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Psychodrama and Sociometry in University Education

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NANCY DREW teaches at DePauw University School of Nursing where she specializes in the area of psychiatric/mental health nursing. She conducts a weekly psychodrama group for the chronically mentally ill and uses psychodrama techniques for interviews used in qualitative research in patient/care-giver relationships.

CLAUDE A. GULDNER, an executive editor of the journal and guest editor of this theme issue, is director of the Marriage and Family Therapy Program and of the Marriage and Family Therapy Centre at the University of Guelph, Canada. He also serves as a workshop leader in psychodrama and group psychotherapy.

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Introduction

WHEN I WAS TRAINING in psychodrama at Beacon back in the 1960s, I recall an evening with J. L. Moreno down at the cottage when he was discussing the transformation of learning. I do not recall his exact words, but the gist was that the result of traditional learning methods, in which the instructor taught and the student passively took in what was said, was essentially the death of creativity. He said something to the effect that this was not education but indoctrination. When I rejoined a university faculty in 1979 after being in a free-standing training institute for nearly 10 years, I found myself very frustrated with the format of teaching that seemed to be what Moreno was describing as indoctrination. After 1 year, I knew that if I did not do something different in my teaching style, I could not survive. I took over an undergraduate course in group dynamics that had been taught primarily from a didactic model. The psychodramatist within me emerged, and I redirected the course, using sociometry and psychodrama methods to enable the content to come alive in a creative manner.

This was hard to do because all classrooms had fixed seating, almost always arena style, or seminar rooms with huge tables surrounded by chairs. I was able to find a large, unused room at the top of the old main building. I transformed the room into a place for an experiential learning course by using moveable chairs, the space in the front for a stage, and tables to create a balcony. For a number of years, my fellow faculty members heard stories about that crazy professor who had people standing on chairs, crawling on the floor, acting out scenes, and generally doing things very different from standard teaching practices. Gradually, however, they came to value the benefits the students gained from the course, and I was frequently asked to give a guest lecture in other courses so that I could demonstrate action learning. Today I teach two undergraduate courses that use psychodrama, group dynamics, and other action methods of learning. They are prerequisites for many other courses in our department, especially those with practical applications.

I am sure that I am not alone in this experience. As more and more of us who are trained in psychodrama teach in academia and as more academics are trained in psychodrama, we will want to use our model within the educational system. At present, very little in the literature describes

the use of psychodrama and its methods within university education or teaching. Kranz and Houser discussed this in their article "A Psychodrama Course for Undergraduates," which appeared in the Fall 1988 issue of this journal. This void led to a call for papers for a special issue on the use of sociometry and psychodrama in university education. In response, some stimulating articles have come not only from the United States and Canada but also from as far away as Brazil.

For this special issue, Nancy Drew provides us with an excellent reflection on the use of psychodrama in nursing education. This article is followed by my paper on the integration of an undergraduate and graduate course using sociometry and psychodrama. Rory Remer, in his paper "Family Therapy Inside Out," shares with us the use of psychodramatic simulations for training graduate students in marriage and family therapy. Marie-Anne C. Thompson presents a creative paper on using action-oriented learning for second-year college French students. Andre Mauricio Monteiro and Esly Regina S. de Carvalho from the University of Brasilia report their university experiences using psychodrama and sociometry. The final paper, a very important piece because it gives guidelines and strategies for developing psychodrama courses within an undergraduate curriculum, was written by Peter L. Kranz and Nick L. Lund.

It is hoped that this issue will stimulate readers to write articles about teaching methods using psychodrama, course outcome evaluations using action methods, or other theory and research articles relating sociometry and psychodrama to the university context.

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Psychodrama in Nursing Education

NANCY DREW

ABSTRACT. This article describes a nursing educator's experiences using psychodrama methods and techniques in a university setting. Methodological and ethical differences between classroom groups and training groups are discussed. Strategies used to reduce students' anxieties about psychodramatic teaching methods as well as specific uses of role reversal, sociodrama, and role training are described.

I TEACH PSYCHIATRIC NURSING to senior baccalaureate nursing students in a small, private, midwestern university. The university has high admission and academic standards; the students are bright, curious, and invested in learning and eventually being graduated. For the past 5 years, I have been using psychodrama as a teaching tool. At the same time, I have been a member of a psychodrama training/personal growth group and the leader of a psychodrama therapy group for clients in a community hospital for those with chronic mental illness. During the 5 years that I have used psychodrama in the classroom, I have found that the students in our nursing program enjoy learning with psychodramatic methods. Nevertheless, their inexperience with learning that involves the body as well as the mind and their natural self-consciousness in situations of disclosure to peers sometimes makes it difficult for them to warm up to action in the classroom.

One of the challenges of using psychodrama in a classroom is finding ways to help students move beyond the initial confusion and self-consciousness that can occur when there is a departure from the traditional lecture or seminar format. In the traditional lecture format of university classes, students, in the passive role of absorbers of knowledge, are able to maintain a measure of anonymity and emotional distance from the professor and from fellow class members. Beyond responding to questions and participating in discussion, students experience little engagement with others and little risk of self-disclosure. Self-consciousness and embarrassment often arise when it becomes necessary for students to en-

gage others on a more intense emotional level than is usually experienced in a classroom. The relative anonymity and safety of the traditional lecture format suddenly seems appealing when students are confronted with being "on stage" and possibly appearing foolish in front of peers.

When I first began using psychodrama as a teaching tool in the nursing program, I was puzzled by students' initial lack of spontaneity when they were given an opportunity to get into action in the classroom. I had assumed that, just as the members of my training group had responded, students would be eager to engage in action with their peers. It was not until I had been confronted several times with resistance to participating in action that I began to think about how teaching with psychodrama in a classroom differs from its use in training groups.

I have found that, in a classroom situation where there is an unexpected request for action, i.e., bodily involvement with class content, the result is often an immediate inhibition of students' spontaneity. This inhibition is apparent in the confusion that strikes when they are first given directions for action. Frequently, the immediate response to my instructions for moving into action is silence, as students sit motionless with blank expressions on their faces. It is clear that they are not sure what they are hearing, nor are they certain how to respond to a request to clear a space in the room so that we can move about. They are startled and need concrete directions ("get up out of your seats and push the tables to the side of the room") before they can respond. Such a request is obviously a departure from the lecture format of most classes the students have previously attended. Therefore, it takes a few minutes for them to comprehend that they are going to be allowed to talk and move about spontaneously.

In addition to dealing with the effect on students that learning through one's body has, a second challenge associated with psychodrama in the classroom involves the inequity of power between student and professor. In a traditional academic setting, the student/professor relationship begins differently from the way the relationship between psychodrama trainer and trainee begins. Student and professor often know little about each other as persons before they meet in the classroom. Unlike trainer and trainee, the student and professor do not negotiate about beginning the relationship based on mutual positive regard for each other. Students in a traditional classroom situation are in a position of increased vulnerability and dependency. They hope to receive a favorable report from the professor; in order to receive it, the expectation is that they will actively (and, the professor hopes, enthusiastically) participate in whatever has been planned for the class. When psychodramatic techniques are used, students may be wary of being put into action in a group of relative strangers.

When an individual explores something psychodramatically in a group, it is usually because he or she has chosen to do so. For example, students training to become psychodramatists may be members of a group whose purpose is to provide opportunities for personal growth as the method is learned. Unlike a traditional academic class, a training group probably has had sufficient sociometric exploration to allow trusting relationships between the members. In a classroom situation, however, the sociometric dynamics differ. Students in a classroom may have had little choice about who teaches the class or the way that it is taught, let alone have a choice with respect to fellow students. Whereas psychodrama students undertake training with an implicit understanding that a good part of the learning process involves being protagonists in their own dramas, students of other disciplines in which psychodrama is used to illustrate and expand didactic content may find themselves in a position in which they do not have much choice about what happens. One way to address the inequity of power between students and professor is for the professor to maintain an awareness of the tremendous power he or she has over students and to be sensitive about placing them in positions where they may reveal more of themselves than they are prepared to do.

Reducing Students' Anxiety

Some things can be done to alleviate students' anxiety and self-consciousness about participating in psychodramatic events in a classroom. First, the introduction to action in the classroom requires the professor's thoughtful timing and an awareness of his or her own level of anxiety as well as that of the students. Warm up for action might include some type of sociometric exploration of the class members as a group. The average class size in our school of nursing ranges from 18 to 28 students. Each year's class has its own personality. Some groups of students naturally are more expansive and spontaneous than others. I have found that, even with the most gregarious groups, the warm up of a class in which psychodramatic methods are used is extremely important in encouraging students to volunteer for the role of protagonist.

