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The Family Therapy Trainer as Coaching Double

Richard H. Lee

A special application of the psychodramatic role of double is described. The trainer assumes this role as a continuous coach while the trainee practices as interviewer/therapist/director in a role-played family interview. This role configuration allows the trainer to imagine aloud what might be helpful to the trainee in thinking about what to do at particular moments. In later videotape replays, students see themselves act competently with complex and unfamiliar moves and observe their impact. The trainees can add such moves to their repertoire for future use.

Role reversal, in its many forms, has been found useful to people in a variety of situations. To imagine being in someone else's place, or "walking a mile in their shoes," often helps individuals understand the behavior of others and foresee some possible outcomes of their own behavior. Improvisational actors and psychodramatists employ a form of active role reversal in which two people take on each other's positions, histories, world views, manners, and words. Another form arising from these theaters of spontaneity is called doubling. In this form of role reversal, one person remains herself/himself while the other assumes a similar posture and perspective. This double imagines aloud from time to time what the first person might be feeling, thinking about, or about to say. The person spoken for restates what the double has said, putting it more correctly.

In theater, this exercise helps actors experience and understand characters they plan to portray. In psychodrama, the role of double may be taken by the director or any other member chosen by the protagonist. In other therapies, the therapist may assume the role of double to help clarify his or her understanding of the client's perspectives and feelings.

Doubling can be particularly useful in training family interviewers. The trainer assumes the role of double to a trainee who is enrolled as interviewer of a family. The family may be made up by group improvisation or presented by a group member for "live" consultation or in role-played form. What distinguishes this from other training models is that the trainer assumes the coaching double position, while a trainee experiences the role of interviewer.

The most important ground rule is the same used with families in our clinical work:

It is proposed that anyone may ask any question or suggest any activity. Each member will decide whether he or she is fully ready to answer what is asked or to do what is proposed. If not, the individual will pass by saying, "I pass," or "I'm not ready to do (answer) that right now," or will make a simple gesture of the hand or head that will be understood as a pass.

It may be explained that this rule has both immediate and long-range effects for people who agree to use it. Immediately, the trainer or interviewer may feel less cautious about proposing activities and asking questions. In the long run, this rule fosters the expansion of all group members' curiosity and creativity, which can easily be inhibited by the coercive effects of questions and suggestions in a society where such a "pass rule" is not ordinarily in force.

If videotape is available, permission is sought to record the session, with the understanding that the most conservative wish with regard to disposition of the tape will prevail. Thus, as soon as anyone asks that the tape be turned off or erased, it will be done; no one outside the group will see the tape, which is exclusively for the group's benefit. Later, if the trainer or any other group member wishes to show the tape to some other audience (trainees, family, public), permission will be sought to edit the tape for that purpose. The edited version must be shown to the people who appear on the tape and written permission must be obtained from each of them.

Now the convention of doubling is introduced. This convention is derived from turn-of-the-century European improvisational theater and was adapted and taught for clinical use by Jacob L. Moreno. The convention has four parts:

- The trainer or other group member asks permission of a person to double, that is, to speak in the first person as though the double were the person she or he is speaking for.
- If permission is obtained, the double moves beside and slightly behind the person (in this case the trainee who will be taking the

part of the interviewer). Either the trainee or the double may speak first. The double then might say: "I'm a little scared to try this. Maybe I need to take a deep breath before I think about how to meet this family."

- After the double has spoken, the person spoken for will restate what has been said, including corrections and additions. The rest of the group is asked to be silent until the person has made a restatement and then will respond only to the corrected version.
- A person may discharge her/his double at any time for any or no stated reason; the double will be thanked for participating and will rejoin the group as member/observer.

Next, a volunteer is solicited to act as interviewer in a family therapy meeting. If this is supervision or a consultation, the presenter shows a family to the group, either live or in role-play form. When the group uses an imaginary situation, a family is improvised by the other group members. A volunteer imagines being a member of a family that has been referred for family therapy. The volunteer stands at the door of the therapy room and assumes the posture and point of view of the person being portrayed. The interviewer meets this person, introduces her/himself, and asks for the player's name in role. A brief conversation establishes the character's age, relationship to the presenting problem, dress, outlook, and communication style.

This first person is left in the chair and another volunteer emerges from the group to play another family member. Other group members are added in this way until each member, except for the volunteer interviewer and the trainer, has a family role.

After seeking and obtaining permission from the trainee/interviewer, the trainer moves into the double position behind the interviewer and says something like, "I wonder if I am ready to meet this family." Depending on the trainee's restatement, the trainer, remaining in role, wonders aloud about various things the trainee might do to get ready for, begin, and continue the interview.

When about 15 minutes of the group's meeting time is left, people are asked to become themselves again and to share with each other what it felt like to play the roles of family members or observers in this interview. This process is of critical importance:

- Successful role reversal requires willingness and ability to identify with another person. Sometimes this act stirs feelings not easily shed at the end of the role playing. These residual emotions are frequently resonant with personal issues common to the players.

Opportunities to share what is true in the real lives of the players offer important reorientation to each person, which is much more difficult to initiate after the session ends and the group disperses.

- The group's experience of cohesiveness is enhanced by successful sharing. Mutual personal vulnerability that can be safely sustained over some period is necessary in the training of all human services personnel.
- If sharing is omitted, the trainee-interviewer is exposed to personal doubts about how the exercise went and particularly about the group's feelings and judgments. This may inhibit future spontaneity in all group members.

