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Psychodrama with the Institutionalized Elderly: A Method for Role Re-engagement

Kerry Paul Altman

Chronic institutionalization of elderly patients in hospitals, psychiatric centers and nursing care facilities is a major problem facing health service providers. The author presents a model for understanding this problem in terms of role reduction and role loss. A model based on psychodrama theory and practice is offered which provides a method for role re-engagement and reversal of institutionalized behavior patterns. A case study illustrating the application of this theory is presented.

The institutionalized elderly have traditionally been underserved by the health care delivery system (Hudson, 1978). In most settings such as nursing homes and psychiatric facilities, the elderly are seen as withdrawn, isolated and cut off from human and material resources. Theories such as disengagement theory have been offered as a model for understanding these behavior changes which occur in old age. The debate between disengagement and activity theory has been unflagging for several years. On one pole of this argument is the notion of withdrawal and disengagement as a natural part of the aging process. The opposite pole takes the position that involvement in life's activities as much as possible, and the maximum use of potential, is a model for healthy aging (Havighurst, 1971).

Psychodrama group psychotherapy provides a framework for exploring these models in terms of role reduction and potential role re-engagement. This paper will present a discussion of psychodrama and its use as a tool for enhancement of the experience of old age among institutionalized people.

Role Theory and Self-Concept

Before introducing the concepts of psychodrama theory and its specific applications to work with the elderly, a brief discussion of role theory is

necessary. J.L. Moreno, the founder of psychodrama, deviated from traditional self-concept theories when he proposed the idea that the concept of self emerges from the roles we play in life. To Moreno (1946), the infant is born initially with only psychosomatic roles (e.g., the breather, the crier, the eater, etc.). Eventually, through its interaction with its environment, the growing organism develops social roles in relationship to other members of its milieu. Psychodramatic or fantasy roles also emerge which help form the person's concepts of imagination, wishes and dreams. A normal, healthy person eventually develops a repertoire of roles with which to reciprocate other roles in the social environment. The concept of reciprocity is an important part of Moreno's role theory, for it states that roles exist only in relationship to other roles; no role exists without a reciprocal role. Roles, however, may be reciprocated through internal or fantasy processes, as in the case of schizophrenia or delusional ideation.

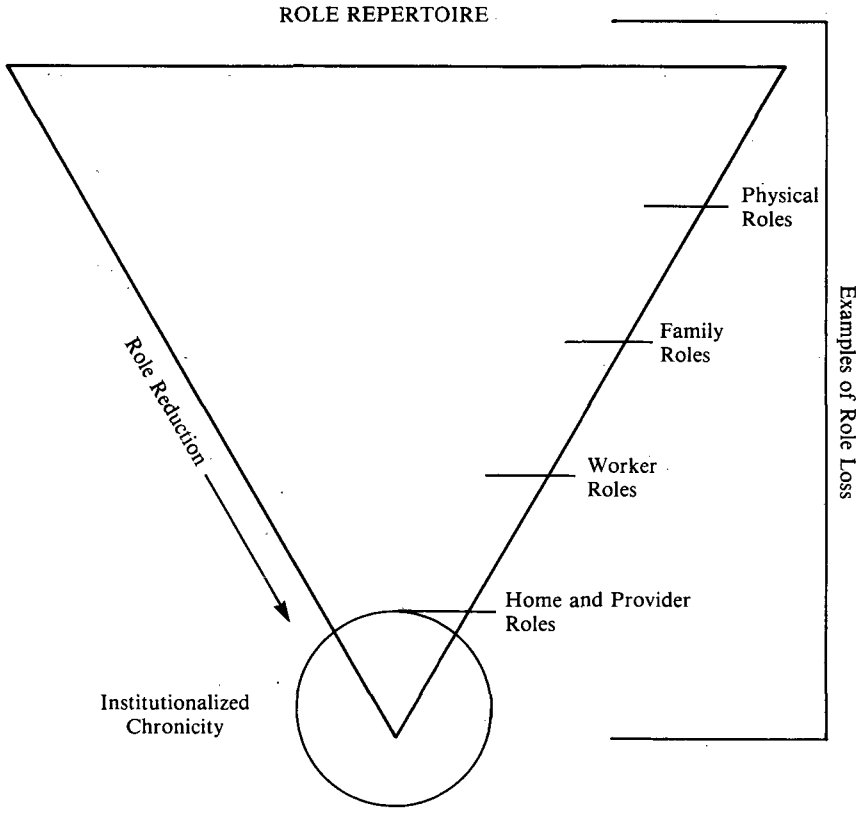
Old age can be conceptualized as a process of role reduction, or loss of roles. In developing from childhood through middle age, an average person has built a substantial role repertoire. At some point roles begin to diminish. This can be a result of the aging process, whereby certain physical functions (i.e., psychosomatic roles) begin to fade. It can be a function of time, as in the case of children leaving the home and taking with them the reciprocal correlate of the parental role. Or, the role reduction can be a function of society, as in the case of mandatory retirement, which rapidly removes a large number of self-validations related to the worker role.

The healthy older person makes adjustments to these role losses. While the volume of roles may be reduced, the elderly person living in society has a role repertoire large enough to maintain some social interaction (e.g., shopper, club member, volunteer, grandparent, etc.). The institutionalized elderly person, by contrast, may continue to experience more and more role reduction. When role loss becomes so advanced that the person is left with only a few role options, we have the condition referred to as chronic institutionalization. Chronicity, by this model, is not related to length of stay or length of incapacity. Rather, it implies an attitude and role set, which can be reversed. Figure 1 offers a picture of this concept.

The process of role education, therefore, can be seen as supporting disengagement theory. To the extent that society and the elderly person reciprocate roles leading to disengagement this may be true. However, we encounter in this a chicken-or-egg situation which questions whether it is society or the older person which starts the process of role reduction and disengagement.

A major element of psychodrama theory is the principle of spontaneity. Moreno (1953) defined spontaneity as "a new, effective and appropriate response" to life's issues, problems, and concerns. It is through spontaneity

Fig. 1: Role Reduction Leading to Institutionalized Chronicity



that humankind has evolved and adapted. It is likewise through spontaneity that individuals on a day to day basis find different approaches to life's obstacles.

Role reduction in the institutionalized elderly person may not be only the process of disengagement mentioned earlier. Rather, role loss may be seen as a reduction of spontaneity and creativity in the older person. Since increased spontaneity is a goal of all psychodrama interventions, the psychodramatic approach offers a method for reversing the process of role reduction and fostering re-engagement.

Psychodrama

The interactive quality of the group experience is one element which differentiates psychodrama from other forms of group psychotherapy. Group members are called upon to serve as therapeutic agents for one another, thereby contributing to a shared experience for the entire group (Moreno, 1946). Fundamentally, psychodrama is concerned with promoting growth and development rather than responding to pathology. This philosophical underpinning is related to the theory of spontaneity, which assumes that individuals have the capacity for finding novel, effective and appropriate patterns of behavior.

The form or structure of a psychodrama can be described in three phases: 1) The *warm up*, in which current group concerns are discussed and an issue for exploration is chosen. Frequently a protagonist for the session is also chosen during this stage. 2) The *action*, in which the issue or concern is brought to life in concrete, dramatic form; and 3) The *sharing*, in which group members are given the opportunity to express their personal connections and reactions to the session.

In many therapeutic psychodrama groups, the protagonist may experience catharsis through release of feelings for which he or she has had no previous outlet. The concept of catharsis in psychodrama involves not only a release of emotion, but an incorporation of new perceptions and cognitions. Following catharsis, the protagonist may be encouraged to find new spontaneous approaches to the problems presented in the session. With institutionalized elderly patients, sessions which focus on psychodynamic restructuring may be inappropriate or at least difficult without some basic exploration of the dynamics of the group itself. Drawing on his work with elderly patients, Buchanan (1981) stated that "while catharsis is an important goal in intensive psychodrama, the major goal is always to increase the spontaneity and creativity of group members as exemplified by the birth of new affective and behavioral roles."

Initial phases of a psychodrama group with institutionalized elderly will focus on issues of socialization, reduction of isolation and withdrawal. Before any personal therapeutic interventions can be attempted, a climate-supporting therapy must be established. Therefore, sessions directed in the early part of a group's history should focus on developing group cohesion and a sense of membership and group identity. One way to foster this atmosphere is to focus on experiences which are common to group members. Birthdays, cultural origins, previous jobs, and holidays represent issues which all group members can relate to, and which offer an opportunity for individuals to share a part of themselves as well as to learn a little about other group members. In institutionalized settings it is not uncommon for

people who have been living on the same ward or section for many years to be unfamiliar with the names of their peers. This lack of knowledge is often not due entirely to mental deficiencies or other organic problems. Often, patients have merely accepted the chronic institutionalized role which they have come to interpret as "a good patient is a quiet patient."

