physically and mentally disturbed patients. By 1953, E. Thayer Gaston had begun expanding the use of music therapy to such institutions as schools and hospitals, using it as an adjunct to traditional therapy for work with mentally handicapped, emotionally disturbed, and geriatric patients (Johnson, 1981). Music therapy has since progressed to a point where it is a more widely accepted mode of treatment in the United States. The therapeutic value of music has been known to other cultures for thousands of years and has been used in the shamanistic tradition as a tool for healing (Moreno, 1988). Currently, much research is being conducted to establish credibility within this profession, with an emphasis placed upon behavior changes through musical symbol, activity, and style (Soloman and Heller, 1981).

A Safe Outlet for Emotional Expression

A music therapy group can be a useful form of treatment when one is working with hospitalized adolescents in a psychiatric facility. Depending on the group theme, participants can benefit from music therapy because it provides a safe outlet for expressing emotions, either verbally, physically,

or mentally. Music therapy groups may also help teach the participant appropriate social skills that might result from group interaction with the therapist and peers and from a range of feedback and a variety of interactions (Moreno, 1980). Music exercises should be planned to enable all to participate at each individual's level of comfort. This is particularly important when working with those of a quiet and introverted nature.

Groups are facilitated with an ever changing variety of exercises and approaches, which enables the patients to participate at the level of their own expressive capabilities. Choice for a particular group depends upon the participants' level of functioning and needs. Success may be different for adolescents, depending on the group theme. As an example, in one group, simple instruments can be used to communicate feelings nonverbally. The next group may offer relaxation techniques through the use of music combined with a guided imagery. Other groups may participate in a structured discussion on the current musical interests of adolescents in which they explore feelings related to lyrics, music, and social image. The intent is to allow the group and its individuals the opportunity to function at varying levels.

Effects of Music Therapy

The usefulness of a music therapy group becomes evident with the participants' positive behavior changes, which may be obvious in their other groups. The participants' anxiety within other group experiences may be reduced. Furthermore, music therapy can increase patients' self-awareness as a result of their personal introspection or experiences related to brief group discussions following a particular group. The purpose, however, is not to gain psychological insights but rather to experience affect with low-level inhibition. This is a difficult task, especially when tackled with an adolescent population that may be resistant to and mistrustful of the therapist.

It is the responsibility of the therapist to stress to the adolescents that they may work at their own pace. Simultaneously, the group progresses from simple tasks to more complex and creative ones. This step-by-step process is a desensitization that lowers the adolescents' anxieties and helps individuals move toward more creative and expressive experiences. Whether it is shared with peers or personalized, the experience is of value and should have lasting effects. Trust may increase as a result, and comfort among peers should carry over to the more intrapsychic groups. Adolescents who tend to act out may learn cooperative skills while those who are withdrawn and isolative may begin to interact with less inhibition. Trust, cooperation, and interaction are vital skills to be learned and transferred into other group settings. Within group psychotherapy, pa-

tients are often encouraged to be open and honest with traumatic life experiences. Such disclosure of personal issues tends to be painful. Therefore, the trust level among adolescent peers must be high and receive appropriate support if the personal disclosures are to be complete.

Music therapy should be enjoyable for the participants, and any means of evaluation should be avoided. A patient's stress or anxiety is likely to be the result of his or her perceptions of self. It is the responsibility of the therapist to work with the adolescents who are experiencing insecurities and feelings of low self-esteem. Simply by showing concern and giving support to an uncomfortable participant, the therapist gives that person a sense of worth (Gewirtz, 1964). Again, it should be stressed that the desired result is freedom of expression in a safe and therapeutic environment. The therapist needs to be aware of the adolescent's initial anxieties about letting go of defenses while attempting to increase participation and the expression of feelings (Schulberg, 1985, pp. 249–250). Less inhibition and higher levels of participation tend to improve self-esteem for adolescents (Brennan, 1985). Special care is needed to reassure participants that they are in a safe environment and that they are free to work at their own level.

The many benefits resulting from the use of music therapy to treat the adolescent population will serve the group as a whole as well as the individual, provided that the group continues for a reasonable length of time, such as in an in-patient psychiatric facility. The primary purpose of music therapy groups is to build trust among peers and improve individual's self-esteem. These goals are achieved through success at group exercises. Once these goals are met at some new level, the groups can then function at a more-intense level of interaction in other therapeutic groups or in individual psychotherapy.

