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Therapeutic Factors in an Adolescent Psychodrama Group

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ABSTRACT. One of the issues that still needs clarification in psychotherapy in general and in group psychotherapy in particular relates to factors that effect change. In an attempt to determine these factors, Yalom (1985) developed a list of therapeutic factors emerging out of group psychotherapy that has been used widely in different therapeutic groups. This research focuses upon the adolescent patient's perceptions of the therapeutic factors considered primary during a group psychodrama process. The Therapeutic Factors List of Yalom was given to members of an adolescent group following the 10th and the 20th sessions. A comparison of these two different samples revealed a stability in the categories from Session 10 to Session 20 for the total group and differences in factors considered primary for males and females. The male categories changed from the 10th to the 20th sessions whereas those of females did not.

ADOLESCENCE IS A SPECIFIC PERIOD of human development during which the individual boy or girl has to complete a series of developmental tasks. During this age period, emotional and social problems may arise from the young person's difficulties in coping with changes in the environment, including the family of origin, and within the adolescent. It has been suggested that a large proportion of these problems can be ameliorated through a course of psychotherapy. Group psychotherapy may be especially effective for problems stemming from difficulties in human relationships. In adolescent groups, action-based techniques such as psychodrama are reported to be more effective than primarily verbal and interpretative techniques (Corder et al., 1980; Corder et al. 1981; Rachman, 1971; Raubolt, 1982).

Literature about group psychotherapy outcomes with children and adolescents is scarce, compared with the outcome literature on adults (Schedlinger, 1985). Mann and Borduin (1988), who screened all psychotherapy outcome

research published between 1978 and 1988, reported that there are only 41 articles on this subject of children and adolescents in group psychotherapy and only two of these focus on peer-group interventions.

Knittel (1990), an experienced clinician in the field of psychodrama with adolescents, asserted that directing a psychodrama group with adolescents is very different from directing adult psychodrama and research is needed to find the most effective techniques for adolescent groups.

It would appear that understanding which therapeutic factors are most effective with adolescents, and how they work during a group process, would be very useful, given the limited outcome data in the literature. Although the literature does address outcomes in group psychotherapy, there are still no clear answers to how group psychotherapy affects different subject groups or to how various therapeutic techniques differ in their effects (Block & Crouch, 1981; Bloch & Crouch, 1985; MacKenzie, 1987; Marcowitz, 1983; Sherry, 1976; Yalom, 1985). The authors of a number of articles have written about the difficulties in assessing the effectiveness of psychotherapies, and some have attempted to address outcome issues with specific populations (Colso & Hortwitz, 1983; Dies, 1985; Elkin, 1988; Phipps & Zastowny, 1988).

Psychotherapy is a methodology that strives to effect personality integration and behavioral change. It is a process in which many specific and nonspecific variables play various roles. Few standardized instruments have been developed to evaluate the amount of change resulting from psychotherapy. Furthermore, there have been only a minimal number of replication studies that have used the same group of subjects over a period of time (Colso & Hortwitz, 1983; Elkin et al., 1988; Strupp, 1970).

In an attempt to answer the question, What helps in group therapy?, Yalom (1985) developed the Therapeutic Factors List. This instrument comprises 60 items, each stressing a different experience the participant may have found useful while participating in a therapy group. Every 5 items compose a unique category, so a total of 12 therapeutic factor categories exist. Each category has been factor analyzed to demonstrate a different effect that group psychotherapy has on the individual.

The number of research articles focusing on therapeutic factors in psychodrama are few. Two of these were written by Kellerman (1985, 1987), and both are based on data derived from adult groups. The primary source of information about therapeutic factors and adolescent groups is the work of Corder et al. (1981), who used a modified psychoanalytic method with an adolescent group.

The present research was designed to discover how group members in an outpatient adolescent psychodrama group used Yalom's Therapeutic Factors List to rank therapeutic factors at different stages of a group process. The aim of the study was threefold: to investigate the therapeutic effects of psycho-

drama on adolescents, to investigate differences between males' and females' rankings of the relative value of the possible therapeutic effects, and to compare changes in the ranking of therapeutic effects with the same subjects at different periods of group development.

Method

Subjects

The psychodrama group used for this study was composed of adolescents who attended the SSK Ankara Hospital psychiatric clinic as outpatients. A detailed assessment, including neurological and psychiatric examinations, psychometric testing, and a family interview, was conducted before an adolescent was assigned to the group. None of the participants showed any organic or psychotic symptoms. The primary reason for placing all members in the group was adjustment difficulties concerning adolescence along with a degree of identity confusion.

Pretherapy sessions were conducted by the study team both as a means to prepare the subjects for group therapy and to evaluate their personality structure. These sessions gave the study team some insights about the adolescents so that the team could be confident that those chosen were appropriate selections for a psychodramatic group process.

Fifteen participants met the criteria and were accepted into the group. The group was conducted on an outpatient basis, and it met for a 2-hour session each week. The group was designed as a closed group that would meet for a period of 1 year. If participants dropped out, they were not replaced. This was done to ensure that the subject members in the group attended the same number of sessions. The group was directed by the first author, a psychiatrist, an experienced adolescent clinician, and a psychodrama therapist. Five psychiatrists and psychologists served as cotherapists and psychodrama assistants.

Data used in this research were gathered from 10 members of this group—6 females and 4 males—who attended at least 20 sessions. Their ages ranged from 15 to 20 years. All were from lower socioeconomic strata, and their families were of rural origin. Six of the participants were students, 3 were unemployed, and 1 was a laborer.

Data Gathering

The Therapeutic Factors List of Yalom (1985) was translated into Turkish. Each of the 60 items was written on a separate card measuring 3 by 5 cm. At the end of the 10th session and again at the 20th session, all subjects were individually given these cards by one of the cotherapists. Each subject was

asked to arrange the cards from most useful to least useful in terms of therapeutic factors, based on his or her experience.

Evaluation of Data

The items selected by the subjects were rated on a 7-point scale ranging from *least useful* (1) to *most useful* (7). The scores of each item were calculated by adding the values of cards from the 10th session and from the 20th session. By adding the item ratings of each category, separate values for each category of the Therapeutic Factors List were obtained. The values of the whole subject group, as well as those for males and for females, were analyzed separately, using a statistical analysis of variance.

Results

At the end of the first 10 sessions, the rank order for the whole group was Insight (self-understanding), Family Re-Enactment, and Existential Factors. When the rankings for males and females were evaluated separately, only one item was included by both genders—Existential Factors, ranked third by both groups. Females ranked Family Re-Enactment as first and Insight as second. Males ranked Universality as first and Instillation of Hope as second. The categories Guidance and Identification were ranked as the least useful by both genders and thus the group as a whole (Table 1).

At the end of 20 sessions, the first three categories were again at the top of the list for the whole group; however, Family Re-Enactment had replaced Insight in the first place. Although no change was seen in the females' rankings, there was a change in the males' rankings. Altruism was now in first place, with Instillation of Hope as second and Insight as third. It is interesting to note that Altruism was ranked first by males and last by females. It is also interesting that Identification continued to rank at or near the bottom of the categories (Table 2).

To find out if the changes between the two applications were statistically significant, we compared the mean scores of the therapeutic factor categories through an analysis of variance. According to the results, the differences between the genders and the changes between the 10th and 20th sessions of therapy did not reach the level of significance:

1. Differences between two genders at the 10th week were not significant ($F = .08, p > .05$).
2. Differences between two genders at the 20th week were not significant ($F = .001, p > .05$).

