

VOLUME 51, NO. 3 FALL 1998

CLARK

The International
Journal of
Action Methods
Psychodrama, Skill Training, and Role Playing

Published in Cooperation With the American Society
of Group Psychotherapy and Psychodrama

EXECUTIVE EDITORS

George M. Gazda, EdD
Professor Emeritus
The University of Georgia

David A. Kipper, PhD
Roosevelt University, Chicago

Thomas W. Treadwell, EdD
West Chester University

CONSULTING EDITORS

Alton Barbour, PhD
University of Denver

Adam Blatner, MD
Georgetown, Texas

Frances Bonds-White, EdD
Philadelphia, Pennsylvania

Timothy Evans, PhD
University of South Florida

Gong Shu, PhD
St. Louis, Missouri, Center for
Psychodrama and Sociometry
Taipei, Taiwan

A. Paul Hare
Ben Gurion University
Beer Sheva, Israel

Carl E. Hollander, EdD
Hollander Institute for Human
Development
Denver, Colorado

Arthur M. Horne, PhD
University of Georgia

M. Katherine Hudgins, PhD
Center for Experiential Learning
Charlottesville, Virginia

Andrew R. Hughey, PhD
San Jose State University

Peter Felix Kellermann, PhD
Jerusalem, Israel

V. Krishna Kumar, PhD
West Chester University

Grete A. Leutz, MD
Moreno Institut
Bodensee, Germany

Jonathan D. Moreno, PhD
University of Virginia

Zerka T. Moreno
Beacon, New York

James M. Sacks, PhD
Randolph, New Jersey

Rex Stockton, EdD
Indiana University

Israel Eli Sturm, PhD
New York, New York

Daniel Tomasulo, PhD
Holmdel, New Jersey

Daniel J. Wiener, PhD
Central Connecticut State University

Susan A. Wheelan, PhD
Temple University

Antony J. Williams, PhD
LaTrobe University
Bundora, Australia

Founded by J. L. Moreno

The International
Journal of
Action Methods
Psychodrama, Skill Training, and Role Playing

Formerly the *Journal of Group Psychotherapy, Psychodrama and Sociometry*

Volume 51, No. 3

ISSN 1096-7680

Fall 1998

Contents

- 91 Children's Therapeutic Puppet Theatre—Action,
Interaction, and Cocreation
Linnea Carlson-Sabelli
- 113 Psychodrama and Trauma: Implications for
Future Interventions of Psychodramatic
Role-Playing Modalities
David A. Kipper
- 122 Perceived Cohesiveness and Sociometric Choice
in Ongoing Groups
Doris Wood
V. K. Kumar
Thomas W. Treadwell
Evan Leach

The International Journal of Action Methods: Psychodrama, Skill Training, and Role Playing (ISSN 1096-7680) is published quarterly by Heldref Publications, 1319 Eighteenth Street, NW, Washington, D.C. 20036-1802, (202) 296-6267; fax (202) 296-5149, in conjunction with the American Society of Group Psychotherapy and Psychodrama. Heldref Publications is the educational publishing division of the Helen Dwight Reid Educational Foundation, a non-profit 501(c)(3) tax-exempt organization. Jeane J. Kirkpatrick, president. Heldref Publications is the operational division of the foundation, which seeks to fulfill an educational and charitable mission through the publication of educational journals and magazines. Any contributions to the foundation are tax deductible and will go to support the publications.

Periodicals postage paid at Washington, DC, and at additional mailing offices. POSTMASTER: Send address changes to **The International Journal of Action Methods: Psychodrama, Skill Training, and Role Playing**, Heldref Publications, 1319 Eighteenth Street, NW, Washington, DC 20036-1802.

The annual subscription rate is \$73 for institutions and \$45 for individuals. Single-copy price is \$18.25. Add \$12.00 for subscriptions outside the U.S. Allow 6 weeks for shipment of first copy. Foreign subscriptions must be paid in U.S. currency with checks drawn on U.S. banks. Payment can be charged to VISA/MasterCard. Supply account number, expiration date, and signature. For subscription orders and customer service inquiries **only**, call 1-800-365-9753. Claims for missing issues made within 6 months will be serviced free of charge.

©1999 by the Helen Dwight Reid Educational Foundation. Copyright is retained by the author where noted. Contact Heldref Publications for copyright permission, or contact the authors if they retain copyright. For permission to photocopy Heldref copyrighted items for classroom use, contact the Copyright Clearance Center (CCC), Academic Permissions Service (508) 750-8400. Copyright Clearance Center (CCC) registered users should contact the Transactional Reporting Service.

The International Journal of Action Methods: Psychodrama, Skill Training, and Role Playing is indexed, scanned, or abstracted in *Applied Social Science Index & Abstracts*, *Child Development Abstracts & Bibliography*, *Family Resources Database*, *Health & Psychosocial Instruments*, *Innovation & Research*, *Linguistic & Language Behavior Abstracts*, *Mental Health Abstracts*, *Psychological Abstracts*, *Psych-INFO Database*, *Sociological Abstracts*, and *Social Planning/Policy & Development*.

The International Journal of Action Methods: Psychodrama, Skill Training, and Role Playing does not accept responsibility for views expressed in articles, reviews, and other contributions that appear in its pages. It provides opportunities for the publication of materials that may represent divergent ideas, judgments, and opinions.

