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Saint Elizabeths Hospital Action Training Lab for Police

David F. Swink
June Siegel
Barry N. Spodak

The development of the Saint Elizabeths Hospital role training laboratory for law enforcement personnel confronting crisis situations is traced from its origins. The application and efficacy of various training models are discussed and examples are used to illustrate key points in utilizing role training in a safe and effective manner. Recent research measuring the outcome of role training is cited.

At twilight a woman stands precariously balanced on a ledge while a young police officer speaks to her from a few feet away. The woman, who initially appeared ready to jump to her death, gradually moves closer to the officer as the intervention continues. Finally a hand is outstretched and offered, the woman takes it, is helped down to safety, and collapses in tears.

Slowly the darkness lifts and light reveals that the scene has taken on a psychodrama stage. The officer's colleagues applaud as the psychodrama director asks the audience to speculate on why this intervention worked so well.

Yet another question that an observer might ask is: How did the methods and techniques of psychodrama come to be used as an important training tool for the police force of the nation's capital?

To answer that question one must go back to 1914 in Vienna where J.L. Moreno, M.D., introduced his innovative theories concerning the

use of group psychotherapy, psychodrama, and role training (Moreno & Whitin, 1932). Since that time, Moreno's original concepts have influenced the methods of training in areas such as business, employee relations, and delivery of health services. As the tasks of law enforcement grew more complex and the training needed for this field demanded greater sophistication, law enforcement agencies also looked for ways to incorporate psychological insight and awareness into their training programs. In Washington, D.C., psychodrama and role training provided an answer to these specialized training needs.

In the early 1950s James M. Enneis, then Chief of the Psychodrama Section at Saint Elizabeths Hospital, introduced action training models as a method for teaching police officers in the District of Columbia to deal effectively with mentally and emotionally disturbed persons (Buchanan & Enneis, 1981). Saint Elizabeths Hospital, a federally funded psychiatric hospital that serves the District of Columbia, hoped in this way to better integrate the work of the local police and the hospital. In the years that followed, this program flourished far beyond the original modest expectation. Over 15,000 law enforcement officers have been trained by the Psychodrama Section since the inception of the program. The training has been delivered not only to numerous local police departments but also to national agencies such as the U.S. Secret Service, the F.B.I., and the U.S. State Department. The design of the training has grown to include models on hostage negotiation, interviewing of potential assassins, and crisis intervention with violent or suicidal individuals.

The basic training models that have emerged seek to integrate a variety of theoretical approaches. Each model is designed to present specific information and to provide a safe environment where officers can practice new skills as they discover the wide array of responses and roles at their disposal.

It is the purpose of this paper to make the reader familiar with the requirements, techniques, and theories that are basic to action training. To this end, one of the frequently used training models will be presented.

Training for Crisis Intervention

Police training at Saint Elizabeths Hospital developed through a cooperative relationship between the hospital and law enforcement agencies in response to the ever increasing number of calls for police assistance in crisis situations. Bard (1975) defines a crisis as "an upset in a steady state or a disruption of coping ability as a consequence of a stressful life experience" (p. 41). He states that society generally turns

to law enforcement agencies to deal with the daily civic crises that tear at the threads of domestic social fabric. The potential effectiveness of police intervention is due to their inherent technological ability for instant communication and highly mobile response capacity. Their legal and symbolic authority is important, too, in confronting crisis situations.

Bard further cites benefits derived by police from receiving crisis intervention training as including: increased personal safety, enhanced job satisfaction, and improved communication with the public whose support they need. Benefits to the public include a heightened sense of security and a greater chance that the outcome of a crisis will be positive. Saint Elizabeths Hospital also benefits in that the referrals received from police officers are of a more appropriate nature, thus reducing a drain on hospital resources.

Role Playing

There are many models of training which incorporate the use of action methods, generally either structured role playing or spontaneous role playing (Weiner & Wohlking, 1971). *Structured role playing* is used when specific skills requiring definite methods of intervention are being demonstrated. An example of this would be arrest procedures. *Spontaneous role playing* is used when there are no clear rules and prescribed ways of behaving. An example of this might be talking a potential suicide down from a bridge. The major objectives for spontaneous role playing as delineated by Weiner and Wohlking (1971, p. 9) are:

- To aid participants to achieve insight into their own behavior;
- To aid participants to achieve insight into the behavior of others;
- To modify attitudes related to job, family, or social life;
- To aid participants to achieve new ways of dealing with problem situations; and
- To develop diagnostic information concerning the style and approaches of participants to certain types of problem situations.

The specific goals and objectives for each session depend upon the contract with the agency seeking training, and upon the skills and resources of the trainers. Much more skill and knowledge about action methods, group dynamics, and role theory are required of the director of a spontaneous role playing session, than are required of the director of structured role training. While both models are utilized at Saint Elizabeths Hospital's Training Lab, this article will focus primarily on the spontaneous role playing of crisis situations.

Action Training Session Design

Of the many different formats and models used in action training at Saint Elizabeths Hospital, the following is a general description of the model most frequently used at the Training Lab.

The first part of the session prepares the trainee to implement new and adequate responses to old situations or adequate responses to new situations. The warm up is conducted by the director of the session who must be an expert in at least two areas: action training and the topic of concern (e.g., crisis intervention, hostage negotiation).

The director first ascertains what *expectations* are held by the trainees. It is important to clarify incongruencies in expectations about what is to happen and what actually will happen.

The next step involves clearly delineating the *goals* and *objectives* of the training. After the trainees are prepared for what they will be learning, the definition of the topic is explored. They consider such issues as: "What is mental illness?" "What is a crisis?" "What are the causes of suicide?" Trainees are encouraged to discuss their perceptions of the topic area. From listening to this discussion the director can establish the knowledge baseline of the group. The director explains how role relationships have a tendency to reciprocate one another, and in what ways looking at behavior in terms of role helps to determine the need for a particular type of intervention. This perspective provides the officer with a useful tool in effectively evaluating threatening or difficult situations.

Trainees learn to view stressful situations from a *systems theory* perspective that stresses active components in the formation of human relationships. With a systems framework in mind, the officer is more likely to make a successful intervention than if he sees the problem as being the fault of one person showing the most symptoms.

Communication strategies and techniques are taught to the trainees with emphasis placed upon increasing the trainees' awareness of the importance of nonverbal communication (body position, proximetrics, movement, voice tone).

The *action* phase begins after the class is warmed up to the subject matter. Generally, a brief scene-setting introduction is given before each role play and officers either are chosen or volunteer to intervene in the situation. In actual crisis situations, officers rarely have more information than the location and type of disturbance. One of the goals of the class is to teach the psychosocial dynamics behind the disturbance or crisis, so that the officers can see how a situation builds to the point of necessary intervention.

In this particular model, psychodrama trainees take the roles of people in crisis situations. These professionals in training are used because it is very important that the persons taking the roles do so strongly and convincingly. They must never fall out of character and must consistently make appropriate demands that require responses from the intervener. The trained role player must respond realistically to the situation. To accomplish this, the role player in the crisis scene must develop a thorough understanding of the psychosocial profile of a person involved in a particular crisis. He must constantly incorporate these dynamics into the role and respond just as the person would in real life. The following is a typical crisis situation.

> A man is seen sleeping in a barren and bleak apartment furnished with only a bed, blanket, and radio. As his breathing becomes shallow and quick, he rolls restlessly into a horrible nightmare which culminates in a piercing scream. The man awakens with terror and panic in his eyes and begins speaking to an hallucinated vision of a Vietnam War buddy. As the simulation progresses it becomes apparent that he has had tragic experiences in Vietnam that included witnessing the mutilation of a child of whom he was fond. His sadness, loneliness, and anger are at times transformed into incomprehensible language and responses to voices not audible to others. After smoking some marijuana, he walks cautiously through the streets, carefully looking around corners to avoid ambushes from "Charlie." In desperate need of money, he enters a V.A. office to obtain the benefits owed him, only to find that his file has been buried under a mountain of bureaucratic paperwork. He pulls a gun and takes a hostage.

Once the crisis situation has fully developed, the intervening officer is called in. The officer tries to use information received in the initial phase of the session, incorporating those new skills with resources already in his role repertoire. The old dictum of "learning by doing" applies here. One does not learn to fly an airplane by reading, attending class, and then proceeding to enter the craft and fly solo. One must practice the mechanics on a simulator first and when the instructor and student feel confident in the novice pilot's skills, he flies. Similarly, hostage negotiation theory or crisis theory can be taught verbally in the classroom. The brain can store all of this information, but can it be recalled and put into action in a highly stressful situation? The action training provides a stressful arena in which the officer's heart is pounding, breathing is rapid, and perspiration is flowing. The sympathetic nervous system is supplying the chemicals needed for fight or flight, responses which are used as a last resort by the human organism

engaged in crisis. In the role play, officers learn to adapt to the stress and to try out the many roles at their disposal. In a safe environment they can experience the consequences of their behavior.

The director observes closely the intervening officer and other group members, offering verbal reinforcement for behaviors which are useful and appropriate in defusing the situation. When ritualized behaviors or actions cause the crisis to be extended or become more acute, then alternative behaviors are introduced. The director can stop the action at any time and then seeks input from the group: "What is Officer Johnston doing that is useful in this situation?" (Positive reinforcement for appropriate behavior) "What might you try in this situation?" (Alternative behaviors).

The director may point out nonverbal cues or responses to the officers or interject other observations during the action. Buchanan (1981) describes the ways in which heightened dramatic techniques and projection into future possibilities can be used to bring the role play to a conclusion.

Simulations

One simulation which has been used in action training at the Lab is attempted suicide. Suicide is listed as the tenth leading cause of death in the United States for adults and second for adolescents. There are eight to ten attempts made for each suicide accomplished (Hoff, 1978). The officer placed in the intervener role is encouraged to make the person feel understood and connected to others. Emphasis is placed upon presenting immediate "here and now" alternatives. The importance of effective verbal and nonverbal communication is stressed.

