Expression Circle Group: Incorporating Psychodrama Toward Empowering Sexual Assault Survivors

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It is well-established in clinical practice and through various research studies that sexual assault survivors can suffer from chronic posttraumatic stress disorder (PTSD) symptoms. Numerous interventions have been developed to assist those who struggle with PTSD post–sexual assault; however, no modalities have been developed that incorporate a combination of restorative justice disclosures toward increasing survivor empowerment with elements of psychodrama reenactment. This feasibility study explores a person-centered small-group interaction that allowed survivors and volunteer male "allies" to work together through unresolved painful emotions utilizing elements of psychodrama. The allies agreed to support women "survivors" who reported a history of past sexual assault through their participation as listeners of the survivors' disclosures during a one-time encounter called an "expression circle" group meeting facilitated with a psychodrama therapist. Our study used a pretest and posttest design that measured survivors' responses ($n = 9$), each of whom was referred by their community counseling providers to the meeting. Measurements included instruments that focused on empowerment, distress, and PTSD. Findings suggest that survivors reported significant increases in empowerment scores, decreased guilt, and reduced distress scores at posttest. By better understanding the impact of innovative techniques that include a psychodrama structure, these preliminary findings may contribute to further group alternatives available to practitioners treating sexual assault.

KEYWORDS: Sexual assault survivors; PTSD; psychodrama; empowerment; restorative justice.

An estimated 21% of adults in the United States have experienced a traumatic event, and at least 5% develop posttraumatic stress disorder (PTSD; Perrin et al., 2014). Of those who report trauma, sexually abused women were found to have the highest risk of developing PTSD (Perrin et al., 2014). Other

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studies find similar results among sexual assault survivors of PTSD, specifically a prevalence of lifetime traumatic stress outcomes (Margoob et al., 2008; Resnick et al., 1993; Smith et al., 2017).

Available therapies for treating sex assault and subsequent PTSD vary from client-centered individual modalities to group interventions. Within group interventions, restorative justice (RJ) studies incorporate survivor/perpetrator interactions, which have been found to be helpful; specifically, survivors reported emotional shifts toward empathy and understanding (Sherman et al., 2014), and group meetings (in spite of intense emotional expression) boost emotional energy among survivors (Strang et al., 2006).

A multitude of PTSD therapies have been developed, addressing different aspects of the posttraumatic struggles experienced by survivors; some interventions include encouraging survivors to confront their avoidance of memories, which if not addressed, can maintain past fears and effect future relationships (especially among sexual assault survivors; Foa, 2000). Traditional exposure therapies are demonstrated to be effective but also have their limitations, including high attrition rates among PTSD clients (due to the pervasiveness of PTSD avoidance among survivors and the lack of context for methods such as systematic desensitization; Markowitz & Fanselow, 2020). Nonetheless, nonexposure interventions do exist that encourage confronting avoidance, which may allow for survivors to move toward a process of recovery. One example of an established and effective PTSD intervention is acceptance and commitment therapy (Orsillo & Batten, 2005) along with other studies finding that survivors feel safer and empowered to share their stories within a supportive environment (Ullman & Townsend, 2008; Umbreit et al., 2004), thereby no longer avoiding their memories of traumatic events.

Studies examining victim-centered healing discuss effective RJ interventions to assist trauma survivors with their healing, especially in group therapy sessions (Stubbs, 2010; Walker & Greening, 2010); however, no studies examine utilizing a combination of psychodrama techniques with RJ models that provide a means of addressing the deficits noted with victim–offender RJ interventions (van Wormer, 2009). Thus, the current authors created a structured "intervention" by combining models from RJ interventions and group psychodrama facilitation to provide a healing and recovery opportunity that allows survivor disclosures to nonoffending allies.

Literature Review

Empowerment

Herman (1998) describes a common characteristic of PTSD as feeling disconnected from others, feeling disempowered, and the importance of sexual assault survivors to receive social acknowledgement, support, a sense of power/control within their lives and to have opportunities to share their stories in their own way in a setting of their own choice and a need to control potential reminders of their traumatic events (Herman, 2003).

Therefore, it may be considered that empowerment is a component of PTSD recovery. Empowerment research is closely aligned with feminist theory and focuses on oppressed populations due to their disenfranchised status within society (Haswell et al., 2010; Kasturirangan et al., 2004). Numerous studies on empowerment based on group-based interventions demonstrate outcomes that included survivors' increased ability to feel more in control over themselves and their environment (Kasturirangan et al., 2004; Wright et al., 2010). Within empowerment research publications, there has yet to emerge a unifying definition (Haswell et al., 2010; Wright et al., 2010). One definition describes empowerment as "the mechanism by which people, organizations, and communities gain mastery over their lives" (Rappaport, 1984). East and Roll (2015) observe that disempowerment can hinder an individual's emotional growth, relational selves, and ability to advocate due to systematic subjugation.