At the end of the session, the trainer asks the trainee-interviewer what particular part of the interview might be viewed at the beginning of the following session to show something the interviewer did that was followed by constructive or promising behavior in the family.

Videotape review of successful moves and their consequences offers a participant a unique opportunity to remember thoughts and feelings experienced during the live action and to see and hear his or her own behavior from an outside viewpoint. This paired experience during playback seems to reinforce successful behavior in a person's repertoire.

A trainer or trainee may hope that playing back an unsuccessful sequence will suppress future mistakes, but this strategy is generally unwise. The major effect on a person shown a replay of a situation that went badly is inhibition; in future situations perceived to be similar, less spontaneity will be available. It is wiser for the trainer to wait for more successful examples of a trainee's abilities.

At each subsequent meeting, the requested tape sequence is replayed and discussed as a warm up to the new session. In this new session, another volunteer interviewer is chosen. The process is repeated until each group member has played the interviewer role, heard the group's discussion of how it felt, and seen a selected portion of the tape.

The final meeting of the course is used for personal and professional sharing by the group out of role and for discussion of the members' future plans.

This course design allows the trainer to help, to offer support to the trainee without taking over an interview, and to be inactive during phases of an interview that a trainee has under good control. The trainer may be more active if the interview is not going well or when the trainee lacks confidence. In this situation, some soliloquy by the interviewer with doubling from the trainer is frequently helpful.

Such a course can be integrated with a sequence about various schools of family therapy. The trainer may focus his doubling on ways of interviewing that are characteristic of the school being taught. During a sequence on the Milan approach, for example, the trainer might double with such statements as: "I wonder who Father might say was most upset by this problem. I wonder who he thinks is next most upset. I wonder who he thinks is least upset," thus emphasizing the possibilities in the situation particularly amenable to circular questioning. In a sequence on structural family therapy, the trainer as double might say: "I wonder if the children here experience their parents as united with each other and in charge of the situation. If not, what could I do to help bring that about?"

In courses where the trainees make up a family, rather than present a real one, we have the opportunity to present a model interview as a guide to early sessions with any family. This model interview is first presented in didactic form and discussed with the group. As Dick Chasin and I have taught it at the Cambridge Hospital, it has these parts:

Joining and bounds for the interview sessions. The interviewer meets and establishes contact with each individual and proposes a set of ground rules.

Enacting goals. Each family member is invited to show some near-future moment in the family's life she/he might wish to experience—perhaps through a sculpture or role-played vignette, a drawing, a puppet play, a guided-imagery rehearsal, or a description. Full enactment of each person's goal or ideal moment is encouraged, with alternatives mentioned, including the right to pass.

Enacting problems. Each family member is invited to show a future moment that illustrates a problem this family member fears.

Developing structural hypotheses. Away from the family, with colleagues when possible, the interviewer tries to understand the functioning of the family system. The interviewer concentrates on the interplay of members' actions that are loyal to the family and devoted to its preservation and growth.

Delivering hypotheses to the family. This includes a positively connoted understanding of each member's current behavior.

Recommendations, frequently including advice not to change too quickly, and a contract for further work, if any is to be offered, conclude the model interview.

Other model interviews may be applicable in other training situations. This one works well for clinicians who are relatively new to family interviewing. Two important characteristics distinguish it:

1. Enactment rather than description is encouraged. To the extent that therapist and family can manage to explore live examples of interactions wished for or feared by each member, the experience will be enriched by the sharing following each enactment. When people actually play the roles assigned by the author of each scene, they can talk about how it felt to be in the middle of such an interaction. These are emotionally more satisfying experiences than listening to familiar narratives.
2. Goals and wishes are enacted before problems are explored. By employing this sequence, the therapist and family experience more of the family's available imaginative repertoire than during early tries at problem solving. The early therapeutic relationship is enhanced by shared fun and wishing together before it is challenged to solve previously insoluble problems.

The responses of trainees to having a coach as double while working through this model interview have been consistently favorable. Some have commented on the opportunity to risk forms of interviewing with which they have felt insecure. Others have noticed a special feeling of support and rapport with the trainer that made working in front of peers a less threatening situation.

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Applying the Theory of Reasoned Action to Group Psychotherapy

Bill Latta

According to the Fishbein and Ajzen theory of reasoned action, a person's intention to act is the best predictor of behavior. The intention to act depends on the individual's attitude toward the action and personal assessment of the societal norm for the behavior—both subjectively weighted. The author suggests that the active application of the theory by both the group leader and the group participants can increase the effectiveness of the curative factors in the group process.

Fishbein and Ajzen (1975) have been developing their theory of reasoned action since 1967. The theory (Fishbein & Ajzen, 1980) assumes that people react in rational ways and make use of information they can obtain that is pertinent to their activities. They do not believe that people are driven by unconscious needs and wishes, but rather that they consider implications of pending actions before deciding to act. Their goal is to be able to predict a person's behavior.

The first step in their theory is to note the intended behavior. Once identified, the person's intention to act (or not) is seen as the determinant of the action, which depends on two factors. One is the person's relative positive to negative evaluation of the action—his/her attitude toward the behavior. The other factor is the subjective norm—the person's perception of how the act would be perceived by referents in the society. This evaluation could range from strongly negative to very positive.

To determine whether or not the person will act, one must determine the relative importance of the attitude and normative factors.