Role Re-engagement

A typical early session might focus, for example, on one patient telling a story about his name: whom he was named after, how his parents chose the name, or any other aspects which seem interesting. Other group members may be chosen to enact the scene, taking roles of parents and grandparents, going through the process of naming their child. It is possible that such a session could involve several short scenes or vignettes, providing an opportunity for several group members to express a personal aspect of their lives in action. The choice of relatively nonthreatening topics for these early action explorations can help group members develop a sense of ease with this approach.

In addition, these early sessions represent the beginning of role re-engagement. Group members begin to display in group interaction social roles which may have been dormant because they have not been reciprocated for some time. Initially, the psychodrama director may have to assume a more active role, directing questions and eliciting responses from group members. The director and therapeutic auxiliaries can place demands on group members by assigning roles which require assumption of a reciprocal role, thus fostering role re-engagement. For example, an auxiliary might assume an inquisitive role toward a quiet group member, asking a question which the member can answer. Or the leader might pose a general question to the group such as, "Where did you last live before coming here?" The leader can ask each group member in turn to respond to the question. Each response offers potential for forming connections within the group. For example, member A is from New York. The leader can ask "Who has ever visited New York?" From this line of questioning, a session can evolve, exploring, for instance, an imaginary tour of New York City with group members taking the roles of tourists, guides, etc. The idea is to foster communication, interaction and socialization. Through this interchange, members are encouraged to re-develop social roles to meet the role demands created within the session. The essential goal of this approach is to help group members activate roles which have been unused for some time.

Where the re-development of a specific role is impossible because of physical or mental impairment, finding appropriate role substitutes becomes the goal. For example, one patient in an on-going group was

hospitalized after the death of her husband. For more than 35 years her sense of self-worth had been tied to her role as homemaker, and the social shock of rapid role loss upon her spouse's death was a major factor in her hospitalization. She is presently suffering from a variety of physical disabilities and is wheelchair bound. While no amount of social or psychological intervention can restore her health, bring back her husband, or give her the homemaker role of former years, a strategy for intervention is possible. For this woman, a sense of responsibility, caring, and purpose were all an integral part of the larger homemaker role. First in psychodrama, and later in the ward community, this woman explored options which would give her the sense of meaning that she had experienced previously. With encouragement and support she began to take part in watering plants and letting other ward members know when mealtime arrived. While these may seem like minor accomplishments, they represent an important step in role re-engagement.

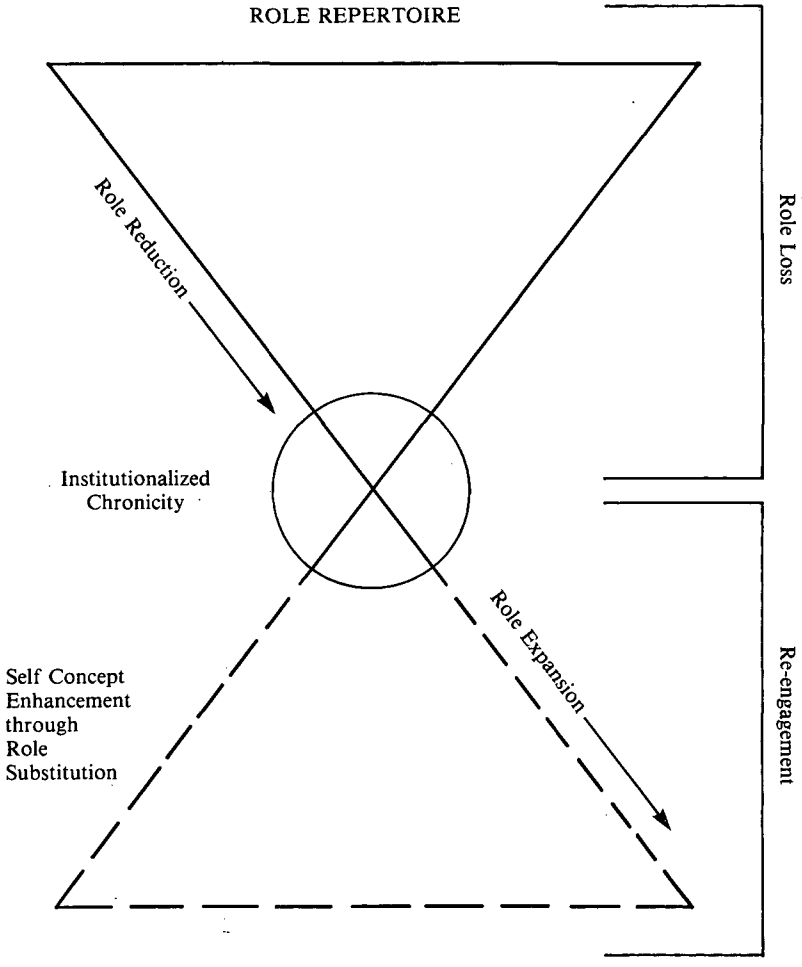
Role re-engagement has a synergistic quality to it. Just as original social roles are built upon the roles which precede them, so are the re-developed and substituted roles. Even the seemingly small amount of role re-engagement seen in early parts of a group's development can provide a springboard for re-development and re-engagement of additional roles. Therapists working with chronic, institutionalized elderly patients must carry with them an adjustable yardstick with which to measure change, and must recognize the value of small increments of progress. Figure 2 illustrates the hourglass model of role re-engagement.

Case Illustration

Psychodrama methods have been applied in therapy groups serving a wide variety of patients since psychodrama was first introduced at Saint Elizabeths in 1939 (Altman, 1981). The following example is based on an experience in a group there for elderly women. It illustrates how psychodrama is used to identify role deficits and how it can begin to address these losses.

> Ms. K is a 73-year old woman who has been hospitalized for 15 years. She carried an initial diagnosis of schizophrenia, paranoia type, but records indicate that the condition has been in remission for at least three years. Her lack of funds and family resources as well as her physical problems have made placement in a community residence facility difficult at the present time. While generally pleasant, Ms. K would never initiate conversation with other group members. Any question directed to Ms. K regarding her feelings about herself or

Fig. 2: Restoration of Role Repertoire



other group members would be met with the standard reply, "I don't know," or, "Leave me alone." The general feeling of the ward staff was that Ms. K was a nice lady, but everyone felt that she could be a more active group member, perhaps taking advantage of adjunctive groups offered to patients (for example, bibliotherapy, cultural enhancement group).

In one session Ms. K mentioned that she had had a sister whom she used to take care of when she was a teenager. The sister was sickly and eventually died, but Ms. K remembered her fondly. On further questioning, Ms. K described a scene at home where she would bring her sister food or other things she needed. With the goal of finding possible ways to engage Ms. K in the activities of the ward, we set up the scene in her family living room. Ms. K's sister D was in a recliner asking Ms. K to bring her things like a hair brush, some water or a newspaper. When asked how she felt about doing these chores, Ms. K responded, "I don't know." A trained auxiliary was chosen as a double and asked to hypothesize aloud how Ms. K was feeling. Ms. K was told that she could agree or disagree with the doubling statements. A patient playing the role of D continued to make demands on Ms. K. The double stated, "I hate doing this stuff," with which Ms. K strongly disagreed. Even in disagreement Ms. K gave us useful information about her feelings. Continuing to respond to her sister's demands, Ms. K looked displeased, yet she disagreed with the doubling statements, "I dislike doing this. I don't want to wait on her." At this point the action was extended with D making rapid, repeated demands. This surplus reality technique is used to elevate the dynamics of a situation. Finally Ms. K said, "You never say thank you." The auxiliary double, picking up on this, stated, "I wouldn't mind doing this if she would just thank me," to which Ms. K agreed. Ms. K was given an opportunity to say this sentiment directly to D, but it was still too threatening for her to do.

An issue for possible role re-engagement in the "here and now" ward environment was identified. The working hypothesis was that Ms. K might be encouraged to participate more actively in the ward programs, if she had a sense that her contributions were valued. Perhaps Ms. K could benefit from a more in-depth exploration of her issues with her sister, but such an exploration was beyond the scope of the therapeutic goals for this particular session. A deeper look at the psychodynamics of her family relationships would be more beneficial after Ms. K developed a sense of group membership and peer support.

The session was then directed back to the present group in which members were asked what small things Ms. K could do for them. One patient suggested that Ms. K could help her with making the bed in the morning. Another patient said that some assistance with her wheelchair at lunchtime would be helpful. At this point the director moved another patient's wheelchair to the opposite side of the group circle

and asked Ms. K to help push it back. The other patient, Ms. P, agreed to thank Ms. K if she would help her, and indeed Ms. K received Ms. P's thanks for returning her chair to its usual place. The sharing focused on times when other group members felt taken advantage of by family, friends or others. Ms. K accepted the job of helping Ms. P to the dining room, and staff members are more conscientious in their use of praise and compliments as an effective reinforcer for Ms. K. Several months later Ms. K began attending some of the supportive groups offered to patients on the ward.