Reprints (orders of 50 copies or more) of articles in this issue are available through Heldref's Reprint Division. Microform editions of the journal are available from University Microfilms, Inc., Serials Acquisition Department, 300 N. Zeeb Rd., Ann Arbor, MI 48106.

HELDREF PUBLICATIONS

Director

Douglas J. Kirkpatrick

Managing Editor

Helen Kress

Editorial Production Director

Ida Audeh

Editorial Secretary

Claudia Pitts

Creative Director

Karen Luzader Eskew

Graphic Designer

Linda A. Lord

Multimedia Manager

Margaret Buckley

Compositor

Margaret C. Quinn

Advertising Production Manager

L. Grant Williams

Circulation Director

Fred Huber

Fulfillment Manager

Jean Kline

Fulfillment Staff

Cheryl Mason

Marketing Director

Gwen Arnold

Promotions Manager

Deborah N. Cohen

Deputy Director—Administration

Susan P. Dembeck

Reprints

Lyndon George

Permissions

Mary Jaime Winokur

Accounting Manager

Ronald F. Cranston

Accounting Assistant

Patrick Carrillo

Print Buyer

Valerie Donohue



Children's Therapeutic Puppet Theatre—Action, Interaction, and Cocreation

LINNEA CARLSON-SABELLI

ABSTRACT. This article is an account of therapeutic puppet groups with hospitalized children who have psychiatric problems related to trauma. Based on the anthropological notion that metaphors created by groups during spontaneous collaborative play are actually stories the players “tell” about themselves and their interactions with each other, Children's Therapeutic Theatre exemplifies the process theory principle that cocreative becoming results through the differentiation and interaction of coexisting opposites. In its methods, it integrates mutual story telling with adult imaginative play and psychodrama action methods (J. L. Moreno & Z. T. Moreno, 1975). What is unique is that adult facilitators engage in fantasy puppet play with groups of children. The approach provides a method for assessing coexisting opposite characteristics, feelings, and behaviors associated with trauma and abuse while at the same time broadening the range of expression of feelings and presenting options for new behavior. Strategies are illustrated through description and analysis of 7 consecutive puppet sessions.

CHILDREN'S THERAPEUTIC PUPPET THEATRE IS A THEORY BASED, group psychotherapy experience, not a performance. The main activity is cocreating stories through improvisational fantasy play that, in turn, affects the lives of those who participate (Blatner & Blatner, 1988). Puppets, instead of human players, provide the necessary safety factor for gaining access to the inner world of children through stories and metaphor. During a typical theater session, participants are invited to select a puppet and improvise stories through dramatic enactment. The action of the fantasy play is negotiated as it emerges.

Established in 1986 at a Rush–Presbyterian–St. Luke's Medical Center in Chicago, Illinois, Children's Theatre has evolved through many forms.

Described here is its current form—the Children's Therapeutic Puppet Theatre. Puppets were introduced into the Children's Theatre in January 1991. They have been especially powerful for young children aged 4 to 6 years and those 7 to 9 years. Most of the children are between placements, in foster families or group homes. They are in the hospital because they have been injuring themselves or hurting others, have made a suicide attempt, or have run away.

Children's Therapeutic Puppet Theatre

In a typical theater session, the children, accompanied by the facilitators, come to theater, which is a small hospital room with no furniture. On their way, they gather floor mats to sit on, and one child brings the large black puppet bag. A facilitator puts the zipped bag of puppets in the middle of the room, and the children take their seats in a circle around the bag. The children who have been in the group previously volunteer to tell everyone what the group is about and what the general theater rules are. That provides recognition of the expertise of previous players and allows the facilitators to understand something about what the group means to these children. A facilitator gives specific rules for the session. Session rules and instructions are appropriate for the mixture of participating players and change from session to session because the players change. An array of rules provides flexibility in the basic structure and promotes listening and following directions.

Beginning Puppet Play

The children select puppets before the facilitators choose and take turns introducing their puppets to the group, using their puppet voice. That helps to place the children immediately into a play mode. The players, following the same instructions, "become" their puppets. They use the puppet's names and offer additional information answering "What makes you feel safe?" "Where is your favorite place to be?" and asking "a question you would like all the other puppets to answer." The responses to those queries help in eliciting themes and negotiating the play. The answers highlight interpersonal conflicts within the group and set the context for a cocreated story. After a puppet's introduction is completed, the "puppet" selects one of the remaining puppets to be the next introduced. Those choices, along with the problems presented by the children in the introductions, provide a rich source of sociodynamic data about the coexisting forces of attraction and repulsion between and among the various players. Often signs of ambivalence and contradiction are evident, indicating that both forces are strong. Indifference indicates the forces of attraction and repulsion are weak. How do those prevail and change? What is the sequence of approach and avoidance among the players? Which

players will join together; which subgroups will be formed; how will the groupings shift during the play? What will their interactions tell us about how the players respond to each other outside the play?

