

The Effects of Being the Protagonist in Psychodrama

KWANG WOON KIM

ABSTRACT. In this study, the author reports his investigation of the effects of psychodrama by quantitative methods. Twelve adults voluntarily participated in psychodrama sessions directed by the researcher and 3 other directors. They administered Yalom's Therapeutic Factor Scale (YTF), Emotion Appraisal Questionnaire (EAQ), and Session Evaluation Questionnaire (SEQ) to evaluate the effects of psychodrama. From the YTF results, the researchers concluded that the experience of the protagonist in each session was more therapeutic than that of the audience members. The changing trend of therapeutic factors before, during, and after the sessions was highest during the sessions and was reduced after the session. The most therapeutic factors were universality, family reenactment, instillation of hope, self-understanding, and existential factors. The protagonists experienced less negative emotions, such as disappointment and nervousness, than the audience members in the EAQ. Emotions before, during, and after the sessions were maintained. The protagonists evaluated the session outcomes more positively than the audience members. The protagonists perceived the process of the psychodrama more deeply than did the audience. The author offers suggestions for future studies.

Key words: assessing the effects of psychodrama, effects of psychodrama, protagonist in psychodrama, therapeutic change

PSYCHODRAMA IS A METHOD OF GROUP PSYCHOTHERAPY in which people are helped to solve their problems by acting them out in addition to talking about them (Moreno, 1984). Recent increased interest in psychodrama is fundamentally attributable to learning by doing, which is more effective than purely verbal modes of learning. During the last few decades in Korea, there has been increased interest in psychodrama among psychotherapists. It was first introduced to Korea in 1969 by Dong-Se Han and since then has been applied in mental health clinics, student counseling, juvenile reformatory schools, and other kinds of counseling service centers (Han, 1996; K. W. Kim, 2000; Yoo, 1999).

Although psychodrama receives increased attention and has garnered more interest, many controversies about the therapeutic effects of psychodrama exist. Many therapists report strategies and case studies, but their conclusions drawn from empirical studies are inconclusive (D'Amato & Dean, 1988; Kipper, 1978). Because previous studies on the effects and validity of psychodrama have not yielded consistent results (Yoo, 1999; Kipper, 1978), psychodrama therapists are confronted with serious challenges. For a long time, researchers who studied the effects of psychodrama did not realize the significance of quantitative approaches and failed to recognize and develop an alternative evaluation method that conveys strong and significant results to other researchers and practitioners. In spite of those problems with research methods, most researchers maintained that the validity of psychodrama could be proved by quantitative results. Some researchers, however, took a critical view of psychodrama and refused scientific support because most research on psychodrama takes an ethnographical approach and consists of commentaries of directors based on a client's personal experiences.

For this study, I examined the effects of psychodrama in a quantitative way to gain an understanding of participants' experiences throughout the entire process of a psychodrama. I provide information about the process of change, and I endeavor to show the factors of the psychological state that the protagonists and the audience members experience in a psychodrama group.

To examine the effects of psychodrama, I used Yalom's (1985) Therapeutic Factor Scale (YTF) and Emotion Appraisal Questionnaire (EAQ). Corsini and Rosenberg (1955) found 220 statements about therapeutic factors after reviewing more than 300 study records and classified them into 9 categories, using factor analysis. Yalom described 12 statements based on previous studies (Berzon, Pious, & Parson, 1963; Corsini & Rosenberg; Dickoff & Lakin, 1963) and his own clinical experiences. To Kellerman (1992), emotional catharsis, self-understanding, and learning about relationships appeared to be the significant therapeutic factors in his psychodrama groups.

In Korea, researchers explored the effects of psychodrama on various groups, especially groups of mental patients, juvenile delinquents, and adults. From studying those groups, Kim and Kim (1988) found three therapeutic factors: universality, altruism, and insight. Park, Kim, and Kim (1989) reported that self-understanding, existential factors, and instillation of hope were significant therapeutic factors for mental patients. In another study of mental patients, Lee and Park (1995) found five therapeutic factors—emotional catharsis, instillation of hope, providing information, group cohesiveness, and interpersonal learning—to be significant.

In his study for juvenile delinquents, Ko (1996) identified the following significant therapeutic factors: instillation of hope, universality, existential factors, self-understanding, and family reenactment. J. H. Lee (1998) reported four factors: family reenactment, group cohesiveness, existential factors, and self-understanding. In a study of high school girls who showed delinquent behaviors, Cha (1998) concluded that guidance of group members, altruism, group cohesiveness, and catharsis were significant therapeutic factors. The results of those studies were diverse, depending on the researchers and participants of each study, but shared some common therapeutic factors, such as existential factors, self-understanding, family reenactment, insight, catharsis, and instillation of hope. I believe that it is important to verify these therapeutic factors so that therapists better understand the process of group psychodrama.