When I use psychodrama to enhance and illustrate didactic content on family dynamics, I introduce the action portion of the class with some sociometric mapping of the group. In our program, all of the nursing courses are taught in the junior and senior years at the school of nursing, which is located 50 miles away from the main campus. The majority of nursing students live in nearby apartments that the university makes available for nursing majors. They develop intimate associations with each other as they live together and make their way through the rigorous upper division nurs-

ing courses. Over the course of their association as a group, identifiable roles emerge in many of the classes. The warm up for action is begun by making an analogy between the students as a group and a traditional family and then by giving the students an opportunity to look at the class "family" dynamics.

I ask students to identify who in their class takes on the role of mother, of father, of big sister, etc., and they share their perceptions of each other in various roles. The mapping continues when I give students an opportunity to present additional personal information that is common to all in the group. For example, I ask students to identify themselves according to sibling position in their own families. All of the first children have a chance to come together in the center of the group, look at each other for a few seconds, and share with each other their feelings about their mutual family position. The rest of the group then has a chance to ask questions of these "first children" or to comment on their own experience. Following this, middle, youngest, and only children are identified and given an opportunity to express feelings about their experience in that position. Then I usually ask students to identify themselves with other information; for example, those who come from homes with single parents. These students are asked to step away from the others and stand together in order to see who belongs to this group and to share, face-to-face, the reasons for that status, such as divorce or death of a parent. Another piece of information that may interest the group is learning which students are parents themselves and having a chance to ask them about what it is like to care for a child and be in school. In each case, I ask the identified group to say something to the rest of the class and vice versa. After several instances of mapping, the students relax and spontaneously begin to share additional information among themselves. It is always interesting to see how much they discover about each other during this time, despite the fact that they have lived in close proximity in adjoining apartments for more than a year.

Another strategy that contributes to students' confidence and ease about being involved in action in the classroom is the introduction of an element of objectivity that allows them to maintain a sense of privacy. The class on family dynamics consistently is one in which students enjoy themselves and participate easily. I discovered, rather serendipitously, that the students engaged in action and subsequent discussions more quickly and unself-consciously when the class was presented as a demonstration of how psychodramatic methods can be used in family therapy rather than as a direct exploration of interpersonal relationships within the student protagonists' own families. Introducing the class and guiding the tone of the discussions to include students primarily as professionals maintains an element of objectivity by keeping the focus of the class within the context of nursing

care. Thus, they learn how therapists work with families, rather than focusing on individual students and their quirky families. Although we do eventually dramatize events and relationships within particular students' families as illustrations of the didactic content of the class, the exploration of interpersonal family relationships is accomplished in a less threatening way when the emphasis is professional rather than personal.

Role Reversal

Teaching with psychodrama, I have discovered, is easiest when students can draw from personal experience. For example, in a clinical conference for their psychiatric nursing experience, I ask students to think about a particular client who had made an impression on them. Then I ask them to role reverse with that individual, and several minutes are spent warming up to the experience of being that person. I ask students to think about what they looked like, to take the posture of that person and move around, to feel what it is like to be that person, and to be aware of what they are feeling at the moment. Then, from their roles, they are asked to tell the group what in their life is most important to them. Following this, they are directed to speak to one another, while remaining in role. During the discussion that follows, when the experience is processed, students almost always indicate that they discovered something significant while in the role of the client. The discovery is usually something that surprised them, something that they had not realized or thought much about from their own position as nurse. Frequently, the discovery that students make is that much effort is required to keep going day after day when one suffers from chronic mental illness.

In a class that looks at growth and development of aging adults, I ask students to think of an older person that they know fairly well and to reverse roles with that person. Five or six of these "older adults" are asked to volunteer to be interviewed by the rest of the class. The "older adults" have a chance to talk about themselves, what they have learned over the course of their lives, and what they think is important for nurses to know when caring for aging individuals. I am always amazed, as are the students, at the wealth of information and wisdom that they produce in this role.

Sociodrama

If students have no personal experience with a particular role, then I sometimes use sociodrama as a way to explore certain healthcare situations. In a class that focuses on the experience of being morbidly obese, I ask students to choose one of two roles, either the obese patient or the nurse

caring for that patient. Students in the role of the obese person are warmed up to the experience with imagery in which they are walked through a lifetime of struggling with an immense body. Students in the role of the nurse are warmed up to their feelings about caring for such an individual. Soliloquies are requested from individuals in both groups, and dialogue is directed between the groups before roles are reversed. This class usually ends up being a sociodrama on the stigma of obesity in our society.

Sociodrama is a natural focus for biomedical ethics. For a class that explores the issues surrounding the care of the mentally ill, I ask students to choose one of five roles: the mentally ill persons, the family members of someone diagnosed with mental illness, the mental health practitioners, lawmakers, and ordinary citizens. Students are directed to engage in each role and to speak to each other from these roles, discussing how mentally ill persons should be treated. One of the discoveries that students make during this sociodrama is how one's role in society can generate one's ethical position in such issues as labeling. The students also experience in a startlingly real way the stigma that is associated with the label of mental illness.

Role Training

In a baccalaureate nursing program, there are many occasions when psychodrama can be used to help students prepare for roles with which they have had little personal experience. The average age of senior students in our program is 22 years. Following graduation, these young persons will very quickly be expected to function in a professional leadership role. They will need skills in relating not only to patients and families but also to coworkers. In their last semester, while they gain practical experience in basic leadership positions in clinical areas, leadership theory is presented in a series of classes. One of these classes addresses conflict resolution in the work setting. In this class, I frequently ask students to recreate from their past experience in clinical settings some situations of conflict that they anticipate encountering as graduate nurses. They are asked to form small groups and to think of instances in which they have observed or been part of a conflict in a clinical situation. Subsequently, these situations are presented in action for the group. After each incident of conflict is presented, students are given a chance to make observations, suggestions, and, when appropriate, are invited to come into the scene and try out various roles in response to the situation. Students express surprise at the intensity of the emotions that the action engendered and the amount of emotional control required to remain in a situation that they wanted to avoid. They are also often surprised at the feelings they experienced while in the role of the person with whom they were in conflict.

One of my goals as a nursing educator is to increase students' awareness of the depersonalization that patients and families often experience in our healthcare industry (Anderson, 1981; Drew, 1986). In a class entitled Human Relations, I ask students to think of instances when they have either personally experienced or have observed depersonalization of patients and families. Students may have, at one time, been patients themselves and have experienced feeling excluded and depersonalized by caregivers, or, as professionals, they may have been involved in interaction that they suspect left a patient feeling distressed. In either case, I choose one of their experiences and have it dramatized so that the group can explore the feelings involved in each role: the hurt, angry patient who has been excluded from his or her own life situation; the caregiver who recognizes what is happening to the patient but is not sure what to do about it; the burned-out caregiver who responds mechanically to patients; the angry family member; and so on. As the scene is played out, students discover not only what it is like to be a patient but also which caregiver behaviors patients experience as confirming and which mitigate the depersonalization of highly technologized, short-staffed healthcare.

Conclusion

While preparing this paper, I retrieved the students' evaluations of my teaching over the past 5 years. Although students had both positive and negative reactions to psychodrama as a teaching method, the positive responses outnumbered the negative by five to one. One student wrote that psychodrama "brings information to a personal level." Another student echoed this by commenting that psychodrama "is the best part of [your] teaching; it makes learning more personal, meaningful and fun." As I reviewed the evaluations, however, I became increasingly aware of the comments from students who had not enjoyed psychodramatic methods in the classroom. Although these students did not state why they did not like psychodrama, I suspect that, in addition to normal shyness, they may have found the experiences more emotionally intense than they had expected and, therefore, were uncomfortable. Indeed, we know that psychodrama is frightening to some, which may be one of the reasons it is not more widely accepted.

I am committed to psychodrama and sociometry. My own experience as a protagonist, as well as my observations of others' experiences, convinces me that the method facilitates learning in nonlinear, quantum leaps as nothing else does. Because psychodrama is a powerful way to learn, I am tempted to assume that, once they have experienced it, others will be as enthusiastic as I am. But the truth of the matter is that not everyone shares this

perspective. Not all my students can or want to participate in psychodramatic methods in the classroom, regardless of how I value learning this way. As a psychodramatist and an educator, I have an obligation to use the power inherent in both of these roles in as sensitive and thoughtful a way as I can. Moreno stressed the ethical aspects of psychodrama and that includes a basic sociometric principle of paying as much attention to those who are excluded or isolated as to those who are chosen, visible, and engaged in a group. Students who are reluctant participants in psychodramatic classroom methods have as much right to my approval and attention as do students who enjoy action methods. One way to discharge the obligation that accompanies the role of educator is to convey to students that learning happens not only for those who actively participate but also for those who are present and only watch and listen. When I am able to maintain sensitivity for reluctant students who are hesitant in the face of the intensity of psychodrama, I have found that it can become an experience in which learning expands from a one-way track between professor and student to one in which students are drawn together and begin to learn from each other.