Summary

The concept of role re-engagement explored in this paper offers a model for therapeutic approaches with institutionalized elderly people. The use of action group methods can provide an approach which fosters group cohesion, spontaneity, role re-engagement and role substitution. The group members can become therapeutic agents for one another, making reliance on chronic institutionalized behaviors less habitual, as these roles are reciprocated less frequently. Certainly this approach, as all approaches to chronicity, requires a great degree of stamina, but more importantly, it requires a willingness on the part of the therapist to seek a varied role repertoire to invoke the appropriate reciprocal role. What has traditionally been called "resistance" in these patients may well be our inability as therapists to find the effective role correlate.

It is important to acknowledge that all members of the institutional environment, including patients, staff and auxiliary personnel, represent potential resources for role engagement and continued role development. These resources can be mobilized to provide an on-going system which provides support and encouragement for each patient moving toward therapeutic goals.

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This paper was written as part of the author's participation in the training program of the Psychodrama Section at Saint Elizabeths Hospital in Washington, D.C.

Psychodrama: An Experiential Model for Nursing Students

June Siegel
Karen V. Scipio-Skinner

Saint Elizabeths Hospital offers its affiliating nursing students the unique opportunity of participating in psychodrama as part of their clinical experience. The program at this hospital introduces students to an action-oriented treatment modality; prepares students for participation in groups on the clinical units; and gives students a vehicle for dealing with their concerns about working with psychiatric patients. The Psychodrama Section also gives psychodrama interns a chance to experience directing a psychodrama training session.

Sociodrama (psychodrama) was first used as a training methodology in 1921 by J.L. Moreno, who defined sociodrama as "a deep action method dealing with intergroup relations and collective ideologies" (Moreno, 1946). In the late 1930's, Winifred Richmond of Saint Elizabeths used sociometry, a scientific measurement of group interrelations, to provide an atmosphere for positive change in the relationships among nurses in a District of Columbia training school.

The psychodrama theater at Saint Elizabeths officially opened in February of 1940. Since that time, numerous sessions introducing psychodramatic theory and practice have been conducted with hospital volunteers, attendants, students, professional staff, and community groups.

While at Saint Elizabeths Hospital, Francis Herriot and Margaret Hagan initiated work with student nurses in the Pre-Service Unit of the Nursing Education Section. Through the cooperative efforts of this section with the Nursing Education Section, nursing students continue to participate in psychodrama. Approximately 500 nursing students from seven schools of nursing participate in introductory psychodrama sessions each year.

Purpose

The purpose of these one and one-half hour sessions is two-fold. Nursing Education offers this experience to introduce students to psychodrama as a treatment modality; to prepare students for participation in groups on clinical units; and to give students a vehicle for dealing with some concerns around working with psychiatric patients. And the Psychodrama Section uses the sessions to allow psychodrama trainees to experience the role of the director in an introductory psychodrama training session; to introduce nursing students to psychodrama, role theory, sociodrama, and to orient students to the world of mental health care.

The Introductory Experience

The Warm-Up/Preparatory Stage

The purpose of a warm up is to address the concerns and feeling of group members. During this phase, the director and participants share thoughts, expectations, and issues relating to group members. Moreno (1958) referred to the warm up as "the operational manifestation of spontaneity." This warm up allows group members to act in the moment. The director helps to open group communications and establish sociometric links.

Initially, introductions of the director and auxiliaries (if used) are made. Then, a brief introduction to psychodrama is given. It is clarified that psychodrama is a psychotherapeutic modality used in clinical groups, as well as for purposes of training students and other mental health professionals. The director continues the warm up by asking students to introduce themselves. To get further acquainted, the director inquires into the students' past experiences with psychodrama, their expectations of the current session, and the present level of their psychiatric and nursing training.

The training sessions format is reviewed and participants are assured that the group action will be educational, rather than therapeutic. At this point discussion continues and a specific concern or group theme emerges that can be enacted in a sociodrama. It is the expectation that the vignettes which are explored in action will lead to new behaviors and affects which are appropriate and effective.

Sometimes sociometric cohesion is low in a group, and thus a centralized focus is difficult for the participants to achieve. If this transpires, the director assumes responsibility for selecting a scene suitable to the goals of the session. Examples of action scenes used in past sessions include: demonstrating in action roles of the student nurse in the clinical setting; vignettes with patients, peers, supervisors, doctors or ward staff; or the creation of the group's role model of the "idealized psychiatric nurse." The

following is taken from a typical session in which a theme emerged from the group.

During the warm up, students debate concerns about working with psychiatric patients. Many students are particularly distressed about patients who take unresponsive roles when nursing students try to interact with them. Through examining the group's nonverbal behavior and verbal statements, the total communication becomes clearer to the director. The emergent theme is "working with the psychiatric patient." To bring about a visual picture of this topic in the form of action, the group's model of the most uncooperative psychiatric patient is created.

The Action

Jane agrees to be molded by the group into the patient. As the group members manufacture the patient composite, Jane assumes the role of this patient. Jane becomes the patient "Ann." Ann is fifty and has a diagnosis of chronic, undifferentiated schizophrenia. The group in forming Ann's personality discuss her various roles, both real and fantasy. Students speak about roles Ann lost upon her hospitalization (child, sister, worker). Participants agree that Ann's family has stopped visiting her and thus Ann's interrelationships are limited to hospital personnel and other psychiatric patients. As the group proceeds in creating Ann's role repertoire, Jane is taking on Ann's physical posture as well. The posture created for Ann is slouching, with her head tucked between her shoulders, and shuffling her feet as she moves around the room. Ann smokes all the time and demands cigarettes constantly. To increase her warm up, Jane is now pacing and chain smoking. As Jane shuffles around the room, she expresses aloud her feelings and thoughts in order to enhance her ability to take on the role. This technique is called a *verbal soliloquy.*

Following Jane's warm up to Ann's role, numerous students from the group are given opportunities to interact with Ann. Some students stand over Ann as they talk, others try asking Ann to sit down, others try to assure Ann that they want to help or to be friends. It is obvious that the student nurses are feeling helpless in working with this patient.

To aid students in becoming conscious of their inner thoughts, a *double* is brought in to assist the student nurse in focusing her feelings. The double stands beside the nurse, assumes the same physical posture and tries to verbalize unspoken thoughts or to project effectively unspoken feelings. In addition to the doubling, other role training techniques are used to expand the student nurses' perceptions and spontaneity in interacting with this patient. *Role reversals* (the exchanging of roles between people) are used to facilitate the expression of feelngs and to increase the understanding of the others'

roles. The patient and/or nurse are asked for *verbal asides*. The purpose of the aside is to aid positive growth through expanded perceptions and understandings of the impact one's role has on the other person. The audience offers suggestions of other approaches they might try, and participants involved in the vignette experiment with new ways of communicating as well as seeking more successful methods of interacting with psychiatric patients.

The Integration/Sharing Phase

After the session, group members, auxiliaries and the director share new reactions, insights, and feelings, and consider how changed perceptions can be incorporated into the nurses' professional life. It is not a time to analyze what was right or wrong in the behavior of a role player. Some share new understandings of how it feels to be a patient and how they felt ignored or dehumanized. Others talk about how the patient responded to them when they were more open and honest. Many students share that they are beginning to visualize the social systems ramifications of role interaction.

During the sharing phase, it is obvious that most students have expanded their perceptions of the psychiatric patient and have begun to explore the vastness of their own role repertoires. Lastly, any remaining concerns relating to psychodrama, the session, or social systems are addressed.

Evaluation

The effectiveness of this model is evidenced by the increased and continuous requests for the training session. Positive comments emerge in the verbal statements and written evaluations made by nursing students and their clinical instructors.

Students state that the sessions give them "a better sense of the wide range of services available to patients," and "a better understanding of how therapy can be used in working with the mentally ill patients." It helps them in understanding patients' behavior, increases their ability to communicate with patients, helps them feel more comfortable with patients, and gives them insight into how nurses are perceived by patients.

In summary, the opportunity for student nurses at Saint Elizabeths to participate in introductory psychodrama sessions is considered to be positive and effective. Students are exposed to the wide range of services available in the mental health arena and are given the chance to explore their role as nurses as well as expand their perceptions of themselves and their working environment.

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A Comparison of the HIM-B with the Hill Interaction Matrix Model of Group Interaction Styles: A Factor Analytic Study

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Floyd F. Robison
D. Keith Morran

The study explored the internal structure of the HIM-B, a measure of prospective group members' preferred interaction styles according to the Hill Interaction Matrix model. No data have been available to determine if the HIM-B is a valid measure of the HIM interaction styles, described in terms of interaction levels of Work/Style and Content/Style. Three hundred subjects at a university/community mental health agency responded to the HIM-B prior to their first therapy group meetings. Unweighted responses were used to conduct a factor analysis of the instrument. Three factors emerged in the analysis: Two factors appeared descriptive of the HIM Work/Style categories, while the third factor appeared descriptive of a general willingness to interact in groups. The HIM Content/Style categories were not distinguished in the factor structure. It was concluded that when administered to prospective therapy group members the HIM-B measures only preferred work level of interactions on the HIM. Implications and recommendations for future research are discussed.