As a method of group psychotherapy, psychodrama has proved helpful in solving problems, especially emotional catharsis, anger control, and emotional conflict resolution (Cha, 1998; K. H. Kim, 1983; M. J. Kim, 1996; Kipper, 1996; Lee, 1992; Y. K. Lee, 1981; Sung, 1983). Blanco-Venzala, Martin-Munoz, and Sevillano (1994) demonstrated that the level of anxiety and depression was decreased in diabetic adolescents after psychodrama therapy.

In measuring the effects of psychodrama, the evaluation of sessions is important because it gives information about the outcome of the counseling process (Lee, Kim, Jeong and Cho, 1997). Using the Session Evaluation Questionnaire, J. H. Lee (1998) evaluated all 10 sessions of her psychodrama group of juvenile delinquents and reported that depth and smoothness were rated high, especially in later sessions.

Research Questions

In this study, I sought to investigate the changes or process that participants acting as a protagonist experienced before, during, and after the psychodrama. In line with the previous studies on the effects of psychodrama that I reviewed, I developed the following research questions:

1. Are there significant differences in therapeutic factors and emotional changes between the protagonists and the audience?
2. As the sessions continue, do the treatment factors become different and do participants show emotional changes?
3. How do protagonists and the other group members evaluate the sessions differently?
4. How do participants evaluate the sessions?

Method

Participants

Participants were 12 adults (ages ranging from 22 to 46, $M = 30.4$), and the group consisted of 1 man and 11 women. Four were married, five were engaged in full-time work, four were college students, and three were engaged in home duties. There were 10 psychodrama sessions, and all 12 people participated in each session. Ten people took turns being the protagonist for one session each, while the remaining two people participated only as group members for all 10 sessions.

Measures

Therapeutic factors and their effects. To measure the therapeutic effects of the psychodrama, I administered two scales. The first scale (YTF) was originally developed by Yalom in 1975 to measure the various effects of psychodrama in each session. However, in this study, I used the TFS, which Yoon (1997) revised for the Korean sample based on Yalom's study, to measure the immediate aftereffects of each session. Yoon reported 13 therapeutic factors, whereas Yalom suggested 11 factors. Yoon divided two subscales (*identification* and *guidance*) into two subparts with the same items applied to the therapist and the client. Yoon's scale is a 13-item, self-report inventory. After each session ended, participants had to indicate in each of the statements how much they were helped, using 5-point Likert-type scales ranging from *not helpful* (1) to *extremely helpful* (5). In the present study, I found excellent internal consistency for Yoon's Therapeutic Factor Scale ($\alpha = .93$).

At the end of the last session, I administered the second scale, a Korean form of Therapeutic Factors, to assess the delayed outcomes of the psychodrama. This scale was another variation of Yalom's Therapeutic Factors (1975), which Chun translated into Korean two decades later for his study (Chun, 1995). The scale is a 60-item questionnaire that yields 12 therapeutic factors. I used 7-point Likert-type scales in my questions to the participants to learn which factors were most helpful. The scale demonstrated good internal consistency in this study ($\alpha = .90$).

Emotional effects variable. I assessed the emotional effects of psychodrama E. Y. using, Lee's (1991) EAQ. Lee developed the EAQ by selecting and revising relevant items from several previous studies (Gotlib & Meyer, 1986; John, 1988; Strauman, 1989). The EAQ is a self-reporting measure of two emotional dimensions, *disappointment* and *nervousness*, for which the participants report the degree to which each of 20 positive and negative adjectives describes their

mood, using a scale from *not at all* (1) to *extremely* (7). Cronbach's alpha for the EAQ total score and two subscales (*disappointment* and *nervousness*) were .93, .83, and .82, respectively.

Session outcomes variable. In this study, I used the SEQ to evaluate the general outcome of each session. Two subscales, *depth* and *smoothness*, comprise the SEQ. According to Stiles and Snow (1984), *depth* refers to a session's perceived power and value, and *smoothness* refers to a session's comfort, relaxation, and pleasantness. Each subscale is made up of five pairs of contradictory adjectives. Each pair was rated on a 7-point Likert-type scale. The alpha coefficient was .89 for depth and .85 for smoothness.

Program

I and three coleaders directed the psychodrama sessions. Each session included various dynamic activities, recognized for stimulating group members' spontaneity and creativity, and consisted of three stages—warming up, enactment, and sharing.