Middle: Playing With the Possibilities

Once all the puppets have introduced themselves, the lead facilitator initiates the action by saying, "It is time for our story." Using information already known from the introductions, the puppets spontaneously begin negotiating the play. "I'm mean and eat snakes. You'd better watch out for me." "I'm a snake, but I'm poisonous. If you bite me, you die!" Often, the children who were together in the previous session carry the story line from the past to the present session. The current players most often modify it, as it emerges, sometimes changing it into a completely new story. Questions or comments designed to shift energy levels, to refocus attention, keep the action going, promoting a shift in direction and the interaction of complementary opposites. "How does it feel to be killed over and over again by the Dragon?" "What do you think would happen if your friend Mr. Bear were around?" "Is there anyone in the jungle who could help you, if you were able to contact them?"

The core of the sessions involves playing with possibilities. In the first clinical example, a young girl plays with a variety of behaviors as she feels a mixture of apprehension and excitement about being discharged from the hospital to a new foster home.

End: Healing Metaphors as Beacons for the Future

At the end of the puppet play, each child, still in the character of the puppet, tells everyone how the story ends. We do not act the endings out, and everyone has the final say in what happens to his or her own puppet. Although many puppets talk only about what happened to them, other puppets incorporate much of what happened to the other players. Finally, the children, as themselves again, comment about what they liked best and least about the play or provide a moral for the story (Gardner, 1981).

In puppet theater, as in life, every moment has the potential for calling forth that which was not there before. Puppets help release the power of imagination, story, and cocreative adventure. There is little time to think. In our experience in helping the children to interject their own ideas and to take action in the story, we have found the facilitator role most valuable. Students in the psychodrama program are encouraged to play and have fun with the children, rather than to think about being therapeutic. The students are playmates for the children, letting the children produce the ideas and conflicts and play with the possibilities.

Processing

Immediately following each session, the facilitators discuss what happened. During the session, each facilitator mentally catalogues the choice of puppets made by each child, the sequence of play, the themes, conflicts, resolutions, affect, verbal comments, and various opposites that emerge. We pay attention to what happened and what did not happen. We are interested in the sequence of triggers of poignant or startling moments and the times when a child could not stay in character. We discuss what parallels are evident from the children's lives. We note how the children interact with each other. We assess their flexibility in handling difficult situations, identify strengths and weaknesses, consider the meaning of the cocreated story for each child and as a collective. How did the enactment reflect the personal issues of each child, and how did each one handle them? How did it reflect life on the unit? What conflicts and issues need immediate or ongoing attention?

Process Strategies

Process theory (Sabelli, 1989; Sabelli, Patel, & Sugerman, 1997) is essentially a theory of cocreative development. According to this perspective, creativity occurs as a result of the interaction of coexisting harmonic and antagonistic opposites. Everything is a process; everything is in action, continuously moving forward in time; everything is in constant interaction. Over the years, members of the Society for the Advancement of Clinical Philosophy have been articulating and applying process theory to a wide variety of fields related to natural and human development. We have built strategies on this foundation that have enabled us to provide an integrative bio-socio-psychological theory for psychiatry (Sabelli & Carlson-Sabelli, 1989), develop psychodynamic formulations (Sabelli & Carlson-Sabelli, 1991), expand sociometry to measure contradiction and distinguish ambivalence from neutrality (L. C. Sabelli, 1992; Carlson-Sabelli & Sabelli, 1992; Carlson-Sabelli, Sabelli, Patel, & Holm, 1992), produce guidelines for using psychodrama with persons having dissociative and multiple personality disorders (Raaz, Carlson-Sabelli, & Sabelli, 1993), study the relationship of emotions and heart rate variability (Sabelli, Carlson-Sabelli, & Messer, 1994; Sabelli et al, 1995), promote creativity (Carlson-Sabelli & Sabelli, 1996), and integrate mathematical dynamics with psychology, postulating an evolution towards a cosmic attractor of infinite complexity (Sabelli et al., 1997). Most recently, we have introduced the *process equation* (Kauffman & Sabelli, 1997), which demonstrates mathematically that the interaction of opposites is necessary and sufficient to generate fundamental patterns similar to those found in nature. The postulate that creativity occurs through the interaction of coexisting opposites is central

to our understanding of the dynamics of abuse and underlies our treatment strategies. Here the process method and strategies used in the theater are described in terms of action, coexisting opposites, and cocreative becoming (through the interaction of opposites).

Action

Action implies energy, a forward flow in time, sequence interaction, and activity. Action is a fundamental component of process. Everything is in action. Everything is in interaction. The focus on learning in action is central to the therapeutic puppet theater.

Puppet theater is built around action—the activity of cocreating stories. Stories convey the complexity of the process of change through experience. In stories, there is action; something happens, conflict occurs, there is adventure, things change. From the distance of a puppet character, children can play with possibilities and do heroic acts. They can experience inclusion, validation, and empowerment through personally meaningful metaphors that may continue to affect their lives after the play has ended.

The postulate of action also guides us to pay particular attention to sequence. Stories have a sequence—a beginning, a middle, and an end. Life has a beginning, middle, and an end. The histories of the children involved in the puppet theater are important, but the sequence of events of their lives are not presented in an orderly sequence at the beginning of a hospital stay. Sabelli's household method (Carlson-Sabelli, Sabelli, & Hale, 1994) is useful for documenting sequence. The households that a child has lived in are drawn in sequence as pictures on paper. A household changes when a child moves from one residence to another, when a member of the household leaves or is added. The household method allows us to organize a chronological history that is not readily apparent from the bits and pieces of information that are being gathered and charted by many different mental health professionals during the course of a hospital stay.