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Family Therapy With Adolescents

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ABSTRACT. This article presents a research study undertaken in the context of a consultation to provide family-therapy supervision. Families with adolescents were randomly assigned to four therapists, two who used verbal methods and two who used action methods in conducting therapy. The families were given pre- and post-tests using the Family Relationship Inventory. Family goals were established by the end of the second session, and families were assigned to one of four levels of dysfunction. The methods of the study are described, and the outcomes discussed. Although not generalizable, the results indicated that with certain levels of family typology, action methods produce higher family agreement regarding goal attainment and therapy satisfaction.

THE EVOLUTION OF SYSTEMS THEORY in the provision of family therapy has had a major impact upon our thinking regarding therapy. A basic tenet of systems theory is that the "whole is greater than the sum of its parts" (von Bertalanffy, 1956). This view enables the therapist to focus attention on the relationships and interactive patterns within a family, rather than on the individual attributes of family members. Systems theory postulates that the process of interaction will remain relatively consistent among family members, regardless of changes in content (Koman and Stechler, 1985).

When a family enters into therapy with an adolescent designated as the identified patient (IP), one of the tasks of the therapist is to understand and to intervene to change the family's nonfunctional interaction pattern. The therapist does this through observation of the family's style as the members respond to questions and share areas of concern. Usually, a therapist creates a context for enactment (Minuchin, 1974) whereby the family recreates a typical scene that might take place at home. Generally, this enactment is done in a verbal fashion rather than as it might have been done in a real-life situation with movement and dialogue.

As a structural family therapist originally trained in psychodrama and action methods, I have adapted structural theory (Minuchin, 1974) and psychodrama theory (Moreno, 1946, 1959, 1969) to my orientation of

therapy with families. This produces a form of therapy that is more active than that of most family therapists. It is a form of therapy that I find works especially well with adolescents who are involved in family therapy. Generally, adolescents are less comfortable with verbal communication than they are with activity. Through the use of action methods during the therapy process, they tend to feel less "one-down" from the adults.

Research Context

I am frequently asked to provide supervision to family service agencies within my area. The agency mentioned in this article employed two former psychodrama students of mine as family therapists. Beyond my primary work as a director of a marriage and family therapy graduate program, I conduct psychodrama training courses from time to time. These two individuals, previously trained in standard family therapy, took the 10-month training course in psychodrama in order to use it as an adjunct to their primary therapy modality. I was asked by their agency to consult with six family therapists who were working with families with different levels of complexity. As I listened to the staff discuss some of their cases, I was aware that they were dealing with families at all four levels of Weltner's Family Assessment and Intervention Continuum.

Weltner (1985) contends that it is important to match therapeutic style to various families' levels of development. He has divided families into four levels. Level 1 families are those who are dealing with life and death issues because of an ineffective executive capacity. These families have had no basic nurturance and protection. Level 2 families are those in which authority and limits are the key issues. Here the executive system is not providing sufficient control so containment is the primary concern. Level 3 families are those dealing with intergenerational legacies. These will emerge essentially in the form of boundary problems with individuals, subsystems, and intergenerationality. Level 4 families are those who have the freedom to focus more on enriching family life. Their struggles generally focus around issues of inner processes and interactive styles that enhance intimacy.

This typology is helpful when a therapist assesses families. It enables me, as a consultant, to consider the range of families the therapists are handling so that I can facilitate their delivery of appropriate interventions.

Because two of the family therapists had received training as psychodramatists and wanted to use more action methods within their therapeu work and the other therapists had had no psychodrama training, I face this dilemma: How could I meet both needs at the same time? Our conflic was resolved when we decided to turn the consultation into a research proj-

ect. At the same time the project was being conducted, I provided supervision in family therapy. A major area of supervision work went on in this context and will not be focused upon in this article. Rather, I will focus here on a brief discussion of the Adolescent Family Therapy Project. Although instrumentation was used that was put to statistical analysis, it will be referred to only briefly. The goal of this article is to consider action versus verbal methods of work with adolescents. Another article, now being prepared, will deal with specific outcomes of the project and provide major statistical analysis.

Research Design

Families with children aged 13 through 17 were randomly assigned to one of four family therapists until each therapist had six client families. Families with two parents or a single parent were selected, but families with drug- or alcohol-abusing adolescents were eliminated. Following the first two family-therapy sessions, the family was presented to the consultant and the six-member team for a brief consultative session. At that time, the six therapists ranked the family according to Weltner's levels, using a two-stage ranking agreement. This resulted in placing three families in Level 1, nine in Level 2, five in Level 3, and seven in Level 4. Two of the therapists trained as structural family therapists would use standard structural methods in their work with the families. The other two therapists, who were essentially trained in structural family therapy and had also had psychodrama training, would work with families through the use of action methods within each session. These methods might include the use of sculpting, role playing, psychodramas, sociodramas, or other action methods. The essential goal was to de-emphasize verbal methods and to stress the use of action techniques.