In one psychodrama police officers are attempting to coax a person threatening suicide from the edge of a bridge. One officer holds an outstretched hand to the person in the precarious position between life and death. The subject says, "You can't help me. See how scared you are! Your hand is shaking!" The officer withdraws his hand and folds his arms stiffly across his chest in embarrassment. The director freezes the action and intervenes. "How can you use the nonverbal behavior the subject just emphasized?" After discussion the officer concludes that indeed a little fear is natural and can be used to establish rapport with the person on the bridge. When the action resumes, the officer again holds out a shaking hand. "Yes, my hand is shaking. I'm afraid you will fall and I don't want you to do that. Take my hand, please. Come down here with me and talk." Ten minutes later the person comes down.

There have been times, however, with other officers where the person jumped and "died" because of some insensitive remark or inappropriate heroic effort. (Of course one advantage of psychodrama is that the auxiliary can be "resurrected" and the officer can try a different approach!)

Another simulation involves the crisis of rape. Interveners are encouraged to be genuine and nonjudgmental. Officers try out alternative behavior styles that avoid making the victims feel as though they are being "emotionally raped" by the intervener. Appropriate strategies for obtaining necessary evidence from the victim are explored. Officers are taught to incorporate the needs that the victim's friends, spouse, and significant others have to ventilate feelings by responding appropriately to expressions of rage, guilt, sadness, and helplessness.

A third simulation involves people labeled by society as "marginally functional." They are individuals who usually create an annoyance or inconvenience, but are not breaking the law. In large cities, typical nuisances include "bag men and women," panhandlers, or persons exhibiting bizarre behavior. Usually, these people have few social ties, limited finances, and perhaps no housing. A traditional approach to interacting with these people often exists among law enforcement officers: the "hot potato" approach. A paranoid schizophrenic goes to the White House to ask the President to stop the KGB from sending harmful rays through his TV because they control his thoughts. If the Secret Service agent intercepting this man adheres to the "hot potato" approach, he tells the man something like, "Oh, that's not the President's job. You should talk with the State Department people." The State Department sends the man to the Capitol. From the Capitol he is sent to the Supreme Court. The man was totally harmless at the White House, but by the time he arrives at the Russian Embassy he may be ready to kill someone. Intervening officers in these crisis scenes are encouraged to try out different communication strategies coupled with referrals to local, state, and federal agencies equipped to meet the individual's needs in order to reduce the chance of unnecessary imprisonment or hospitalization.

During the last five years systematic approaches to intervention in hostage situations have been developed by the law enforcement community, especially by the New York City Police Department and the F.B.I. Academy (Culley, 1974). David Swink of the Psychodrama Section, in cooperation with the F.B.I., developed an action training model for hostage negotiators in 1978. In this model, which is part of the F.B.I. Academy's two-week seminar, emphasis is placed upon in-

creasing negotiators' awareness of their own resources in establishing rapport with the hostage taker. Strategies for building mutual trust and exchange are implemented. Role analysis, nonverbal communication, exchange strategies, and delay strategies are also emphasized. In the simulation described earlier, a Vietnam War veteran at the V.A. office took a hostage. After a quick role analysis of the situation, the negotiator hypothesized that the hostage taker might respond well to the negotiator's assuming the role of "commanding officer." The negotiator slowly began to play that role and to give orders. The hostage taker responded to that role and began following orders.

Intrafamilial disturbance and violence until recently has been a neglected topic in this country, although it is a situation that presents a great danger to law enforcement personnel. As in other systems, both positive and negative reciprocal patterns of interaction develop in families. Often families identify one member as the scapegoat for the cause of family problems. However, the problem is not the one family member but the disequilibrium of the family system.

In action training for family disturbances, officers try out ways of defusing conflict and promoting nonviolent resolutions of problems. The emphasis is on increasing officers' awareness of the range of roles available to them in defusing the situation. Police officers frequently assume the role of "authoritarian father," but quickly learn that even within the presentation of "father" numerous variations are possible, e.g., "sympathetic father," "respectful father," or "consoling father." Officers are taught that each role has the power to elicit a reciprocal role.

Critique and Sharing

There are typically two or three role plays during each class, each with a critique. The entire class talks about what was effective and what other strategies might have been utilized. The people who took the roles of the victims in crisis share from the part that they were in. For example, a role player might state, "When you knelt down and lowered your voice, I felt that I could trust you more." This sharing provides specific behavioral feedback to the officers and "de-roles" the person playing the victim. Care must be taken during this phase of the training to present feedback in a helpful manner. Participants can then incorporate it and will maintain a positive attitude toward participating in further action training.

After the final critique there is a question and answer period followed by an evaluation of the class by the trainees.

Evaluation of Effectiveness of Training

The Psychodrama Section serves as a training laboratory. The actual test occurs when officers utilize their skills in real crisis situations in the community. Officers generally report that the training is valuable and relevant to their work. The increasing number of requests for training indicates that police commanders also think the training is important.

Further evidence of effectiveness can be derived from reports and evaluations of the SEH-D.C. Metropolitan Police Family Crisis Intervention Project. This project entered its planning stage in October of 1978. Since then forty-hour courses have been regularly conducted. These classes are divided into numerous modules which include lectures and films on subjects including police stress management, cultural issues, officer safety, legal procedures, alcoholism, and family violence. Action training sessions are dispersed throughout the entire course to provide a laboratory for trying out skills learned in didactic sessions. Buchanan and Hankins (1983) conducted a study investigating the effect of this project upon the number of assaults against 1,444 police officers and found that the crisis intervention training significantly reduced injuries to officers in domestic disturbances. (The n in each cell was insufficient to compute chi square for 1979, 1980, and 1982.) In 1981: $\chi^2 = (1)\ 12.19, p < .005$. In 1982, 689 of 1444 officers were trained. Injuries to trained were 2 and untrained were 13. Reduction in injuries (1980: $\chi^2 = (1)\ 17.86, p < .005$; 1981: $\chi^2 = (1)\ 74.63, p < .005$; 1982: $\chi^2 = (1)\ 37.43, p < .005$) also carried over to all police calls.

There are numerous models for action training, each with advantages and limitations. The model described here, which utilizes spontaneous role play, demands a highly skilled director and role players. In more structured models, police may take the victim roles under a more directive leadership.

There is a definite trend in the law enforcement community toward the use of action training (Buchanan, 1981). When providing training for police crisis intervention at the Saint Elizabeths Hospital Action Training Lab, the trainers also reached significant conclusions. They have come to understand police officers and the stresses they incur and have established a healthy working relationship with them. Greater cooperation between the fields of mental health and law enforcement continues to develop. As these professionals learn more about one another and develop mutual trust, the result will be a more efficient and effective mental health delivery system.

REFERENCES

Bard, M. (1975). *The function of the police in crisis intervention and conflict management*. Washington, DC: U.S.Department of Justice.

Buchanan, D.R. (1981). Action methods for the criminal justice system. *Federal Probation, 45*, 17-25.

Buchanan, D.R., & Enneis, J.M. (1981). Forty-one years of psychodrama at Saint Elizabeths Hospital. *Journal of Group Psychotherapy, Psychodrama and Sociometry, 34*, 134-147.

Buchanan, D.R., & Hankins, J.M. (1983). Family disturbance intervention program. *F.B.I. Law Enforcement Bulletin, 52* (11), 10-14.

Culley, J. (1974). Hostage negotiations. *F.B.I. Law Enforcement Bulletin, 43* (10), 10-14.

Hoff, L.A. (1978). *People in crisis: Understanding and helping*. Los Angeles: Addison-Wesley Publishing Company.

Moreno, J.L., & Whitin, E.S. (1932). *Plan and technique of developing a prison into a socialized community*. New York: National Committee on Prisons and Prison Labor.

Weiner, H.B., & Wohlking, W. (1971). Structured and spontaneous role playing: Contrast and comparison. *Training and Development Journal, 25*, 8-14.

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Address: David F. Swink
June Siegel
Barry N. Spodak
Psychodrama Section
Saint Elizabeths Hospital
Washington, D.C. 20032

Skills through Drama: The Use of Professional Theater Techniques in the Treatment and Education of Prison and Ex-Offender Populations

Marjorie Melnick

The present report summarizes a descriptive study of an educational and therapeutic process called Skills through Drama. Although the techniques can be adapted for different populations, Skills through Drama was originally created for prison inmates and ex-offenders, particularly the transient populations in detention centers. Professional theater techniques are used to teach basic educational skills to adults while providing a safe and therapeutic setting to work on conflicts and problems. Former students have assisted teachers in conveying the techniques to others. The techniques have been documented on videotape and in written format. This training may lead to productive jobs for a population who have difficulty obtaining stable work.

While most people feel prisons are necessary to maintain a safe society, prisons have tended to serve better as places of incarceration than as places of rehabilitation. Eighty-five percent of all ex-offenders commit new crimes and return to jail within a year, and most offenses occur within the first four months of release (Ryan, 1976). Because ex-offenders are frequently unskilled, uneducated, and unstable, they often find it difficult to obtain or maintain employment. In addition, ex-offenders are often described as angrier and more violent following incarceration (Syracuse University Research Corporation, 1968). Although this population clearly needs both educational skills and therapy, inmates have been more willing to attend education or theater

classes than to become involved in a therapeutic process (Ryan, 1976). Although the Skills through Drama program has been used successfully in a variety of settings, it was originally designed for this particular population.

The therapeutic value of theater for prison populations has been widely acknowledged. Theater workshops for prisoners and ex-offenders have been portrayed as more effective in significantly reducing the rate of re-arrest among participants than any other of the many remotivational programs in the correctional systems across the country (Ryan, 1976). An issue of *The Drama Review* on Theater and Therapy featured two chapters which specifically described theater groups working with prison and ex-offender populations. Most of these groups focused on providing inmates with theater workshops and many culminated in one or more performances. Some of the programs were set up on an intensive, short-term basis (Street Theater, Guthrie Theater, Cell Block), while others maintained repertory companies made up of ex-offenders, ex-addicts and others (The Family). In all cases, the theater work naturally provided certain insights and experiences which led to more control and responsibility. Participants learned about dedication, commitment, and participation in a group process. Participants often found that they could "get a better high off of your creativity than any of those cold unnatural deadly chemicals" (Morton, 1976). However, most programs did not specifically concentrate on helping students observe and sustain changes that could lead to more mastery of one's life. Consequently, many participants never realized why creativity provided an alternative to drugs. The exception was The Cell Block, which, like Skills through Drama, used improvisations based on conflict, where participants could not use violence, walk away, or call upon authorities for conflict resolution. The choice of focused improvisations based on conflict helped participants to increase awareness of their own behaviors, to see the effect of their own behavior on other people, and to restrain themselves and think of future consequences, while dealing with emotionally charged interpersonal relationships. The Skills through Drama program was conducted by a professional theater director who was in a doctoral program and subsequently received a doctorate in psychology and education. In addition, Skills through Drama, like Cell Block Theater, relied upon consultant psychiatrists and psychologists for supervision and additional insights into inmate behavior and needs.