Empowerment-based interventions vary depending upon client and practitioner culture as well as the varied definitions of empowerment (Haswell et al., 2010; Wright et al., 2010). Ullman and Townsend (2008) find that efficient processes can be either education- or experience-based by qualitatively measuring advocates' responses regarding their use of experiential modalities. These authors find that efficient interventions allowed reenactment by survivors to disclose their own narrative of their incident and focus on the felt "empowerment" as the outcome for treatment (Ullman & Townsend, 2008). Experiential empowerment studies in the literature include RJ interventions that focus on shifting disempowered survivors toward empowerment (Sherman et al., 2014; Strang et al., 2006; Stubbs, 2010; Walker, 2010).

Restorative Justice

Restorative justice directly addresses existing and unequal power dynamics ("nondomination") and is a strengths-based intervention allowing victimized people a safe place for their stories to be heard nonjudgmentally (Stubbs, 2010). Numerous RJ interventions are facilitated as nonjudgmental groups, are grounded in indigenous practices, and provide the potential for a paradigm shift between victims and their offenders; these elements of the interventions allow the oppressed to share their stories. Parallel to RJ interventions, feminist standpoint theory provides a vantage point of issues from women's perspectives, including the following values: reliance on a woman's personal narrative for truth-telling, a focus on choice and having options, accepting a holistic/nondichotomous view of reality, understanding of the nature of power that gender plays in society, emphasizing personal empowerment, and enhancing one's own dignity and worth (van Wormer, 2009). Standpoint theory emphasizes the perspectives and "voice" of women, whereas RJ addresses the emotional and physical harm experienced rather than the offense (Stubbs et al., 2010). Both RJ and standpoint theory focus on truth-telling through personal narrative (van Wormer, 2009). Referencing different models of RJ, the current study adopts elements of two: victim–offender conferencing and healing circles. The latter (healing circles) has similar outcomes to indigenous interventions, such as Maori family group conferencing, Native American healing circles, and

Hawaiian Hoʻoponopono (Pukui et al., 2002; Walker & Greening, 2010) and provides (through a structured process) an opportunity for survivors to communicate and heal (van Wormer, 2009). Specifically, Hoʻoponopono is a native Hawaiian protocol focused on community healing "to make right" or "the sum total of many parts" when a mediator encourages participants to express (ʻoiaʻiʻo) "sincerity of feelings" and "the essence of truth," painful thoughts, and full expression of emotions (Pukui et al., 2002, pp. 70–73).

As a victim-centered intervention, RJ provides a potential paradigm shift between victims and their offenders, which occurs within group meetings, bringing about "collective effervescence" (or intense group emotions), which provides an "emotional contagion" contributing to long-term increased emotional energy and long-lasting effects (Strang et al., 2006). A majority of victims in RJ studies find a shift by survivors toward empathy and understanding for their offenders (Sherman et al., 2014; Strang et al., 2006; Stubbs, 2010; Walker & Greening, 2010).

Several studies also suggest RJ can be effective toward survivor satisfaction (Strang et al., 2006; Umbreit et al., 2004), reducing the effects of psychological harm (Sherman et al., 2014), and a positive correlation between participation in RJ interventions with healthier emotional outcomes (Umbreit et al., 2004). However, challenges of RJ include a potential failure to recognize the victimization of a survivor (especially if an offender becomes perceived as a victim as well; Stubbs, 2010; van Wormer, 2009) or failure to acknowledge that victims' fear of anticipated dialogue with their offenders is very high prior to mediation meetings (Strang et al., 2006). Umbreit et al. (2004) also discuss studies in which the process was not fully satisfactory for victims due to situations in which offenders would not participate or are inaccessible due to death, age, illness, or geographical separation. Assisting survivors toward healing is limited by who facilitates the RJ conferencing and the willingness for offenders to participate, which may result in an outcome that potentially backfires, once again creating avoidance by survivors opting out due to anticipatory fears of retaliation or retraumatization.

Restorative justice interventions with interpersonal violence may be inappropriate and worsen relationships if conducted within patriarchal cultural systems with little or no guidance from domestic violence advocates (van Wormer, 2009).