TABLE 1
Ranking of Therapeutic Factor Categories at the End of the 10th Session

Rank order	Whole group	Females	Males
1	Insight	Family Re-Enactment	Universality
2	Family Re-Enactment	Insight	Instillation of Hope
3	Existential Factors	Existential Factors	Existential Factors
4	Universality	Interpersonal Learning-Input	Interpersonal Learning-Input
5	Interpersonal Learning-Input	Instillation of Hope	Family Re-Enactment
6	Instillation of Hope	Universality	Insight
7	Catharsis	Catharsis	Interpersonal Learning-Output
8	Interpersonal Learning-Output	Altruism	Group Cohesiveness
9	Group Cohesiveness	Group Cohesiveness	Catharsis
10	Altruism	Interpersonal Learning-Output	Altruism
11	Guidance	Guidance	Guidance
12	Identification	Identification	Identification

3. Differences between the scores of categories at the 10th and the 20th weeks for the whole group were not significant ($F = .02, p > .05$).
4. Differences between the scores of categories at the 10th and the 20th weeks in terms of females were not significant ($F = .05, p > .05$).
5. Differences between the scores of categories at the 10th and the 20th weeks in terms of males were not significant ($F = .002, p > .05$).

Our small sample size had an important influence on the statistical outcomes of the analysis of variance.

Discussion

The present study makes new contributions to the developing literature in adolescent psychodrama research. First, the measurements were taken from the same group of patients over different time periods. Yalom (1985) reported

data on subjects who had attended different therapy groups. Second, the subjects were adolescents. The only other related research studies in the literature are those of Kellerman (1985, 1987), which were conducted using adult subjects. Third, this study used the technique of psychodrama as its primary method. In Corder's (1981) study, the main approach was psychoanalytic and subjects were compared across groups, not from different time periods within a group.

The major limitation of this study (a typical limitation of research using a single group over time) was the small size of the subject pool. Small sample sizes do not lend themselves to the statistical methods generally used with larger between-group samples. It is important to take this factor into consideration when comparing the differences between this study and those of other researchers reported in the literature:

1. In the group therapy literature, it is generally suggested that different therapeutic factors become more prominent at different stages in therapy

TABLE 2
Ranking of Therapeutic Factor Categories at the End of the 20th Session

Rank order	Whole group	Females	Males
1	Family Re-Enactment	Family Re-Enactment	Altruism
2	Insight	Insight	Instillation of Hope
3	Existential Factors	Existential Factors	Insight
4	Interpersonal Learning-Input	Universality	Interpersonal Learning-Input
5	Instillation of Hope	Instillation of Hope	Family Re-Enactment
6	Universality	Interpersonal Learning-Input	Universality
7	Altruism	Interpersonal Learning-Output	Interpersonal Learning-Output
8	Interpersonal Learning-Output	Group Cohesiveness	Group Cohesiveness
9	Guidance	Catharsis	Catharsis
10	Group Cohesiveness	Guidance	Guidance
11	Catharsis	Identification	Existential Factors
12	Identification	Altruism	Identification

(Bloch et al., 1981; Bloch & Crouch, 1985; MacKenzie, 1987; MacKenzie & Livesley, 1984; Yalom, 1985). In the present study, we found no statistical differences between the scores of therapeutic factor categories when we compared outcomes after Session 10 and Session 20. However, trends were present, and the lack of statistical significance can be attributed to the small sample size, and perhaps to the method used. Psychodrama is a method that may reflect group process as relatively independent, session to session. That possibility may explain why the group members perceived the effectiveness of various therapeutic factors to be stable throughout the beginning and the middle of the group process.

2. Yalom (1985) implied that gender does not affect perceptions regarding effectiveness of therapeutic factors. In the present study, there were some differences between males' and females' preferences regarding therapeutic factors; again, though, because of the small sample size, these differences were not found to be statistically significant. The studies concerning adolescents show that males and females may have a totally different focus of concern regarding most areas of life during this stage of development (Gilligan, 1982; Kandel, 1987; Patterson & MacCubbin, 1987; Payne, 1986). It is thus reasonable to expect a difference between the genders in their evaluations of therapeutic factors; such an expectation is supported by the face validity of the differences in ranking between the genders in this study.

3. The categories of Interpersonal Learning, Catharsis, and Insight have been found in other studies (Corder, 1981; Kellerman, 1985, 1987; Yalom, 1985) to be most highly valued in outpatient groups. In the present study, only Insight was scored as one of the categories most highly valued by the adolescents, and the other two were in the less valued group. On the other hand, Family Re-Enactment was valued highly by both genders. Altruism was also valued highly by males. These two categories have been in the least valued ranking in other studies.

These differences may stem from the specifics of the adolescent age period of the subjects; the specifics of the type of therapy group, that is, psychodrama; and the variables of the specific culture in which the study was conducted, that is, Turkey (in contrast to North America).

Because individuation and separation from the family of origin are important issues in adolescence, we believe that psychodrama techniques gave the group members in this study the chance of re-experiencing the conflicts of separation and connectedness in family dynamics. The group provided a medium in which to experiment and resolve these family conflicts. The culture within which this study was conducted places great value on the family. Thus, the roles that one takes in the family are very important to the adolescents'

sense of well-being. This is why we believe the Family Re-Enactment category was so highly valued by the subjects.

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Sobriety Shop—A Variation on Magic Shop for Addiction Treatment Patients

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ABSTRACT. Sobriety Shop is a variation on Magic Shop (a standard psychodrama exercise) for use in addiction treatment programs, in which personal qualities that have contributed to the patients' addictive illness are exchanged for desirable qualities that will help the patients stay sober. The exercise helps patients learn new behaviors needed for maintaining abstinence and anticipate the problems patients will face in their recovery. Sobriety Shop also has value as a warmup to a full psychodramatic enactment, as a training tool, and as a method of determining which new patients are appropriate for inclusion in a psychodrama group.

MAGIC SHOP IS A STRUCTURED EXERCISE used in action-oriented therapy in which the patients' unwanted and dysfunctional qualities can be "magically" transformed or exchanged for desired or beneficial ones. Useful as the basis of an experiential session or as a warmup to a full psychodrama, Magic Shop has become a part of the standard psychodrama repertoire in several variations (Blatner, 1988a; Blatner, 1988b; Leutz, 1974; Leveton, 1992; Ruscombe-King, 1991; Warner, 1971; Wilson & Goldman, 1991).

In the traditional enactment of Magic Shop, the vignette protagonist is asked by the director (acting as shopkeeper) to choose specific qualities he or she would like to have; the shopkeeper then negotiates a price for this quality that could include giving up some dysfunctional but tenaciously held attitude or behavior or making a commitment to try out a new behavior. Within this framework, there are many ways to enact Magic Shop, limited only by the spontaneity of the director, the auxiliaries, and the group.

Psychodrama has been widely used in the treatment of addiction patients (Fuhlrodt, 1990; Holmes & Karp, 1991; Olsson & Fankhauser, 1970), and Rene Marineau (1989) documents that Moreno treated alcoholics in psychodramas at Beacon. Since 1984, we have used the full spectrum of psychodramatic methods and techniques in the treatment of addiction patients, including

a variety of action exercises, sociometric explorations, sociodramas, and full psychodrama enactments. In 1985, we modified the traditional Magic Shop enactment for use in our inpatient addiction program, naming it Sobriety Shop, and have used it regularly since. We have found that some of our most effective sessions have been based on Sobriety Shop, which we describe in this article for the benefit of others in the field.

Historical Perspective

J. L. Moreno is frequently credited with developing the Magic Shop ("an impromptu fantasy projection developed by Moreno" [Warner, 1971]), but an extensive review of Moreno's writings revealed no original communication of the exercise or claim of authorship. Greta Leutz (1973) states in her book on psychodrama that Magic Shop had been used at the Moreno Institute since 1943, but she does not document its conception further; the most complete article on the exercise (Petzold, 1971) does not help to clarify its origins. Recollections of several of Moreno's students from the early 1950s and interviews with psychodramatists and psychiatrists who knew Moreno in the 1950s and 1960s suggest that the creator of the Magic Shop may have been Hannah Weiner, one of Moreno's protegées, rather than Moreno himself (personal communications: G. Leutz, January 22, 1992; J. Moreno, October 24, 1991; J. Sacks, December 30, 1991 and February 18, 1992; G. Warner, March 13, 1992; M. Weisman, December 3, 1991; L. Yablonsky, December 31, 1991). Although meager, the evidence tends to favor Weiner as the originator of Magic Shop. She probably developed the technique in the early 1950s and, in spite of the encouragement of colleagues, wrote nothing about it at the time. The only written record of this contribution to psychodrama she appears to have made is in an article on warmups she co-authored with James Sacks (Weiner & Sacks, 1969), in which she makes no claim of primary authorship.