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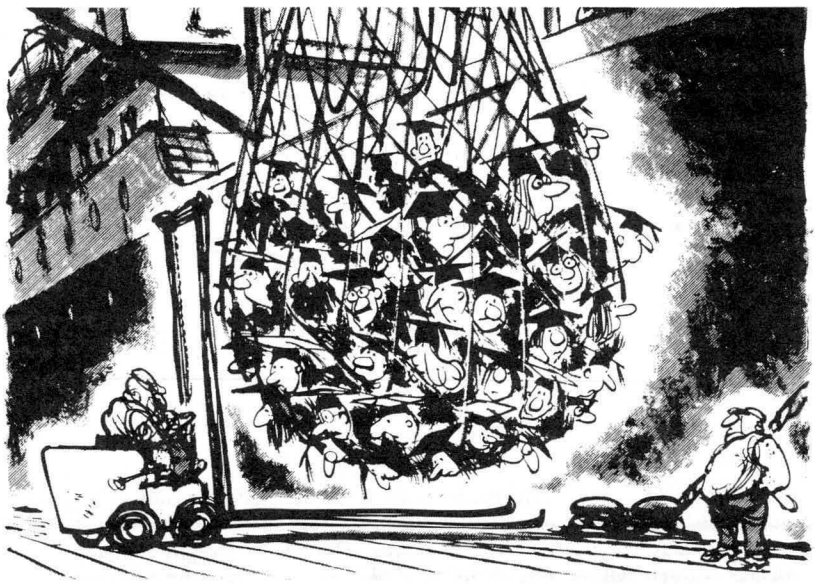

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Integration of Undergraduate and Graduate Education and Training in Group Dynamics and Psychodrama

CLAUDE A. GULDNER

ABSTRACT. This paper discusses the integration of an undergraduate course in Group and Family Functioning with a graduate course in Facilitation in Group and Family Functioning. A description of the undergraduate course shows the use of sociometry in making small group selections and the use of psychodrama, sociodrama, and role play, along with group dynamics, to learn content. The description of the graduate course discusses how leaders are trained in group methods, their own group-learning process, and how supervision of their leadership of the undergraduate course is provided. Descriptions of the evaluation methods for each course and conclusions about the value of integrating graduate and undergraduate courses in group dynamics are presented.

THE USE OF PSYCHODRAMA or its methods in the teaching of individual, family, or group dynamics courses has been sparsely reported in the literature (Kranz & Huston, 1984; Naar 1974; Treadwell & Kumar, 1982; Tuckman & Jensen, 1977; Kranz & Houser, 1988). As more and more educators are exposed to the process of psychodrama, it is or will be used increasingly as a means of providing both a theoretical and experiential means of acquiring education and training in psychotherapeutic models and methods. An undergraduate course entitled Dynamics of Group and Family Functioning has been taught at The University of Guelph for the past 10 years, and a graduate course, Facilitation in Group and Family Functioning, has been taught for the past 6 years. This article describes the integration of these two courses and the use made of sociometry, psychodrama methods, and group dynamics.

Undergraduate Course Description

Dynamics of Group and Family Functioning is taught within the Department of Family Studies in the fourth year of the undergraduate curric-

ulum. This is a course designed to enable the student near the completion of his or her undergraduate education to examine self-development at the personal and professional level as well as to learn a systematic approach to family functioning and group dynamics. It is a large class, ranging from 80 to 100 students. The class meets for 13 weeks during the fall semester, and the content of the class is designed to reflect both family and group concepts. The warming-up process to any learning event is the focus of the first class; this is followed by an examination of the experiential learning cycle and learning styles (Kolb, 1976). The third session focuses upon a systematic understanding of family and group dynamics (Satir, 1988; Jones, Barnlund, & Haiman, 1980). The following eight sessions are devoted to eight systemic issues: boundaries, power, feelings, communication, negotiation, task performance, contextual issues (space, time, and energy), and self-concept. The twelfth session deals with wholeness, integration, and authenticity of self in system. The final session has to do with endings.

The class meets for content input for 1½ hours in the evening. It is divided into two sections with half meeting for a 2-hour group experience following the input section and half having a 2-hour experience of group the following morning. During the class period, content is demonstrated through such action methods as role playing families for an understanding of systemic interaction; demonstration of boundaries showing those that are enmeshed, disengaged, or differentiated (Minuchin, 1974); power role plays, demonstrated by using different height factors; creating families with different communication styles (Satir, 1988); role playing negotiation, decision making, and problem-solving and action choices, and styles of ending or saying goodbye. Each class has a role play or mini-psychodrama to facilitate visual learning as well as cognitive learning. Members of the class are used in various roles and an effort is made to use different members throughout the time of the course.

For the first 3 weeks of the course, I meet with all the members in the evening section and the morning section. During that time, a number of interaction methods are used to help the group get to know one another, which lead to making sociometric choices at the end of the third week. Methods used include milling silently, making visual, auditory, and kinesthetic contact with each other as they learn names, and working in dyads, triads, and quadrads with structured exercises. Each student completes the Learning Style Inventory (Kolb, 1976). The students are then separated into groups according to learning style to discuss assets and liabilities with others. The students also report their sibling position and participate in a number of action sociograms before they complete a structured sociometric test. The six potential group leaders are introduced at the second ses-

sion. They have each made a list of characteristics descriptive of self, and these are put on long sheets of paper and hung on the wall. A game similar to the TV show "The Price Is Right" is played with four members of the class selected to make up team A and four for team B. The rest of the class cheers each team on as each tries to organize the leaders according to listed characteristics. This is a high-energy time and encourages the concept of learning as fun. After the leaders have been placed, they take time to introduce themselves and expand upon their background.

At the end of the third session, the students complete a sociometric test. The criteria are related to membership in a small learning group that will use psychodrama and action methods for making the content being taught in the course something personal. They are asked to select their first and second choice of class member with whom they want to share, their first and second negative choice, first and second positive leader, and first and second negative leader. The students decide which of the above factors are primary for them and list their primary learning style. The class is then divided into groups of eight, according to the sociometry. The use of primary criteria for placement in group is over 90%.

The small groups meet for a period of 9 weeks, with each group having a leader who is a graduate student in the Marriage and Family Therapy Program. Each 2-hour session begins with warm ups initially conducted by the leader. By the third session, however, this exercise becomes the function of two of the members, who design starters according to the group's topic of focus. Following the warm up, the group may move into role playing, sculpting, doing family reconstruction, psychodrama, sociodrama, and other action methods of learning. Each session concludes with a warm down or sharing segment that may be followed by instrumental evaluation methods that give feedback on the session or verbal processing. Students maintain group dynamics process journals, in which they follow designated guidelines for completion. Beyond this, they maintain a personal growth journal in which they reflect upon their family of origin dynamics, current systems and their role within these, and personal insights. They are encouraged to describe behavioral change that has resulted from their awareness and growth through the groups.

Evaluation

The Department of Family Studies uses formal evaluation procedures at the end of each course. Students complete a 6-item form with a ranking from A to E in terms of quality of learning, course meeting expectations, and their satisfaction with the course, the instructor, the methods used in teaching, and their overall learning. This course has consistently had rank-

ings in the 60% to 70% A range, 20% to 25% B, and only 5% to 6% below. This would indicate that the majority of students find the course highly satisfying. Comments in the personal journal include: "For the first time in four years, I knew everyone in my class"; "I wish I had [had] this course earlier as it had such a positive impact on my understanding who I am in relationships"; "the action learning made the class come alive—at first I was afraid of involvement but I soon got over this and liked the active method of learning"; "concepts are so much clearer when you see them demonstrated, and this made it easy for us to show our own family patterns in the group and know what we were doing." Faculty members who teach a course in which students are involved in community placements indicate that students who have been through this course have much higher levels of self-confidence when going to placement than those who have not. As a result of this feedback, the course has now been made a prerequisite to the community-placement course.