Attitudes are considered to be a function of individual behavioral beliefs. The theory of reasoned action maintains that for each possible behavior, the person has a conscious and logical belief system that will be determinants of actions.

The other determinant is the normative belief system. For each behavior, a person is considered to have a belief about how the act would be viewed by the public. It is the combination of these two factors and how the person weights each that finally determines how the person will respond. For instance, if the individual is trying to determine whether or not to adopt a new hair style, the best determinant of behavior is the intention to act. The intention is in turn determined by the weighted importance the person places on his or her attitude toward the behavior and the determination of what the subjective norm is.

The reasoned action theory would seem to have application in group psychotherapy, for in the group, too, a person's intention to change unwanted behaviors is seen as very important for the change process to occur. Yalom (1975) has identified several curative factors at work in the group therapy process. For the remainder of this paper, I will examine how the reasoned action theory might be applied to each curative factor to produce a more effective group psychotherapy process.

Hope in Group Members

Yalom considers hope one of the most important personal concepts for group members. It allows the patient to stay in therapy so that wanted changes can be accomplished through the group process. Further, several studies show that hope and expectancy are highly correlated with a positive outcome in therapy. Hope is often engendered and increased in group members because individuals are at different places "along a coping-collapse continuum" (Yalom, 1975, p. 6) with their issues. As patients continue in their therapy, they see other clients improve and note that they have more effectively handled issues similar to their own.

Because most clients enter the therapy process with diminished hope about the prospects for constructive changes in their lives, the relative importance of their attitude about hope will be very low. It is therefore important that they be made aware that the established group (subjective norm) members and the therapist have heightened beliefs about the effectiveness of the group process and believe that all clients can accomplish their therapy goals, that both attitude and behavioral changes will come about with time (Horst & des Jarlais, 1984).

The Common Denominator

As clients enter the group, they bring with them a sense of uniqueness, especially about their own issues that they want worked on in the group (Yalom). Often, because they have not been able to work

through their problems in life outside the group, they have buried the issues. They often suffer from a sense of social isolation and, because of interpersonal problems, they have not had the opportunity to discuss and disclose their problems openly. This combination further adds to the sense of abnormality. But, once clients become group members and hear others disclose issues, thoughts, and feelings similar to their own, the sense of unwholesome uniqueness tends to disappear. A strong sense of camaraderie, of universal humanness, sets in. With strong group support, disclosure becomes more possible, and clients are encouraged to examine long-buried issues. Here again, exposure to normative material from other group members will help the client weight subjective norms for the universality of her or his therapy issues. Thus the intention to change should be strengthened, allowing the client to bring more energy to therapy. Ross, McFarland, Conway, and Zanna (1983) have found that shifts in attitudes can be enhanced if the person is encouraged to recall qualitative aspects of information and behaviors. Thus, when universal information is shared by the group, the therapist should encourage clients to talk about the qualities of their experiences.

Imparting Information

In its didactic form, imparting information has proved most helpful when utilized in pregroup workshops (Yalom) where information about psychological impairment and methods of change within the group context are explored. These sessions are sometimes so helpful that some clients feel no further need to seek treatment. In therapy groups, advice giving is common and is almost always ineffective in and of itself. It is usually the sign of a young group, where trust and disclosure have not built a deep understanding of each member's issues. Advice and suggestion are used in place of more threatening behaviors such as disclosing and sharing of feelings and needs. Yalom suggests that imparting information is an integral part of the development of the group, and that it can prove helpful if members can be encouraged to show caring and concern as the motive for their advice. Sharing pertinent information should also have a beneficial effect on the client's intention of gaining the most from the therapy experience. Clients will not only become more aware of the subjective norm for their issues, but they should also be able to correct their personal attitudes.

A number of studies (Sherer & Rogers, 1984; McCarty, Morrison, & Mills, 1983; Powers, Schlesinger, & Benson, 1983; Baum, 1985) have shown that information from various sources, including film and general-interest magazines, was accepted as credible by people and was effective in helping them change their attitude and subjective norms.

Koballa (1984) found that information that is one sided (favorable or unfavorable) has the most impact on attitudes. The shift in attitude will not usually be noted immediately but may take place some 4 weeks later. Thus, the therapist might want to use films and handouts to increase the effectiveness of the information factor in group therapy.

Socializing Techniques

The development of socializing techniques allows members to build and practice social skills that may have caused them difficulties in interpersonal relationships (Yalom). Role play is often used by therapists to aid clients in building social skills for dating, job seeking, and improving conversational skills. In some instances, clients learn about their maladaptive social behaviors for the first time from the candid comments of fellow group members. This feedback will sometimes trigger awareness and insight for clients that will allow them to generate and practice new, more appropriate social behaviors. This practice is often enough to allow them to begin to transfer their new skills to their interactions with friends and family and to begin to experience intimate social life. To encourage clients to take risks in developing socializing techniques, the therapist can increase the intention to act by encouraging clients to note their existing social abilities (Maddux & Rogers, 1983). Reid and Sumiga (1984) and Gerard and White (1983) have also found that people want to present a favorable personal identity and, given appropriate models, are willing to change their beliefs and thus their intention to act in order to be accepted by the group.