While some of the programs described in this article provided experience in writing as well as in theater production and acting (Guthrie Theater), Skills through Drama is the only program that focuses upon

the simultaneous development of educational skills, acting and theatrical competence, and therapeutic insights.

Significant Advantage of Psychodrama

Psychodrama is another approach that provides growth and insight using theater. As Blatner (1973, p. 1) states, "The most significant advantage of psychodrama . . . is that it converts the participant's urge toward 'acting out' into the constructive channel of 'acting in.' " In this way it is well suited to many aspects of inmate personality structures that sometimes oppose analytic treatment. Impulsivity and the desire for immediate gratification make commitment to the slow-moving process of more traditional analysis difficult. Uncertainty about the ability to deal with change and with the loss of security is especially acute in infantile personality structures. Often, too, inmates derive secondary gains from their violent acts.

Psychodrama has been a successful approach in working with several prison populations. Morena effectively used the group setting and emphasized spontaneity training in his psychodrama therapy in helping prisoners return to life in the outside society (M. R. Haskell, 1974). Psychodrama has also been shown to impact effectively on male prisoners with stuttering problems (R. J. Haskell & Larr, 1974). One study, conducted over six years with 135 prisoners, demonstrated psychodrama to be more effective in treating criminals than traditional methods (Hoff, Sluga, & Grunberger, 1969).

However, psychodrama, like other therapeutic approaches, sometimes has tapped inmate resistance. As David Birn, director of the Guthrie Theater, who worked with three prison populations, states:

> They [the inmates] are continually telling me that one of the reasons they like my class is that they are inundated with psychological self-help programs . . . . In fact, there was a lot of hesitancy at first because the inmates thought it was going to be some kind of a psychodrama thing. My class is an escape from those kinds of classes they abhor. (Ryan, 1976, p. 42)

There are two reasons for this resentment and resistance. First, the therapists employed by the prison are often also the pill dispensers. Therapists are seen as partners in a system which is dehumanizing the inmates by passing out drugs which are used as an escape by some and as a control of undesirable behavior in others. Even those therapists who do not dispense pills (like psychodrama therapists) are often stigmatized by this attitude. Second, most therapies depend on the revelation and confrontation of personal information. Inmates hesitate to reveal any personal information because of realistic fears that infor-

mation will be used against them legally in court or that other inmates may victimize them in the prison.

The Skills through Drama Process

Skills through Drama was not presented as a therapy in either the prison or ex-offender workshops. Instead, classes in reading, writing, grammar and communication skills using the Skills through Drama approach were presented as part of an entire educational offering. Many students participated in all four classes while others joined only one class. All participated on a voluntary basis. The popularity of the Skills through Drama approach was based both on its use of professional theater techniques and on its respect for and incorporation of the cultural orientation and emotional concerns of the students.

In all four classes, improvisations were developed using conflict situations. Because of inmate fears of victimization, improvisations introduced conflicts which were similar to, but not based on, actual circumstances or facts. Roles were consequently performed publicly, without revealing personal information. To decrease self-consciousness and to increase concentration, students were taught acting techniques for feeling private in front of an audience. Conflict situations in improvisations often introduced characters such as lawyers, officers, and teachers who had traditionally seemed threatening and antagonistic. Students had to communicate verbally within the boundaries of the scene because they were not permitted either to leave or to use violence within the improvisation.

Students in the Skills through Drama program are introduced to the concept of the acting objective. The first choice students make in each Skills through Drama class is an emotional objective such as "I want support," "I want control," or "I want respect." Students learn to observe how much they are (or are not) attaining this emotional objective as they read, write, or communicate and to adjust their interaction to reach their objective more effectively. This process heightens awareness of feelings at a given point and assessment of what adjustment is necessary and possible to attain the objective.

The process of self-modulation and critical evaluation is incorporated and reinforced in different ways in these four different Skills through Drama classes:

Writing

Scenes based on conflict are set up and spontaneously improvised by pairs of students. All scenes are taped and then transcribed by the par-

tipants. A support system develops that encourages reluctant writers to script their own dialogue. What follows is a sample set-up for such a scene:

Character *Objective*

Inmate: I want you to get me out.

Lawyer: I want you to go along with the plea bargain offered by the District Attorney.

Place: Counsel room in a prison.

Personal facts (to make this character specific and avoid stereotypes):

Inmate: Charged with a homicide I did not do . . . I live alone . . . I have never been in trouble before . . . Night of crime I was home alone watching T.V. . . . My bail is $35,000 . . . I gave all of my $2,000 savings to this lawyer.

Lawyer: My client has been picked out of a line-up by a well-known upright person in the community . . . My client does not have a proven alibi . . . A plea bargain will lead to a 10-year sentence . . . My client will get 25 years to life by going to trial . . . I need to enhance my reputation especially now while I am paying for a series of operations needed by my spouse.

Reading

The techniques actors employ in auditioning can be used to facilitate reading. These techniques can be applied to both popular literature and student-created scripts from the writing class.

Actors use audition techniques to deal effectively with material they have never read before. Actors choose an emotional objective which they then try to evoke in the listener as they read the script. The choice of an objective is arbitrary. Any objective can be chose since some aspect of the character's needs as a human being is certain to be expressed. By having to consider feedback from the other actor(s), the actor's attention is focused on the interaction on stage, rather than on the casting director. Applying these techniques, students in the Skills through Drama approach reading with meaning, showing character relationships and interaction even in a first reading. Students are able to participate regardless of reading level because the audition approach requires slow reading and filled pauses. Students who cannot read English, or who have severe reading difficulties, work with a tutor. The tutor feeds the words, a phrase at a time, to the student. Mistakes

become a natural part of the communication process and challenge the reader to incorporate errors creatively into the flow of the interaction.

Practical Communication Skills

In this class, scenes featuring the courtroom, job interviews, and the parole board are enacted and videotaped. Although inmates have much at stake in these situations, because of a lack of direct feedback they are often unaware of the inappropriateness of their behavior. By viewing and discussing behavior in fictitious scenes with their peers, inmates see how their behavior affects other people and the outcome of important situations. They learn how to make adjustments in future situations to communicate more effectively.

In the communication class, students often notice discrepancies between what they verbally say they desire and what their behavior indicates they want. Many students, for example, have pointed out that the defendant's hostile actions create the appearance of guilt or that the job applicant does not seem to really want the job and sabotages her own chances. For many, this is the beginning of understanding that unconscious needs are being expressed. Acceptance of these unconscious needs constitutes a first step in the process of changing overt behaviors.

Many students have trouble in situations that involve potential rejection. Scenes in the communication class are chosen to help students see that rejection is often motivated by other than personal factors, as demonstrated by the following improvisation:

Character	*Objective*
Ex-Offender:	I want the job counseling children at the Foundling Hospital.
Interviewer:	I want my supervisors to see that I am best suited for the counseling job.

Place: Interviewer's office at the Foundling Hospital.

Ex-Offender: I need a job and must report to my Parole officer that I got one . . . While I was in jail I lost contact with my child and my child's mother/father. A friend told me that my former lover put my child into a home or the Foundling Hospital . . . Maybe my child is here . . . Or, at the least, I hope people who care as much as I do are working with children in these places.

Interviewer: I've been working in this office for three years. I've always hoped I could become a counselor. The counseling job comes with a higher salary and I love children. My supervisors passed me over and asked me just to interview the applicants.

In this scene, the interviewer has a reason to be critical of the applicants. Students in the class can see that the interviewer is rejecting for personal reasons. In the discussions, students learn to discriminate between reactions that are constructive, albeit critical, and those that are hostile and negative because of the attitude of the opposing person. In this way, students learn to differentiate reactions and to become more objective about rejection.

Grammar

In grammar class, scenes using improvisational techniques and theater games are devised to teach the parts of speech and punctuation. This class provides sustained participation in a social group where leader and learner together create and act out scripts of scenes in which the principles of grammar are reinforced. An example follows:

A gang is alone in the park, planning a robbery. They use nouns entirely, rather than pronouns, so that they can be absolutely specific with their plans. ("Mary will give the money to Steve.") Then the scene is repeated in the presence of the police. The plans are the same, but pronouns are used to disguise their activities from the police. ("She will give it to him.") In this way, the class learns that pronouns take the place of nouns.

The Transience Factor in Detention Centers

Detainees awaiting trial (like those at the Queens House of Detention for Men, where Skills through Drama was instituted) are at a crisis time in their lives. The length of their jail term and thus their separation from family and the world is unknown.

Transient populations create special problems for educational programs. Attendance in any class may be for as little as one day or as much as one year before the student is transferred, released, scheduled for trial, or sentenced. Skills through Drama was set up to incorporate the fact of population transience into the approach. In the writing class, for example, students might be at any point in the writing process:

- creating the improvisational set-up with a partner
- acting out the set-up

- transcribing one's own scene
- editing the scene
- helping another student transcribe or edit
- viewing another student's scene

Each communication class is structured to include an enactment, a discussion, and an evaluation period. This makes it well suited for a transient population. Even students who attend for only one day still have the opportunity to critically examine behavior in a situation that is important to them. Students who attend over a long period of time can compare and contrast their behavior in many situations and can practice modeling alternative behaviors.

Populations Using the Skills through Drama Approach

Skills through Drama comprised one part of the Adult Learning Center at the Queens House of Detention. This center was sponsored by The City University of New York, F. W. LaGuardia Community College Department of Continuing Education, and was funded over a three-year period with monies that were allocated by the Criminal Justice Coordinating Council of the City of New York.