Graduate Course Description

Facilitation in Group and Family Functioning is taught in the graduate program in marriage and family therapy. Each year, six students are admitted into the 2-year MFT program. In the first semester, they are involved in the group practicum. They spend 3 hours in the theory portion of the course that looks at various models of group dynamics, leadership, content-focused groups, and outcome studies. Much of this content is taught through use of action methods or simulations. Beyond this, the six members are involved in their own group process. Team building occurs first, followed by a focus upon group dynamics and skill building while the group deals with personal and relationship issues. Psychodrama is the primary learning method. Starting in the fourth week of the course, each trainee becomes the leader of one of the dynamic learning groups for the undergraduate course. At a 2½ hour group supervision session, the leaders present critical issues within their groups, demonstrate techniques that went well, stuck points, etc. The group sessions are videotaped so that segments of the videotapes may be observed for feedback and recommendation. Frequently, a reenactment of a session will take place to provide the trainee a chance to implement a direction in which he or she might have gone, following supervision feedback. The students, following guidelines provided them, maintain a process record of their group session, including a critical evaluation of their group leadership during the session. They also maintain a personal-growth journal that integrates material from the course, supervision session, and the personal group context. The students also design a short-term group that they will be providing to community

clients at some point during their 2-year trainee program, for instance, a sexual-abuse survivors group, a group for children of divorce, a group for young widows, marriage enrichment groups, and parent-child management groups.

Evaluation

Many of the individuals who enter the graduate program in marriage and family therapy have worked in agency contexts before coming to the university. They have often, with little training or conceptualization, had to lead groups. Taking the course enables them to become aware of what they did not know and what they might have done differently. Others who have had no group experience find it very valuable in understanding group dynamics and psychodrama and gaining a range of methods for leading groups. The personal group enables the trainees to develop a cohort "family" that will be of significant value to them through the remaining years of the program. The formal evaluations returned by the students rank the criteria within the A and B levels on the 5-point scale.

A major learning result from the introduction of action methods during this first semester before the trainees begin to see individuals, couples, or families is the students' becoming comfortable with the active use of self in therapy and more spontaneous and creative in the use of their therapy context. During the next practicums, which are family focused, these trainees easily move into sculpting, empty chairs, use of play, role playing, and psychodrama. Action and verbal methods of therapy are easily integrated, and there is much more differential use of self, more selection of creative interventions, and more ease of adaptation when experimenting with the learning of new theory models for service delivery.

Conclusions

The integration of the training of graduate students in group and family facilitation with an undergraduate course in group and family functioning produces opportunities for significant learning for both populations. It would not be possible to conduct an undergraduate course in group dynamics without the use of leaders other than the instructor. Use of graduate students who are in the process of learning psychodrama and group-process skills enables the instructor to structure the undergraduate course with an experiential learning component. With the undergraduate course as a laboratory for the graduate program, the supervisor (who is also the instructor of the undergraduate course) can facilitate learning of group dynamics and psychodrama and its methods because all trainees are working

with a similar type of group. The content within the group sessions is relatively structured, however, and a range of creative methods can be used to process that material. This enables trainees to use their own creative style and to learn from each other as they watch tapes or hear feedback of process and dynamics. Graduate students with minimal therapeutic experience also find that working with undergraduate students is not as threatening as being immediately assigned to work with a population of clients who are coming to the agency to resolve specific issues that get in the way of their functioning. This is not to say that the issues that the undergraduates present in the group are not significant. Although, for the most part, the issues are serious, powerful, and very important to the individual presenting, we do assume that the students are able to function within relatively normal limits. This enables the graduate trainee to take more risks in using creative methods within the group. Moving from a warm up into a mini-psychodrama becomes less threatening with this population than with a clinic population. If something becomes too unsettling, the supervisor has direct access to feedback from undergraduate students through their journals or through verbal sharing, which is not possible with clinic populations.

I am preparing to teach the undergraduate class for the 11th year. Even though much of the content may be the same, I never tire of teaching this course because each class provides a new context created from the life stories of the individuals within it. At the graduate level, we keep finding new components to add to the process in order to control outcome studies and facilitate learning. I find it exciting to experience trainees' discovery of psychodrama, action methods, role playing, and sociometry. Most trainees come into psychotherapy training with the concept that intervention is essentially verbal, taking place from a seated position. As one trainee stated, "This course has enabled me to see the value of listening for action words during sessions, energizing the therapeutic system through action methods. Seeing in action past and future behaviors is often worth a thousand words." This trainee was unknowingly echoing Moreno's view of transforming words into action as the critical change component.

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Family Therapy Inside Out

RORY REMER

ABSTRACT. Sociometry—including psychodrama, social atom theory, and role theory—by its very nature is the perfect vehicle for teaching family therapy. The content to which it usually relates, the techniques it provides, and the control and flexibility it offers in producing real and vicarious experiences weds the psychodrama component, in particular, to family dynamics. A simulation of family interaction and family therapy used in teaching the Theory and Practice of Marriage and Family Therapy course in the Counseling Psychology Program at the University of Kentucky is described in this article. The author offers suggestions, based on evaluation data, for structuring family simulations.

ALMOST EVERY CLASSICAL PSYCHODRAMA has, at its core, early family interactions. In many ways psychodrama is family therapy; psychodrama *in vivo* was the first real family systems work (Remer, 1986). As early as 1945, Moreno did what was equivalent to structural family therapy with his own family (Moreno, 1985; Moreno & Moreno, 1975) and also extended marital therapy, bringing in all parties involved (Moreno, 1985; Moreno & Moreno, 1975). Sociometric theory, of which psychodrama is a large component, provides many effective tools for dealing with family problems at the systemic level (Remer, 1986; Sherman & Fredman, 1986).

The richness and diversity of sociometric theory makes it applicable far beyond the family situation. Psychodrama is also an excellent method for providing flexible, challenging learning experiences, situations not, perhaps, met in one's real life. Another component, sociometric role training (Blatner & Blatner, 1988) is an excellent medium for teaching role flexibility and role expansion, two abilities useful for coping with life and absolutely necessary to being an effective therapist.

Psychodrama and sociometry, therefore, are logical components of training experiences in family therapy. This article describes the course in family therapy taught in the Department of Educational and Counseling Psychology at the University of Kentucky. Morenean sociometric theory—psychodrama, sociometry, role theory and and social atom theory—was

integrated throughout the course. Of interest here is the fact that it served to structure the primary learning experience, forming a family unit that participated in a therapeutic situation.

The Course Description

Purpose of the Course

The course is entitled Theories and Methods of Marriage and Family Therapy. Particular emphasis is given to delineating the distinctions between and among various marriage and family approaches and to comparing individual and group counseling theories and methods. Course material combines didactic and experiential approaches to learning.

As in many of the advanced-level techniques courses offered by the counseling psychology program, the approach to learning is based on the integration of theory and practice through the use of experiential learning. The theoretical perspective provides structure for simplifying and analyzing particular situations and for implementing and adjusting interventions appropriately; the experiential aspect helps clarify the theory.

Prerequisites

A basic familiarity with some counseling theory and practice is assumed. This background knowledge serves as a basis for exploring approaches to family therapy.

Approach to Learning

The course is an advanced, graduate-level offering. Prerequisites ensure that most students have preliminary therapy-skills training (at least two courses in individual therapy and one in group techniques). In addition, most students have already had at least one practicum experience. The composition is a mix of master's and doctoral trainees. These are mature students, used to dealing with a degree of ambiguity and to acting independently.

Objectives

The three main objectives are:

1. To provide a theoretical and didactic understanding of relative strengths and weaknesses of the theories and methods involved in marriage and family approaches to therapy.

2. To explore the impact of these perspectives on one's personal views and one's potential clients.
3. To develop some basic facility with the use of some of the theories and methods (including, particularly, the ethical and professional considerations).

Class Composition

Although the class is composed of persons primarily interested in specializing in counseling psychology (seeking certification or licensure as psychologists) or in family therapy (seeking AAMFT certification), the 20 students also come from clinical psychology, nursing, social work, and law (particularly those emphasizing family law). The mix makes for worthwhile cross-disciplinary exchange and can prove challenging. In some cases, most notably the law students, strict adherence to the prerequisites has been waived.

Most students who take the marriage and family course have already been accustomed to this approach to some degree. A number have also had training in psychodrama and role playing, and they enhance the effect of the family simulation by their direct experience with psychodrama and its unique reliance on and basis in family dynamics and by providing modeling, instruction, and support for those less practiced.

The simulation of family interaction and therapy employs psychodrama as a learning tool (and, coincidentally, as one family-therapy perspective). The experience is designed to capitalize on the power of the psychodramatic method.

Requirements and Grading Procedures

Because the course is a graduate-level offering, the grades assigned are A, B, C, or I. A grade of C is used only for severely deficient participation, and an I for not completing the work within the time agreed upon between the student and the instructor. To earn an A, students must complete an additional project (a combination of in-depth theoretical exploration and experiential application) by negotiating an individually designed contract with the instructor.