Group Psychodrama

Currently, there are no publications that discuss an alternative method of engaging in RJ: the option of adjusting victim–offender RJ conferencing to substitute the actual offenders with stand-in listeners who role play. Replacing a victim's offender with a nonoffending stand-in may offer an opportunity to transform previously long-standing emotional experiences to be restructured through a supportive experience that includes positive mirroring or transference while simultaneously minimizing future retaliation or retraumatization toward a survivor. This is consistent with the healing of transference discussed in self-psychology theory, which defines a corrective experience with transference with

a safe person being a vehicle, such as a therapist, to repair relational conflicts (Havens, 1980; Ornstein & Ornstein, 1980).

Borrowing major components from psychodrama might address the limitations presented with victim–offender RJ conferencing. Psychodrama provides a structured mode of therapy that explores an individual's trauma by enacting or reenacting situations that bear intense feelings (Kipper, 1998) and offers clients opportunities to approach painful memories from a position of safety and strength (Kipper, 1998; Naar et al., 1998). The intensity of psychodrama is found to help integrate newly created and cognitively reframed memories (Naar et al., 1998). Core components of psychodrama include role-playing of the protagonist (or lead character) expressing toward a "containing double," which symbolizes a psychological holding space or an intended place of transference that has the potential to process a client's unmet needs (Casson, 2004).

Components of psychodrama, such as an RJ intervention, provide opportunities for survivors to express their memories in a safe and supportive way while facilitating healing through intense reliving of a past event. Two studies find a majority of adolescent female survivors participating in psychodrama groups reported increased inner strength, personal empowerment, and increased self-confidence as well as decreased depression symptoms (Avinger & Jones, 2007; Fong, 2006). Other studies find that utilizing the creative methods of psychodrama can help reduce death anxiety and fear among adolescents dealing with sudden death of classmates (Testoni et al., 2021). In addition, Mardi et al. (2020) conducted a quasi-experimental study comparing psychodrama, reminiscence therapy, and rational emotive behavioral therapy (REBT) with three groups of older adults. Their results find that, among the three treatments, psychodrama demonstrated the most impact on reducing death anxiety as compared with REBT and reminiscence therapy (Mardi et al., 2020). Within psychodrama publications, only one case study is found that discusses psychodrama as a means of RJ. Naar et al. (1998) describe a nine-week psychodrama group for adult women sexual assault survivors and detail how—after a group member role-played confronting her psychodrama "perpetrator" from a stance of control and support—she was able to assertively communicate repressed emotions.

Therefore, the current feasibility study investigates the outcomes of a one-time, short, group intervention in which women clients who self-reported previous abuse from men are given the opportunity to experience the RJ framework in a controlled psychodrama group in which role-playing, prescreened, nonoffending males hear each survivors' repressed thoughts and feelings expressed within the group meeting.

This study intended to answer the following two research questions: (a) Does a survivor-focused group intervention (that includes psychodrama structure and integrates nonoffending males; allies) increase a survivor's reported empowerment, inner peace, and self-capacity? We hypothesized that between pretest and posttest, survivors' empowerment, inner peace, and self-capacity subscale scores would increase as measured by the Growth and

Empowerment Measure (GEM) and the empowerment scenarios subscale scores would increase. (b) Does substituting nonoffending males (allies) as recipients of survivors' emotional expression during a three-hour, focused group intervention impact survivor participants' distress scores and PTSD symptoms? We anticipated that survivors' reported PTSD symptoms and distress scores would decrease from pretest to posttest after participating in a victim-centered, three-hour, focused group.

Method

Research Design and Approach

This study was a pretest/posttest, feasibility case study that was facilitated in one meeting within an urban city in Hawai'i. The independent variable was the group intervention that the authors developed and named "expression circle," which met only once to allow survivors an opportunity to openly communicate past pain within a structured and supportive environment. The dependent variables for the survivor participants were empowerment, inner peace, self-capacity, distress, and PTSD symptoms; empowerment, inner peace, self-capacity, distress, and empathy for "ally" participants. These outcome variables were measured using the dependent measures described as follows.

Sample

Participants were recruited using purposive and snowball sampling. There were two groups of participants for this study: sexual assault survivors and nonoffender allies.