The programs at the Adult Learning Center generally fell into three divisions. In the Adult Basic Education program, students generally tested at a 7.9 grade level or below and were working to obtain basic reading, math, and language skills. The General Educational Development program (G.E.D.) comprised a second division, which was subdivided into two branches: the Pre-High School Equivalency, where students generally tested between an 8.0 and 9.9 grade level in skills and the High School Equivalency, where students generally tested between a 10.0 and 12.0 level in skills. The specific purpose of the G.E.D. program was to prepare students to take the High School Equivalency Test. For those inmates who had high school diplomas or equivalency a number of courses were available for college credit from LaGuardia Community College. The Skills through Drama courses were available to all students, irrespective of reading level. The skill level of class participants ranged from illiterate to college level, and the classes were organized to take advantage of this heterogeneity.

In addition, a Skills through Drama workshop was begun at the request of ex-inmates in February 1978. This group met regularly on a weekly basis through July 1978, then for several reunions in 1979. Participants included not only ex-inmates and prisoners out on bail, but also relatives and friends who had emotional conflicts or who were substance abusers.

Program Effectiveness

The data presented relates to the Skills through Drama program over a period of three fiscal years (i.e., August 1975-June 1976; August 1976-June 1977; August 1977-June 1978).

Participants reported on a continuous basis through videotape, letters, and written comments providing subjective evaluations. A few of the many available comments are presented here:

> It used to be, if I wanted attention when I walked into a room, I just walked in with a gun. If I got angry, I used the gun. Through the Skills through Drama classes, I know I can get attention. I can express my anger without a gun. (George)

> I feel more confident all the time, not just here; it's all the time. One of the biggest things was learning how to deal with anxiety because a lot of times in here I was put into situations where I didn't know what I was going to do and I got real anxious like "What do I do? What do I do? What do I do?" You know? And I got through them okay. I think I can keep my head more in everyday life when I'm in anxiety-producing situations. (Linda)

> It really adds depth to the reading. You really become involved in the reading. You become the reading. Okay? For instance, trying to get maybe pity, or get respect, get attention, okay? And not only does the reading become interesting, it also helps you get in touch with a lot of things about yourself, as you're reading as far as how I'd come across if I was trying to get attention from someone, where I can get a response coming back from someone. (Kenny)

> I am convinced that your instructional methodology had a definite therapeutic benefit to your students. It was in your class, probably for the first time, that many of the participants got to "see" themselves as others see them. I have no doubt the impact was impressive.
>
> (Director of Inmate Programs,
> The City of New York,
> Department of Corrections)

This model called "Skills through Drama" proved to be the most successful component of the educational program at Queens House of Detention because it seemed to instill a high motivation and keen interest to learn. The materials were relevant to the students' lives and the men developed a camaraderie for assisting others in improving reading, writing, language, communication, and math skills. Other

pertinent attributes of this model were the therapeutic byproducts such as self-confidence, less acting out in destructive activities, experiencing new positive roles, learning to work with limits, realizing mutual responsibility, and learning to eliminate depersonalization through empathy.

(Program Director,
The Adult Learning Center,
Queens House of Detention)

Several indices were used to measure participation in and effectiveness of the Skills through Drama program both as an integral part of the Adult Learning Center and as an independent educational/therapeutic program.

One index was obtained through a pre- and post-administration of the California Achievement Test to those inmates who were available for re-testing after 18 weeks of participation. In both the G.E.D. divisions (Pre-High School Equivalency and High School Equivalency) and in the Adult Basic Education Program, the results of the pre- and post-testing indicated impressive gains. Table 1 summarizes the test results of 381 students tested during the 1976–77 school year.

Table 1. Grade Increase between Pre- and Post-Testing Results on the California Achievement Test for Reading, Math, and Language Scores

	Adult Basic Education	Pre-High School Equivalency	High School Equivalency	Total Average
Reading	+2.4	+ .8	+ .9	+1.4
Math	+1.3	+2.3	+1.3	+1.6
Language	+2.6	+2.7	+ .8	+2.0
Average	+2.1	+1.9	+1.0	

A second index comprised the increase in patterns of enrollment between the 1975 and 1976 Fiscal Years, indicating widespread acceptance of the Adult Learning Center and the Skills through Drama approach. The number of students participating in the G.E.D. program more than doubled (121 students in 1975 and 349 students in 1976), while the total number of student hours spent in the program also increased (22,880 hours in 1975 and 47,376 hours in 1976).

When Skills through Drama was implemented as an independent workshop, without the linkage with the Adult Learning Center, the results remained positive. Of the people participating in this workshop

format, 69% stayed in the program for over seven months. Of those participating in the program for the full seven months, four had difficulties that led to incarceration, recidivism, or disappearance. One of these four was out on bail at the time of the workshop and subsequently plea-bargained for a minimal sentence. He became a religious leader within the prison and held a job as editor of the prison newspaper. Three were ex-inmates, one of whom was sentenced to a term in jail and two of whom went underground to avoid trial. The incarceration and recidivism rates for the prisoner group is shown in Table 2.

Table 2. Situation of 1978–79 Drama Workshop Participants Seven Months after the Workshop

Convicted on first charge	7.15%
Fled to avoid trial	14.30%
Returned to jail on a second, post-workshop charge	7.15%
Regularly employed and not charged with a second offense	71.40%
TOTAL	100.00%

Discussion

Considering the combined data from self-reports, increase in skills levels, and drop in recidivism in the Workshop population, we feel that Skills through Drama offers a unique approach that should be further documented. In the course of the present study, only the Skills through Drama approach was implemented. It was our intent to first evaluate the merits of our approach based upon subjective responses of both the teachers and students and to explore some different statistical indices of success for future studies. In addition, this approach was conceived as an integral part of a larger educational program. Because of the limited time in Skills through Drama classes during which the students could actually practice their skills, they were referred to the Adult Learning Lab for specifically designed remedial skill programs.

Several factors made the creation of a control group difficult. Our access to prisoners was limited to those who voluntarily chose to participate in the educational program. Consequently, it was not possible to administer the educational tests used in the evaluation of the program's effectiveness to prisoners outside the program. In addition, this pilot program was specifically designed for a transient population. The element of transience complicated the creation of a control group. The ability to match by even such straightforward variables as age, educa-

tional background, and criminal charge was eliminated by the fact that this population literally shifted on a daily basis. Although the lack of control groups makes it difficult to rate the effectiveness of this method or to contrast its effectiveness with that of other approaches with any specific degree of certainty, it should be noted that 69% of the ex-offender workshop participants stayed in the program for seven months, while 71.4% of those participating the Workshop became regularly employed and were not charged with a second offense, as contrasted with the national figure of 85% of those released from prison being rearrested within a year, most of those within the first four months (Ryan, 1976). It is hoped that as the Skills through Drama process gains adherents, a more definitive study will be conducted which includes "matched" control groups exposed to other learning techniques so that the effectiveness of this approach can be compared with that of other educational and therapeutic approaches. For this to happen, Skills through Drama must be implemented in facilities with nontransient populations.

This pilot program seems to indicate that Skills through Drama taught skills while simultaneously developing a sense of mastery, choice, and competency in personal and public relationships and communications. The program was designed to help students move from an action-based, impulsive reaction style in simulated conflict situations to a more reflective, flexible, analytic, language-oriented style. In addition, by providing scenes with characters who had traditionally seemed threatening and antagonistic, this approach tried to help students avoid depersonalizing and stereotyping people outside their everyday experience. The students became involved in a social process by becoming part of a theater community based on mutual trust, respect, and responsibility.

REFERENCES

Blatner, H. A. (1973). *Acting in: Practical applications of psychodrama methods.* New York: Springer Publishing Co.

Haskell, M. R. (1974). The contributions of J. L. Moreno to the treatment of the offender. *Group Psychotherapy and Psychodrama, 27,* (1-4), 147-156.

Haskell, R. J., & Larr, L. (1974). Psychodramatic role training with stutterers. *Group Psychotherapy and Psychodrama, 27,* (1-4), 30-36.

Hoff, H., Sluga, W., & Grunberger, J. (1969). Gruppen-psychotherapie und psychodrama bei kriminellen psychopallen (Group psychotherapy and psychodrama with criminal psychopaths). *Group Psychotherapy, 22,* (1-2), 103-115.

Morton, C. (1976). Nuyorican theater. *The Drama Review, 20*, (1), 43-49.
Ryan, P. R. (1976). Theater as prison therapy. *The Drama Review, 20*, (1), 31-42.
Syracuse University Research Corporation (1968). *Comparative survey of 1000 paroled inmates: Educational history of the Indiana Reformatory*. Pendleton, Indiana: Data Processing Center, Indiana Reformatory.

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Marjorie Melnick is a private consultant who practices in New York City.

Date of acceptance: February 25, 1984

Address: Marjorie Melnick
Planetarium Station
P.O. Box 138
New York, New York 10024

The Psychodramatic Treatment of the Borderline Personality

Stephen Sidorsky

The author identifies, illustrates, and discusses the dynamic and affective issues of the borderline personality and their treatment by the psychodramatic method. These particular issues—the split ego, the conflict between engulfment/symbiosis and abandonment/depression, the immediacy and intensity of feelings, and the narcissistic way of experiencing self and others—make this patient difficult to treat by "traditional" verbal therapies. Psychodrama, particularly the constructs of act hunger, surplus reality, spontaneity/creativity, and role expansion, and its use of auxiliaries and role reversals, addresses and incorporates these dynamics and defenses in the treatment. Several case examples from an ongoing psychodrama group in a day treatment center are examined to illustrate the specific applications of psychodrama with this population.

Until recently, the borderline personality has been mislabeled or ignored as a diagnostic category. Primarily through the efforts of James Masterson and Otto Kernberg, it has been given greater attention and acceptance and has been included in the *DSM-III*. Among the reasons for the difficulty in the development of a consensus about this disorder are an often deceptive clinical appearance, a lack of consistency of symptoms and complaints, and a tendency to emphasize intrapsychic conflicts rather than dynamic and developmental issues, as in an ego psychology model (Masterson, 1976). At the same time, the particular

set of dynamics and symptoms often makes this patient extremely difficult to work with, both in individual and group settings.