Specialists in group psychotherapy are aware of the dramatic impact of group composition on participants' interactions, which in turn can have a direct bearing on outcome. The manner or style of participants' interactions in the group milieu has been used as a behavioral descriptor of group composition. A number of models have been devised to describe group interactions (Bales & Cohen, 1980; Gazda & Mobley, 1982). Each model offers methods (self-report measures and/or rating techniques) to measure types of interactions produced by members and leaders. Among these models, the

Hill Interaction Martix or HIM (Hill, 1965) has been used most frequently in studies concerning the relationship of group interaction style to process and outcome variables in group psychotherapy. These studies tend to fall into two major classes: (1) studies examining variations in group process and development as a function of group composition; and (2) studies comparing effects of specific interventions on outcomes of groups differing in composition. An extensive bibliography of studies utilizing the HIM to measure group interaction styles is provided by Hill (1977). In addition, the HIM has been used in recent studies investigating the effects of structure on group development (Evansen & Bednar, 1978; Rose & Bednar, 1980).

The HIM is a system for conceptualizing group composition in terms of members' and leaders' characteristic interaction styles. The model asserts that group interactions may be described on two dimensions, which Hill labels Content/Style and Work/Style. The Content/Style dimension pertains to the topics members and leaders discuss during group meetings. The Work/Style dimension refers to the level or depth of group process reflected by interactions. Each of these dimensions contains two major categories of interaction styles. The Content/Style dimension contains Non-Member Centered and Member-Centered topic categories, while the Work/Style dimension includes Pre-Work level and Work level categories. Within each of the categories on the two dimensions are a number of subcategories. Hill refers to these subcategories as "phenotypes," since they represent verbal manifestations of the content and work style categories. A detailed description of these categories and their subcategories is found in Hill (1965, 1969).

Combinations of the categories on the two dimensions form quadrants that describe four major interaction styles and form the superstructure of the matrix. In order of increasing therapeutic significance, these quadrants are: (I) Pre-Work/Non-Member Centered style; (II) Work/Non-Member Centered style; (III) Pre-Work/Member Centered style; and (IV) Work/Member Centered style. According to the model, Quadrant I describes the most superficial, emotionally distant interaction style, while Quadrant IV describes the most interpersonally oriented, emotionally charged style. Furthermore, interactions in successful groups would be expected to progress in the direction of Quadrant IV. Figure 1 illustrates the four quadrants and their divisions into subcategories.

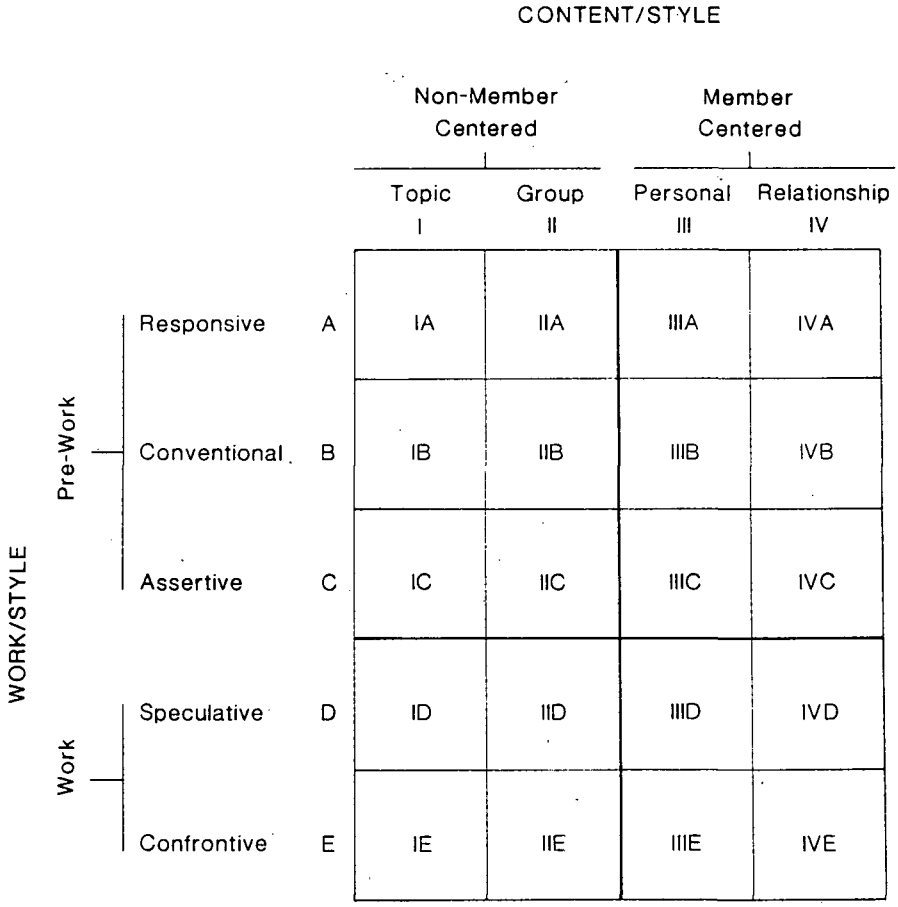
Hill (1965) proposes that classifying interactions on the matrix is useful in assigning new members to groups and assessing problems in group process. Also, since the quadrants are ordered by the therapeutic quality of their described interactions, the matrix is believed useful for assessing the developmental progress of a group over time.

Interactions may be classified on the HIM by trained observers outside the group, on a statement-by-statement basis or through use of a rating in-

strument known as the HIM-G (Hill, 1965). Both methods are used only to classify interactions occurring in already existing groups. Hill (1965) introduced the HIM-B instrument to allow use of the HIM for classifying interaction styles of prospective group members, without the need for outside raters.

The HIM-B is a 64-item, self-report instrument completed by prospective members and leaders. Items consist of statements describing interactions represented by 16 of the 20 original HIM cells. (Four cells corresponding to

Figure 1. Conceptual structure of the Hill Interaction Matrix.



the Responsive Work/Style subcategory are not measured. Hill observed that these interactions occur mainly among in-patient populations and deleted these types of statements from the HIM-B.) Prospective group participants respond to the items according to their preferences to engage in the types of interactions described, marking their responses on six-point scales. Four items measure acceptance of each of the sixteen phenotypic styles (cells of the matrix).

Weighted scaling is used to reflect the varying degrees of respondents' willingness to engage in particular interaction styles. Cutoff points are assigned to each item, derived by determining the response level on the six-point scale above which varying proportions of the original college norm group scored. An item receiving a response exceeding the cutoff score receives a weighted score from one to four. Responses falling below the cutoff point for an item receive a score of zero. (See Hill, 1965, for a complete description of the norm group and scaling procedures.) Norms for cell, dimension (rows and columns), and total acceptance scores obtained by various populations are available (Hill, 1965; Muro & Drummond, 1974).

While a number of studies have been presented to support the validity of the HIM (Hill, 1965, 1977), no study to date has examined the validity of the HIM-B in relation to the HIM. Yet the instrument has been used extensively to form treatment groups in a number of studies relating group composition to process and outcome variables. In order for the results of many of these studies to be considered meaningful, it is important that the HIM-B be established as a valid representation of the HIM Interaction styles when administered to prospective group therapy members.

The purpose of this study was to explore the internal structure of the HIM-B, through factor analysis of responses obtained from a university/community mental health agency population. It was proposed that for two reasons the use of unweighted responses would be most appropriate in conducting the analysis. First, the weights assigned to the items are based on the distributions of responses obtained from a general college student norm group, while the present sample represented a mental health population. A weighted scale developed from response patterns of a particular population may not be applicable to members of other populations. Therefore, using the existing item weights to factor-analyze responses of the present sample may yield misleading results concerning structure of the HIM-B items.

Second, the item weightings are apparently intended to provide a more precise measure of preferred phenotypic behaviors (cells) within the quadrants and this measure is based on the assumption that items are related to their intended quadrants prior to weighting. Since the weightings influence only item distributions into cells, items would be expected to be

intercorrelated consistent with their groupings in the quadrants, regardless of their weightings. Since this study was intended to explore whether the HIM-B items cluster into their intended quadrants, rather than cells of the matrix, when used with a mental health population, factor analysis of unweighted responses was selected.

If the internal structure of the HIM-B is a valid representation of the HIM quadrants, items intended to measure each quadrant should be highly intercorrelated, while items representing different quadrants should exhibit substantially lower correlations. If these relationships exist, factor analysis should reveal that items cluster into four factors related to the quadrants. Items intended to measure each quadrant should load highly on a single factor and load substantially lower on other factors.

Method

Subjects

Subjects were 300 men and women who applied for membership in counseling groups offered by a university/community counseling agency in a midwestern community. Subjects ranged in age from 16 through 64 years, with a mean age of 27.6 years. One hundred thirty subjects were undergraduate and graduate students at a local university, while the remaining subjects were community residents. Subjects represented a wide range of educational, occupational and socioeconomic backgrounds. Goal-setting instruments administered during intake interviews revealed that most subjects desired to improve problem-solving skills and interpersonal relationships.