During the ongoing evolution of the Children's Theatre, our group discovered the work of Bannister (1992). Bannister described a British project, begun in 1987, that aimed at enhancing the practitioners' understanding of child sexual abuse. An active interactive approach for treating children who have been sexually abused emerged from that project. In her latest book, Bannister (1997) described the use of drama and psychodrama with abused children.

The concepts of action and sequence also serve as reminders that children are evolving in time toward becoming adults, whereas adults have already been children. Brief interventions with children have the potential to have a large, long-lasting effect.

Coexisting Opposites

Coexisting opposites observed with traumatized children include the inability to trust and mistrust appropriately; feelings of helplessness and omnipotence; feelings of enmeshment and disengagement; feelings of being both special and worthless; loyalty to biological parents and also to foster parents; behaviors of approaching, attacking, avoiding, and submitting to defeat; feeling and acting homicidal and suicidal; protecting self and protecting others; being both flexible and rigid; being both controlling and helpless; being understimulated and overstimulated and becoming understimulating and overstimulating; being abused and becoming abusive. The distance created by animal puppets provides the safety to work with these coexisting opposites.

Strategies related to coexisting opposites include role reversal of puppets during stories to give players the experience of opposite perspectives, providing structure to increase spontaneity, using reality to affect fantasy, acknowledging that assessments are also interventions, using distance to promote closeness, attending to the personal and collective meaning of the story and action (Schwartzman, 1977), and viewing play as the work of the children. Improvising stories provides the players the experience of making and solving conflict and, more important, the chance to produce imaginative and creative solutions.

Opposites can and often do grow together and interact with each other, cycling, bifurcating, and creating new structures. Interaction calls forth diversity, new information, and the emergence of complexity through the interaction of coexisting opposites necessary for creative production. Biological and psychological evolution is an example of how the interaction of opposite processes promotes the cocreative evolution from simple to complex. This emergence of complexity is called *cocreative development* or *cocreative becoming*.

Cocreative Becoming

Sabelli (1989) recognized the existence of creation as a normal component of evolution and postulated how it occurs: The interaction of coexisting opposites creates patterns and structures that are novel, more complex, more adaptive, and often more stable than the processes that generate them. Although all processes tend toward decay, they are, at the same time, creative—flowing toward diversity, novelty, and greater complexity. According to process theory, the potential for creativity is increased as opposites grow together. Low-intensity coexisting opposites produce flux, small fluctuations around a point, whereas moderate intensity opposites produce cycles, spirals and bifurcations,

and novel organization. A simple example is the weather. Hot and cold air, increasing together, produce fog, wind, storms, tornadoes, and hail. Despite its name, *chaos* is not a route to destruction but one to self-organization and evolution toward complexity. Facilitators in the therapeutic puppet theater have to be willing not to know how the stories in the session will develop and to be accepting of the healing nature of playing. Session 1 of our clinical example illustrates a metaphor with a surprising potential for healing that is produced through the imaginative wisdom of Russ, a 7-year-old. Strategies related to cocreation involve modulating energy to promote the growth and interaction of opposites toward cocreative becoming.

Strategies to Promote Cocreation Through Energy Modulation

In Children's Theatre, energy modulation is one of the most essential facilitator roles. Energy is related to motivation and to the ability to organize action. Abused, neglected, and traumatized children can be bursting with energy that is fueled by rage. They also may feel defeated, having little motivation or energy. Brain injuries from head trauma, fetal alcohol syndrome, and medical illnesses, such as depression, bipolar illness, and hyperactivity, are both contributors and attractors of abuse. All of these conditions affect the energy levels of children in treatment. Abused children may withdraw to protect themselves from being in harm's way or may explode with outbursts of rage, hurting themselves and others. Neglected and abandoned children indiscriminately attach to any adult who is immediately available and also exhibit withdrawal and depression. Abuse and neglect often occur together, and the moment-to-moment behaviors and changes in energy are not predictable. Strategies to diminish, increase, or focus energy are useful to promote cocreative production. Energy modulation techniques are used when energy is too high, as indicated by a scattered focus, or when energy becomes too low and the storyline seems lost. To focus energy, puppet players are asked to exchange puppets at crucial moments; new puppets are entered into the story. Facilitators are taught to interject the possibility of a new direction, asking each puppet to verbalize what he or she might be thinking but not saying. That technique helps the facilitators to assess the meaning of the action to each player and decide on a direction to move that engages the most players. If the energy dies away, we might suggest a nap, asking one puppet to stay awake in case one of the sleeping puppets has a dream. When energy escalates without direction, we may call a community meeting or interject a television reporter to get each puppet's side of the story.

The fantasy aspect of puppet theater opens possibilities that are not available in life, where there are physical, biological, and economic constraints. In life, children do not choose their parents or caretakers. The maintenance of

relationships is not just a matter of choice but may involve acceptance or necessity. This brings us to the priority supremacy guidelines.