Survivor Participant Recruitment

Due to the focus of this study, participants were recruited through notifications and e-mails distributed to social agencies, universities, and private practices explaining the purpose of the expression circle meeting, participant inclusionary criteria, and contact information. Subjects who opted to contact the researcher were provided additional information and agreed to the informed consent. Psychotherapists referred their clients to the expression circle to provide a supplemental experiential modality to their individual recovery process. The referral process to the study group for therapists' interested clients included a letter from their therapist verifying the survivor's recovery commitment and stating support for their participation through a verification of therapy form (created for this study). Participants who signed informed consent were scheduled to meet with one of the researchers for an informational interview. Specific inclusionary criteria for survivor participants included being older than 25 years, self-reported past significant harassment and/or abuse by men, currently in psychotherapy recovery work for past abuse (for a minimum of six months), an agreement to be clean/sober for 24 hours before and after the expression circle, access to a healthy environment after the group meeting, and a

willingness to receive a follow-up call by facilitators within 24 hours after the group session.

Ally Recruitment

The entire ally sample group consisted of members of the nonprofit ManKind Project (MKP), a global organization that focuses on male self-awareness and self-growth. Each ally participant was a nonoffending man who was willing to be a representative for participant "expressions" (e.g., to be a nonjudgmental listener about a past offender's transgressions) and who had an existing support network through the MKP and other sources.

Exclusionary criteria included a history of untreated emotional/psychiatric issues, currently abusing drugs (including alcohol), were unsupportive of sexual assault recovery efforts by survivors, and/or had suicidal/homicidal thoughts (within the past six months). Due to the nature of the study and intervention, self-report regarding the above was considered acceptable.

An equal number of allies were recruited to match the sample of survivors. There were nine survivors and nine allies who met the inclusionary criteria and consented to the study.

Procedures

There were six primary stages of the current study (see Figure 1). The stages included (a) the initial recruitment through therapist networks via e-mail and (b) in-person screening of survivor participants for consent and proof of inclusionary/exclusionary criteria met. During this meeting, survivors individually completed their pretest measures after they consented to the study. (c) Allies completed the informed consent and measures during an MKP group meeting, which one of the authors attended (to answer any questions). Both groups of participants completed their pretest measures before attending the intervention. All measures and surveys were read aloud if needed. This was followed by (d) application of expression group intervention (three hours) and (e) completion of posttest measurements. To ensure confidentiality, all data gathered and recorded were deidentified and coded for eventual data analysis. Last, (f) a follow-up phone call from the primary investigator ensured both survivors and allies safety 24 hours following the group.

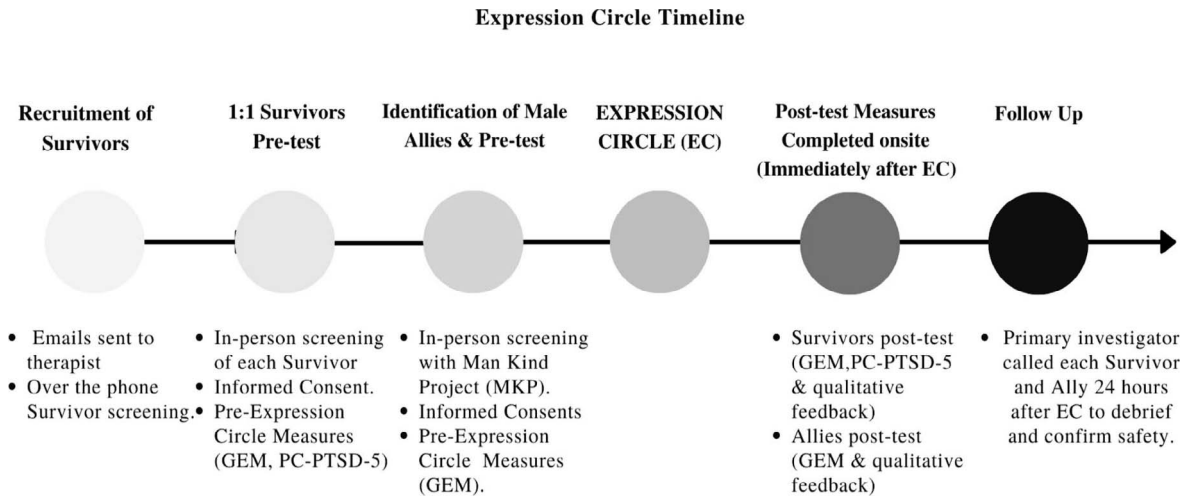
Dependent Measures

Both groups were measured on four different questionnaires prior to the expression circle meeting and immediately afterward. The GEM as a dependent measure was used with both groups, and one PTSD measure was used with the survivor subjects, whereas an empathy measure was used with the ally subjects. The shared outcome measures (GEM) focused on empowerment and interpersonal distress.