Modifications to the Classic Approach

When Hannah Weiner directed Magic Shop, she first asked the protagonist to choose a desired quality and then negotiated its price. She demanded as payment some worthwhile quality of which the protagonist had an excess, so that someone else in the group could partake of it; the sale often involved considerable negotiation (Evie Lotze, personal communication, February 26, 1992). Weiner's written description of the exercise is more ambiguous: "An individual is encouraged to seek out something of value for himself and to leave in a transaction of barter with the shopkeeper those things of value he no longer can use" (Weiner & Sacks, 1969, p. 94).

In contrast to the classic enactment of Magic Shop, the director of Sobriety Shop first asks protagonists to give something up, not to choose something they want. The reason for this is based on our understanding of alcoholics and drug addicts, whose many negative qualities (such as lying, stealing, and grandiosity) have been essential to their survival. Their willingness to give up these characteristics is the true measure of their motivation for recovery. Our initial focus is therefore on giving up a dysfunctional but highly valued personal characteristic. We then move quickly from the problem to the solution, devoting at least 60% of the session to the use of the new quality or behavior. This style reflects our approach to addiction treatment: Identify the problems but focus on solutions.

A Typical Sobriety Shop Enactment

As the patients gradually congregate in the therapy room, the director putters about, arranging props and greeting patients at the door. The director places a large box or a table in the center of the room and drapes a cloth or sheet over it; this box represents a store counter.

The director draws a sign on the chalkboard or hangs up a marquee that reads "The Sobriety Shop." Flanking this sign, the director draws a set of lines representing shelves, those on one side labeled "In" and those on the other side labeled "Available." After the last patient has entered the room, the director begins. Gesturing to the sign, the director says,

> Welcome to the Sobriety Shop. I'm the proprietor of this shop, and I'm hoping we'll get plenty of customers today.
>
> Perhaps you've never been to the Sobriety Shop. Well, let me tell you how it works. We specialize in solving all sorts of problems in recovery. Yes, we take in whatever has been preventing you from living a happy life in recovery, something you might have relapsed into once or twice, whatever has been getting in your way, whatever emotional baggage you have been carrying around that you no longer need—we take any of that stuff into the Sobriety Shop and put it on these "In" shelves. . . .
>
> Group, what sort of things do you imagine people bring into the Shop?

The group will spontaneously volunteer many qualities such as depression, denial, fear, loneliness, grief, dishonesty, insecurity, resentments, anger, insanity, shame, and suicidal feelings. If the group is a bit slow to suggest qualities, the director can state, "All of you think of something about yourselves and your lives that might get in the way of your recovery." This will elicit other items, such as attitudes, parents, previous relapses, old drinking buddies, and inadequate plans for posthospital care. As each item is suggested, the director writes it down on one of the shelves. The director then comes back to the shop's counter and continues the story:

> Well, once we get all these items into the Sobriety Shop, we send them to the recycling factory in the back, where they are transformed into all sorts of things that are helpful to folks in recovery, such as personal qualities or abilities that might help someone like you stay sober. What do you think are some of the things we keep in stock here in the Sobriety Shop?

The director then approaches the other side of the Sobriety Shop where the shelves are labeled "Available" and elicits from the group contributions of qualities they believe would be helpful in sobriety. They will suggest such things as happiness, serenity, friendship, joy, self-esteem, love, faith in a higher power, hope, honesty, willingness, and peace. The director adds these items to the shelves.

Returning to the counter, the director seeks a customer for the Sobriety Shop by asking, "Who has something they'd like to turn in—something about yourself that was useful once but has now become a burden, something that might interfere with your recovery?" We usually have many volunteers with a high level of spontaneity. The director selects one group member, who comes to the stage. The director elicits the name of the quality the protagonist wishes to exchange and then dramatizes a short vignette around this quality to clarify its nature.

Examples of Sobriety Shop Vignettes

Example 1

Yes, sir, welcome to the Sobriety Shop, sir. Come right in. Now, what is it that you'd like to turn in today? Resentments? Ah, yes, resentments; we get a lot of resentments turned in here at the Sobriety Shop. Now, we can only accept more resentments if they are really intense resentments; we don't really need any minor resentments. So let's take a look at your resentments. (The director invites the protagonist to bring up three persons against whom he harbors resentments and asks the protagonist to role reverse with each to identify the essence of the resentment. This leads to recognition of how holding on to these resentments has led to relapse in the past.)

Example 2

Good afternoon, madam. Welcome to the Sobriety Shop. How can we help you today? You want to get rid of your low self-esteem? Yes, we can take that into the Shop. Help me understand how this low self-esteem of yours has made it hard to stay sober. (The director asks the protagonist to bring up a group member to play the role of "self-esteem" and molds the auxiliary, like a lump of clay, to show the group just how low her self-esteem is. The director

finishes by taking on the same body position as the sculpture and describing the feeling from that position. The protagonist then recognizes how her attitude about herself and her future has prevented her from taking action in the past.)

Example 3

Hello, there, sir. Come on into the Sobriety Shop. What are you carrying around there? It looks like a heavy load. Oh, it's guilt, is it? Yes, and I can see how heavy it is. Have you relapsed before because of this guilt? (The director asks the protagonist to choose a trained auxiliary to be his guilt. To make the feeling concrete, the director has the protagonist walk around the room carrying guilt on his back, while guilt encourages him to take a drink. He becomes annoyed with having guilt weighing him down; a role reversal with guilt helps him see how much power he has given to guilt.)

Example 4

I'm glad you stopped in, ma'am. I've been working here at the Sobriety Shop all day, and you're my first customer. What can I do to help you today? Failures? You want to turn in your failures? (The director asks the protagonist to name three of her failures and brings a group member to the stage to represent each one. The director then asks the protagonist to stand behind each failure, speak from the role of "failure," and describe the effect this failure had on her.)

Example 5

Come on in, sir. What can we do for you today at the Sobriety Shop? Loneliness? Sure, we see that all the time in the Sobriety Shop. Do you want to trade it in? Perhaps you're not sure. (The director leads the protagonist in a short exploration of what he gets out of staying lonely when he has had opportunities to change, and how he has used his loneliness as an excuse to drink and use drugs.)

Example 6

Yes, ma'am, the Sobriety Shop will be open for a few more minutes. How can we be of help to you? You want to deal with your feelings? Which particular feeling needs the most attention? Go ahead and look at what's on the shelves there; maybe that will help you make a choice. Shame? You feel like you've been carrying around a lot of shame? (The director asks the protago-

nist to describe an event during her hospitalization when she felt this shame and asks her to choose a double and auxiliaries to enact the event in playback. Sitting beside her in front of the audience, the director asks the protagonist if events like these have occurred frequently in her life, and her response is affirmative. Then the director asks the crucial question, knowing the answer: "Did you take pills and drink when you felt this way?")

These six examples demonstrate our approach: The director and protagonist identify an issue and then enact a vignette of 10 to 15 minutes around the issue using the psychodramatic techniques of interviewing, role reversals, doubling, asides, mirroring, and scene setting. Each vignette deals with personal pain and self-defeating behaviors in some way, but the director always returns the focus to the addictive behavior.

Once convinced that the protagonist's problem is sufficiently serious, the director closes the vignette, walks to the "Available" shelves on the opposite side of the Sobriety Shop, and asks the protagonist to choose some quality to accept in return, something that will be helpful in recovery. The protagonist makes a choice, and the director then leads the protagonist in a vignette showing how the new, healthy quality will be used to enhance recovery and help avoid relapse.