Requirements include:

1. Participating actively in class, including prompt, regular class attendance (class meets 2½ hours per week and is a combination of workshop, laboratory, and lecture);
2. Observing three actual marriage or family therapy sessions, submitting a 1- to 2-page critique of each;

3. Scoring at a predetermined level on a take-home final examination; and
4. Participating as part of a simulated family and tracking the changes that occur in that family group (evaluation paper of 5 to 10 pages required).

The final examination is an open-book type that is given out the first day of class. It requires brief answers and is designed to assess students' synthesis of material and ability to apply that knowledge to a specific family problem in an organized, vertically articulated manner. It is also intended to focus students' efforts. (Because the final examination is not the point in this article, it is not discussed further; copies are available from the author upon request.)

Comments

The primary requirement for students in the course is the family simulation. Being part of a "family," participating in therapy, and having other "families" with the same problem and similar dynamics allows comparison from multiple perspectives. In addition, the simulation provides a degree of realism and involvement not usually experienced in such a course. Family therapy is examined inside and out.

To see how these gains can be derived, I will examine a specific structure designed to employ psychodramatic enactment in a simulation. Included are the instructions to be given, the information to be collected, and an explanation of how the information was processed and used.

Structure of the Simulate Family Experience

This is a best-case scenario for structuring a family simulation, although the optimal circumstances are not always attained because exactly 20 students are not always available. Relating the experience of one specific class provides an example of how to structure and allows the reporting of the evaluation data collected.

In this particular class, five approaches to family therapy were compared: structural (Minuchin, 1974), strategic (Haley, 1963), behavioral (Patterson, 1975), communication (Satir, 1967; 1972), and experiential (Keith & Whitaker, 1982). Each approach was applied to the same family situation to induce as much similarity as possible.

Twenty students were randomly assigned, in a stratified manner, to five families of 4 members—3 females and 1 male. Each group also had at least one member with psychodrama experience. All of the groups were given the same description of a family problem (from an Ann

Landers' column) around which to develop roles and family interaction patterns. The number and length of interactions and purpose for interaction were standardized. Students were instructed to meet for 1 hour per week for 7 consecutive weeks to interact as a family with the problem mentioned. During weeks 4 to 6, the students were directed to meet with a "therapist" for 1 to 1½ hours. Instruction was given in role taking, role playing, and role expansion. This was the entire structure supplied to each family.

"Therapists" were six advanced doctoral students, all of whom had had training in family therapy techniques and at least one practicum in their application. They were assigned a theoretical approach according to their chosen orientations and their experiences. Two were cotherapists for the experiential approach (Napier & Whitaker, 1978).

At the end of each of the seven sessions, the members filled out evaluations (family interaction logs). In these logs, they recorded: (1) a description of the interaction, (2) reactions to self and others (in role), (3) any changes noted and reactions (out of role), (4) the name of the student, and (5) the role played (consistent throughout the simulation). These were collected each week. This procedure was implemented to gather necessary data and also to allow family members and therapists to abandon their roles.

After three interaction sessions, the families went for therapy. They met with the therapist, to whom they were randomly assigned, for the three weekly 1- to 1½-hour sessions. These therapy sessions were in addition to the seven family interaction sessions and were scheduled between the interaction sessions. A therapy (family session) evaluation, similar to the family interaction evaluations, was completed after each session. Each of the family members and the therapists recorded: (1) the role played; (2) session number; (3) student's name; (4) description of session; (5) reactions (in role) to counselor, to other family members, and to self; (6) reactions (out of role); (7) ability to take role; and (8) techniques used in the session. These evaluations were also collected each week. The second session, which was considered most typical of the techniques and interventions normally employed in a given family therapy approach, was videotaped. The first session provided time for assessment and joining by the therapist(s), and the last session offered an opportunity for closure and consolidation of gains.

After the completion of the family enactment phase, all logs were returned to participants. Retrospective auto-analysis (reflective analysis much like interpersonal process recall (IPR), Kagan & Schauble, 1969) was used. Each student did a summary evaluation of "therapy." The evaluation included: (1) role taken; (2) interventions and their results; (3)

reaction (from role) to the counselor, to other family members, and to self; (4) reaction (out of role) to the counselor, to other family members, and to self; and (5) assessment of the experience for learning and research purposes. Each person then reviewed the notes he or she had written to reflect on the realism of the enactment and to evaluate the usefulness of the entire process for research and for learning purposes. Students could also add any comments or reactions they wished. These accounts and analyses were then analyzed for content.

During the enactment phase, both before and after the therapy, each family member took the Family Environment Scale (FES) (Moos, 1974). Individual scores were plotted on profile sheets, and family discrepancy scores, pre- and post-treatment, were calculated according to the instruction in the manual (Moos, 1974). The pre-therapy results were made available to the therapists, if they requested them (consistent with the orientation being used). The pre-post profiles were analyzed for changes that would indicate the effectiveness of the therapeutic interventions.

An item checklist, based on the descriptions of the characteristics of each of the five theoretical orientations and the behaviors manifested by the practitioners of each (Goldenberg & Goldenberg, 1985; Levant, 1984; Okun & Rappaport, 1980), was compiled. The characteristics and behaviors were randomly ordered to remove any systematic presentation bias.

Using the videotapes, the students observed the five therapy sessions and, using the item checklist, rated them for the absence or presence of each characteristic or behavior. The viewing and ratings were used as a basis for discussion of different theories and comparisons between and among them. These procedures also allowed students to address the problems involved in learning and implementing family therapy approaches.

The Effectiveness of the Simulation

How realistic is a simulation? Does the "family" feel like a family? Are interactions similar to those that actually occur? How close to a real therapy situation can one come? These and other similar questions deserve answers.

The students generated a large amount of information during the simulation. Some of the data clarify the situation, indicating the weaknesses and the strengths of the simulation.

Two sources of data—the information collected through the retroflective auto-analysis and the data from the course evaluation—are particularly pertinent. The ratings of the second therapy session tapes and the pre-post changes in the FES also provide some insight into the process and a basis for further discussion. They do not, however, bear directly on the effectiveness of the simulation.

Retrospective Results

The students had an opportunity to examine, analyze, and synthesize the reactions they had recorded in their weekly logs. All materials were returned. Students were then asked to reflect on those logs entries and, using the entries as recall stimuli, to evaluate the entire experience. In addition to indicating what they had learned in general, they were asked to address three specific questions:

1. How close did the simulation come to an actual family? Did those involved react as family members would? Did the family feel like a real family?
2. Was the simulation a useful learning experience?
3. Would the simulation contribute to techniques for doing research on families and family therapy?

Although some flaws and problems were indicated, the group was unanimous in indicating, in response to all three questions, that the simulation was successful. The main reservation expressed was about the lack of an "in-depth" family history, particularly a multigenerational underpinning. Even the most skeptical of those in the group, however, thought there were aspects of the simulation from which they benefited.

The subjectivity of this evaluation makes it suspect. To gleen some idea of the actual effectiveness of the simulation, without all the social and role pressure biases inherent in this evaluation structure, a content analysis of all the weekly family and session logs was undertaken. Each folder of materials, collected again after the auto-analysis, was rated by two judges.

Statements were examined for indications of realism or lack of it. Comments, such as "I felt relieved when Mom and Dad stopped yelling at each other," or "I could have strangled Joanie (sister)," and direct statements about realism of portrayal were rated as plus. Others, such as "I couldn't get into role" or "Betty wasn't like a real mother," were rated minus.

There was some initial confusion in the ratings. Two judges rated comments of the type "I got so angry I wanted to cry" as minus because it was a negative comment. After correcting this misconception by reviewing the definition of positive and negative (plus and minus) as they referred to the content being rated and having the judges rerate the responses, the interrater agreement was 95.5%. (Prior to the explanation, it was 77.9%.)

Results of the 420 comments rated are presented in Table 1. Forty-two of the responses could not be categorized as positive or negative because

TABLE 1. Rating of Responses in Content Analysis of Log Entries

Realistic		Unrealistic		Neutral/ Not rateable		Total
f	%	*f*	%	*f*	%	*f*
318	75.7	60	14.3	12	10.0	420
318	84.1	60	15.9	—	—	378

they were not understandable, did not relate to the simulation, were neutral, or lacked judges' consensus. Overall, more than 75% of the comments indicated the simulation was realistic. When the neutral or not ratable responses were excluded, this figure increased to more than 80%.