Growth and Empowerment Measure. The GEM is a 27-item Likert scale that measures empowerment and distress and is deemed appropriate for use among multicultural subjects because it includes clear, simple questions (with photos). The GEM consists of three subscales: the emotional empowerment scale, feelings scale, and everyday thinking scale (core empowerment scenarios; Haswell et al., 2010). Each subsection of the GEM is intended to measure a

Figure 1

Research Timeline of Stages of Expression Circle Study



person's self-reported well-being and participants' (happy and angry) feelings ranging from distressed to empowered. The emotional empowerment scale scores range from 14 to 70 with 14 suggesting hopelessness and 70 indicating "being hopeful" and "feeling knowledgeable" (Haswell et al., 2010, p. 794). Unlike the emotional empowerment scale, self-capacity and inner peace are not scored within the GEM as separate measures. These areas are calculated through specific items within the GEM empowerment questionnaire. Due to the relevance of self-capacity and inner peace toward survivor recovery, it was decided that these areas would be analyzed similarly to the larger emotional empowerment scale. Self-capacity was measured using four items (range 4–20) and inner peace was measured using eight items (range 8–40), and the full emotional empowerment scale within the GEM is 14 questions with two questions that are not included in either inner peace or self-capacity subscales.

The GEM measure also integrates the established Kessler Distress Scale (Kessler et al., 2002) as a subscale for distress plus two questions. The developers of the GEM opted to add two emotion-focused questions in the Kessler Distress Scale based on past research of aboriginal health surveys, which found a need to measure both emotions and symptoms of distress. The Kessler Distress Scale alone display high internal reliability in measuring distress (Cronbach's $\alpha = .85$; Haswell et al., 2010). Upon requesting access to the measure, the author of the GEM (Haswell) recommended to the current study researchers to use a shortened version of the subscale everyday thinking, which included six (of the 12) core empowerment scenarios (that measure functional aspects of empowerment), which was considered appropriate for the purposes of this study. According to Haswell et al. (2010), a participant's high score indicates a feeling of confidence in creating the future while a low score indicates disconnectedness and helplessness.

The GEM has been psychometrically tested for reliability and is found to have acceptable internal consistency (Cronbach's $\alpha > .7$; Haswell et al., 2010). Both the GEM subscales for emotional empowerment (Cronbach's $\alpha = .75$) and everyday thinking (core empowerment scenarios; Cronbach's $\alpha = .85$) demonstrate strong internal consistency (Haswell et al., 2010). In addition, the three subscales show strong intercorrelation, the closest correlation being between the emotional empowerment and everyday thinking scales ($r = .78$; Haswell et al., 2010).

Primary Care PTSD Screen (PC-PTSD-5) for the *Diagnostic and Statistical Manual of Mental Disorders,* Fifth Edition (DSM-5). In the current study, only survivors were measured preintervention and postintervention with the PC-PTSD-5 to assess for the presence of trauma symptoms. The instrument has five items to diagnose probable PTSD according to the criteria outlined in DSM-5 (American Psychiatric Association, 2013). The measure requires a "yes" or "no" response on five items relating to current traumatic stress symptoms of recurring memories or nightmares, hypervigilance, detachment, avoidance, and guilt/blame. The sum of PC-PTSD-5 scores (number of "yes" responses) indicates the presence of PTSD symptoms reported with a score of three or more suggesting "optimally sensitive to probable presence of PTSD" and a score of

four or more indicating an "optimally efficient presence of PTSD" (Prins et al., 2016). Although the measure was originally created for the military, it is also found to be appropriate for use among civilians with acceptable internal consistency (Cronbach's $\alpha = .54$; Steele et al., 2014).

Expression Circle Meeting

The development of the expression circle's six stages were inspired by RJ practices and indigenous healing circles and Ho'oponopono, and aspects of psychodrama (J. L. Moreno, 1946; Ron & Yanai, 2021). Each of the six stages in the expression circle included specific rules, group discussions, and experiential exercises that had a structured, facilitated process established to maximize emotional safety for all participants. Licensed counselors as well as a certified psychodrama therapist were present throughout the meeting.

The expression circle included the following six stages:

Stage 1 was focused on introductions and a list of agreements and safety rules that all subjects read and confirmed.

Stage 2 separated the female survivors from the allies and incorporated a focused narrative exercise to assist with honest and sincere communications (e.g., survivor: "I'm afraid that you wouldn't think I was a survivor if you knew…" and ally: "Being a man means…").