Procedure

To recruit voluntary participants, I had a poster advertising the Psychodrama for Self-Growth sessions placed in a counseling center for adolescents in Kwangju City, Korea, where the sessions were to be held. Twelve adults signed up for participation, and a total of 16 people, including the researcher and three coleaders, participated in the group of 10 sessions for 4 days. Each session lasted approximately 3 hr. To determine the therapeutic factor changes and the emotional effects of experiencing a protagonist role, I gathered the following three scores: before the participants acted as the protagonist (the before score), immediately after they left the protagonist role (the during score), and after attending the rest of the psychodrama sessions as a member of the audience (the after score).

Statistical Analyses

I used a paired *t* test to compare the differences between the protagonist group and the audience group. I conducted multiple regression analyses, especially linear and quadratic analyses, to describe the trend or process of the before-and-after experience of being the protagonist.

Results

The Therapeutic Factors of Psychodrama

The comparison of the protagonist group and the audience members. To provide a comparison between the two groups, the protagonists and the audience members, I used the paired *t* test. In Table 1, I show a significant difference in the therapeutic effects between the two groups ($t(9) = 6.55, p < .001$). That indicates that the protagonists found the therapeutic factors more helpful to them than the nonprotagonists did.

The trend before, during, and after the psychodrama regarding change in therapeutic factors. I obtained a trend analysis through multiple regression analyses to examine the change of the protagonists' experiences, assuming that the scores of the 12 therapeutic factors would be the highest during the psychodrama. I completed the analyses based on the scores that I and the coleaders gathered before, during, and after the psychodrama. I present the results in Table 2.

Table 3 contains the results of the quadratic trend analysis of therapeutic factors and indicates curvilinear therapeutic effects ($\beta = .46, p < .01$). The effect increased gradually, reaching its peak during the psychodrama and declining at the end of the psychodrama. That result means that even though the therapeutic factors had a significant effect, it was not sustained and did not increase again after the psychodrama ended. The linear analysis, however, did not show any statistically significant result.

The therapeutic factors that emerged in the psychodrama sessions. Using Yalom's Therapeutic Factors, I investigated the therapeutic factors. According to the findings, the most therapeutic factor is universality, followed in order by family reenactment, instillation of hope, self-understanding, and existential factors (see Table 4).

TABLE 1. Comparison of the Protagonist and the Audience Members

	<i>M</i>	<i>SD</i>	<i>t</i>
Protagonist	3.93	.30	6.55***
Audience	3.26	.18	

*** $p < .001$.

TABLE 2. Corrected Scores of the Therapeutic Factors Before, During, After Psychodrama

Session	Scores of the experience of protagonist role		
	Before	During	After
1	2.99	4.00	3.64
2	3.62	4.00	3.04
3	2.52	3.54	2.62
4	4.05	4.00	4.22
5	4.00	4.00	4.57
6	2.80	3.67	4.04
7	2.86	4.31	2.85
8	2.19	3.38	3.23
9	3.38	4.15	3.56
10	3.03	4.23	3.56

Note. The last person among the participants who acted as the protagonist did not have the after-experience score, so it was replaced by the average value of the other members.

TABLE 3. Comparison of the Protagonist and the Audience Members

Step	R^2	ΔR^2	β	SS	df	MS	F
Quadratic	.21	.21	.46**	2.43	1	2.43	7.63**

** $p < .01$.

Emotional Effect

The comparison between the protagonist and the audience. The participants completed the paired t test for a comparison of the emotional effect of the two groups. As shown in Table 5, I found a significant difference between the two groups ($t(9) = -2.66, p < .05$) and concluded that the experience of the protagonist produces emotional stability.

The trend before, during, and after the psychodrama regarding change in emotional effect. Assuming that the emotional effect would be highest when the participants experienced being the protagonist, I obtained a trend analysis through multiple regression analyses to identify the trend of the emotional effect. The completed analyses were based on three scores assembled before, during, and after the protagonist experience.

TABLE 4. Mean and Standard Deviation of the Therapeutic Factors

Factor	<i>M</i>	<i>SD</i>
Altruism	4.63	1.04
Group cohesiveness	5.15	.90
Universality	5.68	.86
Interpersonal learning—input	4.54	.98
Interpersonal learning—output	4.67	.72
Guidance	4.35	.85
Catharsis	5.05	1.02
Identification	5.09	.81
Family Reenactment	5.50	.83
Self-understanding	5.28	.87
Instillation of hope	5.48	.74
Existential factors	5.18	.93

TABLE 5. Comparison of the Emotional Effect Between the Protagonist and the Audience

	<i>M</i>	<i>SD</i>	<i>t</i>
Protagonist	2.52	.75	-2.66*
Audience	3.14	.25	

* $p < .05$.

I completed linear and quadratic trend analyses to identify the trend of the emotional effect of being a protagonist, based on the corrected scores of Table 6. Table 7 contains the significant quadratic and linear trend (Quadratic: $\beta = -.45$, $p < .05$; Linear: $\beta = -.43$, $p < .01$). The emotional effect increased gradually, but it was the highest during the experience of the protagonist role. The postexperience score of the protagonist role was significantly higher than the preexperience role.