Variations in the Enactment

The director can end these vignettes in any of several ways:

1. After demonstrating the new behaviors, the director can take the protagonist out of the scene and ask the auxiliaries to re-enact it. This mirroring often produces considerable insight.
2. The director can help the protagonist internalize the new quality, as in this example:

Director: Where in your body do you feel this serenity?
Protagonist: Right here, in my heart.
Director: Close your eyes. Place your hand there, where you feel it. Feel the serenity in your heart. When you feel it is securely there, open your eyes.

3. The director can ask the protagonist to take a psychodramatic photograph of the scene and then hand the protagonist the psychodramatic photograph to keep.
4. With a particularly concrete protagonist, the director may objectify the quality as a material or an article.
5. With a particularly intuitive protagonist, the director may ask the protagonist to relate the quality to an emotion, a color, a sensation, or a memory.

6. The director can ask the protagonist to make a commitment to a trusted group member to use the new quality during that day.
7. The director can structure a mock Alcoholics Anonymous meeting in which the protagonist demonstrates how he or she will use the new quality in recovery.

Once the protagonist has adequately demonstrated the use of the new quality and has integrated it, the director thanks the protagonist, who rejoins the audience. The director can then engage a second protagonist with a different issue, ask the first protagonist to bring in a second "customer," or ask "Who in the group is dealing with a similar issue?" If several directors-in-training are present, the director can gracefully leave the stage to one of them, with a comment such as, "Say, Sandra, would you take over Sobriety Shop for me?" and take a seat. The director-in-training then becomes director and leads the next vignette.

Invariably, at least half the members of the group want to visit the Sobriety Shop, but there will only be time for a few. The director can deal with the first three or four who volunteer, choose the ones with the most energy, select the one or two patients that the treatment team has decided most need to work, have the group make a sociometric choice, or have all those who want to patronize the Sobriety Shop work it out themselves.

An alternative way to manage the time boundaries is to enact vignettes with two customers and, in the remaining time, invite all groups members who so desire to come into the Sobriety Shop, one at a time; each becomes a protagonist for three or four minutes. The director takes them in turn, helps them identify the quality they wish to exchange, and encourages them to say just a few words about it. Each protagonist writes the unwanted quality down on one of the "In" shelves and then identifies a worthwhile quality on the "Available" shelf. If time permits, the director can ask these protagonists to make a brief statement about how they will use the new quality or make a commitment to a peer about what they will do with it.

After each vignette, the director assists the protagonist in taking the auxiliaries out of role. In a fast-moving session, some patients will have played several roles, and if not taken out of role after the enactment, the patient auxiliaries become confused and their authenticity suffers. The director may be tempted to move quickly from one vignette to the next, but we have found that taking the time to take auxiliaries out of role between vignettes is essential.

The director must make a similar, but more difficult, choice regarding sharing. Sharing after a Sobriety Shop exercise has the same structure and the same value that it does after full enactments: It is a time for connecting the audience and the protagonist, for helping the group members identify with

the protagonist's issues, and for decreasing the feelings of isolation and vulnerability protagonists often experience after a session. The director has three choices regarding sharing after Sobriety Shop: (a) share after each vignette, (b) leave sharing to the end of the session, or (c) dispense with sharing in favor of giving everyone in the group an opportunity to enter the Sobriety Shop. Having tried all three approaches, we cannot identify any as being clearly superior in every situation and feel the director must decide on the basis of the group's needs. We have coped with the problem of inadequate sharing time after Sobriety Shop and after our other psychodrama sessions as well by having a process group following the psychodrama. This has allowed us to use the psychodrama session more effectively (Rustin, Blake, Garner, & Ellis, 1992).

Sobriety Shop also works well as a warmup to a full psychodrama. After introducing the setting, the director asks the group to identify what they want to turn in and what they want to acquire in return, and then the director goes around the room learning what each group member has selected. Next, the director selects just one group member to visit the shop and uses the transaction as a contract. The Sobriety Shop enactment leads to an emotional bridge, a social atom, or other means of moving the opening vignette into a full drama. The drama comes full circle when the protagonist obtains the new quality and demonstrates how he or she will use it.

Therapeutic Advantages

Sobriety Shop has significantly enhanced our work with addiction treatment patients in two very different treatment programs: a chemical dependency unit in a private psychiatric hospital treating middle-class patients who are primarily alcoholics and one in the county psychiatric hospital where all patients are medically indigent and are primarily cocaine addicts. Interestingly, despite the patients' differences in social standing, education, financial stability, and family support, the issues brought up in the exercises have been remarkably similar at both treatment centers.

In most treatment centers, the patient population usually includes newly admitted patients as well as those who have been in treatment long enough to understand the treatment process and acceptable group behavior. We have not found this to be a major problem; in fact, doing a session around Sobriety Shop has proved to be an excellent way of introducing new group members into the psychodrama group. We disagree with Petzold (1971), who cautions against such a practice, stating:

> We cannot recommend Magic Shop as a warm-up in a newly-formed group. The Magic Shop only achieves diagnostic and therapeutic value after a certain

> group cohesion has developed, and more importantly, after the therapist has gained certain insights into the reactions and behaviors of the individual participants through previous psychotherapeutic work with the group. (p. 354)

Unlike Petzold, we have found that Sobriety Shop helps newcomers become more comfortable with the psychodrama process and begins their warmup to deal with their personal issues in other therapeutic groups as well as in psychodrama. The fantasy elements, the clear structure, the opportunity for group interactions, and the informal nature of the exercise (especially with the therapist playing a role) appear to help inexperienced group members engage in the psychodrama process. Zerka Moreno commented on this aspect of Magic Shop in a recent chapter in which she described the use of Magic Shop in the treatment of an alcoholic family:

> The element of what seemed to be pure play helped to make the closure a more lighthearted one than might otherwise have been achieved as there was a good deal of laughter in the course of this session. (Moreno, 1991, p. 70)

Advantages of the Program

As hospital lengths of stay become progressively reduced, directors must constantly deal with inexperienced groups. Devoting an entire session to Sobriety Shop serves as a group warmup for the subsequent session, allowing the group to move on quickly to the deeper issues. We have also found that when several consecutive sessions have dealt with extremely painful issues, Sobriety Shop provides a welcome break in the intensity without sacrificing progress. Sobriety Shop also helps integrate the group members' desires to deal with their individual issues in the psychodrama session with the group's "one primary purpose" (Alcoholics Anonymous World Services, 1952, p. 150), which is recovery from addicting chemicals; the most useful drama will be one in which the group's "central concern" is the focus of the session (Buchanan, 1980), as it always is in enacting Sobriety Shop.

Structured exercises such as Sobriety Shop can also assist the director who does not know the group members well in evaluating their appropriateness for psychodrama. How well do they suspend reality in order to participate? Can they role reverse, double, play a role, and set a scene? Are they willing to trust the group, to accept responsibility, to make commitments? Are they still confused, in denial, or detoxifying? The group tends to respect the boundaries imposed by Sobriety Shop, so inappropriate patients quickly become apparent but are rarely disruptive.

Because Sobriety Shop is well structured and focused, busy directors can use it on a day when their energy level is low or they have just completed an exhausting session with another group. In addition, directors-in-training can

lead the exercise, which gives them an opportunity to direct in a structured clinical situation under supervision. Occasionally, in a well-trained group with good cohesion, we have assisted a patient in leading the part of the vignette in which the dysfunctional qualities and the healthy qualities are identified. These variations permit a change of pace, which may allow the director to be more available and spontaneous in other groups later that day.

Conclusion

Sobriety Shop, a variation on Magic Shop for addiction treatment patients, expands the psychodrama director's options in dealing with a difficult patient population in the environment of diminishing treatment resources. This variation offers an opportunity for several patients to explore their issues in a single session, allows for wider group participation than full enactments do, and helps keep the focus of the group on addition recovery. Patients enjoy the spontaneity and playfulness of the exercise, joining in immediately; they quickly drop their defenses, which permits them to deal more authentically with their issues.