Procedure

The HIM-B was administered as part of subjects' intake interviews, prior to the first group meeting. Subjects were presented the instrument and asked to complete it according to instructions provided on the cover page. The instructions read as follows:

> Imagine you are already a member of a group at _____. The situations and conditions described in the test items are about such a group. For each test item, there are six possible answers. Select the response which is most consistent with your reaction. It is not necessary to think a long time about each statement, as your first reaction is what is desired.

Instructions continued to explain the meaning of the six choices on the response scale. After each subject had completed the HIM-B, the purpose of the instrument and the validation research were explained.

Factor analysis

The factor structure of the HIM-B items was obtained using a principal factoring with iteration (PA2) method (Nie et al., 1975). The program derived an initial structure by generating a series of factors, that is, linear combinations of variables which most effectively explain total variance in the set of variables. The program was allowed to extract all components having an eigenvalue of at least 1.0. Varimax rotation of factor axes was used to derive the terminal factor solution. Items loading at or beyond .40 on factor (explaining 16 percent of item variance) were used in interpreting each factor.

Two factor analytic solutions were performed on the HIM-B responses. The first analysis extracted five components having eigenvalues of at least 1.0. Following Varimax rotation, item loadings on the five factors were examined. All items were observed to load at or beyond .40 on the first three factors, while no items loaded beyond .20 on Factors 4 and 5. It was decided that the latter two factors did not contribute significantly to explaining items' variance and that HIM-B variance could be adequately shown in terms of three factors. The analysis was performed a second time, limiting the initial solution to extraction of three factors.

Results

The three factors extracted in the second solution accounted for 68% of total HIM-B variance. Table 1 presents eigenvalues, proportions of explained variance and reliability coefficients associated with the factors. Table 2 presents item loadings on the factors following Varimax rotation.

Table 1: Eigenvalues, percentages of explained variance and reliability coefficients associated with HIM-B factors before Varimax rotation.

Factor	Number of Items	Eigenvalue	Percent Variance	Alpha
1	34	38.82	50.6	.98
2	41	2.70	10.1	.96
3	31	1.83	7.3	.97

Table 2: HIM-B factor loadings after Varimax rotation.

Item	Factor 1	Factor 2	Factor 3
1	.425	.276	.606
2	.286	.571	.389
3	.368	.422	.204
4	.653	.365	.406
5	.453	.618	.288
6	.321	.408	.584
7	.749	.349	.307
8	.549	.593	.309
9	.560	.534	.319
10	.807	.327	.182
11	.324	.432	.572
12	.254	.565	.412
13	.450	.457	.342
14	.720	.446	.275
15	.386	.284	.562
16	.546	.320	.550
17	.282	.646	.336
18	.360	.492	.305
19	.482	.290	.519
20	.732	.303	.308
21	.337	.642	.314
22	.689	.298	.328
23	.363	.669	.379
24	.518	.260	.501
25	.467	.520	.471
26	.316	.171	.768
27	.582	.426	.400
28	.459	.583	.378
29	.383	.439	.517
30	.564	.405	.306
31	.273	.461	.619
32	.748	.338	.270
33	.570	.487	.317
34	.494	.617	.383
35	.424	.697	.298
36	.285	.456	.513
37	.516	.263	.406
38	.420	.277	.616
39	.668	.386	.330
40	.805	.360	.232
41	.144	.320	.734
42	.314	.544	.351
43	.330	.482	.308
44	.323	.550	.364

Item	Factor 1	Factor 2	Factor 3
45	.460	.648	.259
46	.328	.726	.280
47	.271	.478	.544
48	.703	.220	.426
49	.541	.220	.399
50	.623	.274	.514
51	.632	.321	.328
52	.651	.355	.330
53	.349	.640	.421
54	.592	.306	.488
55	.719	.322	.258
56	.414	.624	.381
57	.620	.414	.359
58	.261	.432	.558
59	.725	.348	.245
60	.302	.622	.445
61	.250	.558	.414
62	.304	.464	.496
63	.370	.186	.742
64	.151	.310	.757

Factor 1

Factor 1 appeared most descriptive of Pre-Work/Non-Member Centered interaction styles (Quadrant I) and Pre-Work Member Centered styles (Quadrant III). Except for items 26 and 63, all items related to Quadrant I loaded on this beyond .40. Also, 11 of the 16 Quadrant III items loaded beyond .40 on Factor 1. In addition, a few items representing Quadrants II and IV loaded on this factor.

Factor 2

Factor 2 loaded all items intended to measure Work/Non-Member Centered styles (Quadrant II) and Work/Member Centered styles. In addition, a few items from Quadrant I and two Quadrant III items loaded on Factor 2.

Factor 3

This factor loaded a number of items associated with all four HIM quadrants. Considerable overlap may be observed between loadings on Factor 3 and other factors.

The relationships of the factor loadings to items' intended placements in the HIM quadrants is illustrated in Figure 2. The top row of Figure 2 indicates the intended item placements in the quadrants, while the remaining rows indicate the items from each quadrant loading .40 or greater on the factors.

Figure 2: Relationship of HIM-B item loadings in their intended placements in the HIM

Quadrant	Pre-Work/ Non-Member (I)	Work/ Non-Member (II)	Pre-Work/ Member (III)	Work/ Member (IV)
HIM-B items by quadrant	9 13 14 19 20 22 24 25 26 27 37 39 48 51 57 63	3 6 8 17 21 28 29 30 33 34 45 46 50 52 54 60	1 4 7 10 11 15 16 32 38 40 41 49 55 58 59 64	2 5 12 18 23 31 35 36 42 43 44 47 53 56 61 62
Items loading on Factor 1, by quadrant	9 13 14 19 20 22 24 25 27 37 39 48 51 57	8 28 30 33 34 45	1 4 7 10 16 32 38 40 49 55 59	5 35 56
Items loading on Factor 2, by quadrant	9 13 14 25 27 37 57	3 6 8 17 21 28 29 30 33 34 45 46 50 52 54 60	11 58	2 5 12 18 23 31 35 36 42 43 44 47 53 56 61 62
Items loading on Factor 3, by quadrant	19 24 25 26 27 37 48 63	6 29 50 54 60	1 4 11 15 16 38 41 49 58 64	12 31 36 42 44 53 61 62

Note: Each factor row indicates items from each quadrant loading .40 or greater on the factor.

Conclusion

The results of the factor analysis reveal that items within Quadrants I, II, and IV cluster together on Factors 1 and 3, supporting the intended intercorrelations of items measuring these styles. Although Quadrant III items are moderately correlated, this quadrant appears to "hang together" most loosely, relative to the other styles. Whereas all or nearly all items related to Quadrants I, II and IV load together on Factor 1 or Factor 2, 5 of the 16 Quadrant III items appear to be better related to items representing other styles.

A second finding of the study is that HIM-B items are substantially intercorrelated across quadrants. Specifically, the pattern of item loadings, illustrated in Figure 2, indicates that HIM-B items tend to cluster by their category on the Work/Style dimension. Factor 1 loads most items associated with Quadrant I and eleven items from Quadrant III. Quadrants I and III are theoretically similar in that they represent the Pre-Work category. Likewise, Factor 2 loads Quadrants II and IV, which reflect the Work category of the Work/Style dimension. Factor 3 might be conceptualized as describing a general willingness to interact in a group, at the level of work and content engaged by other members in a prospective group.

Two possible explanations may account for the clustering of items by Work/Style category. First, it is possible that the content of the HIM-B does not effectively differentiate the two Content/Style categories of the HIM. A second possible explanation pertains to the nature of a prospective group participant's preferences regarding future group interactions. Prior to their actual participation in a group, prospective members may be willing to discuss either non-member centered or member centered topics as they might occur in group discussion, but may express stronger pregroup preferences as to the level of emotional involvement in any interactions. It seems plausible that once HIM-B respondents actually interact in a group, they may form stronger preferences for the types of topics to be discussed. If Work/Style preferences are more important than Content/Style preferences for members not yet interacting in their group, it would follow that their HIM-B responses would differentiate the Work/Style categories, but fail to distinguish differences in preferred Content/Style.

In summary, the observed internal structure of the HIM-B indicates that while most items within quadrants are appropriately related according to their HIM placements, the instrument appears to be a better measure of respondents' preferred work level for interacting in a group, rather than their specific preference for one of the four styles on the HIM matrix. Considering the findings above, it is concluded that the HIM-B appears to be a useful measure for predicting a prospective therapy group member's will-

ingness to engage in low or high levels of therapeutic work in a group, as defined by Hill (1965).

The results of this study suggest a need for further investigation of the HIM-B's relationship to the HIM, when used with prospective group members in a mental health population. Further study of the HIM-B is needed to determine whether or not the items are sufficiently sensitive to the content dimension of members' preferred interactions; or, in contrast, whether content of anticipated interactions is not a strong preference among members of this population. If future research determines that prospective therapy group members do exhibit preferences regarding content of anticipated interactions that are not measured effectively by the HIM-B, those items which did not discriminate Content/Style preferences in this study could be revised or replaced, based on the content of existing items which did differentiate both dimensions. Following such revisions, the distributions of responses obtained by a norm group of prospective therapy group members could be used to re-weight items, thus defining a cell structure of the instrument specific to this population.