Session Evaluation

The session evaluation of the psychodrama. I appraised the outcomes of the 10 sessions. I observed a significant difference between the protagonists and the audience through a paired t test (see Table 8). From the test, I concluded that the participants who experienced the protagonist role evaluated the ses-

TABLE 6. Corrected Scores of the Emotional Effect Before, During, and After Psychodrama Sessions

Session	Scores of the experience of protagonist role		
	Before	During	After
1	3.20	1.40	1.90
2	3.73	2.15	2.96
3	4.46	3.40	3.36
4	2.58	3.65	2.39
5	2.58	3.65	2.92
6	3.05	3.15	2.98
7	4.39	1.50	3.25
8	3.33	2.70	3.02
9	3.34	2.50	2.73
10	3.38	2.15	2.73

Note. Because the last protagonist could not report the "after" score that was collected after the experience of being audience member right after the protagonist experience, the score was replaced by the average of the other protagonists.

TABLE 7. Results of Two Trend Analyses on the Emotional Effect

Step	R^2	ΔR^2	β	SS	df	MS	F
1. Quadratic	.20	.20	-.45*	3.21	1	3.21	6.99*
2. Linear	.39	.19	-.43**	6.19	2	3.01	8.45***

* $p < .05$. ** $p < .01$. *** $p < .001$.

TABLE 8. Comparison of the Session Evaluation Between the Protagonists and the Audience

	M	SD	t
Protagonist	1.93	.47	-6.86***
Audience	2.89	.27	

*** $p < .001$.

sions as being deeper and smoother than those in the audience role did ($t(9) = -6.86, p < .001$).

Discussion

In this study, I assessed the immediate and the delayed effects of being the protagonist in psychodrama sessions. From the findings of this investigation, I concluded that the experience of being the protagonist influences the therapeutic factors and their effects, the emotional effects of psychodrama, and the evaluations of the sessions. The experience of being the protagonist helps the protagonists to be absorbed in their problem situations more directly and intensely than the audience members are because they are acting them out rather than just talking about them (Moreno & Moreno, 1969). In the present study, the protagonists experienced the therapeutic effects more deeply than the audience members did. According to the trend analyses about how the therapeutic effects changed, a curvilinear trend was evident, which I concluded meant that the therapeutic effects were highest during the experience of being the protagonist. The effects increased gradually before the participants became a protagonist and decreased right after they left the role. Because there was no significance in the linear trend analysis, I concluded that it is uncertain whether the effects would continue later on.

The most meaningful therapeutic factors that were reported by the participants were universality, family reenactment, and instillation of hope. That finding is partially congruent with research in which the participants were part of self-help groups for people who were widows, parents who had lost their children, activists for women empowerment, and cardiac surgery patients (Lieberman & Borman, 1979). Universality, guidance, and altruism were the most powerful therapeutic factors for those groups. In another study, J. H. Lee (1998) found results that were analogous. Lee reported in her study of Korean juvenile delinquents that the most therapeutic factors were family reenactment, group cohesiveness, self-understanding, existential factors, and universality.

After evaluating the emotional effects, I concluded that the experience of being the protagonist enhanced the participant's positive emotions. That is consistent with other studies that suggest that protagonists experience emotional catharsis through deep emotional absorption and intense emotional expression. Catharsis is achieved by releasing suppressed feelings and leads to a therapeutic understanding (Blatner, 1988; Moreno & Moreno, 1969; Nicholas, 1984). Trend analyses of this study proved that the emotional effects lasted until the end of all the sessions.

The protagonists rated the outcomes of the sessions higher than the audience members did. That finding was identical with the study on outcome of psychodrama sessions (J. H. Lee, 1998).

After assessing the results of this study, I developed several suggestions for further studies. First, it is essential to compare the control groups with the psychodrama groups so that the researcher can better clarify the effects of psychodrama. Second, it is necessary to study the characteristics of psychodrama, such as the characteristics of the director, the audience, and the topics of the sessions. With these studies, researchers can contribute to the identification of the indigenous features of psychodrama. As my final suggestion, I urge researchers to investigate the delayed effects of psychodrama through an evaluation of the follow-up sessions.

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KWANG-WOON KIM is a professor in the Department of Social Welfare and the director of the Student Health Counseling Center at Kwangju Health College, Kwangju, Korea. His mailing address is Kwangju Health College, Shinchang-Dong, 683-3, Gwangju, 506-701 Korea. His e-mail address is kwkim@kjhc.ac.kr.

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New Paltz, NY 12561
phone: 845-255-7502
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