Standard Class Evaluation

The Standard Class Evaluation also indicated the positive value of the experience. Although not an unqualified endorsement, the ratings are generally in the range of good to excellent. Keep in mind that this evaluation assessed the entire course, not the simulation only. Selected questions and responses are presented in Table 2, and relevant student comments are shown in Table 3.

Regarding students' comments, two observations are of interest. First, even though some students initially considered the simulation a farce ("fake families"), they admitted its value. Second, those students who desired standard structure and direction from the instructor (traditional learning) had a more difficult time deriving benefit from such a simulation (innovative learning).

Finally, the FES results (Remer, 1989) showed a large number of changes in the perceptions of the family members. Because of the large amount of data and the complexity of the situations, it is difficult to say what these changes mean. Still, they have heuristic value. In the same way, the ratings of the tapes of the second therapy sessions provided a focal point for discussion as well as information concerning the delivery of family therapy interventions from different orientations and their relative effectiveness. Reliabilities of ratings and correlations of observed therapist behaviors with theoretically expected therapist behaviors are being reported elsewhere.

TABLE 2. Standard Course Assessment of Quality of "Theories and Methods of Marriage and Family Therapy" in Contrast to Other Courses Taken (Responses in Percentages)

Descriptor	Quality rating				
	Much less	Less	About the same	More	Much more
Laboratory experiences	0	0	12	25	63
Out-of-class assignments	0	25	25	38	13
Organization of course activities	0	12	63	25	0
Initial enthusiasm for course	0	0	13	12	75
Level of effort expended	0	0	38	13	0
Level of difficulty	13	12	50	25	0
Amount of work required	0	12	25	38	13
Makes subject clear	0	25	25	37	13
Develops creative capacity	0	13	13	63	13
Makes the subject exciting	0	25	13	38	25
Accomplishes objectives	0	12	25	25	38
Presents examples to help clarify material	0	0	12	38	50
Encourages student participation	0	0	12	25	63
Promotes questions and discussion	0	0	0	25	75
Overall value	0	12	25	38	25

TABLE 3. Course Evaluation: Queries and Selected Student Comments

What do you feel were the strong points that should be retained?

Openness to variety of ideas/differences in marriage/family lifestyles and willingness to present differing nontraditional couple's viewpoint. Simulated family meetings/therapies; class discussion potential with videotaping presentations

Some value from fake family

Extra, out-of-class activities, Crosby books, readings on blended families

Openness to discussion, friendly atmosphere, workshop requirement

The overall experiential nature of the course

What do you feel were the weak points that should be changed?

Course could have been more organized. I would have liked an increase in the amount of didactic work.

Lack of structure and direction bothered me at first, but it all turned out OK and required I take initiative—a good thing! Would like more specific reading assignments.

TABLE 3. ***continued***

Class size too large
Too much time involved in fake families. Lecture objectives not clear much of time. Would have liked more in-depth discussion of the various theories
Loose, slow-paced lectures, lack of in-depth class lectures and discussions, major concepts touched upon (good!) and I'd like more. . . .

In what ways or areas has this course helped you?

I've learned a lot about therapy orientations, which has also helped in other classes.
This course has helped me to learn a little bit about family counseling. It has also helped to stimulate thought about my interest in family counseling

The Role of Psychodrama in Teaching Family Therapy

Psychodrama can be a powerful teaching tool, in general, and in experiential education in particular. Its effects in teaching family therapy are vastly enhanced.

First, the content of many dramas, particularly classical enactments, have at their core family interactions. Enactments allow others to see, to experience, and to understand those interactions in a way neither explanation nor description can ever approach. People can experience or reexperience the "realities" of their families. Others can also experience families of which they never could (or might never *want* to) be a part in real life. Thus, range and richness, which can contribute to the development of therapists, is expanded.

Second, the psychodramatic process—role taking, role playing, and role expansion—provides a vehicle for pooling resources to enhance learning. Those familiar with the process and techniques can teach and model. Their spontaneity can free the spontaneity of others to produce a synergistic effect. Students can learn much more from and about each other and themselves than they ever could from one professor, particularly from one using the lecture method, no matter how well informed or prepared that professor is.

Third, psychodramatic simulation allows for control over the situation that is not possible in actual families. One is able to induce a specific family structure (to some degree), introduce a common presenting problem, and manipulate certain therapeutic variables (e.g., number of family members present). Moreover, the interactions can be taped, altered *in situ*, chronicled, analyzed, and compared as no actual family interaction or therapy ever could be. Participants can be both objective and subjec-

tive; they can examine the situations from both inside and out. All this can be accomplished in a safe, controlled-risk situation, made so by knowledge and application of psychodramatic process. Still, given the spontaneity engendered by psychodramatic enactment, learning is not rote and approximates the variety and unpredictability of actual family interactions.

Fourth, the simulation itself provides a tool and includes interventions that can be used in doing therapy. Looking at the simulation as a psychodramatic enactment and applying psychodramatic and sociometric theory to analyze the simulation teaches the application of the theory to the family context. For example, concretization or mirroring of family dynamics and sociometry can be taught (à la Satir, 1972) or family structure can be manipulated through role assignment, role training, and role reversal (à la Minuchin, 1974).

Finally, spontaneity training inherent in effective psychodramatic enactment is taught. If there are any traits needing enhancement in a family therapist, they are tolerance of ambiguity and flexibility in coping with unpredictable situations. Adapting to others' reactions in the simulated, safe circumstance allows just such development.

Conclusions and Recommendations

A simulation of family interaction and family therapy can be a useful learning tool. It is not without its drawbacks, however. It takes time and effort beyond the normal, traditional class structure. To promote optimal effectiveness, a balance between no and too much structure must be struck to encourage the greatest degree of spontaneity.

A simulation of the type employed here—long-term and in-depth—will work best with students who already have some *in vivo* or role-playing experience. Whether the return is worth the investment is hard to judge on an individual basis. Some students, those who are willing to take more personal responsibility for their own learning, will not only benefit but will also enjoy the experience; others, those who are used to traditional class structure, will have to overcome that bias first. Mixing the two types of students and providing some in-class training, particularly in the context of other, more traditional, demonstrations will help.

An additional, perhaps secondary, benefit for the students is the potential for doing research on family therapy. Each class provides a new set of "families" to observe. Each simulation can be structured to examine different aspects and variables. The same situation can also be replicated with more control than would be possible in doing research on actual families.

Are these "real" families? Are these "real" family interactions? Is this "real" family therapy? Yes and no. What is "real"? Although the questions of nonreality will never be completely answered, these simulations may be as real as any one family is real when compared with any other family, or as one family therapy situation is to another such situation.

One conclusion can be reached: the potential and actual benefits to be gained from such simulations for both learning and research are many.

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An Action-Oriented Lesson for Second-Year College French Students

MARIE-ANNE C. THOMPSON

ABSTRACT. In this lesson plan designed for second-year college French students, the instructor uses action-oriented techniques of future projection, guided fantasy, and situation test. During a 50-minute period, students have an opportunity to apply different verb tenses in a meaningful context while they gain a different perspective on their lives. The article includes a step-by-step description of the lesson, some student feedback, and comments on the benefits of the lesson. Precautionary measures are listed for those who would like to experiment with action-oriented methods in foreign language instruction.

ACTION-ORIENTED METHODS are not new to foreign language instruction. Role playing, for instance, is often used to practice and apply language skills. After having been introduced to psychodrama last fall, I decided to expand my teaching repertoire and to experiment with various techniques.

I had to keep in mind that I was operating in an educational rather than a therapeutic setting, that the main purpose of my classes was foreign language acquisition, and that the linguistic abilities of my students were limited by the fact that the classes had to be conducted exclusively in French.

I developed the following action-oriented lesson, designed for a 50-minute period, for my second-year classes at the University of Oregon. It was inspired by H. Adam Blatner's book *Acting-In: Practical Applications of Psychodramatic Methods* (1973). Future projection, guided fantasy, and situation test are easily recognizable.

The Lesson

Introduction: The students were told that they were going to be part of an experiment to test a new approach to foreign language teaching and that I would appreciate their feedback at the end of the class.

Preliminary work: In preparation for the class, students had been given a worksheet with the heading: 10 Years from Now. This worksheet contained eight questions that gave students a chance to practice the future tense while they fantasized about their future. Some questions were: How old will you be in 10 years? Where will you be living? What will you have accomplished? Will you be using French?

Warm up: The word reunion was put on the board. Students were asked to free-associate and relate their experiences with reunions. Then they were invited to imagine that in exactly 10 years a class reunion would take place. What would they like to know? What questions would they want to ask their classmates? A list of these questions, mostly in the present and the past tense, was put on the blackboard and erased before the next step.