All families were given the Family Relationship Inventory (Michaelson & Bascom, 1982) upon entry into therapy and were retested at the end of therapy. Families had to complete at least 6 therapy sessions. No more than 12 sessions were to be included in the study as we were working within a brief therapy context. Three of the originally assigned families were replaced during the study so that a total of 24 families could be maintained. An adolescent in one family had a drug problem that emerged during the course of therapy. One family terminated after the second session and one after the third.

Process

The therapists using structural therapy methods followed the standard procedures of that model, which include the following elements: accom-

modation to facilitate joining with the family, including the statement of positive connotation of each family member; gathering data around the problem being presented by the family; tracking the content of family communications and behaviors; and encouraging an enactment of a typical family issue within the context of the therapy room. In restructuring the operations they used, the therapists included marking boundaries, escalating stress, blocking, developing implicit conflict, joining in alliances or coalitions, and the use of tasks outside of therapy. The focus of the major work dealt with the transactions within boundaries, power, and alignments of the families.

The therapists using action methods operated from the same conceptual frame—structural family therapy. However, their methods, essentially psychodramatic or modifications of that form, enabled the therapists to use action as the primary modality. The assessment was done by accommodation to join each family member and gain positive connotation for each. A brief problem statement was drawn from each individual, and an overall statement was presented for the family. Following this, the therapist asked the members to sculpt how each saw the difficulties in their family, then sculpt how they would like the family to be if it were changed to meet individual and family needs. This provided an assessment as well as a definition of the goals of the individuals and those of the total family. In the second session, an action genogram was completed. This is a standard genogram, recorded on a large flipchart. The processing of relationships and triangles is done in action, with the use of empty chairs to represent extended generations or other significant members not present.

Issues introduced at each subsequent session were role played or put in the form of psychodramas. For example, with Level 1 families, who need a great deal of support to enable them to meet basic needs, the following techniques were used: describing the family social atom, creating a container for family resources, role playing basic life skills, enacting sociodramas to facilitate learning to use social agencies and supports with power, developing behavioral patterns to manage daily living tasks and role playing these to discover pitfalls, learning to involve others and yet keep boundaries of family unit intact. For Level 2 families, one example presented was that of a parent talking about his rigidity with control of his adolescent son. The parent was asked to talk about his own father/son relationship. This was transposed into a psychodrama, with his family taking auxiliary roles for him. After the debriefing, the psychodrama's implications for the difficulties being experienced in this nuclear family were considered. Another example was the use of an enactment around the dining table. The scene was established, and family members took their places around the table. After a dysfunctional enactment took place, instructions

were given to make the situation work so that the family could solve the problem at hand, which related to the curfew for an adolescent daughter. This kind of role play enables the therapist to facilitate skill development in Level 2 families who lack executive control.

The use of future projection roles were very helpful in enabling the adolescent to establish self-determined goals that were constructive, and not just reactive, to current family conflict. The use of sculpting the boundaries within the family, as perceived by each member, and then doing boundary-change work at an active level enabled the families either to tighten boundaries or make them more flexible. Using space to sculpt power imbalances within the system helped move the group into action dramas that could produce changes so that families could grant, when appropriate, more decision-making power to the adolescents. Sculpting was also used to show the various alignments in the family and to give the family new ways of modifying these so that more interaction patterns occurred with dyads, triads, and so on. No one would be locked into a persistent interaction pattern. Those are all helpful changes to make when working with Level 3 families.

Families were asked to make family drawings to show how they might spontaneously operate together. Here, nonverbally, they had to negotiate space and style of production. Other art media were used in other sessions. The use of music, so important to adolescents, was also a medium of exchange. Playing music and discussing what it meant, both in terms of the words in songs and the rhythms, were methods that were mutually beneficial to adolescents and parents. Fostering enactments that facilitated the sharing of individuals' inner experiences and feelings were frequently goals of psychodramas with families at Level 4.

These are only a few of the methods used by the action-oriented therapists to intervene with the problems presented by the families.

Outcomes

At the end of the research period, the data were examined from three perspectives. First, all families, having agreed with the therapist to strive for specific goals during their work together, analyzed their accomplishments on a Likert-type scale, indicating the degree to which each family member felt the goals had been accomplished. A specific family goal had to be rank ordered by an entire family. This ranking ranged from 0, meaning no goal attainment, to 4, meaning goal attained. Outcomes are presented in Table 1.