Imitative Behavior

Group members often model and pattern behavior after the group leader and other group members (Yalom). It has been shown that imitation of others' behavior often goes on even when there is no obvious, direct reinforcement of that behavior. Not only will members imitate other members' mannerisms, social skills, and problem-solving strategies, but they also tend to imitate and thus benefit from another's therapy if that therapy is concerned with a common issue. McFarland, Ross, and Conway (1984) suggest that imitative behavior can bring about permanent attitude change as long as there is not undue pressure. Thus, in a relaxed group where the client can pick his or her own pace and time to imitate and model, there will be marked changes in attitudes and subjective norms and weightings of intention to act.

Interpersonal Learning

Yalom maintains that people have learned to be what they are and that the group experience allows the client to test this learning in the social microcosm of the group. If the learning is found to be inappropriate for the client, then the group offers the member the opportunity to imitate or develop new behaviors, gain new insights, relive and correct old, emotionally traumatic experiences, and practice and perfect new social and interpersonal skills. Dowling (1985) and Salend and Knops (1984) suggest that interpersonal learning can also take place by having clients produce a video tape or generate hypothetical examples of personally relevant material. They maintain that the process can have a marked effect on attitudes and social norms and thus increase the clients' intention to act.

Group Cohesiveness

This is the group equivalent of the interpersonal relationship struck between the therapist and the client in individual therapy (Yalom). Cohesiveness indicates that the members are accepting and supportive of one another and are more inclined to risk and share long-hidden issues and feelings. Thus, self-esteem is increased through the group's positively reinforcing each member's progress toward individually selected goals. One by-product of group cohesiveness is that of group polarization—risky shift (Mackie & Cooper, 1984; Bordley, 1983). Here, members in a collective consciousness will encourage individuals to act, speak, feel, and think in a more forceful and active manner than they would be likely to on their own. This enhancement of a member's attitude and weighting toward a behavior or behaviors makes the intention to act more powerful.

The Existential Factor

Issues that group members often choose to deal with that fall within the existential framework are related to feelings of responsibility, isolation, recognition of one's own mortality and the resulting concerns about a life well spent and the capriciousness of life (Yalom). When these topics are broached in the group, the members usually try to dilute the seriousness of the issues. They will try to be supportive of each other in an interpersonal way when, in fact, these are existential (individual) issues. The group leader must be aware of this process and be professionally skilled enough to aid members while they come to terms individually with their inner feelings about important personal issues. These issues, when handled properly by group members and

the therapist, can enable members to probe deeply into themselves, confront their issues, and accept their fate. One result of existential thought and experiencing in the group is suggested by Orive (1984). He has found that as a client's attitude and belief change around an issue, he or she will project that change onto others. The result is that a self-generating consensus is produced in the group. The danger is that group consensus will cause major shifts in the client's attitudes, subjective norms, and weighting of both, resulting in a strong intention to act on these attitudes and beliefs. Thus, although individual existential issues are originally discussed, the end result is group conformity on existential thought. The therapist needs to be aware and caution clients about the process.

Getting Started

I hope that this brief look at how the reasoned action theory of Fishbein and Ajzen can be applied to some of the curative factors of group therapy may encourage group leaders to use the process to increase the efficiency of their groups. The adoption of the theory into the group process can best be brought about in two ways.

First, the group therapist needs to become familiar with the theory. Then the therapist needs to determine specific ways that the theory can be most effectively applied to the curative factors of the group process. I have given a few brief examples of how this might be accomplished. Since the theory clearly states that the internal, subjective process of arriving at weighted personal attitudes and subjective norms is highly dependent on external stimuli, which are to a great extent created by or under the direct control of the group therapist, it is apparent that the group leader has wide latitude in effecting members' intentions to behave. The limits on this latitude are the consideration of ethical issues and the creative ability of the therapist.

The group leader can ethically and creatively draw on such diverse fields as advertising, theater, music, architecture, education, politics, art, and philosophy for ideas and techniques with which to help group members change their attitudes and subjective norms. Some examples of stimuli that could be creatively used are persuasive films and video tapes, music, and movies on a particular theme, lighting and participant observation.

Another way to facilitate the adoption of the reasoned action theory into the group process is for the group therapist to educate the members about the important features of the theory. This knowledge will help make the subjective process of arriving at weighted attitudes and subjective norms more salient for the group members; they will have

more opportunity to look at their motivation processes and bring them more under their conscious, rational control. With an increased awareness of how their individual attitudes and group norms have been and will be formed, the group members will have an increased ability to work with the therapist to make the group curative factors more effective. For example, when sharing information, they will understand that vivid information from an expert will probably have a great impact on their attitude and its weighting, thus increasing their intention to act.

Conclusion

I have noted how understanding the reasoned action theory and its active application by both the group leader and group members to the curative factors of the group process can increase the power of the group, helping to bring about wanted changes in behaviors, thoughts, and feelings. Since most curative factors are already, to some extent, mediated through the process of reasoned action, I am not suggesting a new application of the theory. Rather, I am suggesting that both the group leader and the members take fuller advantage of the theory by using it energetically and creatively to suggest new ways to make the group process more powerful and curative.

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The Family Cast List: An Instrument to Depict Subjective Family Relationships

Ellen S. Yarborough

The Family Cast List is a checklist of 28 roles, two positive and two negative aspects of seven personal characteristics. Clients' casting of family members gives a graphic representation of the subjective climate within the family. Use of the instrument should be followed by discussion. The casting stimulates recognition of scapegoating and consideration of how one is viewed by others. The checklist is designed as a program/therapy tool, rather than as an objective instrument. It may be administered either verbally or in writing, and its usefulness is not affected by the size or composition of family groups.