Setting the stage: I then asked the students to put away their notes, assume a comfortable position, close their eyes—if that felt comfortable—and relax. I guided them through the following fantasy:

> Picture a time machine, like the time machine of Dr. Who. This machine has been custom made for you. You enter your machine. Now you start traveling toward the future. At first, you travel slowly; then you pick up speed. You go through the years 1990, 1991, 1993, 1995 until you reach the year 1999, when a reunion of this class is taking place in this very room. Now, open your eyes and look around. Whom do you see? Have people changed? In what way? I invite you to get up and move around the classroom. Greet your classmates and talk to at least three of them in order to find out what their present situation is.

Acting out the fantasy: While students carried out my instructions and met their fellow students at the class reunion, I assumed the role of an observer.

Closing: After 15 minutes, when it seemed appropriate to end the experience, I asked the students to say good-bye to the person to whom they were talking and to get ready to reenter their time machines. Students were then gently guided back to 1989. A period of sharing followed. Did students have surprises? What did they learn? I also shared my observations.

Feedback: To obtain students' feedback, which was anonymous and written, I made suggestions and asked such questions as: What did you like best/least about this class? Did you feel comfortable doing the exercises? This was the only part of the session in which English was used.

Students' feedback was very encouraging. Most students enjoyed the activities and felt comfortable doing them. They appreciated being given an opportunity to interact with each other and to be spontaneous and imaginative. They welcomed the change of pace. Some students indicated that it was hard for them to leap 10 years ahead. Others would have preferred

more structure during the class reunion segment, e.g., assigned partners. If I were to teach the same lesson again, I might reduce the time span to 5 years, as originally suggested by Blatner (1973). Perhaps I would have a class reunion committee to help the more inhibited students.

This action-oriented classroom experience was beneficial not only to my students but also to me. It enabled me to gain valuable information about my students as individuals and as members of the class.

Before I started this experimental session, I took some precautionary measures. I secured departmental approval, then I arranged for supervision by a person well-versed in action methods. Finally I made sure that I would be available to students who wanted to talk to me about what had been happening in class.

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Learning Through Psychodrama and Sociometry: Two University Experiences

ANDRE MAURICIO MONTEIRO
ESLY REGINA S. DE CARVALHO

ABSTRACT. This article describes the use of action methods and sociometry in two distinct psychodrama courses at the University of Brasilia, Brazil. The psychodrama course as this university exposes the psychology student to the basic theoretical concepts of J. L. Moreno. The practical aspects of the course, however, are derived from the needs of the group. The four sessions outlined here deal with role playing the psychologist in professional situations, dramatizing a fairy tale, a successful but frustrated attempt to enact a living newspaper, and a group sociometry that included the verbalized repercussions on the groups' dynamics.

SINCE 1977, PSYCHODRAMA has been taught regularly at the University of Brasilia, Brazil. It is an optional 90-hour, 1-semester course offered to undergraduate students. The main goals of the course are to acquaint the students with psychodrama and sociometry, action methods, and role playing. In Brazil, the psychology degree qualifies the student to become a psychologist because it is a 5-year program, heavily weighted in psychology courses, including a practicum.

Report of Experience 1

In our first report, we describe a situation in which role playing was used to deal with the fears that students experience when they face the everyday situations that may occur in their future professional careers. The group was composed of 13 women and 5 men who still needed 1 or 2 semesters to finish their studies. This experience was an outgrowth of a discussion about halfway into the semester when students talked about their professional plans and options as they waited for class to begin. Once the whole group had assembled, the conversation persisted, and the instructor pro-

posed that they use action methods to explore these ideas further. The students split into small groups, according to their preferences in psychotherapy: private practice, working with hospitalized children, terminally ill patients and prisoners, market research, and school counseling. Once the students had warmed up verbally, the settings were prepared. We used the desks on the stage and acted out the different situations there. The group was divided into professionals and clients, and the "clients" were instructed (without the "psychologists' " knowledge) to imagine themselves as clients and to bring up unforeseen problems that might arise in the respective settings. The idea was to expose the psychologist to unexpected situations as a spontaneity test. The clients would later evaluate how the psychologists had fared.

Each performance was carefully observed. Laughter from the audience was inevitable at some points. The director rarely intervened, except to structure the settings. Each performance was convincing and, at the end, it was difficult to say which group was the most spontaneous.

The sharing phase was particularly enlightening. Many of the students' doubts were dealt with through the role playing. The situations that were the most touching to the students were those dealing with prisoners and terminally ill patients. Some students stated that they felt they would be unable to cope with some of the situations presented, mainly because of the emotional distress involved and not because of a lack of technical training. Most of the other students said that they felt comfortable in their roles and had confirmed their vocational choice. Some of the students said that they had been more attracted by a situation different from the one they had initially chosen. Most of them confessed that they felt more at ease and in better contact with the professional issues dealt with.

It was curious that none of the groups chose a situation in which a psychologist was doing something outside the field, such as working as a bank clerk or in a secretarial job. Approximately 90% of the psychology students who are graduated in Brazil do not go on to the profession of their choice for reasons related mainly to the financial pressures of the present economic situation. Many are obliged to take jobs for which they are overqualified, just to make ends meet. It was evident, however, that, at least at an idealized level, this group did not seriously consider the latter options before the course was over.

Discussion

The clarification of the professional choice was one of the most important results of this experience. Students sometimes complained that the excess of options at the university made them feel confused; they did not

know exactly where to turn. The classroom simulation of the professional situation had enabled them to feel more confident with their professional choice, they said.

A direct result of this experience was the students' interest in dealing with the ethical issues involved in the situations that emerged. Themes such as the "power" of the psychologist and the temptation to do things just to keep clients in therapy were discussed in great detail.

At the end of the semester course, a group evaluation showed that the students rated this session as very significant. A proposal to offer this kind of role playing to all psychology students before they entered their last year of training is presently under study.

Report of Experience 2

The second experience occurred with university psychology students who were taking the same psychodrama course, this time under the direction of the second author. Three significant incidents stand out.

1. At the beginning of the semester, the director asked the students to think about the fairy tale that was most significant to them. The instructor then asked them to gather together and discuss their choices and settle on a group selection. The students acted out the story of the Ugly Duckling and then commented that it related to their feelings as students (ugly ducklings) who would soon enter the professional field and needed to become "swans."

2. A few classes later, the Living Newspaper was proposed. The daily paper was distributed to all, and the students mulled over the different articles. In the small groups, many interesting stories were discussed and students considered how these could be acted out. When the director asked for their final choice (it had to be a group consensus), everyone sat down and refused to act out any of the ideas that had been discussed. No dramatization took place, and the fact that no one was willing to dramatize became the theme of the discussion. It became clear that because no group could agree with the other groups' choice, they were unwilling to cooperate with the majority vote. This was related to the Brazilian political situation of the time: the transition from a dictatorship to a democracy, and the fact that students of this generation had spent most of their lives under dictatorial rule. Unaccustomed to democratic procedures, the minority turned tables, so to speak, on what they perceived as the majority vote. Submission to the desires of the majority was an unviable option, much as it seems to be in Brazilian politics. Just as citizens in the minority in Brazil do not submit to the majority because they do not see any possibility of access to changing the rules once they have been established, so these psychology students feared submission to the majority.

3. Later in the semester, the students voiced a request for therapeutic work. The director was unwilling to embark on psychotherapy with the students because this was a teaching setting and different rules applied. Instead, a class sociometry was proposed as a means of learning the technique while investigating students' interrelations.

Twenty-three students participated (22 women and 1 man). Rules were set down: Students could not miss class beyond that point. Acceptance of the criteria was unanimous because all submitted to them. Ample discussion was allowed for the choice of the action chosen: Whom would I choose to give a hug? It was also agreed that the action was to be performed at the end of the sociometry. All of the students were to be chosen by each student as to positive, negative, or indifferent choices. The results were tabulated according to Bustos (1979) and were returned to the students. All incongruencies, negative and indifferent mutualities, were to be worked through by using therapeutic confrontations. Pairs of students stood facing each other, explaining and clarifying their choices.

The results were dramatic. Many relationships were salvaged, mix-ups were cleared up, and problems were resolved. One student stated that it had restored to her the determination to succeed as a psychologist, a choice she had earlier given up. The group members generally agreed that such sociometries should be part of the regular curriculum at the university.

Conclusion

We hope that, by sharing our experiences, others might be encouraged to use psychodrama and sociometry in teaching situations with even more successful results.

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Strategies for Including a Psychodrama Course in an Undergraduate Curriculum

PETER L. KRANZ
NICK L. LUND

ABSTRACT. This article reports on strategies for including a psychodrama course in an undergraduate curriculum. The two authors, one a faculty member and the other an administrator, suggest six important factors for successful acceptance. A clear, organized case must be made for program enhancement, including demonstration of direct benefits for faculty, students, and the institution.