Paying Attention to the Priority of the Simple and the Supremacy of the Complex

The realities of everyday life encompass objective, consensually validated experiences and perception of those experiences. Perception, imagination, and fantasy can provide ideas for changing one's situation and the motivation to carry through. Process theory organizes processes according to levels of complexity. Every process evolves from simple to complex, while retaining its simple aspects and its identity. Process that exists first precedes and coexists with the more complex processes that evolve from them. Complex aspects are richer in information, which gives them the power of supremacy over the basic process from which they evolve; at the same time, the simpler aspects have priority because they must exist for the more complex to occur. Social and family processes are based on preexisting and coexisting biological factors; in turn, social and family processes are the matrix from which psychological processes originate and develop. Priority-supremacy guidelines include the following: Give priority to the past, supremacy to the present; give priority to objective reality, supremacy to perceptions and fantasy (Carlson-Sabelli & Sabelli, 1984); give priority to the biological aspects of a person, supremacy to the social and psychological aspects (Sabelli & Carlson-Sabelli, 1989). Thus, fantasy play is viewed as a useful tool for players to acknowledge, explore, and play with the options for changing reality.

One strategy gives priority to the biological and supremacy to the psychological aspects of a person. Consider a child with fetal alcohol syndrome, a chronic disability that comes from alcohol poisoning in the womb. A child with that disability has been abused before birth and enters the world with permanently diminished physiological functioning—with poor coordination, speech impairment, mental retardation, and hyperactivity. Those disabilities, representing biological priority, in turn, increase the potential for their victims to become continuing targets for abuse and neglect. Children with handicaps are teased by other children, have difficulty in making friends, and encounter problems in school. Their potential for adoption is diminished. Social abuse has been perpetuated on these children, who often become abusers of others. Nevertheless, injured children do respond to the mediated interaction and healing metaphors involved in therapeutic puppet play. Thus, priority is given to biological treatment and supremacy to psychological treatment. By understanding the evolution toward complexity as a hierarchical process in which complex levels of organization have supremacy over the simpler levels that comprise them, we developed a theory for explaining the healing power of play.

Clinical Illustration

The anecdotal evidence described here comes from a series of seven theater sessions involving Danny, an abused 6-year-old boy with fetal alcohol syndrome and attention deficit disorder. The sessions occur over a period of 17 days. All names of the child participants are fictitious.

Danny's symptoms at the time of his hospitalization include punching himself, the walls, and other children. His behavior began escalating after he was sexually abused by his father. He tries to put his penis in his sister's mouth. He is unable to control aggressive behaviors and gets into fights that have caused his nosebleeds. He ties himself in string "so I won't hurt myself" and screams "Kill me. Kill me." He destroys property in his home and recently has begun defecating and urinating around the home. At school, he hits himself in the face, crying uncontrollably. He does not remember the incidents.

Session 1, Thursday: Beginnings and Endings

Two of the three children in the group, Marilyn (Monkey) and Russ (Eagle), have been in the theater before. Danny (Snake) is the newest of the children. The first session for Danny is the last for Marilyn who is being discharged to a new foster home. The session sets the scene for Danny's future theater experiences and illustrates many of the aspects of the process theory approach. The staff includes the lead facilitator (Bear) and Debra, a graduate student (Lion). Two nursing students are participating for the first time. At the session, the players are instructed to choose a puppet and, talking in their "puppet" voice, to tell us their puppet name, a feeling, and a problem that is bothering them, and then select the puppet they want to meet next. The facilitator says she is Big Bear and she is feeling happy. Her problem, she tells the group, is that she wants more honey, but there are too many bees by the honey. Bear chooses to meet Marilyn, the monkey. The monkey names herself "Curious George Abu," a male character, and says "his" problem is that "he" sucks "his" thumb, that "he" is bothered by the fact that "his" parents call him "baby," and that "he" has run away from home. Monkey says that "he" is curious to know Snake and asks whether or not Snake is poisonous. Monkey chooses to meet Snake. Snake says he likes the tiger (he is referring to Lion, a puppet the graduate student is using), that he is feeling fine, and that his problem is he would like to go home. Snake chooses to meet the tiger (Lion) next. Lion talks very, very fast, so fast she is hard to understand. She says that her problem is that she likes to eat lollipops and other animals think she is too silly. Lion asks to meet the Eagle. Eagle is "Mr. Eagle," who says he feels great and would like to get more field mice to eat. Eagle says he wants to meet bear Cub (a nursing student), who says she is also feeling curious. Cub wants to meet the Koala (a second nursing student).