Also, no study to date has investigated the relationship between prospective therapy group members' scores on the HIM-B and their actual style of interactions in subsequent group participation. If the HIM-B accurately predicts participants' content and work levels of interactions, scores should correlate highly with ratings of their verbal behavior during the initial meetings of the group to which they are assigned.

Development of an instrument which effectively measures a target construct is a complex process, requiring repeated revisions and testing such as empirical testing. It is hoped that the results of this study will generate interest in examining and refining the HIM-B, in order that researchers and practitioners in group work may derive maximum benefit from using the HIM-B to form and study groups.

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Dr. Stockton and two of his former students now professors, all active in group work, have a therapeutic small group research project. They have examined such areas as feedback, goal setting, cohesion, and self-disclosure.

Neuro-Linguistic Programming and Psychodrama: Theoretical and Clinical Similarities

Dale Richard Buchanan
Donna Little

This is an introductory article which elucidates some of the basic similarities between Neuro-Linguistic Programming and Psychodrama. The authors provide a number of clinical case examples which illuminate the theoretical principles and techniques advocated by proponents of both methods. Readers are encouraged to explore further both modalities and to create their own synergistic model.

As practitioners of Psychodrama have become acquainted with Neuro-Linguistic Programming (NLP), there has been an increasing awareness of the striking similarities between the two methods. Eliasoph (1981) has reported that many messages inherent in the NLP publications are familiar words to the students of J. L. Moreno. He continues by stating that "Neuro-Linguistic Programming offer(s) some of the previous missing links for a methodology for doing psychodrama in the one-to-one therapeutic relationship" (p. 150).

In this article it is impossible to go into the intricate ways in which Bandler and Grinder have refined the therapeutic process. Needless to say they have miraculously packaged a process of immense value to all therapists. Psychodramatists are often attacked as being magicians and many of us at times have had difficulty in translating our directorial styles into exact measurable components of behavior which can be taught to others. Bandler and Grinder have developed precise strategies for measuring the clients' representational world (the ways in which they process information and make decisions) and methods of interaction which enable the therapist to make contact with and change clients' behavioral patterns. Many of the methods are strikingly similar to psychodramatic techniques.

Laborde (1981) has commented on the lack of published literature on NLP despite the fact that by 1978 over 25,000 persons had participated in the training. Lankton (1980) has stated that the professional mental health journals do not appear to be interested in Neuro-Linguistic Programming and comments that one journal rejected an NLP article on the grounds that it was too similar to previously published articles on gestalt therapy. Goleman (1979) believes the lack of receptivity to NLP may be due more to the grandiose claims of the founders of NLP than to lack of value to these claims. Consequently the founders, Richard Bandler and John Grinder, have established their own publishing house, Meta Publications, which distributes the NLP literature. NLP's current lack of recognition from the mental health profession is apparent; yet the fact that large masses of mental health professionals seek training from them seems to be a contradiction. The above cited events—1) lack of enthusiasm from the mental health profession, 2) massive interest from mental health practitioners, and 3) the creation of their own publishing house—are surprisingly similar to the experiences of J. L. Moreno, M.D., psychodrama and Beacon House, Inc.

One well known psychodramatist recently recounted how he had directed a workshop in New Jersey and was asked by a participant where he had obtained NLP training. When the psychodramatist replied that he had not been trained in NLP, the participant related in amazement how the psychodramatist had used basic NLP techniques during the demonstration. While the above serves as an amusing anecdote, the authors fully believe that there are also major differences between the two approaches. But in the Moreno tradition, we are also concerned with ways in which to increase our effectiveness as clinicians, trainers and communicators, and NLP seems to be an important tool for the psychodramatists' clinical armamentarium.

In the context of broadening our role repertoire this article will attempt to increase the reader's awareness of some of the theoretical similarities between NLP and psychodrama.

Theoretical Similarities

NLP is primarily promoted as a unique model with techniques that produce exquisitely refined levels of communication and understanding that would help not only therapists but also salesmen, lawyers, doctors, businessmen—anyone—to "read" other people more sensitively and respond to them more effectively (Goleman, 1979). Bandler and Grinder (the former a mathematician and gestalt therapist, the latter a former linguistics professor) developed basic effective communication techniques and skills (a set of tools and an analysis of the structure of subjective experience) from their studies of leading psychotherapists such as Milton Erickson, Virginia

Satir and Fritz Perls. They seem particularly in debt to Milton Erickson and their first books were based on their observations of his work (Bandler & Grinder, 1975; Bandler, Grinder & Delozier, 1977).

Though NLP does not seem to have developed as thorough and as comprehensive a philosophical theory of interpersonal relationships as Psychodrama, there are a number of NLP assumptions which seem manifestly compatible with psychodramatic theory.

The Map Is Not the Territory

One of Bandler and Grinder's most important theoretical statements is that the map is not the territory. This philosophical tenet, which is traced to Korzybski (1933), simply states that what we see is not what really is. Each of us experiences the world through our senses and consequently how we view the world is more a reflection of our own personal experiences than of reality. We then are the creators of our world and we inhabit the world of our creation. This sounds strikingly similar to Moreno's concepts of surplus reality and co-creativity. Moreno's whole notion of surplus reality is contingent upon the fact that most of us live in a world of infra-reality. The action techniques of role reversal, doubling and dramatization are all attempts at helping the protagonist move from his world of inner infra-reality to a perspective that encompasses larger views of the territory. Social atom repair work, reparenting, future projections and fulfillment of act hungers are all concrete examples of how psychodramatic philosophy is translated into clinical treatment. For Psychodrama and NLP, as Eliasoph (1981) states, "We are all, then, through our senses, creators of the world" (p. 150).

Law of Requisite Variety

Borrowing from cybernetics, Grinder and Bandler (1976) have adopted the concept of the Law of Requisite Variety. This law states that in any connected system, be it electronic or human, the element with the widest range of variability in its behavior will always be in control. Thus the element with the widest range will always have that one extra added response necessary to control the other elements in the system. In the therapeutic context, Bandler and Grinder assert that if the therapist's behavior is frozen to a specific set of techniques and/or professional decorums then the client will always have more varieties of human expression. Again this echoes Moreno's (1946) theoretical statement that the psychodrama director must be the most spontaneous member of the group and the healthier person will have the broader role range.

If the client has the ability to be crazy and do the unexpected, but the therapist is limited in her role repertoire, then the client will end up control-

ling the therapeutic system. A general rule for the NLP practitioners is to do the unexpected, or perhaps in Moreno's terms to be spontaneous and creative.

As psychodramatists, the authors have used this construct in numerous situations.

> Case Study: In a group of criminally insane patients in the Saint Elizabeths Hospital maximum security ward, one female member was extremely withdrawn and unwilling to participate in the session. Each week as the cohesiveness, trust, and sharing of the group members increased, this one woman consistently refused to participate in the group. She attended the group because it was a condition of her psychiatric treatment, but she would not speak, nor assume nonverbal roles in the psychodrama sessions. Her position was aloof and distant. Finally in exasperation, the author decided to use a mirroring technique as described in the psychodramatic literature. One of the psychiatric nurses assumed the role of the "uninvolved" patient and sat in the middle of the group. This auxiliary ego, as the patient, sat with her arms crossed and refused to acknowledge the other people in the room. The director asked the other group members if they had anything to say to her, and one by one they expressed feelings ranging from anger to sadness over her inability to communicate with the others. Finally the director asked the nurse playing the isolated patient to speak her mind. The nurse in the role of the noncommunicative patient stated, "I don't like you all. You are murderers, rapists and drug pushers. You are nothing but scum, I am a good Christian woman and I won't talk with you." At this point the real Mrs. B began sobbing. Gently the director approached her and asked what was wrong. She said, "That woman isn't being me. It's me who doesn't belong. I am a murderer—how could these people care about me? I am no good, and each week they show their kindness to one another. I don't deserve any kindness; I killed my own child."

The primary goal of the therapist was to create a change in the patient's normal behavior pattern. Although he could be criticized as being insensitive to the patient, might not we also consider the inhumanity of allowing patients to remain institutionalized until they are well enough to initiate their own change in behavior. Accordingly, no humane treatment can begin until mutual communication channels have been established.

Use of Metaphors

NLP therapists, like psychodramatists, employ the use of metaphors and symbolic stories that approximate the client's situation. The basic premise underlying the use of metaphors and symbolic stories is that the client's un-

conscious mind is often more acutely aware of the client's problems than the conscious mind. It is Bandler and Grinder's belief that many actions are unconscious, and that rather than making the unconscious conscious (i.e., psychoanalytical approach) it may be more profitable to work directly with the unconscious. The psychodramatic literature is filled with accounts of working in fantasy, fairy tales, and metaphors to resolve intrapersonal resistances through symbolism and fantasy.