The psychodramatic method is a particularly valuable treatment modality with this patient and offers the practitioner a firm theoretical basis from which to treat the borderline adult, as well as a wealth of techniques. Both a theoretical model for the psychodramatic treatment of the borderline adult and examples of specific applications of psychodrama with this individual are presented here.

In developmental terms, the borderline personality is the individual who has been stunted in the transition from narcissism to a more firmly grounded reality orientation. While the symbiosis of caretaker and infant has taken place, the next development of separation and individuation occurs only in part, leaving the individual with a "split ego," an often poor delineation between fantasy and reality, and impaired object relations. This last issue involves a poor internalization of a parent: a split between good and bad, and an ongoing conflict between the rewarding/engulfing parent and the punishing/abandoning parent.

Borderline adults consequently tend to experience themselves and others in global, narcissistic terms which waver between idealized fantasy and grim reality. Experiences in relationships, work, and in one's inner experience are highly libidinized or bleak and lifeless. Relationships involve extreme dependence or total control of the other, merging of the individuals, or rejection and abandonment. Activities evoke one's "total commitment" or a robot-like participation lacking involvement. There is a wide schism between creativity and purposeful activity (i.e., work). Magical thinking is at odds with engagement in a process and/or employment of a body of knowledge (Fast, 1975). The individual's affective life is rapidly changing, often with apparently minimal stimuli from others. There are few, if any, symptom-free areas, minimal ability to tolerate any frustration, and a tendency to act out, both in the treatment hour and in day to day living.

Pervading these dynamics and the resulting symptoms are two important factors, one affective and one dynamic, which make the borderline patient difficult to treat by traditional means, but at the same time make this individual an excellent candidate for treatment by the psychodramatic method. The affective component involves the "immediacy and intensity of these feelings and the primacy they hold over the patient's entire life. The patient's functioning in the world, his relationships with people, and even some of his physiologic functions are subordinate to the defense against these feelings" (Masterson, 1976, p.38). The dynamic component is the split ego which weakens

the individual's perception of himself and the world, and others' attitudes toward him. Constantly activated and reactivated is the initial core conflict of the separation period: the individual's narcissism vs. the thrust into reality orientation, and the concomitant split between the pleasure of the former and the experience of abandonment depression of the latter.

The Split Ego in Therapy

In the treatment setting, the dynamics of the borderline patient are immediately activated, whether by the individual therapist or by members of a group. The therapist becomes highly idealized or devalued. The split ego causes the primary fears of engulfment and abandonment to surface in response to inner or outer stimuli, especially involving others. The borderline adult tends to be grandiose, intellectualizes, and experiences confrontation as a severe narcissistic wound which immediately evokes feelings of rejection, loss, rage, and in extreme cases, depersonalization. Positive experiences cause extreme idealization which, when even slightly tarnished, again evokes these feelings or evokes the drive toward symbiosis which is equally intolerable for the patient. The patient's grandiosity also makes group efforts difficult because of competition and the intensity of projection. All of these factors may evoke strong countertransference reactions in the therapist.

The borderline patient is, consequently, extremely difficult to treat. The psychodramatic method, however, offers many applications which not only address the dynamic and affective issues described, but also incorporate them as part of the process in the development of greater ego integration and a tolerance of broader and deeper degrees of feeling.

In order to illustrate these applications, a particular group of borderline patients has been chosen. This group is particularly appropriate since its members have a relatively uniform diagnosis and have been together for an extended period, meeting on a regular basis. Psychodrama is employed in a partial hospitalization program with twenty men and women, ranging in age from early twenties through early forties. Many of the women have histories or current conditions of anorexia nervosa or bulimia. About a third of the members have made suicide attempts and most have had at least one psychiatric hospitalization. All the members carry a diagnosis of borderline personality disorder and/or one of the affective disorders with almost identical symptomatology.

The average length of stay in the program is between six and nine months, although the range is from two months to over a year. Members are bright, intellectual, and psychologically minded, have the ability to self-reflect, and have some degree of insight. The program, which is non-residential, is viewed as a transition between an acute episode and a return to functioning in the community.

The psychodrama group has run for two years. It meets once each week and is led by rotating leaders. The directors work minimally with the members during the rest of the week.

Four Constructs of Psychodramatic Theory

The psychodramatic treatment of the borderline patient is based on the fundamentals of psychodramatic theory and involves four constructs whose value as operating principles is crucial. As a prelude to examining some cases from practice, it would be useful to identify and define these constructs: act hunger, surplus reality, spontaneity and creativity, and role expansion.

Act hunger is described by Blatner (1973) as "the drive toward a fulfillment of the desires and impulses at the core of the self." Surplus reality is the individual's "psychological truth," "the past, present, and future events which are a 'reality' in our imagination, if not the outside world." J. L. Moreno (1969) defines surplus reality as "the protagonist's truth, as he feels and perceives it, in a completely subjective manner (no matter how distorted it might appear to the spectator)."

In regard to both the dynamic and affective aspects of the borderline patient, these constructs should be considered together. The split ego, which was described earlier, represents the set of conflicting drives and forces in the individual's life. Both sides or selves within the individual look for expression and fulfillment, and both are equally real for the individual. At the same time, each side evokes a series of intensely threatening affects and associations against which the individual tries to defend. Generally, the feelings are so strong, the projections so obvious, and the self-defeating and self-destructive patterns so clear, that the tendency of the therapist or the group is, overtly or covertly, to convey the message, "Stop behaving that way! You know it's not like that!" or to provide interpretations which often result in further activation of the dynamics. The borderline patient often understands these dynamics intellectually, but cannot stop "acting this way," due to the intensity of the affective experience and the drive for expression. The psychodramatic method, fortunately, does not ask this of the protagonist. Rather, the individual is encouraged to "act that way," to

"maximize all expression, action, and verbal communication," and to show the group his or her surplus reality with all its distortions (Moreno, 1969). Through the use of doubles and auxiliary egos, the protagonist is able to explore his or her situation in action and to perceive himself or herself through the eyes of significant others. Most importantly, the protagonist is able to retain and tolerate the parts of the self which are so threatening. By expressing and confronting the parts of the split ego as well as the original individuals who were involved in this split, the patient has the opportunity to begin to work through the defenses and core conflicts.

The third and fourth psychodramatic constructs which are significant in working with the borderline patient are spontaneity/creativity and role expansion. Moreno (1978) describes spontaneity as "a new response to an old situation or an adequate response to a new situation." The result of spontaneity and creativity is an expansion and deepening of one's role, in different situations and relationships. As noted earlier, the relationships, work experiences, and inner experiences of the borderline individual are very much lacking in depth and breadth, whether they appear to be libidinized and highly charged, or robot-like, or lifeless. There are but two general reactions to stimuli which the individual uses: pleasurable, idealized union or abandonment, depression, and withdrawal. The narcissism of the individual prevents a mature, reality-oriented, and participatory experience, whether in interpersonal relationships or activities. Psychodrama facilitates the expansion of roles by helping the individual to draw on his or her creativity, to learn new ways of experiencing and acting. The fulfillment of act hunger, and the acceptance of surplus reality, frees the protagonist from the constraints of stereotypic behavior and helps create new roles and responses in life situations.

Some examples from clinical practice can serve to illustrate applications of psychodrama with this group.

A. B., a young woman, is experiencing anxiety and depression at the beginning of a relationship with a young man. She experiences herself as two parts. One is open, outgoing, and drawn towards others, while also anticipating punishment and rejection from this. The other part of her, presented in a fetal position, is isolated and withdrawn, but also feels safe and comfortable. Through the use of auxiliaries and role reversals, she is helped to experience both selves in their intensity, first in relation to the young man, and then, in relation to the original figures who are the objects of the split in her feelings—her parents. A. B. is given the opportunity to be her own double and to express her feelings to her parents without fear of punishment from them or herself.

She uses her spontaneity to create new ways to relate to them and moves beyond stereotyped and constricted patterns to a more stable, broadened sense of herself.

In A. B.'s psychodrama, she was able to use each of the constructs described earlier to emerge as a more integrated individual. The use of auxiliaries helped her to tolerate and retain the parts of herself which had felt so threatening and had overwhelmed her. Given the opportunity to play out her two selves, she learned that she could tolerate both extremes. She could be a social being without punishment and could feel basic safety and trust without having to remain isolated and dependent as an infant. The fulfillment of her act hunger illustrates Blatner's (1973) concept of how psychodrama "validates the protagonist's emotional experiences, thus reinforcing an integration of the previously rejected dimensions of the personality" (p.72). A. B. emerged with a sense of having the ability to make greater choices in her life, with a more integrated self, and an enhanced sense of her own strength and vitality. She was able to see the young man with a greater clarity and to engage in her relationship with him in a more present and reality-oriented way.

C. D., a woman in her mid-thirties, feels trapped between her conflicting drives of wanting to be with her lover twenty-four hours a day and of wanting to be a separate individual who lives her own life. She explores, psychodramatically, the anticipated and unanticipated possibilities of both arrangements and how satisfying and unsatisfying each might be. Her feeling that neither arrangement can work and her awareness that her relationships are "always like this, all or nothing," are clues for the director to the conflicts which go beyond this particular relationship. When asked directly if this situation and her feelings are familiar, she begins to re-experience her relationship with her mother with the ever-present conflicts between closeness and distance, and engulfment and symbiosis. C. D.'s two selves confront each other, with the help of auxiliaries, and she learns to tolerate the extremes of feeling of each side, as well as each side's own demands and needs.

C. D.'s split ego, as illustrated in her weakened sense of self and the constant shifting between idealized symbiosis and abandonment depression, is a dramatic example of the borderline condition. While in more traditional therapies the tendency might be to interpret, ignore, or repair the split, the psychodramatic method allows for its portrayal and exploration. While A. B.'s selves confronted her parents, C. D.'s confronted each other. The result was a greater integration of her self and a greater mastery over her feelings and behaviors in her relationships, which she was able to apply to her relationship with her lover.