From the director's perspective, Sobriety Shop provides an avenue for patient evaluation, a chance for relief from a series of stressful sessions, and a method for introducing new patients to the psychodrama process. From the trainer's point of view, Sobriety Shop provides a chance for trainees to direct in a structured environment under supervision.

Some directors seek intense catharsis in every drama; some pride themselves on the intricacy or the epic nature of their enactments. Sobriety Shop vignettes may progress to catharsis and at times are dramatic, but most are not. However, our experience has been that catharsis, intensity, and high drama are often less important for the recovery of our patients than honesty, a willingness to share their issues, and learning how to trust others. Thus, a simple Sobriety Shop exercise, which is less fulfilling to the director than a passionate multilevel enactment, may actually be of greater value to the patients in maintaining their abstinence.

We hope our enthusiasm for Sobriety Shop will encourage other therapists working in addiction treatment settings to try this variation on the classic Magic Shop exercise with their patients and to develop other creative variations as well.

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The Effects of Psychodrama on Inmates Within a Structured Residential Behavior Modification Program

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ABSTRACT. The purpose of this post hoc study was to explore the effects of psychodrama group therapy on inmates suffering from adjustment problems in a correctional setting. The 22 inmate participants were active within a structured residential behavior modification program. I concluded that participation in the psychodrama group enabled inmates to reduce their unacceptable behaviors more effectively and to make a more positive adjustment to prison life than either inmates (n = 22) participating in the structured residential program or a nonequivalent control group of inmates (n = 22) living in the general prison population and not receiving mental health treatment.

A MOVEMENT CURRENTLY UNDERWAY in correctional settings is shifting the focus from punitive and custodial maintenance of inmates to a more positive therapeutic treatment orientation. The punitive orientation stems from the long-standing authority of the state to enforce its police power and *parens patriae* for use of criminal sanction and/or involuntary commitment for situations in which there is a fear of danger to others (Shah, 1981). Following the current trend, the federal correctional system and the various state correctional systems are implementing both living skills treatment and psychotherapeutic treatment for inmates.

Research conducted by Moreno (1932) examined effects on inmates in a correctional environment as opposed to those on inmates in a strictly punitive one. He demonstrated that grouping inmates according to certain personality characteristics by means of a sociometric paradigm created a therapeutic dynamic that benefited all members of the group. Members made a more positive adjustment to prison life. Farnell (1932) put it succinctly when he stated:

> One difficulty with all of us who are engaged in penal affairs, is our own inadaptability to newer ideas. There seems to be a sort of mental inertia which envelopes

> all of us and makes us instinctively recoil from anything which in any way represents a deviation from time honored traditions of penology. (pp. 77–78)

This mindset is still prevalent in the administrations of many correctional systems today. Even though this early research pointed to successful positive adjustment for inmates and commentaries on the research indicated that a therapeutic emphasis was noteworthy, it would be hard to implement in correctional facilities. The bureaucracies of correctional systems are slow to change their orientation. However, there is currently the beginning of a change in attitude, and correctional systems are moving toward a focus on treatment. This is due, in part, to economic considerations. Prison overcrowding and the lack of funds make it difficult to maintain the growing numbers of inmates under the older punitive/custodial orientation. According to Saleem Shah of the National Institute of Mental Health (1989), inmates who undergo a mental health treatment program while incarcerated have a recidivism rate of 12 to 14%, compared with a national average of approximately 66% for inmates who do not receive treatment. A lowering of the recidivism rate reduces costs and burdens placed on the various correctional systems as well as on the communities to which the inmates return.

Since the 1930s, different forms of treatment programs have been conducted. Research conducted by Homant (1986) offered process-oriented group therapy to general population inmates. Although individual changes were not statistically significant, for the most part they were in the right direction. Homant advised that treatment programs be more specific in their goals, methods, and target populations.

Melnick (1984) demonstrated the value of various methods, such as her "skills through drama," using improvisations based on actual inmate conflicts. This concept involved a basic educational skills program for offenders in a neutral nonthreatening setting. Her findings demonstrated that the "skills through drama" technique not only helped increase the scores of the participants in the basic educational skills of reading, mathematics, and language but also produced a recidivism rate for the participants of 29.6%.

Several methods have been developed to target emotional/behavioral problems of inmates. In one such program, described by Rokach (1987), 51 inmates participated in an Anger and Aggression Control Training program. The inmates participating in this program achieved significantly lower scores on the Novaco Anger Scale and Test for Social Insight (self-report inventories). An innovative therapeutic mental health program for inmates is being operated by the Kentucky Corrections Cabinet's Division of Mental Health. The Division's Intensive Services Program was instituted to provide mental health services to inmates who have severe problems adjusting to prison life. The 8-month in-house program provides core psychoeducational groups in

social skills, anger control, moral reasoning, and relaxation. Adjunctive groups such as cognitive/behavioral therapy, reality therapy, and the Twelve Step program have been offered on a less frequent basis. The program provides weekly individual counseling sessions to the participants (Adwell & Kidwell, 1990).

Hoff, Sluga, and Grunberger (1969) conducted a study using psychodrama as a therapeutic method in a correctional setting in Austria. The study indicated that psychodrama was more effective in treating criminals with psychopathic tendencies than the more traditional therapeutic methods were. The results of that study provided the impetus to introduce that technique into the Kentucky Correctional System with the goal of determining its efficacy relative to other methods already in use. Psychodrama was introduced into the Intensive Services Program on a trial basis as part of the program for 1 year. The present study tested the hypothesis that psychodrama therapy that encompasses specific techniques and situations will reduce unacceptable behaviors over a 6-month, postgroup time interval.

Method

Subjects

Twenty-two participants were selected from volunteers within the Intensive Services Program over the course of the 1-year lifespan of the group. The volunteers were interviewed by mental health clinicians to screen out those who were determined to have borderline or narcissistic personality disorders (American Psychiatric Association, 1987). The screening process resulted in the rejection of only one volunteer. Because the Intensive Services Program ran through overlapping 8-month cycles, the format was to create an open group to maintain a consistent size by replacing members as they left (Yalom, 1985). The ongoing treatment group consisted of an average of 7 members at any given time. The participants met in a group weekly for an hour and a half, for an average duration of 5 weeks per participant.

Participants were matched retrospectively with an equal number ($n = 22$) of randomly selected Intensive Services Program residents who attended the regular activities of the program but did not participate in the psychodrama group. An equal number ($n = 22$) of randomly selected inmates from the general prison population who did not receive any mental health treatment served as a nonequivalent control group in order to improve the internal and external validity of the study (Bordens & Abbott, 1988). A total number of 66 inmates were compared in this study. The three groups were matched for the time period incarcerated during the 1-year lifespan of the group.

Measure

The measure used to determine the level of unacceptable behavior and positive adjustment for the participants was the number of institutional disciplinary reports accumulated by the participants of each group. An institutional disciplinary report is filed whenever an inmate performs in a way that is contrary to correctional policy. The higher the number of disciplinary reports an inmate has, the poorer his adjustment to prison life. The number of disciplinary reports was tallied for the 6-month period prior to participation in the group and compared with the tallies accumulated during the months after participation.

Modality

Psychodrama is a group therapy approach in which the client acts out or dramatizes past, present, or anticipated life situations and roles in an attempt to gain deeper understanding and achieve catharsis (Corey, 1985). It is a versatile method of roleplaying in a group situation that explores emotions and behaviors related to problems in personally specific situations. The roles played are dynamic in structure, and therapeutic change occurs when the client is able to improve his or her individual role structure. This change is facilitated by the client learning about the dynamic interactions among all the roles involved.