The pre- and post-therapy results of the Family Relationship Inventory were compared for the two groups. The FRI consists of 50 cards with

TABLE 1—Agreed Family Assessment Regarding Therapy-Goal Attainment

Type of family	Rank				
	0	1	2	3	4
	Verbal method				
Level 1		1	1		
Level 2		1	3		
Level 3			2	1	
Level 4		1	1	1	
	Action method				
Level 1			1		
Level 2		1	2	2	
Level 3				1	1
Level 4				1	3

words or phrases descriptive of some personal characteristic or behavior. The individual respondent (or family unit) is asked to assign each item to one of three columns—self, another member of the family, or "wastebasket." The therapist reads the cards, and each family member records the words under one of the headings. Each item has a plus or minus valence so that each column can be totalled. The final score is obtained by subtracting the smaller sum from the larger. A profile is then created showing how each individual in the family system perceives himself or herself and every other family member. A familygram of negative and positive valence is then created for each member of the family. Most often, identified patients or scapegoats within families receive the most negative responses. The goal of treatment is to change the direction of the valence so that all family members have positive responses.

Those families that we acknowledged at intake as Level 1 families reflected little change in the FRI at the end of therapy, no matter which therapy modality was used. Level 2 families that had treatment with action methods showed a trend toward more positive interaction, but it was not significant. Level 3 and Level 4 families in action-method therapy had a significant difference in positive relationship interaction. In families at those levels, no significant differences were found with verbal methods, although change was recorded in the positive direction.

For the third method of evaluating this project, a process-evaluation form was developed. It contained six statements that each family member ranked on a Likert scale, with 1 being low and 5 high. The evaluation form included the following:

1. The degree of motivation I had for participating in family therapy was essentially positive by the end of the third session.
2. I felt that during therapy all members of the family were given equal focus to work on family issues.
3. I believe that the problem(s) we came to therapy for have been, for the most part, changed or eliminated.
4. Beyond problem solving, I believe that I have learned, through therapy, more choices for dealing with my living within this family.
5. In general, I felt respected by the therapist during our sessions.
6. The style in which the therapist conducted the therapy sessions seemed to match my own needs and those of my family.

Following the questions, a space was provided for comments by individuals.

In the analysis of this brief evaluation, we examined separately the responses of the adolescents and the adults. In general, adolescents and adults had more areas of agreement in the action-method group than did those in the verbal group. Mothers gave more 5 rankings than did fathers. No IP in the verbal group gave a ranking of 5, and no IP in the action group gave a ranking of 1. Table 2 gives a summary of the items for adolescents who were the identified patients.

Conclusion

This was an exploratory study that examined two methods of working with adolescents within family therapy. The sample is far too small to make generalizations. The use of measurements that reflect a wider range of family functions along with the interactional scales of the FRI, such as the Family Assessment Measure (Skinner, Steinhauer, and Santa-Barbara, 1984) or the Family Adaptability and Cohesion Evaluation Scales (FACES) (Olson, Sprenkle, and Russell, 1979), would provide a more in-depth profile of changes from pre- to post-therapy. At the same time, it would appear that, in some categories of families, work with adolescents within a family-therapy setting may be more adequately facilitated through the use of action methods. In this study, a greater number of the families agreed that they had attained their goal for therapy when action methods were used than when verbal methods were used. The positive valence of family interaction patterns, as reported on FRI, also increased for Level 3 and Level 4 families who were involved in active family therapy. Motivation for willing-

TABLE 2—Summary of Adolescent IP Ranking of Six Evaluation Questions

Item	Rank				
	1	2	3	4	5
		Verbal group			
1	5	3	4		
2	1	5	5	1	
3	2	3	7		
4	3	4	3	2	
5	1	4	4	3	
6	2	4	6		
		Action group			
1		3	5	2	2
2		1	6	3	2
3		1	4	4	3
4			3	5	4
5		1	4	4	3
6		1	3	8	

ness to participate in therapy increased more through the use of action methods. More families agreed that each family member was given relatively equal focus when action methods were used. More adolescent IPs who were involved in action methods reported that they had an increase in family living skills. They indicated that their sense of being respected during the therapy process had a slight increase. There was also a stronger belief that the style of therapy delivered matched the needs of the adolescent and the family when action methods were used.

Activity is a function of adolescents (Carter and McGoldrick, 1980), and the use of action methods within the therapy process, rather than verbal methods alone, may facilitate engagement more readily in families with an adolescent. The engaged client will more likely experience being respected and empowered and thus be more willing to risk self within therapy. The potential for creativity is enhanced, and spontaneity emerges, which increases choices. The increase in choice options highlights distinctions that facilitate the change process.

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