E. F., a twenty-nine year old musician who had been a child prodigy, had been valued by her parents only for her musical talent and had been rejected and abused when she moved outside of this role. She eventually internalized her parents' attitudes, hated herself, and began a cycle of bulimic and anorexic behavior. In her psychodrama, she explored her feelings and experiences via age regression, focusing particularly on ages thirteen and fifteen, when she began developing interests in boys and sports respectively, which evoked punishment by her parents. Through the use of doubles and auxiliaries, E. F. reexperienced these situations with her parents, but, this time, was able to express her angry and negative feelings without the associated experience of abandonment and loss of self. This freed her, both to separate and to develop a greater sense of autonomy and acceptance of her own choices and interests.

E. F. is further freed to express some of her negative feelings to the other members of the group, announcing to them, "You're all lunatics!" Rather than feeling alienated, the members, having gone through this experience with E. F., were pleased by her openness, had identified with her struggle, and felt able to express their own negative feelings and hear them from each other.

In each of these sessions, the dynamic and affective components of the borderline patient were dramatized and explored, resulting in a more integrated, satisfying, and adequate way of dealing with feelings, relationships, and life situations. It is noteworthy that each protagonist presented the problem in a knowledgeable and psychologically minded manner, rather than through a vague expression of feeling. In presenting their concerns, the protagonists remarked, "This relationship is like all the others: I'm totally in charge or totally dependent," and, "Whenever I find something that's mine, I end up destroying it." In each situation, the protagonist had done much verbal work, but the psychodramatic method with its "experiential and participatory involvement" (Blatner, 1973, p.1) best facilitated the next step in working through the issue.

Consider the Technical Issues

Thus far psychodrama as an effective modality in both understanding and treating the borderline patient has been considered. It would also be useful to discuss some technical issues that are important in the application of psychodrama.

Of particular importance is the fact that many of the defenses and dynamics which cause difficulty in the treatment of the borderline pa-

tient by traditional means lend themselves to, and are employed constructively in, the psychodramatic method. Splitting, for example, the major dynamic, as well as means of defense, against painful feelings can successfully be portrayed with the use of doubles and auxiliaries to help the protagonist understand himself and learn to tolerate and integrate a variety of disparate feelings. By trying out different roles, he can learn to adopt a greater reality orientation toward himself and others. In addition, as the action in the psychodrama occurs on stage employing other group members, the transference toward the therapist (director) assumes less significance, and the underlying issues are addressed more directly. In addition, the often histrionic and dramatic style of the borderline patient can tend to distract attention from the core issues. The psychodramatic method allows for these types of behaviors and defenses and can use them in moving the action forward. While the value of sharing has been well documented, there are several factors which are important with this individual. The borderline patient often experiences identification with himself as a form of competition and as a distraction from his importance and uniqueness. In psychodramatic sharing, following others' participation in the action, the protagonist becomes more open, and the group members become less inclined to compete. Also, because analysis is not included in sharing, the intellectual defense is less apt to arise.

Psychodrama thus offers both a theoretical framework for understanding the borderline patient and a variety of treatment techniques. Obviously, a thorough foundation in psychodramatic theory and method and an understanding of the dynamics of the borderline condition are important. It should also be noted that unlike some other types of individuals (i.e., depressed, phobic, neurotic, etc.), the borderline patient's difficulty is not a partialized, bounded one from which the protagonist may emerge feeling better or having figured it all out. While the changes in the borderline patient can be dramatic, it must be remembered that there are few, if any, conflict-free areas for this individual and that the process of growth is a long one, requiring many psychodramas about many life experiences.

REFERENCES

Blatner, H. A. (1973). *Acting-in.* New York: Springer.

Fast, I. (1975). Aspects of work style and work difficulty in borderline personalities. *International Journal of Psychoanalysis, 56,* 397-403.

Masterson, J. F. (1976). *Psychotherapy of the borderline adult.* New York: Brunner/Mazel.

Moreno, J. L. (1969). *Psychodrama* (Vol. 3): Third Volume: *Action therapy and principles of practice.* Beacon, NY: Beacon House.
Moreno, J. L. (1978). *Who shall survive.* Beacon, NY: Beacon House.

Stephen Sidorsky is a therapist at the Psychiatric Day Treatment Center of St. Luke's/Roosevelt Hospital Center in New York City.

Date of acceptance: May 15, 1984

Address: Stephen Sidorsky
St. Luke's/Roosevelt Hospital Center
Amsterdam Avenue at 114th Street
New York, NY 10025

FAMILY VIOLENCE CONFERENCE

March 28-31, 1985

Child abuse, spouse abuse, elderly abuse, and sexual abuse are topics that will be addressed by national and local experts at the University of Miami's Family Violence Conference, March 28-31, 1985. Treatment models will be the focus of this convention with additional time alloted to issues of diagnosis (through interviews and testing), legal ramifications (throughout and after the treatment process), and therapist transference issues that impact on the total treatment process.

For further information contact: University of Miami, Knight International Center, 400 SE 2nd Avenue, Miami, Florida 33131 (305)372-0140.

The Use of Psychodrama to Facilitate Supervisee Development in Master's Level Counseling Students

Peter Kranz
Kathleen Huston

Master's students' growth as counselors was examined within a developmental context. The students reported feeling more comfortable with themselves and the counseling process after the inclusion of psychodrama theory and technique into the classroom training. Movement from valuing external sources of standards to more confidence in their own judgments was noted. The students progressed from beginning to intermediate levels of supervisee functioning in the areas of emotional awareness, autonomy, and respect for individual differences.

In teaching counseling to students on the master's level the past six years at the University of North Florida, the first author became increasingly aware of how difficult it was for most to be relaxed and spontaneous in the therapeutic encounter. Toward the conclusion of the master's program, a number of the students were still caught up with the "shoulds and oughts" of counseling technique as though becoming an effective counselor would somehow evolve through proper prescription. Unfortunately, prescription alone only created and reinforced sterotypic responses and behaviors in the student counselors and, in so doing, often removed much of their unique humanness from the counseling encounter. Thus, the learning tasks became endeavors in technique rather than experiences which promoted understanding of internal and interactional processes. The end effect often resulted in

the student therapists not becoming aware of themselves as a tool in the therapeutic encounter. In sum, it appeared that the students were needing a unique intervention which would facilitate their movement from a level of valuing external criteria to a level of internal guidance and evaluation.

Thus, when teaching Advanced Counseling, the first author decided to incorporate psychodramatic principles into the learning process. The course itself was the last course taken in the master's curriculum before practicum. To have been eligible for Advanced Counseling the student had to have completed successfully courses in both individual and group counseling. The sequence was not alterable. In addition to the use of psychodramatic principles, the first author stressed the importance of the students' understanding of personality interplay between themselves and the client. It was hoped that this implementation not only would encourage the students to become more personally involved with the counseling dyad but also would help them to grow more aware of their impact on the process.

Although the findings reported there were not the result of a controlled experimental investigation into this new supervisory format, the information was collected through observation and careful notation of student self-reports in the class sessions. The student self-reports were informal in nature and took place after each class session and at the end of the course. The instructor did not have a specific format but rather kept the feedback open-ended. The content of these reports is included within the results section. The implications of this article would undoubtedly be stronger if this intervention had been studied more rigorously. However, despite the statistical limitations, it is felt that these observations could serve as a valuable source of reference for further research.

It is the contention of the authors that training programs for student counselors are often carefully organized to teach didactic skills but only infrequently pay conscious attention to interventions specifically designed to facilitate student growth from external sources of standards to internal ones. As counseling has begun to recommend interventions for clients which address the unique needs of their immediate developmental stage, so too, supervision must address the developmental issues of supervisees. It is probably developmentally wise for instructors to provide external sources of evaluation of counseling skills for beginning level students. However, as supervision continues, instructors should actively facilitate student growth toward a developmental level of internal evaluation and awareness. A brief look at the developmental literature in supervision will offer some insight in-

to whether others have conceptualized supervisory stages in similar ways.

Review of Developmental Supervisory Literature

Several authors describe supervisee growth in terms of three or four major stages. Loganbill, Hardy, and Delworth (1982) divide supervisee growth into three stages: stagnation or unawareness, confusion, and integration. In this model, the beginning level supervisee is first unaware or naive about a particular supervisee issue and then enters a stage of instability, questioning, and conflict about the issue. In this second stage, the supervisee begins to abandon rigid right and wrong thinking patterns, but continues to be greatly confused and erratic in the application of the particular skill. The final stage is that of integration. This is the point of conceptual understanding and effective implementation of counseling skills. Stoltenberg (1981) also offers a developmental model with levels of counselor characteristics. These are dependency on the supervisor with a low tolerance for ambiguity, experience of a dependency-autonomy conflict, maintenance of conditional dependency, and achievement of a master counselor status. Gaoni and Newmann (1974) define four stages of supervisee growth—a wish for the supervisor to assume responsibility, maintenance of an apprentice relationship in which the supervisee imitates the supervisor, confrontation of client-supervisee relationship issues, and utilization of supervision in a consultative fashion.

From the previously mentioned developmental theories, an integrated conceptualization of the levels of supervisee growth can be summarized in this way. The beginning level is one of technical skills building with stagnation or a lack of awareness as to the uses and ramifications of techniques. In addition, the supervisee is dependent within the supervisory relationship and presses the supervisor to assume responsibility. As the beginning level student moves to an intermediate level, an increased confusion as to how to apply skills as well as a vacillation in confidence as a counselor occurs. Here, the supervisee experiences a dependency-autonomy conflict and, as a result, tries to imitate the supervisor while, at the same time, endeavoring to break away. At the more advanced intermediate level, the supervisee demonstrates more refined skills but still experiences a lack of stability in technique and self-evaluation. Movement to this advanced intermediate level is a period of conditional dependency in supervision combined with a solicitation of direct help with therapeutic skills. The last level, the advanced level, describes the master counselor. Here, skill conceptualization is well integrated and exceptionally performed.

The supervisory relationship is consultive and equalized in power. Therefore, it seems that the student counselors' need for growth from external to internal self-assessment in the Advanced Counseling class can be generally conceptualized as movement from beginning to intermediate and advanced intermediate levels of functioning as supervisees.