Big Bear asks, "Where are we, and what will our adventure be?" Eagle suggests that all of the animals are in a zoo and the adventure is to take care of all the problems that everybody has. The others show agreement by plunging into action. Curious George Abu—Monkey—says she has run away from home. The animals find "him" and bring "him" to the zoo. Snake says he is lost. The animals find Snake and bring him to the zoo. Eagle says he has a broken wing. He is brought to the zoo in a cage to protect his broken wing. Lion is brought in by dog catchers. Monkey announces "he" can eat meat and threatens to eat the other animals. "He" says he especially does not like eagles. The Koala, Big Bear, and Cub are visitors at the zoo for the day. Monkey decides to give Lion some lollipops. Lion asks Eagle to bring some meat to the Monkey. Eagle decides to look for field mice, and Snake says, "I will just eat dog food." The energy in the group rises and scatters; the animals talk all at once. At least two conversations are occurring, one is about dog food and another about trying to make a cage that is more like home. Monkey is completely out of role. When Big Bear announces, "Night time has come," all the animals go to bed. Lion complains that everyone is making too much noise. Monkey says "he" is having bad dreams but refuses to talk about them. Some of the animals complain about the loud snoring from Monkey. Monkey decides to build a "snore-proof" cage so no one can hear "him." The cage has a unique characteristic—it is one from which "he" can escape. Even with the cage, Snake continues to hear Monkey's snoring and asks Eagle if he hears it too. Eagle is sleeping and does not answer. Snake goes to sleep. Eagle wakes up to look for field mice while all the other animals sleep. In the morning, all of the visitors come back, and Snake starts to eat the mice that Eagle has brought to his cage. Monkey says "his" mom is dying. Snake begins to cry and announces, "My mom died Sunday." The animals then talk about whether people can come back to life. Eagle announces he is sick. Monkey tries to help him but is unsuccessful. Lion calls a conference, and they all decide that Eagle should go to the zoo hospital. All the animals participate in carrying him to the zoo hospital, to the same cage he has been in during the story. While in the hospital, Monkey sneaks into Eagle's room and clips his wings. Snake, who has gone back to his cage, suggests that Eagle come to his hospital instead. Eagle does not say anything and remains in his own cage.

At the end of the puppet play, Big Bear announces, "Time for endings." That is a ritual in which no matter where the group is in the story, all action is stopped, the children return to a circle, and each puppet takes a turn in telling the others his or her own ending. Eagle says the doctors clipped his wings again and he is to be in the hospital for a long time and would get better. Snake tells the group that a friend of his was killed in a motorcycle accident. The person riding on the back suffered when he died, and the other person is probably out of the hospital by now. (After theater, we learn that this is a true story.

Danny had attended the funeral of a friend who had died as the result of a motorcycle accident the Sunday before he was admitted to the hospital.) Monkey's ending has everyone in a cage in the zoo. In Lion's ending, Monkey and Eagle go to Snake's hospital to get better.

Process Theory Analysis

Bear, the lead facilitator of the group, weighs the effect of influencing the story line with the need to model a complicated direction for a new patient and two new nursing students. She introduces the problem of too many bees by the honey. That carries the theme of gathering food from the previous group in which the children Marilyn (Monkey) and Russ (Eagle) had participated. Big Bear's problem also illustrates a reality that is reflected in the fantasy: Two students with no experience in theater actively influence the action. Big Bear invites Marilyn, who has chosen Monkey, to introduce herself first. Marilyn is the most experienced child in the group and is able to continue modeling the ritual of beginnings for the newer members and potentially can contribute a new theme.

The progression through the process approach in that session related to the interaction of coexisting opposites that are first analyzed from the perspective of Danny, who is beginning hospitalization, and next from the viewpoint of Marilyn, who is being discharged.

Danny: Approach-Avoidance Dance

Feeling like an outsider entering a group, Danny takes the role of a vigilant Snake who does not give out information about himself. He is able to ignore, reject, and reach out. As if in a dance routine, Danny moves from approach to avoidance, reactions that are related to beginnings and endings. The "dance" goes something like this: Monkey asks if Snake, Danny's puppet, is poisonous and then selects Snake as the puppet she wants to meet next. Monkey's greeting is contradictory; she approaches, but with suspicion. Danny responds in a similar contradictory manner. He comes closer, introducing his puppet, as Monkey requests, while at the same time snubbing her by ignoring her question and withholding information about himself, and instead, declaring a liking for another puppet, Lion. He approaches Lion (a graduate student) again, by selecting her to introduce her puppet next. In this way, he brings in a third "dancer": Lion says her problem is that she talks too fast and that everyone thinks she is silly. Because Danny has a speech impediment, this is a problem with which he most likely can identify. The graduate student responds to Danny's approach by moving closer. During the story, Danny's puppet, Snake, becomes annoyed by the snoring of Monkey and asks another puppet, played

by a child, Eagle, “Did you hear it too?” In this way, he approaches Eagle asking for validation of his perceptions. Note that Eagle is the fourth dancer. Eagle’s response to Danny is contradictory—an approach–avoidance maneuver. Eagle completely ignores Snake’s request, yet offers mice as nourishment. Eagle does not respond to Snake’s request for validation but gives help in a way he chooses, offering Snake mice to eat. Snake says, “I would rather eat dog food,” and falls asleep, rejecting Eagle. Eagle, however, persists and brings Snake several mice. Snake eats the mice, quietly accepting the gift and approaching Eagle. Danny approaches Eagle again, by inviting him to come and stay in his zoo. Perhaps Danny is beginning to view the zoo as his hospital and as a safe place. He offers the gift of his safe hospital to Eagle, reciprocating Eagle’s choice to befriend him by persisting in bringing him food, even after he had rejected it. So, at the end of the group, Danny, the outsider, takes the role of insider, casting Eagle, the real insider, as the outsider, and Danny invites the outsider in. Eagle announces his ending—he stays in the hospital a long time and gets better. That is an ambiguous response to Snake’s invitation because Eagle does not move in with Snake but declares in his ending that the hospital is a place where he will heal, after staying a long time. Eagle’s ending suggests to Marilyn that she may get what she needs from her new family if she can be patient and not run away. The intervention is likely hopeful for Danny, who is just starting his hospitalization.