Procedure

The group sessions were arranged to target an inmate's specific problem, whether it involved a current situation or one that originated in the inmate's past. A session began with warm-up exercises. After the warm up, inmates

TABLE 1
Mean Change and Standard Deviations in Pre-Post Period Institutional Disciplinary Reports per Group

Group	*N*	Total reports		Mean change	*SD*
		Pre	Post		
Treatment	22	123	35	4.00	4.65
Intensive services program	22	70	37	1.50	2.32
General population	22	33	16	0.77	1.63

then volunteered to work on material pertinent to them. After the action phase, the group shared their feelings about what had occurred and helped bring about closure for the protagonist. If time was available, more vignettes were performed with subsequent closure for the parties involved.

Techniques

Enactment, multiple parts of the self, role reversal, doubling, soliloquy, and future projection (Moreno, 1946, 1959, 1972) were used in order to prepare group members psychologically and behaviorally for situations they were likely to encounter both in prison and when they were eventually released.

Situations

Situations that were performed included interactions with security staff and other authority figures; interactions with other inmates; interactions with parents and other family members; interactions with spouses, lovers, and friends; and interactions with potential or past employers.

Analysis of Data

To test the hypothesis concerning the efficacy of psychodrama within a correctional setting, I performed a one-way analysis of variance on the amount of change between the disciplinary reports accumulated 6 months prior to the entry of participants into the psychodrama group and 6 months after termination for members of each of the three groups.

Results

One-way analysis of variance revealed a difference among all three groups in the degree of change between pre- and postperiod disciplinary reports, $F(2, 65) = 6.37$, $p < .01$. It indicated a difference in the degree of change between pre- and postperiod disciplinary reports accumulated by subjects in the treatment group and the Intensive Services Group, $F(1, 43) = 5.09$, $p < .05$. Also, a difference existed in the degree of change between pre- and postperiod disciplinary reports accumulated by the treatment group and the general population group, $F(1, 43) = 9.44$, $p < .005$, on level of change.

Table 1 contains the mean change and standard deviations in institutional disciplinary reports achieved by each group. These data are based on the 6-month pre- and postperiod reports for each individual.

Discussion

The results of this study suggest that psychodrama may have played a significant role in reducing the unacceptable behaviors of the inmates who participated in the psychodrama group and in promoting their positive adjustment to life in prison.

The psychodrama group participants had a higher number of preperiod disciplinary reports than the participants in the other two groups. This may have been due, in part, to the fact that the inmates who volunteered for the group may have been experiencing higher levels of distress and therefore were more motivated to seek some form of relief. However, all participants in the Intensive Services Program were experiencing high levels of distress, or they would not have been referred to and accepted in the program. The higher number of previous disciplinary reports may also be explained by coincidence, because the comparison groups were randomly selected by an impartial researcher.

As a treatment method, the addition of psychodrama group therapy to a structured residential behavior modification program produced a significant difference in the level of participants' positive adjustment to prison life; they experienced a greater reduction in unacceptable behaviors than other inmates within the program. The difference was even greater between the treatment group and inmates in the general population.

Inmates participating in the psychodrama group confronted emotionally relevant issues. They learned how to cope and work through these issues while they were practicing newly acquired behavior response patterns within the safe group environment. The Intensive Services Group did not get to practice social skills learned in the original social skills group in a relatively safe environment, nor did they work on issues pertinent to them outside their regular individual therapy sessions.

The learning achieved by the treatment group apparently was generalized to the normal general population correctional setting. The social skills and adaptive emotional/behavioral skills learned and practiced while participating in the psychodrama group may help the inmates to continue their positive adjustment to prison life for the duration of their sentences as well as after they are released to their respective communities.

Several factors need further analysis. The present study focused on the short-term effects of psychodrama on the treatment group. The period of time involved was of short duration, and the study did not examine the recidivism rates of all the subjects involved. The study was also conducted post hoc to the actual event. A long-term experimental study should be conducted to remedy these deficits.

In a long-term study, subjects can be randomly assigned to the various groups and pre- and post-time periods for tallying disciplinary reports can be lengthened to 1 year or more. The participants can be traced for a number of years following their release, thus allowing measurement of effects of psychodrama on the recidivism rates of the participants.

Research should also be conducted to ascertain the possible reasons why the use of psychodrama in this study and in the Australian study was more effective in producing significant change than other therapeutic interventions employed in behavior modification programs.

Finally, with budgetary concerns guiding the focus of correctional systems, a meta-analysis of the various existing treatment programs should also be instituted to determine their efficacy and to establish which components of each program produce the greatest positive change in their participants. This information would help promote better, more efficient, and effective treatment for inmates nationally while containing costs locally.

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Case Report: A Reflective Analysis Through the Vision and Voices of an Undergraduate Psychodrama Class

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ABSTRACT. This case reports presents an evaluative description of experiences in a psychodrama course from the perspective of undergraduates. Student reports indicated positive changes in individual expectations regarding the modality, significant educational and personal benefits from the course, types of themes that emerged during the course, student reactions to emergent themes, and benefits of active experiential components of the course. Especially notable among the experiential components was the benefit of student responsibility in course direction. These reports support previous literature that indicated the viability of psychodrama as an undergraduate learning experience.

IN THREE PREVIOUS ARTICLES, psychodrama was discussed as a viable undergraduate experience (Kranz & Houser, 1988a; Kranz & Houser, 1988b; and Kranz & Lund, 1990). In this article, we consider a psychodrama experience through the vision and voices of undergraduate students.

Most undergraduate students who consider registering for a class in psychodrama have little or no knowledge of the modality. This lack of knowledge often creates both a sense of excitement and a sense of anxiety about course expectations. Many students have reported that they consider psychodrama to be a branch of theater in which stage acting and memorization of dialogue are required. They often believe that scenes from particular works are presented and that students will be required to roleplay set parts. Another misconception commonly reported by the students was that the class would become a format in the portrayal of clinical scenarios in which students act as both counselors and clients. They expected that the results of such a portrayal might enhance understanding of psychological disorders and clinical skills.

Students usually viewed the class as a variation on or a conglomerate of other college courses. In the first class we discussed various myths of psychodrama and, we hope, dispelled them. In addition, unlike most other undergraduate classroom experiences, this psychodrama class of seven seniors and two juniors assumed responsibility for a portion of the teaching, and the major portion of the learning was up to the students, as individuals and as a group. Describing psychodrama as a dynamic, holistic approach to a therapy that used a variety of action methods, the instructor emphasized that in this learning situation the group was to be largely responsible for the evolution of the class. This responsibility determined the direction and meaning by which each class member chose to become involved with the work presented. The students' taking of such responsibility created within the class some important group values, for example, promptness and a strong willingness to work and share, and a support system in which group members felt safe in exploring sensitive personal issues.

According to the students who wrote evaluations of the course, psychodrama quickly became a powerful vehicle for looking at, struggling with, and trying out possible resolutions of conflicts within their own lives and the lives of others with whom they were intimately connected. They reported, "We did not just talk, we enacted, encountered and shared. We saw and felt in the present through the eyes of the protagonist, an array of feelings and experiences that many of us in the audience could identify with." They were surprised how quickly they became involved with the action of the protagonist, swept into their lives as auxiliary egos through therapeutic techniques they had not seen or heard about in their previous educational experiences. They recognized that they were beginning to learn, use, and understand a new language with a vocabulary that included doubling, role reversal, mirroring, soliloquy, playing an auxiliary ego, sociometry, warmup, and sharing.

In previous psychodrama classes, it had very quickly become clear that students would not learn from traditional lectures but would learn through a process of personal involvement and responsibility and the expenditure of tremendous emotional energy. At times exhausting, but always meaningful, this experience was truly learning through doing and becoming. As one student stated, "Often we would enter the class tired or preoccupied with personal or academic issues. But by the end of class, we had become focused and energized. The affect had somehow shifted within us. Through the psychodrama experience, we rarely left at the end of class feeling the same way as we had at the beginning."