Resistance

Psychodramatists view resistance as a decrease in spontaneity which can best be modified through a warming up of the protagonist to facilitate an encounter with the resistance. Bandler and Grinder (1979) define resistance as a pseudointellectual term dreamed up by therapists for clients who won't do what the therapists want them to do. For both neuro-linguistic programmers and psychodramatists resistance is a limiting concept. Although Bandler and Grinder firmly state this in their writings, the concept has been used constructively in such psychodramatic centers as Saint Elizabeths Hospital for the past 41 years, and has been recently explored in an article by Kellerman (1983). He both documents and offers illustrations of how psychodrama approaches the importance of going "with" and not "against" the resistance. For neuro-linguistic programmers and psychodramatists alike, it is up to the therapist to join the client's reality.

To summarize: while the theoretical constructs cited above are stimulating and particularly relevant, NLP holds the greatest intrigue for psychodramatists in defining the what and how of the therapeutic process.

Therapeutic Techniques

A few of the more salient are described below: (NLP terminology when first introduced is in **bold** type.)

Doubling involves an auxiliary ego assuming the body posture, the tonal quality, the breathing patterns and the actual words spoken by the client. In NLP this technique is called **pacing** or **matching**. As Bandler and Grinder would state, pacing involves generating verbal and nonverbal behaviors that match those of the client. The NLP practitioner places particular emphasis on sensory based information which the client produces. The NLP practitioner carefully listens to the verbal predicates that indicate the representational sphere utilized by the client. For example: I feel (kinesthetic), I see (visual), or I hear (auditory).

Attention to the client's eye movement patterns, breathing, body posture, changes in facial muscles and coloring are all important cues in pacing or matching the client's sensory based communication system. As in doubling,

once the auxiliary ego or the director has matched the client's sensory states and has established rapport, the double can then expand the client's consciousness through the expression of the unstated feelings. In NLP the person is first paced and then led. **Leading** involves pacing the person in his own representational system and leading him into another system which he is not utilizing. A person may be operating visually and auditorily and may need to be led to the kinesthetic awareness.

Role Reversal: When in the course of a role reversal a protagonist discovers the positive intention in the actions of others or of self, NLP would label this as one form of **reframing**. For example, a client who is consistently bothered by colleagues' demands for time and advice and becomes frustrated and angry at their work demands can begin to reframe her perceptions of her colleagues. Instead of perceiving her colleagues as bothersome and irritating, she may realize that her colleagues respect and admire her and are seeking advice *not* to be a burden, but because they care about her and her opinions.

When a protagonist is reversed with an incongruent part of himself the psychodramatist is structuring an action scene to help the client integrate those conflicting parts of the self. In NLP terms a **spatial anchor** is given each of these parts of self. If a protagonist makes a decision to struggle with one or more of these parts and lessens the "part's" control over him, there is in NLP terms a **collapsing of anchors** or pairing of opposites that results in a desensitizing of the person to the previously unincorporated part of the self.

Future Projection or **future pacing** occurs when a client returns to the presenting situation (in psychodramatic treatment in action, with NLP probably in a guided imagery) but with new response modes to handle the conflict. Future pacing is a check for NLP practitioners to ensure that the intervention has been effective and that the changes accomplished during therapy have generalized to other appropriate contexts.

If during a psychodrama the protagonist says that he feels as if he is being driven up a wall, the director and auxiliary egos might assist him in concretizing the scene in action. If a person made the same statement to NLP practitioners they would use the **Meta Model** to **unpack the metaphor**. The Meta Model involves an explicit set of linguistic information-gathering tools designed to reconnect a person's language to his experience. Memories of experiences are stored within the human mind, but often when an experience is stored it is done so with distortions, deletions or generalizations because people cannot process the entire experience. Thus most memory is telescoped. According to Bandler and Grinder (1979) there are 11 basic ways in which people make those distortions, deletions or generalizations.

They have devised a series of techniques which enable the NLP practitioner to clarify the experience for himself and the client.

The NLP practitioner carefully observes the client's eye movements as she verbally describes her decision-making process. By tracking eye movements the NLP practitioner is able to state, for example, that a person "visualizes the problem, feels how it affects her, speaks to herself about what to do, and then visualizes the outcome." This framework of interviewing can prove extremely valuable to psychodramatists by uncovering the communication which the protagonist uses to make decisions.

In role training if the protagonist wishes to try out a new role, he finds a model for that role either from his life experience or within the group, makes a decision to enact the role, enacts it, gets feedback, and either incorporates the role or discards it. In NLP terms the client goes through a process of implanting strategies, finding a model or someone else who has a model and adopting that model for his own use.

The **as if** frame is an integral technique for both NLP and psychodrama practitioners. The therapist uses "as if" questions to expand the client's perceptions about himself or to lead the client into trying different strategies for tackling previously unresolved conflicts. For example, the therapist might say to the client, "You mean your mother *never* loved you!" or, "People *always* say that you can't do anything right!" These statements help a client reframe thought processes to times in which the mother might have loved the person or to events where people might have expressed compliments on abilities.

The following is an example of how psychodrama practitioners use the "as if" frame to help clients explore new ways of enacting situations.

* * * * *

Client: "I want to re-establish communications with my father but I just don't know what to say."

Psychodramatist: "Well, if you were to talk with your father, what would you say?"

Client: "I don't know."

Psychodramatist: "Well, take a moment to think about it and make something up."

Client: "I told you I don't know!"

Psychodramatist: "Humor me, make something up. If I was your father what would you want to say to me?"

Client: "Get off my back! Stop trying to make me do what you want me to do!"

Psychodramatist: "GREAT! Now pick someone from the group to be your father and say it again."

* * * * *

Summary

Because NLP has looked with an analytical view toward chunking down (behaviorally defining) successful therapy behaviors, their teaching on sensory based observational skills, on interviewing, on unpacking (reading) the meaning of an individual's map (model group) and their framework for problem solving in therapeutic transactions are all useful to the practicing psychodramatist or student.

Supplementary Reading

NLP is underrepresented in the literature. In a review of publications conducted by the authors in the summer of 1982, only 15 citations could be found (books and articles). Stephen Lankton's book entitled *Practical Magic: A Translation of Basic Neuro-Linguistic Programming into Clinical Psychotherapy* (1980) is highly recommended as an introductory text. Other books of interest on this subject include *Changing with Families*, by Bandler, Grinder and Satir (Science and Behavior Books, 1976); *The Structure of Magic*, by Bandler and Grinder (Science and Behavior Books, 1975); *They Lived Happily Ever After*, by Cameron-Bandler (Meta Publications, 1978); *Therapeutic Metaphors*, by Gordon (Meta Publications, 1978). Recent articles in periodicals include the following: "Neuro-Linguistic Programming for Counselors," by Harman and O'Neill (*Personnel and Guidance Journal*, 1981, *59* (7), 449-453); "Test of the Eye-Movement Hypothesis of Neuro-Linguistic Programming," by Thomason, Arbuckle and Cady (*Perceptual and Motor Skills*, 1980, *51*(1), 230); and "The Effect of Matching Primary Representational System Predicates on Hypnotic Relaxation," by Yapko (*American Journal of Clinical Hypnosis*, 1981, *23*(3), 169-175).

Readers are encouraged to delve further into the two therapies and to make their own connections between the two methods which are not so far apart.

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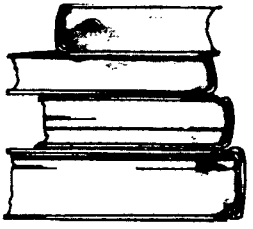

Book Review

HEISEY, MARION J. *Clinical Case Studies in Psychodrama*

Heisey's *Clinical Case Studies in Psychodrama* is the latest addition to the library of books on psychodrama. This is a small size, soft cover book with a type face reminiscent of a manuscript or dissertation. The author of the book adopted a very interesting and original approach which has the following characteristics. First, with the exception of a brief introductory chapter, the book is aimed at familiarizing the reader with the method of psychodrama through a series of reports of actual psychodramas. It provides 39 short case histories, about three pages each, which together represent a wide spectrum of psychodramatic interventions and techniques. By taking the reader through all these cases, it illustrates the complexity of the psychodramatic treatment and its applicability to a great variety of psychological conflicts and problem situations. Second, the reported case histories seem to have some thread of continuity. One gets the impression that they all were drawn from an ongoing group. Some of the names (fictitious) of the group members reappear in several cases thus allowing the reader to see how they behaved in different sessions. The book, therefore, appears to represent a description of a certain period in the life of a continuous group. One does not know how long the group actually met, and what period of time is covered by the book. There are indications that the group, which might have been an open-ended one, met several times a week. The reported cases must be those which the author selected to present. Presumably, the selection criteria were based on didactic or simply interest considerations. This, however, is not clearly explained by the author.

The book is written in an informal style and is presented almost like a diary. It could have had the title of *Notes from the Diary of a*

Psychodramatist. The style is light and simple, and tends to capture the attention of the reader.