Stage 3 brought the entire group together with the role-playing part of the intervention (e.g., female survivors selected one of the allies to represent their offender and fully expresses her feelings about past betrayal). This was structured with each female survivor volunteering to proceed, and the monologue was facilitated by a certified psychodrama therapist. The allies were asked to "hold the space" and not speak but allow an opportunity for survivors to express their feelings. As yet another layer of safety, survivors' expressions were limited to three minutes each.

Stage 4 focused on de-roling the allies, consistent with the psychodrama group framework. For this stage of the intervention, there were two circles with survivors on the outside and allies on the inside, and the allies rotated positions to be de-roled by every survivor. De-roling is a process or conversation that takes place in psychodrama therapy after a role-play to identify separation and present moment reality from the projection and identity of the "containing double" (J. J. Moreno, 1999). Therefore, the de-roling stage allowed allies to identify themselves as separate from the offenders and intentionally explain to the survivors their personal experience as a nonoffending male.

Stage 5 split the sample into two mixed groups made up of both survivors and allies for group processing and discussion. Each group was led by a facilitator and focused on participants' feelings and thoughts.

Stage 6 included all subjects and all facilitators to participate in a "closing circle," which asked each person to say one word that expressed how they felt after the intervention. A closing statement was read, and a closing breath was guided by a facilitator.

Table 1
Survivors' Preexpression and Postexpression Circle Meeting

	Mean	*SD*	*t*	*df*	*p*	Cohen's *d*
Pre–emotional empowerment	50.4	12.68				
Post–emotional empowerment	55.2	10.17	4.38	8	.002	.42
Pre–self-capacity	14.66	3.74				
Post–self-capacity	16.88	3.33	6.09	8	.000	.63
Pre–inner peace	28.22	7.21				
Post–inner peace	30.55	5.25	3.06	8	.016	.37
Prescenarios	29.66	8.53				
Postscenarios	32.11	8.07	1.38	8	.205	.30
Predistress	18.44	6.04				
Postdistress	16.22	4.69	−2.26	8	.054	.41
Pre-PTSD	3.89	1.05				
Post-PTSD	3.11	1.69	−2.13	8	.065	.55

Note. GEM empowerment, self-capacity, inner peace, scenario, and distress subscale analyses and PC-PTSD-5 scores. Premeans and postmeans, *t* test, and Cohen's *d* outcome scores. Bonferroni adjusted $\alpha = 0.01667$.

Results

Survivor subjects were recruited through psychotherapists in the local community, and allies were recruited with a matched number of participants through a local MKP community group. Both groups were measured on the dependent measures prior to the expression circle meeting (most of whom completed the measures a week prior), and all participants completed the measures immediately after the three-hour intervention.

The demographic characteristics of the survivors included all female subjects with ages ranging between 25 and 60 years old, five of whom were between 25 and 35 years old at the time of the study. Out of the nine survivor participants, three identified as Native Hawaiian and three as Caucasian, and the other three were each self-identified as Asian, Native American, and Asian Indian.

Data Analysis of Outcome Measures

GEM: Empowerment, Inner Peace, Self-Capacity, and Empowerment Scenarios

Our first hypothesis was that scores between pregroup and postgroup emotional empowerment, inner peace, and self-capacity GEM subscores would increase. A paired samples *t*-test was conducted with each sample group's scores to observe any differences from GEM pretest to posttest measurement. Due to the six *t*-tests being conducted with a small number of subjects (five with the GEM subscales, one PTSD measure), a Bonferroni technique was conducted to calculate an α-level that would reduce our risk of making a type-1 error. The Bonferroni α-level used for statistical significance was 0.01667.

Table 1 shows that emotional empowerment mean scores prior to the intervention were 50.4 ($SD = 12.68$), suggesting that six of survivors had strong emotional empowerment (a score of 50 and higher) prior to the intervention.

Post–emotional empowerment scores (immediately after the intervention) found that survivors reported mean scores of 55.2 ($SD = 10.17$), slightly higher, and that eight scored 50 or higher. A paired-samples t-test found statistically significant differences between pre– and post–emotional empowerment scores ($t = 4.38$, $df = 8$, $p = .002$) with survivor-reported empowerment increasing with a small effect size (Cohen's $d = .42$).