Throughout the semester three primary themes emerged repeatedly during the warmups. These themes were family and interpersonal relationships, fears of the future and the unknown, and self-evaluation issues. The three themes often overlapped and served as catalysts for the ensuing action phase of the

work to be presented. The class was often surprised at how quickly a theme emerged and how connected to the student protagonist they became as the action unfolded.

In a discussion of these emerging themes, students recalled surprising revelations about their persona that were perceived by others during a mirroring exercise. *Mirroring,* a technique that involves the portrayal of the protagonist by another or by the entire group, helped them to see themselves as they were seen by others. It also helped the auxiliary ego(s) gain insight into the feelings and behavior of the protagonist.

During one such exercise, the protagonist learned that he was considered a joker who did not take anything seriously. The mirror technique allowed him to see that his attitude was perceived by others as being rarely sobersided. He speculated about the reasons for this facade and explained that it was his "way to stop people from getting too close and finding out who he really is." This character trait became magnified when the director placed him in the center of a fortress, physically distanced by a moat of chairs, with people who cared about him circling the perimeter, making attempts to infiltrate. This embodiment of the protagonist's barriers enabled him to recognize and reveal characteristics about himself never before exposed.

Just as the protagonist feared intimacy, each of the class members possessed particular fears. Some students expressed fear of the future and the unknown, and these fears aroused feelings of frustration and anxiety. These strong emotions quickly led the group into action sequences filled with vivid scenes of struggle, pain, and supportive sharing. Even during the warmups, the class often introduced common stressors, such as grades, classes needed for graduation, acceptance into graduate schools, and career uncertainties. The students reported:

> We constructed activities surrounding this theme that enabled us to place our fears and anxieties into a more realistic perspective and, in so doing, allowed us to identify tangible coping mechanisms to deal with them. In some of the activities, we personified these fears. In other actions, we devised corresponding physical obstacles as a way of concretizing the protagonist's struggle.

One specific psychodramatic session brought these consternations to fruition for one protagonist. The student director made seemingly insurmountable goals more real by having the group play the roles of the obstacles that she felt were in her way. The potential stumbling blocks were thereby personified, complete with the ability to speak and say to her exactly what she had been saying to herself all along: "I'm not going to be easy to remove or navigate around. I am standing between you and what you want." At one point, she was sitting on the floor encircled by her fears, all simultaneously harping over her head, which left her feeling very alone, small, and overcome. This was exactly the feeling that she had held inside. Unable to release the tension, she

felt immobilized. At times during this action sequence, when the protagonist felt impotent in facing a real or imagined obstacle, the high chair technique was used. The director had the protagonist stand on a chair to voice her sentiments about the situation. This placement made her, at least physically, larger than the auxiliary egos who represented these insurmountable obstacles. The change in size helped empower the protagonist and enabled her to put her challenges in a new perspective. The protagonist used this increased sense of power to formulate plans for overcoming her obstacles to making future choices. The class members were surprised at the changes they observed in the protagonist during the exercise. The tone of her voice became louder and more definite, her posture became more assertive, and the overall message was one of self-assuredness.

The students' fear of the unknown often inspired a theme of self-evaluation and introspection. A variety of action sequences helped the class evaluate their personal priorities, values, and beliefs. One student deftly stated, "Maybe the best thing I'll take with me from psychodrama is all that I've learned about myself. I learned what type of person I am, where I am at in my life, some of the forces that made me that way, and where I am planning to go in the future."

It became clearly evident to us that the self-reflective process was an important component in the self-growth of the whole class. It is our opinion that, in order for hindsight to be meaningfully revealing, we must reflect on our lives, our behaviors, and our actions with openness and an intent to learn from them. We must also experience these past events in the present and look for possible avenues of change. This perspective demands, above all, that we be honest with ourselves. One student commented that the honesty of the class was what he liked most, and yet that was the most difficult thing to be. As a result, he felt anxious about dealing with the self-disclosure process and did not quite know where the line between what is therapeutic and what is academic was to be drawn. Upon reflection, the group agreed that honesty when sharing, versus cautious editing when we act and speak, is both appropriate and worthwhile for psychodrama. Restraint is as important as action. The student director's understanding of this important psychodramatic principle facilitated respect for the protagonist's limits of self-disclosure. This respect, in turn, enabled the protagonist to control his or her own boundaries, which can thus enhance responsibility for oneself and the group. Again we present the students' perspective:

> As is true of most college courses, we were exposed to the intellectual integrity of the subject matter through assigned readings and class discussion. The exciting difference with psychodrama was that the course content was taught through involved demonstration.

Students reported that through action methods such as roleplaying they attained a better understanding of the dynamics involved in interpersonal rela-

tionships and personal spaces. They also became aware of the intricacies of role reciprocity, spontaneity, and role demand, realizing and understanding that others play off our verbal and nonverbal behavior. Other action methods experienced by the group included doubling, mirroring, role reversal, soliloquy, expanding and extending roles, action sociometry, and warmup techniques. This participatory perspective proved engaging and meaningful for them and unlike any other undergraduate learning experience they had had. Students commented, "We were learning by doing. Perhaps the most enriching experience for us all was a unique form of role reversal with the instructor (director) that occurred in the second half of the course when we took our turns at directing."

Students stated that they are rarely designated as facilitators in the typical undergraduate classroom and think this is unfortunate. For all the studies done to emphasize the importance of hands-on learning, it seemed to the students that undergraduate education still manages to lose sight of this fact. By trusting his students to learn without the weapons of examinations and quantitative grading, the students concluded that their instructor allowed them the opportunity to prove that the acquisition and retention of course material, including terminology, techniques, applications, and theories, were better learned when the students become active participants in their own learning and evaluation. This change in classroom expectations and procedure lessened considerably the feeling of academic threat, and enhanced classroom openness and participation. Anxiety over grade concern and competition was replaced by increased risk taking, honesty, and empathetic concern for fellow students. Students were thus able to gain an entirely new perspective on the learning experience by seeing and feeling through the eyes and ears of their teacher. In the case of psychodrama, being in the teacher's role meant the student was now the director responsible for the class. On the whole, the directing experience was successful. It was not, however, without moments of anxiety and struggle, for the students were unaccustomed to this new role, and their breadth of knowledge of psychodrama was limited.

The literature indicates that it is common for the undergraduate student to feel uneasy and anxious at directing a psychodrama session (Kranz & Houser 1988b). The current class was not an exception to this finding. Although class members reported that they were generally comfortable with the opportunity to direct, they were also relieved to hear that those sessions would not be graded. Even with this announcement, however, performance anxiety was still reported by everyone. For some, the nervous tension translated into overpreparedness; for others, it was a profound but manageable source of anxiety. For the rest, it was a feeling of "what the hell, I will give it my best shot and if I fail at least I won't be graded or criticized for my attempt."

It was no easy task to be responsible for the navigation of uncharted territory. Nonetheless, everyone was willing to assume that responsibility. As one student stated, "Perhaps this is due to the confidence and trust we had in the other class members to participate and make the session successful, and also the confidence we had in the instructor, who was willing to let us direct and at the same time give us support in our experience with this new skill. Outside of these initial feelings, we were surprised by the diversity of reactions to the directing experience."

For some student directors, moments of silence caused undue anxiety. The temporary lull was sometimes felt as a catastrophe rather than a mere dramatic pause. One student director mentioned how anxious he felt when he was unable to raise the energy level of the group. He interpreted the sparse group participation as cataclysmic and a response to his inabilities to direct. Other student directors experienced the moments of calm as a time for thought and as necessary for the deliberation of emotions. Beyond these individual reactions, the directing experience seemed most effective when student directors placed major responsibility for group action on the group itself. Joint responsibility appeared to propel the group faster and further into action, with the concluding sharing portion being more connected to the protagonist's work.