Marilyn: Cascade of Bifurcations

Monkey tells us all that her mother is dying. The fantasy has a basis in reality because Monkey is going to be discharged to a new foster family. Although Monkey presents an important problem, the focus is taken from her by Snake and Eagle. Feeling abandoned, helpless, and deeply sad, she is courageous enough to ask for help. Instead of getting her needs met, however, she is overwhelmed with the needs of others. She is not given what she needs—to be mothered. Rather, she is asked to help. Even Eagle, the caretaker, is sick, just like her own mother. That is consistent with her initial fantasy problem: She is a baby desperately needing mothering because her own mother is dying. She feels helpless, and the situation feels out of control. Monkey is overwhelmed by negative feelings. She has not succeeded in being either a victim or a hero. As she experiences the withdrawal of attention and her helplessness, her anxiety increases. She loses courage and feels defeated. She is forced away from her need to be taken care of into a role of taking care of others, as in her real life. Soon her familiar mother will be lost, and who will be her next mother? Fueled by the personal meaningfulness of the enactment, Marilyn is likely to cycle rapidly among many of conflicting thoughts, feelings, and actions. As the energy increases, the opposites grow together: helplessness

and courage, needing and being needed, taking care of and needing to be cared for, taking control and losing control, feeling both strength and weakness. Feelings of being sad, anxious, and angry are all mixed up inside Monkey and are growing together. Once Eagle is safely in the hospital, Monkey darts in and clips Eagle's wings. She creates a new role, attacker. Monkey has already let it be known that being able to escape is important to her. By taking away Eagle's ability to fly, she creates a situation that she, herself, fears very much. However, she then gets a surprise. By listening to Eagle's ending, she learns he views her wing clipping not as an attack, but as a treatment that was so good that it was later repeated by the doctors at the zoo hospital. Eagle's ending for Marilyn transforms her from an attacker to a healer. What a delightful cocreation! It potentially provides hope for Danny, who benefits by learning Russ's perception that hospitalization is safe and healing.

Danny participates in six additional puppet sessions. He uses five puppets—Snake, Monkey, Dragon, Fox, and Bunny. He repeatedly selects puppets that other children have used in previous sessions.

Session 2, Tuesday: Sad Monkey

In Session 2, Danny uses the Monkey puppet that Marilyn had used originally. Russ selects the Dragon. Dragon suggests the story line that the animals start the story by climbing trees and searching for honey. Almost immediately, Danny (who has very little connection with this theme) breaks the action by describing how Russ had called him "gross" for something Danny did at snack time. This leads to a volatile discussion without the animals, and Russ insists, "I didn't do anything." Danny remains annoyed with Russ, but both boys are willing and able to play together. Their differences, however, are evident in their play. Danny announces he wants to kill every animal in the group, especially Russ's puppet, Dragon. Danny takes Monkey's arm and begins shooting everybody and everything for approximately 20 min. Danny and Russ shoot each other. Monkey shoots bullets; while Dragon shoots fire. Monkey is generally bad but occasionally does good things. He attributes all the good things he does to his "monkey brother." Russ as Dragon says to Monkey, "I don't believe you are a bad brother and a good brother, but both brothers are really you." Danny uses Monkey to shoot all the puppets, including himself, over and over again. He, however, refuses to die when anyone else shoots him and revives quickly after committing suicide.

Session 3, Saturday: Sad Dragon

In Session 3, Danny selects the Dragon. He is very inactive. He reinjects the theme of a mother dying, originally introduced by Marilyn in Session 1. He

declares his mother has died of cancer and committed suicide. Further, he lies in his bed in his home and does not answer the phone so he cannot learn about his mother's death. He also asks for help for his new mother. Russ provides the ending that Snake (who may have represented his mother) did not die, after all. According to Russ, she molts her skin and becomes a new Snake. This is another of Russ's cocreative transformational endings.

Session 4, Saturday: Spider Monkey Kills Invaders of His Grocery Store

During Session 4, Danny returns to using the monkey. Spider Monkey begins Session 4 by saying he wants to kill his mother. He is very angry. The action takes place in a grocery store, with Dr. Fox (Russ) in the back of the store waiting to help people. Monkey shoots at Eagle (graduate student), then at all the shoppers Koala and Bear, yelling, "I own this store, and I don't want anyone in here. You are breaking into my store and touching my stuff, and one of you is lying to me." After killing everyone, he threatens to kill himself but does not do so. He remains alive and enraged. He is taken to jail, resisting arrest. Dr. Fox ends the story, "Everybody is alive and well and healthy." Monkey is in jail and his ending is, "I will shoot everyone tomorrow." Eagle's ending is, "We got [a chance] to say good-bye before the Monkey shot everyone, and the Monkey went to jail." Koala's ending is, "We are all safe. Monkey solved his problems about why he was so angry while he was in jail." Big Bear's ending is, "The animals talk to Monkey in jail, and he tells them why he is so angry, and they are able to help him."