Many times therapists hear the exclamation, "My family is so mixed up we should be in a soap opera!" The labels and expectations (realistic and unrealistic) that family members have for each other are clues to psychodynamics. The Family Cast List (FCL) is a checklist of 28 items. Two positive roles and two negative roles are described within each of seven characteristics:

- *Rational thought*: items 2, 26, 10, and 17; converse: bizarre or interrupted thought
- *Emotional balance*: items 3, 15, 7, and 23; converse: manic, confused, or depressed affect
- *Amicability*: items 11, 18, 5, and 14; converse: hostility
- *Acceptable behavior*: items 1, 27, 16, and 19; converse: disruptive or bizarre behavior
- *Supportiveness for others*: items 6, 13, 20, and 24; converse: manipulation or oppositional behavior
- *Control of own life*: items 4, 28, 9, and 21; converse: lack of directness or of assertiveness

- *Capability*: items 8, 22, 12, and 25; converse: incompetence in commonplace activity

In identifying the roles a client casts within the family, the FCL stimulates consideration of scapegoats, of self-fulfilling prophecies, of whole-family scripts, and of sharing with others our perceptions of them. The checklist is a program/therapy tool rather than an objective measurement instrument. Its usefulness is not dependent on the size or composition of family groups. With a sensitive therapist, the role casting may be shared and discussed individually or as a group exercise, but it should not be used as a party game.

Family Cast List

Sometimes family life seems like a stage play, with cast members who can be depended on to carry certain roles. Whether or not we live close to other family members, we know what to expect of each person (including ourselves).

List the names of your immediate family members—your family cast. Remember to include your own name.

In each blank below, write the name of your family member who most closely fits the role described. If everybody in the family can be strongly identified with the role, write *all*. If the description does not make you think of any family member, write *none*. Use any name as often as a description fits.

1. _____ is a person who is reasonable and fair to others.
2. _____ is a clear thinker.
3. _____ feels happy.
4. _____ controls the important parts of his/her own life.
5. _____ is the most likely to threaten or humiliate others.
6. _____ shows appreciation of others' strengths and their self-reliance.
7. _____ feels overwhelmed and confused by life.
8. _____ is a competent worker.
9. _____ will give in quickly to keep trouble from happening.
10. _____ believes things that are not logical or talks in an unconnected way.
11. _____ is the person to turn to in stormy times.
12. _____ starts things and quits before finishing the job.
13. _____ supports others in trusting their own ideas and abilities.
14. _____ makes trouble and causes others hard times.

15. _____ is a confidently steady person.
16. _____ is likely to bring public officials or other outsiders in on the family.
17. _____ has a hard time figuring out what to do.
18. _____ is a peacemaker when others disagree.
19. _____ is the most likely to break or misuse something.
20. _____ whines or makes others feel bad in order to get his/her own way.
21. _____ conceals from others his/her own feelings.
22. _____ can do many kinds of useful things.
23. _____ worries without reason.
24. _____ bosses, nags, or dominates others.
25. _____ usually has to be told what to do.
26. _____ has useful ideas and suggestions.
27. _____ behaves acceptably in most situations.
28. _____ can accept responsibility for his/her own actions.

(© ESYarborough, 1985)

The direct drama therapies of Moreno (1959), Satir (1972), and others are now accepted as orthodox tools. Indirect drama approaches, such as those of Dorothy Heathcote (1980), also have a place in the therapist's tool kit, as they combine the veridicality of role work with the protection of playfulness. The Family Cast List can be used with different degrees of intensity; the milieu and manner in which it is administered and interpreted may be as varied as the clinician chooses. As a program/therapy tool, the FCL is closer to the direct than to the indirect drama modes, but it elicits less fearfulness than psychodrama. The FCL can identify lines of family friction and volatility from the client's viewpoint—as an aid in choosing appropriate modes for continuing therapy.

The Family Cast List was originally administered in an audiotape format (Yarborough, 1980). The structured pace served to elicit the first responses as roles were described and to decrease attempts at role assignment consistency. Responses indicated that a written version would be equally viable. In each pilot program, processing followed immediately in group sessions. Uncovering implicit and explicit stereotypes was seen as a useful step in generating the healthful changes clients wanted for their own roles.

The instrument was first used in short-term adjunct therapy for psychiatric and alcoholic outpatients in northern England. Participants' high interest level carried over into following sessions on family issues. "I wouldn't have thought I would label my relatives, but on almost

every description a picture popped into my head," said one client as soon as his group opened discussion. Members spontaneously brought up ideas based on their recognition of stereotypes and their need for modifying expectations of themselves and others. Concepts from transactional analysis (Berne, 1967) and family scripting (Steiner, 1974) provided complementary insights for clients willing to work for change.

In the pilot groups, the underlying organization of the items was explained in a second session, and participants were given a graph of their responses. This visual representation of the characteristics attributed to family members showed family stresses and issues. Particularly notable was the congruence of "double positives" and "double negatives" with clients' perceptions of their families.

Counselors may use the Family Cast List to generate consideration and change planning. Sensitivity to power and affiliation issues are essential, and the leader must keep group members' focus on personal growth rather than on labels and defenses. The FCL is being tested further as a program/therapy tool to help clients picture their families' systems and dynamics.