One especially remembered session was an exercise in the use of the social-atom technique, in which students were to chart sociometrically those important people or inanimate objects in their present life. This exercise required the use of pencil and paper. The student director, however, had not brought these supplies with her; so she introduced to the group the possibility of demonstrating this concept without pencil and paper. She put the question to the group, "Might we like to do a social atom without the use of pencils and paper?" While the group and the director waited patiently for a response, the energy level of the group appeared to die, and most members were at a loss about what to do next. This response was an uncomfortable situation for the director because she had not expected to feel threatened by the lack of conversation and action. However, with the instructor's patience, support, and gentle pushing, the class seemed to work through those initial difficult moments of director anxiety and found other means to explore the uses of the social-atom technique without pencil and paper. In fact, this student director, under the careful guidance of the instructor, used members of the audience as representatives of one's social atom. In this manner, both director and audience reengaged. The group's energy level increased once more, and the action connected everyone. Thus, the class experienced firsthand how a director's patience and creativity can move a group from inaction to action.

Almost everyone in the class reported that both the warmup and sharing phases were the most difficult part of the directing experience. Gauging the central concerns of a group during the warmup is particularly difficult if one

is a novice at psychodrama and feels uncomfortable "going with the present" as opposed to coming to class with a prescriptive plan for the group. Taking responsibility for this new role as director is a challenge to the novice and often creates performance anxiety. Nevertheless, through the director's experience, role repertoires were expanded, and confidence in one's ability to risk and take chance was enhanced. One student described this enhancement as follows:

> As a student director and group members in psychodrama, we learned empathy for others and found comfort in the discovery that we all share commonalities and, at the same time, are unique and special in some way. We grew in confidence and self-knowledge with particular regard to our role repertoire. It is doubtful that there will be many other college experiences that will allow for learning on the metalevels made available to us in this course.

Donelson Forsyth (1990), in his book *Group Dynamics,* explains that social support is a valuable function for many groups. Although different groups provide different forms of support, insofar as support of interpersonal needs, it usually falls into four categories: namely, emotional support, advice and guidance, tangible assistance, and positive feedback. For the members of this group, psychodrama fulfilled all of these. As undergraduate students, they have become increasingly aware of the potential for self-development at both the personal and professional levels because of their involvement with the psychodramatic class. Perhaps, as Forsyth suggests, the meeting of interpersonal needs through group and network relationships helps to buffer and protect us from stress and loneliness. These needs are rarely, if ever, addressed in other courses. Incorporating psychodrama into the curriculum has helped to meet those needs while aiding in the students' assessment of their behavior and preferred style of group interaction. The course has helped them to identify their strengths and developmental needs as group members.

Students recognized that they now find themselves less afraid to be their real selves. As one student wrote:

> We became very close, sharing deeply and trusting others with vulnerable parts of ourselves. The psychodrama class became more than just an educational experience. It was a personal encounter with ourselves and others. We were emotionally "stretched" within a safe environment. We felt a closeness and tie that made saying goodbye at the end of the semester difficult. We realized, however, that no matter where we move on to, our mutual experiences somehow will always keep us connected.

These undergraduate students reported that the psychodrama experience not only broadened their appreciation for a new therapeutic modality but also enhanced their personal growth. They also found learning an exciting enterprise in which classroom responsibility could be shared and risk taking valued. Behaviors such as spontaneity and creativity thrived in an ambience of

respect and support. Our observations of this psychodrama class and their verbal reports indicated that didactic and experiential classroom components can be interwoven into a valuable undergraduate learning experience.

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An Exchange of Letters

October 1, 1992

Dr. C. Everett Koop
Dartmouth Medical School
C. Everett Koop Institute
Dartmouth, MA 02714

Dear Sir:

A recent report in the New York Times informed us of the splendid work you are doing with the medical students at Dartmouth in getting them to be sensitive to the human needs of their patients.

It struck me that a much underrated method for teaching the kind of thing you are doing is to have the students role reverse, to take the role of a patient undergoing certain medical procedures in simulation training. As an amputee for chrondocarcoma many years ago, after being misdiagnosed by six doctors one of whom was about to kill me with cortisone, and as a trainer in human relations, especially engaged in the teaching and training of professional persons to use psychodrama, I can assure you that this approach combines cognitive and affective learning in a very efficient manner.

In the event you should be interested in this approach, there is a good deal of literature available. One recent book you may want to look at is: *Sociodrama, Who's in your Shoes?* by Patricia Sternberg and Antonina Garcia, published by Praeger.

Sincerely yours,
Zerka T. Moreno

October 12, 1992

Zerka T. Moreno
259 Wolcott Avenue
Beacon, New York 12508

Dear Ms Moreno:

Thank you very much for your letter of October 1. We are aware of experimental models using students in a role reversal as patients. We are not sure just how our plans will develop, but we do have what you suggest in mind. Thank you for affirming that this is a good direction in which to go.

Sincerely yours,
C. Everett Koop, M.D.

CEK/fen
Dictated by Dr. Koop and signed in his absence.

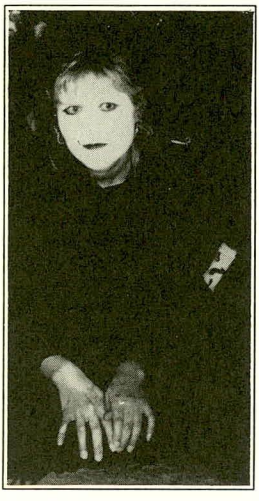
MAGIC THEATRE SUMMER WORKSHOPS

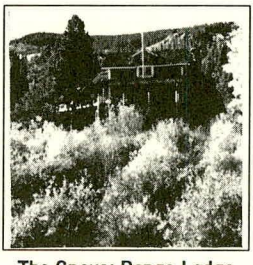
in the Medicine Bow National Forest of Wyoming with JAMIE EGOLF MSW, JUNGIAN, PSYCHODRAMATIST

Jamie Egolf is a Jungian-trained Psychotherapist in practice for 23 years. She learned psychodrama at St. Elizabeths and the Woodburn Clinic in the late sixties. After graduate school, she was trained as a Jungian. After studying the Theatre of the Noh and the Kabuki as well as other ancient theatre, she developed the MAGIC THEATRE, which is designed to free us from our ordinary reality and the burden of our personal history and take us to the archetypal realm where we drop our personas and become free to try on roles previously unavailable to us. As in the theatre of ancient man, we touch the ecstatic. This is theatre in its shamanistic form.

"Budda said, "What is terrible to be is lovely to see."

The workshops are set at the Snowy Range Lodge, a historic guest lodge built in 1919, recently renovated, and on the national historic register. Workshops for 1993 will be held July 15-18, August 5-8, and August 26-29. We will assemble on Thursday night and work through Sunday night, intersperse with hiking, stretching exercises, or just free time. Accommodations are at the Old Corral Motel at a special workshop rate of $21.50 per night (double occupancy) or $38 single or you may camp on our grounds. The workshop fee is $400, including meals. Fishing and bicycling available. Call 307-745-9662 or 307-742-4943 or write MAGIC THEATRE, c.o. the SNOWY RANGE LODGE 157 No. 6th St., Laramie, WY 82070. Airport is 15 minutes from the mountain retreat or fly into Denver, shuttle into Laramie. Deadline 30 days in advance except July workshop. CEU's available.





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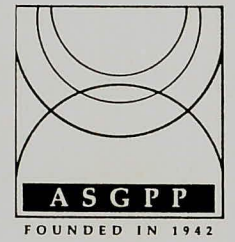

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The American Society of Group Psychotherapy & Psychodrama is dedicated to the development of the fields of group psychotherapy, psychodrama, sociodrama, and sociometry, their spread and fruitful application.

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The pioneering membership organization in group psychotherapy, the American Society of Group Psychotherapy and Psychodrama, founded by J. L. Moreno, MD, in April 1942 has been the source and inspiration of the later developments in this field. It sponsored and made possible the organization of the International Association on Group Psychotherapy. It also made possible a number of international congresses of group psychotherapy. Membership includes subscription to *The Journal of Group Psychotherapy, Psychodrama & Sociometry,* founded in 1947 by J. L. Moreno as the first journal devoted to group psychotherapy in all its forms.