The book is divided into nine chapters. The first is entitled "Fundamentals of Psychodrama" and describes the basic principles and techniques of the method. This is the weakest chapter of all. The description vascillates from an attempt to offer a serious discussion to a style of an easy manual which conveys a light quality rather than depth. The rest of the eight chapters are case descriptions arranged according to various topics. Chapter II is entitled "Studies in Warm Up" and includes four illustrations and a section with about three dozen warm-up techniques. Chapter III has four examples of psychodramatic handling of anger, and Chapter IV, "Parent Problems," provides seven illustrations of issues involving parents. Chapter V is entitled "Role Training," with four illustrations under the headings: Role Playing Reality, Spontaneous Role Training, Testing Reality, and Surplus Reality. Chapter VI is entitled "Assertion Techniques" and includes three illustrations, and Chapter VII addresses "Intra-Personal Conflicts." Chapter VIII deals with examples of marriage problems. The last chapter is called "Potpourri" and contains, in the words of the author, "an assortment of problems which does not fit into the other categories" (p. 173). Each case illustration is followed by a section called "Observations" where the salient features of the case are highlighted along with explanations for the director's interventions. These points of observation are very helpful in understanding the problem of each case and the reasons for using the psychodramatic technique(s) during the session.

Each "Observations" section is followed by a section entitled "Questions" with a set of questions about the case, about alternative interventions that could have been used, and about possible explanations for the protagonist's behavior. In these sections, the author only raises the questions. No answers are given. Presumably, the idea is to present the book as a teaching instrument, with homework assignments, that trainers may use to initiate discussions with the students.

It is not clear, however, to whom the book is addressed. It appears that the author tried to write it with both the general public and the professional readership in mind. There is a need, says the author in the introduction, to write about psychodrama "both at the lay and the professional level . . . and it is to this point that this book speaks." The author also writes that "this book is not intended to study in depth the case history of a client, or even identify the source root of a problem." In fact, "many details are omitted, and in most cases, even the presenting problem." Indeed, the descriptions of the cases are often very brief, fragmented and selective, and many details are omitted. If the target readership is the lay public, perhaps selective anecdotal descriptions of various psychodramas are enough. But

then, the question parts of the book are beyond the capability of the lay person to answer. If, on the other hand, the book is intended to be used by students of psychodrama, the cases are too incomplete to allow for comprehensive, professional analyses to take place. The author was caught in a dilemma which is reflected in the book. This seems to be a major contributor to the unevenness of the book and to the impression that too much has been compromised. "The purpose of this book," the author explains, "is not to study the dynamics of psychopathology, but to study the what, where, when, and how of psychodrama." With these self-imposed restrictions, there is a feeling that the phrase, "case studies," which appears in the title, has been used in an unorthodox and too liberal sense.

In reading through the cases, one wonders why the author did not opt to present some of the actual dialogues between the protagonist and the auxiliaries. This common style of case description tends to make it more lively and adds to the interest of the reader in the case. This raises another issue which pertains not only to this book but also to many case illustrations in other books and articles on psychodrama. The cases are all one-session reports of, typically, one protagonist. This manner of reporting may unintentionally convey a message that "it takes one psychodrama to do the job." It is important to be cognizant of that possibility and make certain that readers will not falsely understand it in this way.

Experienced psychodramatists will find the book more confirmatory than enlightening, though some of the cases show ingenuity and sensitivity on the part of the director. Despite its problems, the book has several redeeming qualities which make it interesting to read.

Heisey, Marion J. *Clinical Case Studies in Psychodrama.* Washington, D.C.: University Press of America, 1982, (xi) 200 pp. (5¼" x 8¼"), $7.69.

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Letter to the Editor

I would like to share with you my view that there are complex and stimulating philosophical and scientific themes and practical concerns associated with the relationship between behaviourism and J.L. Moreno's wide range of works. These are already beginning to emerge, and no doubt these themes and concerns will take on great significance for us all as psychodramatists, sociometrists and group psychotherapists apply and extend Morenian Theory and practice. I would expect a much deeper appreciation of the differences and similarities between these schools of practice and theory to develop amongst writers and philosophers, as indeed this appreciation is developing amongst therapists and teachers.

Kelly's article "Behaviorism and Psychodrama: worlds not so far apart" published in JGPPS in the late '70s did look at some of the conceptual and theoretical similarities between these two worlds. As our experimental research, clinical practice, and personal meanings and purposes extend and deepen, there will be more to say about these two "worlds."

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Information for Authors

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

The journal welcomes practitioners' short reports of approximately 500 words. This brief reports section is devoted to descriptions of new techniques, clinical observations, results of small surveys and short studies.

1. Contributors should submit two copies of each manuscript to be considered for publication. In addition, the author should keep an exact copy so the editors can refer to specific pages and lines if a question arises. The manuscript should be double spaced with wide margins.

2. Each manuscript must be accompanied by an abstract of about 100 words. It should precede the text and include brief statements of the problem, the method, the data, and conclusions. In the case of a manuscript commenting on an article previously published in the JGPPS, the abstract should state the topics covered and the central thesis, as well as identifying the date of the issue in which the article appeared.

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

4. Reproductions of figures (graphs and charts) may be submitted for review purposes, but the originals must be supplied if the manuscript is accepted for publication. Tables should be prepared and captioned exactly as they are to appear in the journal.

5. Explanatory notes are avoided by incorporating their content in the text.

6. Accepted manuscripts are normally published within six months of acceptance. Each author receives two complimentary copies of the issue in which the article appears.

7. Submissions are addressed to the managing editor, *Journal of Group Psychotherapy, Psychodrama, and Sociometry*, HELDREF Publications, 4000 Albemarle Street, N.W., Washington, D.C. 20016.

APA ISSUES AN EXPANDED, REVISED STYLE MANUAL

A two-year effort to revise and enlarge the *Publication Manual of The American Psychological Association* (APA) has just been completed. A major goal has been to make the book—already a standard style guide for psychologists, educators, and students—easier to use. Among the principal changes are these:

- A simplified (consolidated) approach to reference lists
- A greatly expanded (and very useful) section on preparing tables and figures
- More detailed metric tables
- A new section on writing abstracts
- A new section on avoiding common grammatical errors
- An improved, more detailed index.

Copies are available from APA, 1200 Seventeenth St. N.W., Washington, DC 20036. 208 pp. $15 to nonmembers, $12 to APA members. $1.50 shipping charge.

A Call for Papers
Special Theme Issue on Clinical Cases in Psychodrama

Edited by David A. Kipper, Ph.D. & James M. Sacks, Ph.D.

The Journal is planning a *Special Theme Issue* devoted to descriptions and discussions of clinical cases treated with psychodrama. The issue will emphasize cases of special interest in terms of the clinical problems, the methods and techniques used, the treatment challenge they posed to the director of the groups, etc.

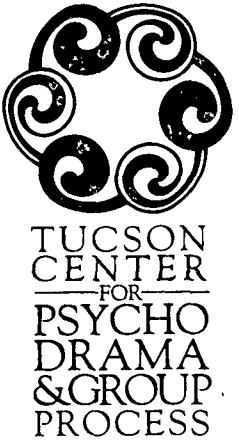
A special form with instructions to authors and guidelines for the format of the papers may be obtained from Helen Kress, managing editor of JGPP&S, Heldref Publications, 4000 Albemarle Street, N.W., Washington, D.C. 20016.

The deadline for submission of papers is March 31, 1984.

The American Society of Group Psychotherapy & Psychodrama

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.
Aims: to establish standards for specialists in group psychotherapy, psychodrama, sociometry and allied methods, to increase knowledge about them and to aid and support the exploration of new areas of endeavor in research, practice, teaching and training.

The pioneering membership organization in group psychotherapy, the American Society of Group Psychotherapy and Psychodrama, founded by J.L. Moreno, M.D., 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 in Paris, France, in 1951, whence has since developed the International Council of 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, the first journal devoted to group psychotherapy in all its forms.



REQUEST FOR RESEARCH PUBLICATIONS

The Tucson Center for Psychodrama and Group Process, with the support of ASGPP, is actively working to collect outcome research in the areas of psychodrama, sociodrama, role playing and related methods. If you have a research project or know of one that you believe should be considered, contact Tom Schramski at TCPGP, 927 N. 10th Avenue, Tucson, Arizona 85705, Tel. (602) 882-0090. The final collection of research abstracts will be made available to all interested members.

Call for ASGPP Research Award Nominations

The ASGPP Research Committee invites nominations for the 1984 ASGPP Research Award. The purpose of the award is to recognize one particular research study that has a contribution to knowledge in the field of psychodrama, sociometry and group psychotherapy.

Nominations may be journal articles published in 1982–83, masters' theses, doctoral dissertations, or final project reports completed in 1982–83, and convention papers presented during the same years. Nominations must include the following: 1) Names, address, telephone numbers of author(s) and person(s) nominating the research; 2) five copies of a brief statement of the significance of the research to knowledge in the field of psychodrama, sociometry, and group psychotherapy; 3) five complete copies of the article or report (if it is 50 or more pages, submit one copy along with five copies of an abstract).

Deadline for submission of nominations is January 27, 1984. Send nominations to Dr. Thomas Treadwell, Chair/Research Committee, Westchester University, Department of Psychology, Westchester, Pennsylvania 19380.

Heldref Publications
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