IN A PREVIOUS ARTICLE, Kranz and Houser (1988) described the successful inclusion of psychodrama in an undergraduate curriculum. In their review of the literature, they found little mention of other formalized efforts within a college or university setting. This lack of documentation in the literature may result from a variety of factors; however, rather than speculating about the reasons for omission, we present strategic considerations that may lead to successful adoption of a psychodrama course into an institution's curriculum.

We offer the following suggestions to foster the development of a successful inclusion strategy. We devised this strategy after extensive research. The suggestions we present should be organized into an overall acceptance plan that has been tailored for the individual institution by the psychodrama faculty member(s). This phase should be complete before there is extensive discussion with other campus individuals.

1. One must define psychodrama as a formalized therapeutic discipline and explain its benefits as an important addition to the curriculum of the institution. Informal, one-on-one discussions should be held with the individual faculty members and administrators who are most likely to be involved in the program's acceptance. These discussions should focus on psychodrama's benefits for the department and for other programs. It is very important to have informative, nonthreatening discussions with the

faculty and key administrators to gain their support for the course's inclusion. We recommend that for procedural matters one should actively solicit the suggestions of the key people.

2. Those proposing the program should demonstrate the cost effectiveness of the psychodramatic approach and focus on the qualifications of the potential psychodrama faculty. This focus should include mention of certification levels and approved training programs.

3. We recommend conducting a careful survey to find the "best fit" for a psychodrama course within the curriculum. Such a fit often depends on the nature of the curriculum organization of the institution. This survey requires careful planning and preparation and should include discussions with administrators, chairpersons, and a variety of faculty members across disciplines. The focus should be on how the proposed course would interrelate with other courses and programs.

4. Special demonstrations and presentations can develop direct student, faculty, and administrative interest. Other steps for developing interest in psychodrama include an initial elective offering or special seminar that is well planned and implemented. It is important that this initial focus be received positively. The presentations can also be given off campus in a therapeutic setting and can include practicing professionals. One should solicit the support of local professionals for both demonstrations of psychodrama and future course offerings.

5. Presenters for the project should document the use of psychodrama in a variety of therapeutic settings. They can show its strength as a therapeutic focus useful in group settings. They should also indicate that there is an established professional psychodrama organization, code of ethics, set of training standards, rules for certification, and a highly regarded professional journal for psychodrama.

6. Documentation should also be presented about employment opportunities in a variety of settings for those trained in psychodrama.

It should be noted that adoption of courses in an established curriculum is not an easy task because of budgetary limitations, current faculty teaching responsibilities, and department policies and procedures. Change must be viewed as an enrichment to the established curriculum. Thus, a clear, organized case must be made for program enhancement, including direct benefits for the faculty, students, and the institution.

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IN MEMORIAM
JAMES ENNEIS

The end of World War II released into civilian life a large number of social workers, psychiatrists, and psychologists who had been active in the military. Because of the continuing demands for their services in federal, state, and Veterans Administration hospitals and their eagerness to update their skills in our particular approach, J. L. Moreno and I organized the first training workshop in Beacon on Memorial Day weekend, 1948. Among the 75 persons who came were Doris Twitchell Allen and James Enneis.

Jim, after leaving the military, became a graduate student in the department of psychology at Case Western Reserve University in Cleveland, Ohio, under the direction of Professor Dwight Miles. He was also a psychology intern at a VA Hospital in that city.

When offered a chance to learn what psychodrama was about, Enneis grasped the opportunity. The topic was "Who among your patients baffle you so that you feel you are not able to give your best to that person?" Jim became protagonist, valiantly role reversing with one of his patients, and his professional path was changed forever.

He returned to Beacon for training at frequent intervals, demonstrated extraordinary sensitivity as a therapist, and was a very apt student.

When Francis Herriott, Director of the Psychodrama Department at Saint Elizabeths Hospital, returned to teach in academia in 1949, Dr. Winfred Overholser, superintendent of that hospital, asked Moreno for a staff replacement. Jim Enneis, then nearing the end of his work on his master's degree, was recommended. He applied for the position and was warmly welcomed.

Jim was a native of Georgia, and his heart was still in the deep south. When he was offered an opportunity to work in Georgia, he organized a psychodrama program at the state hospital in Milledgeville in 1951. Among the persons he was in contact with there was Dr. Carl Whitaker. In the years 1956 and 1957, Jim was a Fulbright visiting professor in Paris, where he inspired a number of French colleagues to undertake psychodrama practice.

In his capacity as Director of the Psychodrama Department at Saint Elizabeths (1949 to 1978), Jim was able to extend awareness of the value

of role playing and psychodrama into the community at large. The police department of the District of Columbia, especially, made fine use of his services. Police officers came for training in order to handle better the many unpredictable and complicated problems they encountered. This connection has been maintained over the years. Jim also served as an informal ambassador to foreign visitors, many of whom came to Saint Elizabeths to take home new ideas about therapeutic intervention.

His contribution to the literature includes "The Hypnodramatic Technique," which appeared in *Group Psychotherapy*, Vol. III, April 1950, and was later issued as a hardbound book in the Beacon House Psychodrama Monograph Series. In this publication, Jim described the combined uses of hypnosis with psychodrama, an approach pioneered in Beacon with a number of patients. That same issue also contained a note by Jim on "Psychiatric Frontiers." For Volume IV of the same journal, 1952, he wrote "The Dynamics of Group and Action Process in Therapy." In 1953, Volume V carried another article by Jim, "Establishing a Psychodrama Program," in which he described a model for doing so. As president-elect of the American Society of Group Psychotherapy and Psychodrama, he listed the "Suggested Program of the Society for the Coming Year" in Volume VIII, 1955. In 1959, Jim collaborated with Dr. Overholser on a report published in Volume XII entitled "Twenty Years of Psychodrama at Saint Elizabeths Hospital." Volume XX, 1967, contained a paper written with Sylvia Ackerman and Norman Zinger, "Methods and Techniques in Action." Jim and Dale Buchanan wrote "Forty-one Years of Psychodrama at Saint Elizabeths Hospital" for the 1981 volume of the journal.

An inspiring teacher, Jim guided many future psychodrama practitioners and trainers into J. L. Moreno's *oevre*. No one who ever saw him direct a psychodrama will be able to forget his enormous talent and skill, linked to his fine tele sense and care for his patients and other group members.

Zerka T. Moreno

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Applications of J. L. Moreno's Legacy to Contemporary Life

Many years ago, a sociologist told J. L. Moreno: "You have been absorbed by the culture." This state of affairs may gladden one's heart in the long run but may also have the effect of making us invisible. Be that as it may, it certainly always gladdens my heart when I read reports on the various ways in which role playing is being applied to the numerous problems we face. Organizations such as Concern for Dying, for instance, make use in their Colabs of that modality we also know as sociodrama. These are specially designed training workshops to familiarize medical students, nurses, lawyers, ministers and priests, and paraprofessionals in the health field with the complicated situations they are going to be, or are already, facing in their chosen professions. Particularly active in this manner of application has been and continues to be Dr. Samuel Klagsbrun, who addressed us so movingly at the annual meeting of the American Society of Group Psychotherapy and Psychodrama in New York City last year.

Another organization known worldwide, Save the Children, repeatedly reports on the use of role playing in the field, particularly in the war-torn countries of Africa with children whose lives have been devastated; the horror and traumas are reenacted by the children to help them purge themselves of their recent experiences while undergoing special care in children's refuges. The most recent report comes out of Project Thailand where U.S. high-school students visited members of a hill tribe community to assist them in building a new school for their village. This project is under the guidance of Ken Hahn, who is program director of community services at Interlocken Center for Experiential Learning, a nonprofit, cross-cultural educational program based in New Hampshire. In the recent issue of the newsletter published by Save the Children, one of these students wrote about "role playing a typical encounter with 'peer pressure' " and commented: it occurred to me that many Americans might do well to acquire such 'basic training.' "

Since the appearance of the book *Psychodrama and Sociodrama in American Education*, published by Beacon House in 1949, it seems that in this country, this rich modality has been grossly underused. Although we here do not lay enough stress upon teaching sociodrama to our train-

ees, Australia has a separate training and certification track for sociodramatists. *Sociodrama, Who's in Your Shoes?*, a recent book so excellently written by Patricia Sternberg and Antonina Farcia, may help others to take up this approach to ease the many woes confronting humanity, to create what Moreno identified as "sociatry," the healing of society.

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