The next area of concern in assessing the master's students' stage needs is to conceptualize the types of issues which will arise for a student within a supervisory context. Loganbill et al. do an excellent job of describing the issues which will become salient to the supervisee. These are:

- Issues of competence or the ability to utilize skills and techniques effectively.
- Issues of emotional awareness, an awareness and use of personal feelings in the counseling session.
- Issues of autonomy, a development of independent functioning and responsibility.
- Issues of identity, the development of a personal and professional identity as a counselor.
- Issues of respect for individual differences, an appreciation of differences in values, backgrounds, and physical appearances.
- Issues of purpose and direction, an establishment of treatment plans and goals.
- Issues of personal motivation, an integrated understanding of one's reasons for becoming a counselor.
- Issues of professional ethics, an understanding of the ethical demands of the profession.

Of particular relevance to the presented problem are issues two, three, and five. The students appeared to need supervision which facilitated beginner to intermediate level functioning in the areas of emotional awareness (utilizing and trusting instincts, intuition, and countertransference feelings), developing autonomous functioning (looking less for prescriptions and more for internal information), and respect for individual differences (the influence of roles on interaction).

Therefore, in terms of the developmental literature in supervision, there was a need for students in the Advanced Counseling class to be stimulated in a way that pushed them from beginning level functioning on the issues of emotional awareness, independence, and respect for individual differences to intermediate level functioning. The instructor felt that the experiential format that psychodrama provided would be the logical choice for such a task. This intervention did seem to facilitate developmental movement for the students.

The Setting and Intervention

The course, Advanced Counseling, was taught by a licensed psychologist who was also certified as a practitioner in psychodrama, sociometry, and group psychotherapy. Each Advanced Counseling course consisted of biweekly, two-hour lecture and laboratory periods in which didactic experimental and case study material was covered. In addition to class participation, a total of 25 student therapists met individually with either an adult or child for 10–12 sessions. Thus, therapy was short-term. Each student was required to do an intake interview and to take notes after each session with the assigned client. The notes included the material that the client revealed as well as the therapist's own feelings and reactions to the counseling process. Each student made a case presentation in class at least once a week. Whereas adult clients were seen at the university, children were seen either at their own school or in an appropriate setting at the university. The function and structure of the sessions were explained to the clients by the student counselor. Confidentiality was insured and each client signed a permission slip to participate voluntarily. In the case of a child client, the responsible adult was required to grant written permission.

The instructor introduced a psychodramatic orientation into the curriculum in these ways. The students were instructed in psychodramatic principles and techniques as a part of each class period. The thrust of the intervention was not to train the students to be psychodramatists but to enhance their counseling skills. The specific techniques utilized were dependent on the problems being faced by individual students with their counseling cases. The students were responsible for identifying and clarifying the problem areas, generally involving blockage of effective movement in counseling. At this point the instructor would select and implement the appropriate psychodramatic technique.

The students were told to relax, to warm themselves up to the counseling encounter, to go with their hunches, to think in pictures, to be more expressive with feelings, stay more in the present, ask fewer closed-ended questions, and to experiment with being auxillary egos for each other, if needed, in their case presentations. Later they were exposed, both through didactic and experimental methods, to other psychodramatic techniques and principles including doubling, role reversal, soliloquy, future projection, use of auxillary egos, and mirroring. As the class progressed, the students became more knowledgeable and comfortable using the psychodramatic techniques. This was evident in both the class discussions and case presentations. Because of class time limitations, not every psychodramatic technique or theoretical proposition could be discussed or utilized.

Results

When introduced to basic psychodramatic theory and technique, many students reported being skeptical and hesitant in becoming involved in the process. The approach was new and it emphasized concepts such as spontaneity, creativity, action, and immediacy of experience. There was no longer the safety of the familiar counseling format but instead a challenge to try a new and possibly exciting process. To help lessen the reluctance, the instructor decided that the grading procedure for the course would not be based on a student's participation with psychodrama alone. The students were encouraged to be concerned less with making the "right" response and more with concentrating their efforts on how they were feeling about their involvement with the process.

By the end of the third week of class, the students reported becoming closely involved with the psychodramatic process. Changes in both class atmosphere and student counselors became apparent. The instructor observed that there was a distinct movement away from trying to be the "perfect therapist" as well as a lessening in self-blame when everything in the counseling process did not go as planned. More responsibility was placed on the client for direction and movement. This shift appeared not only to relax the student counselors but also to instill greater self-confidence in their own abilities. This confidence was particularly evident in the case presentations. The usual rehearsed, mundane reporting of therapeutic events now took on an animated dimension in which client, counselor, and process of the session came alive. The students reported feeling less reluctant to discuss themselves in the role of counselor and were more ready to share previously private and sensitive moments of the counseling dyad. This personal sharing often spontaneously sparked other class members to share their struggles and hesitations in the initial awkwardness of learning to become a counselor. Thus, the mutual sharing reportedly strengthened the bonding between class members so that the struggles of learning a new role, that of counselor, did not seem as frightening as before. The students, now stating that they were more relaxed and self-assured, began to experience therapeutic and personal breakthroughs in which old dilemmas became creative challenges for newfound energies.

By the end of the sixth week, the students reported the particular psychodramatic techniques of doubling, role reversal, soliloquy, future projection, and the involvement as an auxillary ego to be extremely useful in maximizing self-growth and understanding during case presentations. The students who were not presenting became an attentive audience, volunteering themselves to the presenter, if so desired,

to help elucidate particularly difficult therapeutic sequences and/or blockages. The energy generated from such participation increased the potency and intensity of the presentations themselves. The outgrowth of such a sharing process created a greater sensitivity not only to the client's struggle but also to the effort required in developing competent clinical skills. A sharing period ensued following the case presentations in which members of the audience functioned as positive reinforcing agents. Group identification with the presenters and support for their own struggles resulted in the students feeling a closer partnership with other class members. This sharing and increased comfortability reportedly freed the students to become more spontaneous and sensitive in experimenting with alternative ways of being in the counseling process. Thus, learning, without losing any substance, became less tedious and more fun for the students.

The students reported that the more auxillary ego work they participated in, the greater their role repertoire became. They stated that they were initially hesitant to involve themselves with unfamiliar roles, but soon began to observe, feel, and understand the importance of role interaction as a tool in effective counseling judgment. They reported a greater recognition of the interrelationship between their role as counselors and that of the client. For example, there was a growing understanding on the part of the students that certain roles evoked certain client responses. In order to move the therapeutic process along and to make it more effective, the students began to realize that it might be necessary to initiate a role change. Overall, most of the students reported that they benefited from the inclusion of psychodramatic philosophy and technique into the Advanced Counseling class.

The instructor felt that the students' growth in the course paralleled the developmental stage movement cited in the above literature review. During the first three weeks, the students began to progress from beginning level to intermediate level functioning. In particular, they became more cognizant of their own feelings and better able to use their newfound emotional awareness within the therapy setting. From the third to the sixth week the students began to function more autonomously and also began to demonstrate respect for individual differences. At the conclusion of the course, most of the students were functioning well within the intermediate level of supervision. The students' progress seemed to be facilitated by the incorporation of a psychodramatic orientation into the class setting.

By the end of the term, the instructor strongly felt that the developmental progress of the student counselors from beginning to in-

termediate levels of functioning was facilitated by their exposure to and skill in using psychodrama. The students reported acquiring a better understanding of the impact that their personality had in the counseling dyad. The students stated that they were less frightened of the counseling challenge and more confident of success. Also, more spontaneity in interpersonal class relationships with a wider range of self-expression was reported. By the end of the term, it appeared that the students had moved from valuing external sources of standards to valuing internal ones. In summary, students appeared more comfortable with themselves, the counseling process, and the future vocation for which they were preparing. Although these positive changes may have been due to the effects of added counseling experience, students reported that psychodramatic techniques seemed to be very effective in facilitating their developmental growth as master's level counselors.

REFERENCES

Gaoni, B., & Neumann, M. (1974). Supervision from the point of view of the supervisee. *American Journal of Psychotherapy*, *23*, 108-114.

Loganbill, C., Hardy, E., & Delworth, U. (1982). Supervision: A conceptual model. *The Counseling Psychologist*, *10*(1), 3-43.

Stoltenberg, C. (1981). Approaching supervision from a developmental perspective. *Journal of Counseling Psychology*, *28*, 59-65.

Peter Kranz is a Clinical Psychologist employed at Spanish Peaks Mental Health Center in Pueblo, Colorado. Kathleen Huston is Program Director of the General Psychiatric Unit at Greenleaf Hospital in Bryan, Texas.

Date of acceptance: June 13, 1984

Addresses: Peter Kranz
310 Colorado Ave.
Pueblo, CO 81004

Kathleen Huston
Greenleaf Hospital
405 W. 28th St.
Bryan, TX 77803

BRIEF REPORT

Poetry Therapy with Hospitalized Mentally Ill Patients

Dorothy Kobak
Evelyn Neinken

Poetry is communication, or as the Psalmist said, "A song of the soul." It, therefore, can ally itself with psychotherapy, which is also communication—the telling and the listening, to soul utterances.

Psychotherapy, using poetry, was a therapy of choice with inpatients at St. Clares Hospital in New York City. Poetry was chosen for the twelve patients involved because they did not communicate the "soul material" in the traditional sense, verbally or overtly, with their assigned therapists. Aside from the clinical definitions of illness, there seemed to be another component which remained unshared and unexpressed. The symptomatology included depression, suicidal attempts, addiction, insecurities, repeated failures, aggressiveness, and powerlessness. Patient population included male and female, all ethnic and religious backgrounds, and consisted of a doctor, a nun, secretaries, teachers, housewives, and students. The ages ranged from teen-agers to the elderly.

By combining poetry and drama, the therapists found a highly effective milieu for therapeutic intervention. After a poem was read, which started out as intellectual and conceptual, a therapist would "act out" the poem on the second reading. This added a visual or sensate perception and heightened emotional involvement.

One poem read dealt with "erasing negative feelings." After acting out the poem, the therapist asked the group to pick a feeling they would like to erase. Then each person pretended to erase a feeling they themselves named, using an imaginary blackboard on which they wrote the feeling and then erased it. Where powerlessness exists, one of the aims in rehabilitation is to restore power. The therapists noted that

the physical act of erasing, something patients could control, enabled them to be in touch with the feelings behind their act. Their psychotherapists, always present, commented on how quickly feelings that had been supressed for many sessions were shared openly.