Similar findings were observed with paired-samples t-test analysis with premeasure and postmeasure of self-capacity mean scores increasing between both measurement time periods ($M_1 = 14.66$ and $M_2 = 16.88$), which was statistically significant ($t = 6.09$, $df = 8$, $p = .000$) with medium effect (Cohen's $d = .63$). Premeasurement and postmeasurement of inner peace mean scores also increased after the intervention ($M_1 = 28.22$ and $M_2 = 30.55$), which just met statistical significance with the Bonferroni corrected α-level ($t = 3.06$, $df = 8$, $p = .016$) with small effect (Cohen's $d = .37$).

Survivors' PC-PTSD-5 and Distress

Our second hypothesis was that survivor scores between pregroup and postgroup distress and PTSD scores would decrease. Data analysis included survivors' scores from the PC-PTSD-5 and Kessler distress scale within the GEM using a paired-samples t-test of premean and postmean scores.

As part of the overall GEM measure, Table 1 shows that survivors' predistress and postdistress mean score differences decreased slightly, but there was no significant difference ($M_1 = 18.44$, $M_2 = 16.22$, $t = -2.26$, $df = 8$, $p = .054$). Nonetheless, the distress scores' effect size revealed a small effect (Cohen's $d = .411$), which is promising for a one-time intervention.

Although not statistically significant, survivors' PTSD scores decreased slightly from pretest total mean scores ($M = 35$) to posttest ($M = 28$). However, the most compelling observation from the PC-PTSD-5 measure was that nine out of nine (100%) reported "yes" to feelings of guilt (In the past month, have you felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the events may have caused?), and four of the nine survivors (44%) indicated "no" to this question at posttest. It is also noteworthy that detachment (In the past month, have you felt numb or detached from people, activities, or your surroundings?) increased from six (67%) survivors prior to the expression circle group reporting "yes" to seven (78%) afterward.

In addition to the quantitative findings, a feedback form was provided for subjects to write comments after the expression circle gathering. This form allowed for comments to be shared by survivors and allies with an open-ended question: "What impact, if any, occurred for you as a result of this intervention?" The responses to this question included statements from survivors such as, "I feel relieved. I feel hopeful I am able to trust men I don't know. I feel like a weight has been lifted. Cathartic release. I was finally able to say what I was never given a chance to. So much freedom." Another stated, "I realize areas of myself I need to connect more with in my healing process by allowing others to hear me without fear of judgment. I was impacted by the expression of the men who participated—very powerful." These and other subjects' responses from the feedback form suggest that a sense of

emotional release, hope, and compassion were consistent across both participant groups. The feedback also reflected no reported negative experiences or distress. These responses confirm the quantitative results of the study and warrant a more systematic qualitative study in the future.

Data was gathered on the allies; however, it is beyond the scope of this paper to share this information extensively due to the focus of this report on the survivors. However, it bears stating that among the allies' posttest measurements, there was no reported disempowerment or distress. In addition, the allies reported increased empowerment scores from the GEM posttest outcome measure, which is a similar finding as the survivor participants. The ally participant findings suggest that the participating nonoffending males experienced no secondary trauma and increased empowerment after the expression circle gathering.

Discussion

This study hoped to determine the feasibility of an intervention that blended components of psychodrama with social justice therapies and developed a structure to provide "stand-in" allies for survivors to share about their emotional turmoil. The intervention involved structural elements from psychodrama, such as role-playing and de-roling, which allowed survivor subjects and allies to be safely guided through the process. Outcome measures were selected that took into consideration the cultural diversity of the subjects.

Observations with the current pre/post study found that both our hypotheses about outcomes were supported with this small study: survivors did shift in their levels of distress (reduced) and empowerment (increased), and retraumatization did not occur after the one-time meeting. Similar to findings in Umbreit et al. (2004), our outcome observations found that survivors' satisfaction increased after they had an opportunity to express their true feelings. The current study also notes consistent findings from other studies, suggesting the expression circle may have positively impacted survivors' ability to advocate for themselves (Herman, 1998), increased their empowerment, inner peace, and self-capacity and offered an experiential opportunity for survivors' reenactment that resulted in reported increased levels of empowerment and control (Ullman & Townsend, 2008).

Although reported changes in PTSD were not statistically significant in our study, our findings did include a noticeable change in the frequency of reported survivor's guilt. And, as reported guilt decreased, the survivor subjects' detachment also increased. This outcome could be due to the cathartic nature of the intervention and the vulnerability of sharing their stories in a group setting as well as the need for increased emotional withdrawal after an intense encounter.

An unanticipated finding included the observed decrease in survivors' reported distress scores with a statistically significant moderate effect. Our findings may suggest that the expression circle, despite its level of intensity, could be a useful intervention when allies are invited to stand in as recipients of survivor disclosures, potentially reducing the potential for retraumatization.