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New Roles for Psychodramatists in Counter-Terrorism Training

**Kerry Paul Altman
Holly Hickson-Laknahour**

The authors examine the use of trained psychodramatists to assume roles in a counter-terrorist training simulation that lasted for 15 hours. The training was conducted by the U.S. Army with support from the Psychodrama Section at Saint Elizabeths Hospital. The authors make a number of recommendations regarding deroling, processing, and planning for the emotional well-being of the role players. A case example of hostage (role player) responses illustrates the group dynamics and the degree of stress involved. The authors caution that while role training for counter-terrorist situations is a fascinating area, it must be done in conjunction with people trained in military and law enforcement procedures to insure safety and effectiveness.

The problem of terrorism in the United States is of increasing concern to law enforcement and military personnel. The political climate in the modern world, combined with such events as the bombing of the U.S. Capitol and the kidnapping of businessmen and diplomats, stimulate police and military agencies to reconsider their anti-terrorist preparations (Olin & Born, 1983). Terrorist attacks sometimes involve taking hostages, who are used as bargaining chips in an attempt to achieve the terrorists' goals. This paper focuses on the use of psychodramatists as an integral part of a training exercise conducted by the U.S. Army to enhance skills in responding to a terrorist attack involving hostage taking.

The training exercise described in this paper was a full-scale simulation conducted in January 1984 with assistance from the Psychodrama Section, Saint Elizabeths Hospital, Washington, DC. The hospital has

provided law enforcement training to a wide range of agencies through the Psychodrama Section. These projects have been detailed by Buchanan (1981), Buchanan and Hankins (1983), and Swink, Seigel, and Spodak (1984).

The kind of simulation described in this article is called spontaneous role playing (Swink et al., 1984). Unlike structured role playing where definite skills and procedures are being taught, spontaneous role playing is used where a general systems approach to a crisis situation is being initiated. What is gained in the nonscripted simulation is insight into the behavior of self and others, as well as an opportunity to modify attitudes and a chance to try out hypotheses and try on new roles (Weiner & Wohlking, 1971).

Auxiliary Preparation

Seven psychodramatists assumed the roles of members of an army golf club who later became hostages of an armed terrorist group. Three police officers and one army officer also assumed hostage roles. The terrorist roles were played by police and army personnel with extensive experience in military tactical operations. One psychodramatist also assumed a terrorist role.

The preparation of the auxiliary role players involved five meetings with the army planning staff. The hostage role players were given a general overview of the goals of the exercise, which included giving the army an opportunity to test new technology and a systems approach to a simulated terrorist attack. Role players were made aware of the extensive safety precautions being taken and were given brief personality profiles, which provided a rationale for their attendance at the golf club meeting. Two role players were given more extensive character sketches due to their involvement in the planned simulation: the army officer role player assumed the role of an army general who was attending the club meeting, and one of the psychodramatist role players assumed the role of a colonel's wife.

In addition to scenario overview and basic goals, role players were given reading materials covering typical hostage responses in terrorist attacks. Answers to questions were provided by the simulation director in the course of the planning sessions. The role players were informed that the simulation would last up to 20 hours and that the actions of the hostage takers would develop spontaneously in relation to the response team's actions. With this basic understanding of hostage dynamics and simulation goals, role players were instructed to rely upon their own spontaneity to respond as they imagined they would in a real hostage-taking incident.

One psychodramatist was assigned the role of on-site controller. It was the on-site controller's responsibility to maintain direct contact with the command center throughout the exercise. The function of the controller was to ensure physical and emotional safety of the role players. The controller was available to respond to any emergencies or concerns that might arise during the simulation. The controller, as primary observer of hostage responses, also took extensive notes of the hostages' behavior throughout the simulation. While no specific criteria were used as guidelines for the controller's process notes, the controller had received training in hostage negotiations and was familiar with documented reports of actual hostage responses. He analyzed the material collected on audio and video tape throughout the entire exercise to aid in the formulation of a comprehensive after-action report on simulated hostage response. The controller's report is the basis of the following case study.

Simulated Hostage Response: A Case Study

The basic scenario for the training exercise called for a heavily armed terrorist group to seize hostages in a surprise attack on a social club at the army base. The terrorists were to make a variety of demands, including money, safe passage, and the release of an imprisoned cohort. The exercise lasted for 15 hours. During the course of the simulation, a variety of situations were enacted to test the army's system response. These situations included negotiation for food and the escape of one hostage. For purposes of analysis the exercise was broken down into initial, middle, and final phases. The initial phase lasted approximately 4 hours, while the middle and final phases lasted 7 and 4 hours respectively. The present case study focuses on the responses of the hostage role players throughout the training exercise.

The Initial Phase

As is usually the case, the half hour immediately following the terrorist takeover was marked by fear and total compliance on the part of the hostages. When the anticipated negotiations did not develop quickly enough to satisfy the terrorists, the anxiety and fear level in the room rose steadily. As the terrorists became more and more frustrated with their inability to develop communication with the outside world, they began to turn their attention to the hostages. The hostages appeared to be assuming the role of receptive audience for the political rhetoric of the leader of the terrorist group.

The hostages were forced to participate in the securing of the hostage site by barricading the windows and doors with furniture and other

available materials. During this phase, the terrorists permitted the first communication among the hostages. Hostages divided into two- or three-person task groups. These subgroups provided a network of internal support, which resurfaced from time to time throughout the simulation. In other words, hostages appeared to form initial impressions of support among themselves and maintained these supportive relationships as much as possible throughout the experience.