One poem dealt directly with power: "I took my power in my hand and went against the world." After the process of reading and acting out this Emily Dickinson poem, the group was asked to pick a power they lacked, but wanted, and to hold that power in their hands. With hands cupped, they held their power and explained why they wanted that power. An intervention, then used with dramatic assistance, entailed a role play and psychodrama in which a domineering parent, enacted by a therapist, was involved in a power struggle with a particular patient. At the conclusion, this patient responded, "I had always wanted to see how it felt to say what I did to may father."

One patient, an elderly woman, always wanted the power to be an adventuress and to be part of a group exploring caves. With a small interpretation of Freudian symbology, the group got down on hands and knees and crawled through caves together. This helping increased the group's self-esteem. The elderly woman exclaimed, "It felt so real, and so safe. I really did it! I'll never long for that again."

Another poem concerned the "Flowers of Life"—the flowers of life are all there only because we human beings bring them into blossoming." The therapist asked patients to chose the flowers they would like to be. One patient, the doctor, chose a cactus and "only bloomed every seven years." After patients cited which flower they would like to be, they were asked to say something to the flower, which they did. The therapist acted out the various flowers and the comments by the patients. More questions helped develop the discussion: "Is this a flowerless time for you?" and "Who grabs your flower away?" and finally, "Who would you want to take your flower?" These answers were considered and finally flowers were exchanged, accepted, and received. All remarks, psychodrama, and interventions were interpreted with clinical insights at appropriate moments, with some dialogue on behavioral-attitudinal change.

One important factor is vital in the use of poetry therapy: Careful selection of the poem for its aim, goal and clarity. No abstract poems can be used. Poems must be readily understandable and the therapists must develop a treatment plan for the session with a particular poem. Also imperative is the involvement of every member of the group, no matter how sedated the patient or how bizarre the behavior. The therapist accomplishes this by going around the room to everybody

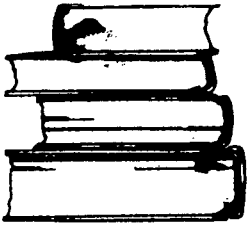
with the same questions and by giving actual assistance, making everybody and everyone's contribution valuable.

In relation to the traditional treatment of psychotherapy, the therapists of the twelve patients found the modality of poetry therapy to be highly evocative of interaction and surfacing of dynamics. Resistant patients moved from observation to participation before a session ended. The therapists concluded that the potential for poetry therapy as an ancillary tool in psychotherapy is limited only by the skills and training of the creative therapists.

BIBLIOGRAPHY

American Poetry Therapy Association. *Art News*. A monthly newsletter.
Leedy, J. (Ed.). (1973). *Poetry the healer*. New York: J. B. Lippincott.
Leedy, J. (Ed.). (1969). *Poetry therapy*. New York: J. B. Lippincott.

Dorothy Kobak is a clinical therapist and executive director of The Edu-Caring Foundation. Evelyn Neinken is a psychodramatics coach and certified poetry therapist. The authors can be reached by addressing mail to Dr. Kobak at 47 Surrey Way, Exton, PA 19341.



Book Review

Mario A. Reda and Michael J. Mahoney (Eds.). *Cognitive Psychotherapies: Recent Developments in Theory, Research, and Practice.* Cambridge, Mass: Ballinger Publishing Company, 1984, $28.

Increasingly over the past several decades, much attention has been directed toward the role of cognitive processes in the understanding of human behavior. The movement toward a potential convergence between the previously rival perspectives of the "cognitive" and "non-cognitive" behavior therapists has resulted in a variety of theoretical formulations, therapeutic approaches, and a large body of research. As the theory and practice of cognitive therapy has gained prominence, it has become evident that cognitive therapy is not a unitary or static phenomenon. Editors Mario A. Reda and Michael J. Mahoney have been very successful in capturing this richness and diversity in *Cognitive Psychotherapies: Recent Developments in Theory Research, and Practice.* This stimulating collection offers something for everyone who wants to be challenged by the new ideas and intriguing trends emerging from this expanding field.

The book is divided into two main sections. Part I focuses on recent developments in the cognitive theories and begins in the first chapter with an historical overview of behavior therapy, tracing the events of the last thirty years leading to the heated polarization of the cognitive and more orthodox behavior therapists in the 1970s. For the reader unfamiliar with these events, this chapter serves as a good introduction and sets the stage for subsequent entries. The author uses the results of a survey to speculate about the degree of actual differences and similarities between these two perspectives. While not glossing over the differences between the rival paradigms, the author leaves the reader

intrigued by the commonalities they seem to share and of the exciting potential in a movement toward convergence and integration.

This volume is especially noteworthy for presenting original contributions from the associationist and constructivist camps of the cognitive psychotherapies. The editors mention that most of these chapters were first presented at the 1982 Association for the Advancement of Behavior Therapy Congress in Rome. According to the constructivist model outlined in Chapter 2, an individual's acquired knowledge of self and the world plays a key role in regulating the perception of environmental events and behaviors that follow. This contrasts with the associationist approach which views perception as the central mediator in the interaction between the organism and the environment. The constructivist perspective considers the organism's activity to be its basic mediator. Chapter 3 examines the methodology of artificial intelligence and it use as a basis for approaching traditional psychological problems. Ways in which therapists can use modifications of the client's knowledge-representation system are addressed.

The following two chapters offer reflective comparisons between rational-emotive therapy and other cognitive approaches. The point is made in Chapter 4 that unless the specific differences between rational-emotive therapy and alternative approaches (which often do not resemble RET) are clearly presented, confusion will remain; thus affecting the areas of teaching, practice, and research. In addition to clarifying these differences, the author presents an interesting extension of Ellis' ABC theory, characterized by a more holistic, problem-solving approach. Another area in need of more clarity involves the distinctions between Ellis' RET and Beck's cognitive therapy. Chapter 5 concludes Part I by providing a thoughtful and critical comparison of these two approaches with regard to therapeutic style, therapeutic strategy, and technique. Ideas for future work are illuminated as the strengths and weaknesses of these therapies are addressed.

Part II is concerned with recent developments in cognitive therapy research and practice and continues the theme of convergence in Chapter 6. Here the authors were interested in examining conceptual convergences and divergences among therapists representing psychoanalysis, behavior therapy, and cognitive therapy. Deciding against a focus on actual therapist professional behavior, they chose instead to analyze personal constructs of therapists in these three schools. Their findings suggest that a large discrepancy exists between psychoanalysts and cognitive therapists with regard to the use of affective-emotive and cognitive constructs. Fewer differences were observed between behavior therapists and the other two groups.

Rather than becoming closer to psychoanalysts through the shift toward "internalism," cognitive therapists appear to be moving in the opposite direction.

Developing effective ways to combine cognitive therapy with antidepressants in the treatment of depression is a complex problem facing therapists. Do antidepressants act on one's cognitive structures? If so, how? These questions are addressed in Chapter 7 as an attempt is made to understand the cognitive constructs of depressed people. The needs seems to exist for more research on people prone to depressive episodes in order to find better ways to combine antidepressants and psychotherapy.

It is exciting to reflect on the mind's potential for treating medical problems. In Chapter 8 the authors present research data that stimulates one's thinking about the role of such psychological processes as relaxation training, imagery, self-instruction, biofeedback, and light hypnotic trances in the treatment of cancer. The research findings serve to raise questions and introduce challenging notions for those interested in exploring the untapped potential of cognitive processes in healing the body.

The controversal topic of unconscious processes is examined in Chapter 9. The concept of cognition is no longer restricted to conscious events and the idea that conscious experience cannot be fully understood without taking into account unconscious processes is gaining renewed interest. The authors note that the new attention to unconscious processes is based on more solid research than before and may lead to some clear paradigms which can be applied to practice.

Linkages between cognitive therapy and principles of other theoretical frameworks and the application of these connections are emphasized in the remaining three chapters. Chapter 10 examines mutual relationships between attachment theory, cognitive therapy, and psychiatric nosology and the potential reciprocal benefit derived from these exchanges. Recognizing the importance of knowing how the interaction between individuals and their environment is regulated, Chapter 11 explores the contribution that Piagetian theory can make to the understanding and practice of cognitive psychotherapies. Vignettes are presented and criteria listed to assist therapists in identifying at which developmental level the problem is located. By being aware of specific disturbances possible at different developmental levels, therapists may be better able to select interventions appropriate to the client's level of cognitive development. Rapprochement between Harry Stak Sullivan's interpersonal psychotherapy and the cognitive therapies is the theme of Chapter 12. The author invites cognitive

therapists to adopt certain principles and procedures from interpersonal psychotherapy which are theoretically consistent with cognitive therapy and are potentially beneficial to the client. The perspective provided by interpersonal principles may also assist cognitive therapists in confronting the issues of (1) therapeutic compliance, (2) therapeutic generalization and maintenance, and (3) the role of affect in cognitive therapy.

While the reader may be over-stimulated at times by the vast amount of information, varied topics, and complex ideas, the real strength of this volume lies in the divergent and provocative expressions of people actively involved in an exciting and rapidly developing field. Each chapter adds another piece of information to our understanding of what cognitive therapy is and what it is not. Some of the chapters (especially theoretical ones) may require a re-reading; however, the time taken to digest and puzzle about the content is worth the effort.

The notion of interfaces between cognitive approaches and other frameworks and the study of behavior from different perspectives is most refreshing. These proposed connections are not random, but reflect thoughtful and logical rationales with the ultimate goal of maximizing positive client outcome. Another appealing feature concerns the manner in which research findings are presented. Data are viewed as departure points intended to spark one's creativity in imagining possibilities and in generating future questions to address in theory, research, and practice. This scholarly volume is essential reading for practitioners, researchers, academicians, and anyone else interested in the current state of the art of the cognitive psychotherapies.

Diana Hulse

Diana Hulse is an assistant professor in the College of Education at the University of Maine. She can be reached at Shibles Hall, Orono, Maine 04469.

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