Limitations of the Study

As reviewed, the results provided support for the intervention's effectiveness; however, limitations of the methodology and sample size impact our ability to generalize our findings beyond our sample. First, postmeeting data collection was carried out only once, which provided us only one opportunity to collect feedback about the longer term impact of the intervention. Considering the novelty of the intervention and dependent variables, an additional posttest measurement (a week or more) after the intervention may have provided more informative results regarding changes in outcome scores.

In addition, another potential limitation was the use of purposive sampling. Survivor participants were all recruited by one of the authors through an established network of psychotherapists in the community. Had we sought out other practitioners through hospitals or outside of the local community, the observations within the current study may have resulted in different outcomes. The use of purposive sampling as well as time and resource limitations resulted in the authors not utilizing a control group or seeking a comparison group for the study, which is an added limitation from generalizability.

Another limitation due to sampling bias is that both groups of participants were previously involved in self-development: the survivors in a minimum of six months of individual psychotherapy and the allies as members of MKP. Ally participants were recruited through MKP, which means each ally had engaged in previous relationship work through MKP men's circles. Therefore, it's unclear whether male participants in an expression circle who are not members of MKP would have a different influence on the outcomes observed among survivors in the current study. A different recruitment and sampling process, seeking participants who had not committed to some ongoing self-reflective or healing process prior to the intervention, may have resulted in different outcomes.

There were limitations with the use of Likert-scaled tools to quantify an RJ-based intervention that is challenging to quantify. Interventions, conferences, and RJ methods, such as the expression circle, are rooted in storytelling and expression that were not formally captured as a part of the study. Therefore, qualitative data collection or a mixed methods design may have been better suited for understanding the observed outcomes from the expression circle.

Regarding instrumentation, the authors opted to use the PC-PTSD-5 due to the brevity of the measure, which, although it is a psychometrically tested instrument, provides dichotomous responses. Because the PC-PTSD-5 was given immediately after the intervention, the authors note the limited ability of the data analysis and level of PTSD severity. Because PTSD is a chronic mental health issue, measuring traumatic stress immediately after the intervention also does not accurately capture any changes regarding PTSD symptoms. The PC-PTSD-5 instrument, although it provided some validity in the research, provided limited feedback on changes in PTSD symptoms due to its limitation of five "yes" or "no" questions. For subsequent studies, a more viable PTSD measure, such as the PTSD Clinical List-5 (Weathers et al., 2013) is recommended as it would capture more fully a subject's PTSD symptoms as well as their severity. Using a more comprehensive measure assessing PTSD

would provide a more accurate portrayal of any change in reported pretraumatic/posttraumatic stress in the current study. Nonetheless, the PC-PTSD-5 measure in the current study was used to assess if immediate problematic symptoms increased as a result of the expression circle meeting and (as noted) were not observed.

Last, one of the authors was the person who provided both pretest and posttest measures as well as being present during the intervention group (as timekeeper). Therefore, the potential for response bias and social desirability responses during the posttest (while the facilitator and participants were still on-site after the intervention) may have impacted responses on questionnaires. Although the outcome results of this feasibility study demonstrate improvement for participants, given the experimental nature of the intervention and the small sample size, it is too early to make any generalized conclusions about this intervention.

Conclusions

The expression circle was a starting point to learn about the efficacy of a structured, experiential, client-centered, psychodrama-inspired group meeting. To the extent that this study's outcomes suggest a promising therapeutic option, practitioners working among multiethnic and underserved survivors could consider a similarly structured group meeting to allow survivor clients an opportunity to experience a level of social justice within a safe and therapeutic space.

Our results are promising in terms of elucidating how the integration of survivors with supportive males within a group meeting could have a positive impact, which opens an opportunity for future study to better understand contributors to outcome results and to refine the facilitation. Further inquiry may also explore this kind of structured expressive group meeting with other types of trauma and populations. Better understanding of innovative expressive group interventions may be needed and a welcome respite from the finite number of traumatic stress evidence-based protocols, which may not consistently further survivor recovery.

Through our feasibility study, we hoped to create a modality that combined the beneficial aspects of existing social justice interventions while incorporating structured psychodrama throughout a group meeting. The expression circle demonstrated emotional support for survivors, and given the chronic emotional burdens of survivor memories and disempowerment, any therapeutic opportunity that safely allows disclosure of past abuse while increasing a sense of self-empowerment may provide a viable supplement for survivors' recovery efforts.

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