During this initial phase, the terrorists began to pair with some of the hostages. Each terrorist chose one hostage as an apparent favorite. The favorite hostages were given subtle, special privileges such as cigarettes, cookies, or being allowed to shift to a more comfortable position. Similarly, the hostages appeared to make an initial assessment of the terrorists and avoided contact with the bad or threatening terrorists. Interestingly, the perceptions of good or bad terrorists varied dramatically among the hostages. However, once the impression of a terrorist was formed by a hostage, that impression remained fairly consistent throughout the simulation.

The Middle Phase

During the middle phase of the exercise, the hostages were generally allowed some mobility. Hands were untied, bathroom visits were permitted, talking among the hostages was tolerated, and negotiations appeared to be proceeding well. Leadership within the hostage group was assumed by the general and the colonel's wife. The other role players assumed reciprocal subordinate positions, presumably in deference to rank and status. Both the general and the colonel's wife maintained restraint in their roles, complaining only when necessary while maintaining their dignity and respect vis-à-vis the other hostages. This attitude angered the terrorists from time to time, momentarily increasing tension at the site. During this middle phase, the terrorists negotiated for food. Making and dispensing sandwiches had a relaxing effect on both subgroups. Periodic verbal check ins with the hostages by the controller revealed a generally low perception of anxiety among the captives throughout the middle hours.

One hostage was especially compliant and overly cooperative with the terrorists. This compliant role developed naturally during the exercise and was not assigned to the role player prior to the simulation. This perception was shared by the other hostages and made the overly compliant hostage something of an outcast in the hostage group. Her apparent difficulty with this sociometric position of "rejection star" among the hostages further increased her identification with the ter-

rorists, creating a cycle of rejection-identification. Interestingly, she was negotiated out of the site well before the majority of the hostages.

The Final Phase

The final few hours of the simulation were marked by high anxiety among the hostages. The escape of one hostage had a devastating effect on the rapport that had been built up between the terrorists and the hostages. The escape had been preplanned as a test of the response team's ability to deal with a person suddenly fleeing the hostage site, and all role players had been informed about the planned escape. It would appear that prior knowledge of the event had little or no impact on the emotional reactions of the role players. The terrorists, feeling betrayed, immediately placed severe restrictions on the hostages by binding them and forbidding communication. Check ins by the controller during the final phase revealed a high level of anxiety and perceived threat, with a maximum fear level at the time of the mass escape toward the conclusion of the training.

As dissension among the terrorists grew, anxiety among hostages increased. Two of the hostage takers made a secret pact with the hostages for their escape. This shared secret appeared to have a mixed effect on the hostages, increasing both their hope for survival and their fear of being killed while escaping. One hostage inadvertently mentioned the escape plan to an unsympathetic hostage taker. While the terrorist did not catch the remark, the reactions of the other hostages and the two sympathetic terrorists caused feelings of guilt on the part of the role player who made the verbal slip. This feeling of guilt continued well after the exercise and required attention in the debriefing.

While the colonel's wife and the general were put on trial by the terrorists, an interesting group dynamic was observed. The two hostage group leaders were put in separate rooms and ordered to write their defense. Initially the remaining hostages mildly protested their removal, but then quickly appeared to develop amnesia regarding the two leaders. From the time of their removal to the escape of the remaining hostages, there was no mention of the two separated hostages. It is hypothesized that the primitive defense mechanism of denial was employed by the survivors to help them deal with feelings related to their inability to control the fate of their fellow prisoners.

The exercise concluded with a tactical assault on the hostage site following the mass escape of the hostage group and the execution of the general and the colonel's wife. Neither the execution of the two hostages nor the tactical assault that resulted in the death of the terrorists

was preplanned. Rather, these events developed from the progressively escalating sense of desperation among the hostage takers. All of the terrorists were killed in the assault.

Deroling

The exercise met the army's goals in that it provided an opportunity to try a system approach to managing a potential terrorist incident. The actions of the army were analyzed and evaluated by military specialists and had impact on the planning of future preparedness strategies.

The role players participated in two after-action events. First, a debriefing session was held with all participants one half hour following the conclusion of the simulation. The debriefing session followed standard military procedures, with the commanding officer calling on unit commanders, controllers, and participants to give brief reports. The session lasted one hour, during which the role players had the opportunity to give specific feedback to the members of the response team. This feedback focused on strengths and weaknesses as they were perceived from the hostages' and terrorists' points of view.

The second after-action event involved a deroling session that was planned to assure that all role players had returned to their real life roles after the exercise. This aspect of the training represented the most difficult and problematic portion of the training event.

Immediately after the simulation, the on-site controller spoke individually for a few minutes with each of the role players to see that they were feeling well. All answered in the affirmative. However, apparently a strong element of denial was operating, and several role players reported a further need for processing over the next few days. Reports of sleep disturbance and mild disorientation by the role players were similar to those reported following actual traumatic events (Hillman, 1981; Miller & Porter, 1983).

Subsequent sessions were required to provide an opportunity for the role players to ventilate feelings that accumulated from assuming a victim role for nearly 15 hours. The two additional sessions were unstructured situations during which hostage and terrorist role players shared feelings about the event in a congenial atmosphere. The mild-to-moderate difficulty that role players reported in deroling is in keeping with the reports of other long simulations (Rosenhan, 1973; Zimbardo, 1972). However, this difficulty was not anticipated by the exercise planners and therefore had to be responded to following the conclusion of the training. It is recommended that with simulations of extended length, role players be required to rest, perhaps as long as overnight, and then go through a careful deroling and processing before their release.

The deroling phase should include a structure for processing the experience and provide an opportunity for role players to integrate the experience in a positive way. Such a positive integration might focus on ways in which the experience has enhanced the professional and personal role repertoire of the participants.

Conclusion

The use of psychodramatists in the service of training for military and law enforcement personnel can enhance training events by adding a dimension of realism to the exercise. Simulations provide growth experiences for the psychodramatists who play the roles and participate in other aspects of the training. The present paper has presented one example of such a training simulation. Further research can focus on the relationship between simulated hostage responses and actual responses of hostages in life-threatening situations. Such research could further the understanding of the value of simulations and role playing in creating realistic demands on all individuals involved in a training exercise. In addition, the need for further work in the area of deroling for participants in such simulations is clearly indicated by the difficulty encountered in the reported exercise. Careful planning and considerations for the trauma encountered in simulating a long-term stressful incident cannot be overemphasized. Psychodramatists have important knowledge to contribute to action training, working in association with law enforcement trainers who have the knowledge of appropriate procedure and safety control. The pressure that simulations put on participants makes it important that planning include careful attention to group dynamics. Psychodramatists, with their knowledge of role theory and respect for the power of role play, are uniquely qualified for the task of enacting these simulations.

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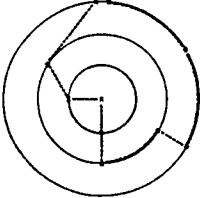
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Brief Report

Encounter in Buenos Aires

In the center of a semicircle of more than 100 therapists, a young woman, head bent down, is sobbing. She is deeply engaged in an imaginary dialogue with her father; reproach, pain, and catharsis mix.

A gray-haired older woman is standing beside the young woman, her arm on the girl's shoulder, directing the scene, programming sequences, making dialogues easier, suggesting inquiries, and allowing affects to emerge. Her inquiry is gentle yet persistent; she stimulates dialogue with imaginary characters, respects the pain, does not hide the joy. Those who are watching the scene feel more like participants than spectators; the story belongs to them and they all want to help the girl.

This touching moment came during a public demonstration of clinical inquiry directed by Zerka T. Moreno of the United States, widow of the creator of psychodrama, that was one of the highlights of the International Encounter of Psychodrama and Group Psychotherapy in Buenos Aires, Argentina, August 11-16, 1985.

Zerka Moreno's warm gesture was echoed later at the closing session of the conference, when foreign delegations thanked organizers and local participants and hugged each other in farewell. Participant Carlos Menegazzo commented that the embrace showed that it is possible for different people to live together in harmony in society in spite of widespread, alienating individualism.

Monica Zuretti was the prime mover and organizer of the highly successful Encounter. Some other leading participants and presentations included:

- Marcia Karp of England, directing psychodramatist and disciple of Moreno, who gave two workshops that showed how to recreate different situations using psychodrama. They were "An Encounter with Moreno" and "Guernica inside Ourselves"; the latter dealt with the Falklands War.
- Gretel Leutz of Germany, who offered a demonstration of psychodrama work with dreams.
- Anne Shutzenberger and René Käes, who represented different trends in group analysis in France.

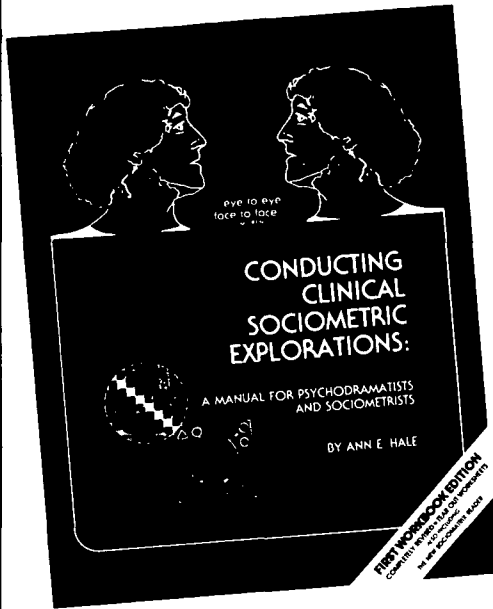
- Eduardo Pavlovsky, Fidel Moccio, Dalmiro Bustos, and Carlos Martínez Bouquet, who were in charge of the presentation of the Argentinian psychodramatic school.

The six-day program also included descriptions of recent therapeutic trends, including axiodrama (Ronald and Gloria Robbins), vegeto therapy, psychodance, bioenergetics, and use of masks and costumes. Group therapy programs that combine the theories of several authors were also outlined: Liza Glenn uses Bowlby, Foulkes, and Winnicott; Irene Harwood relates Kohut and Bowlby, Graciela Peyrú and César Rios integrate contributions from gestalt and psychoanalysis.

Both foreign and Argentinian therapists stressed the importance of dealing with social and political reality in the context of mental health. Argentine therapists' work frequently deals with the subject of the missing and tortured, an aspect of social reality of major importance for the therapeutic group, they noted.

Malcolm Pines's closing lecture compared Freud, Moreno, and Foulkes, and outlined important distinctions in the philosophic and ideological foundations of these "three stepsons of Vienna."

Based on a more detailed report from Jorge Miguel Brusca, Licensed Psychologist, Buenos Aires, Argentina



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