Session 5, Tuesday: Mad Monkey

At Session 5, Danny is the only child in the group. Danny chooses the "Mad" Monkey and Fox, and the facilitators select Dragon and Snake. Monkey accuses Snake (who is played by a student) and Dragon of lying to him, of telling him his mother died when she did not. He shoots, killing them both, then shoots himself. Dragon asks, "What happens when monkeys die?" Monkey answers, "They are torn open and thrown in the trash, just like my doodle toy." He dissociates to a scene in which his doodle toy has been broken and is thrown into the trash. This lasts a few seconds. Danny is out of role and a bit dazed. The facilitator invites him to start a new story. He selects an additional puppet for each player. He chooses Fox, the puppet Russ had used in Session 4, and brings Monkey back alive. Again, Danny as Monkey kills all the puppets that are not his. This time he says, "I know you are faking being dead. Get up, so I can kill you again." No one obeys. Playing both Fox and Monkey, he tortures Fox with Monkey. Monkey takes off Fox's clothes and ties his four feet together with the clothes. He punches the Fox, hits him

against the floor, and batters him to death. Monkey commits suicide, and once again, Danny dissociates, showing us how he would like to handle his father when he abuses his sister. He looks up as if he is talking to someone very tall, yelling, "If you lay one hand on her, one hand, I'll smash your face in." He starts talking very fast about his father, big Danny. He talks about what his father did to him and to his sisters. He threatens his father, boldly claiming that he will not let him hurt his sisters ever again. He is the invincible big brother protector. This is the last session in which any of Danny's puppets commit suicide.

Session 6, Thursday: Killer Monkey and the Rabbits

At Session 6, Danny, the only child participant, again selects Monkey, naming him "Killer Monkey." "I'm going to do the same thing today, kill everybody," he says. Two new puppets are deliberately introduced, both rabbits. White Bunny is a very small creature with tall pink-lined ears, who survives by intelligence, not strength. Deb, the graduate student, takes White Bunny. Bonnie, a medical student who works with Danny, chooses the bigger of the two, Rabbit. The two nursing students choose Big Bear and Dragon, and the facilitator takes Lion. Danny, as Monkey, begins the play by announcing, "I am going to shoot everyone like I did before." All of the animals run for cover. Some ask, "Why are you shooting at me? What did I do?" Monkey remains silent, shooting everyone. Bunny says, "I won't come out of my hole because I am safe here. I'm not afraid of you, Monkey. I will just go deeper and deeper into my hole to stay safe." Monkey focuses on Bunny. He tries to shoot into the hole, yelling "Bunny, you come out of there. You come out of that hole right now, or I'll shoot you dead." Bunny steadfastly refuses, "Monkey, you are just wasting your bullets. My bunny hole has a steel door that is bullet proof, and I will not come out, just to be shot by you." This standoff goes back and forth for some time. Bunny asks, "Why are you shooting all of us?" Monkey replies, "Because you all lied to me, you told me my mother was dead, and she's not." Bunny says, "If I say I was the one that lied, will you shoot everyone else after shooting me?" Monkey says, "Yes," but then thinks for a second and changes his mind, "No." Rabbit, who is next to Bunny, asks Monkey, "So I'll be safe? If you shoot her, I'll be safe?" Monkey says to Bunny, "I'll shoot no one but you." Bunny, meekly asks, "For lying?" Monkey replies, "Yes." Bunny asks, "Isn't there anything I can do to make it up to you?" "Only by shooting you," says Monkey. "But I didn't mean to lie to you," replies Bunny. "I'm closing the steel door." Danny punches his arm with the monkey puppet on it, straight up into the air in apparent frustration. Lion, the facilitator, trying to help Danny stay in role as Monkey, asks, "How does it feel to have little Bunny

shutting the bullet proof door on you?" Danny turns to look at Lion and says, "I am going to shoot you right in the face, and I'm going to kick the door down and shoot the bunny and everybody." Lion responds, "Danny, I'd like you to put down Monkey puppet and take the Bunny instead." Danny asks, "Why?" "Because I want you to find out what it feels like on the other side," responds Lion. Deb and Danny switch puppets, and Danny takes Bunny into the safe bunny hole.

Rabbit whispers to Bunny, "You are my friend. I like bunnies." Now in the new roles, Deb, as Monkey, yells at Bunny, "Come out of there." Rabbit whispers to Bunny, "What are you going to do? Why is he shooting you?" Bunny whispers something back. Rabbit replies to Bunny, "You don't know? You don't know why Monkey is shooting at you? Did you lie to Monkey? Monkey said you lied to him. Let's go talk to the Monkey." Bunny looks at Monkey and meekly says, "Kill yourself." Rabbit invites Bunny, "Let's go talk to the Monkey. I'm too scared to go by myself." Bunny says, "Mr. Monkey, kill you. Kill yourself." "Why?" asks Monkey. "So you can die. So I can shoot you in the foot. So I can beat you up." Bunny turns to Rabbit and asks "Right?" "No, I don't think that's right," says Rabbit. "He's bigger than you." "I've got a gun," replies Monkey. "I have a gun too," says Bunny. "Let him know why you lied," says Rabbit to Bunny. "Maybe he'll forgive you. Tell him why you lied." Bunny whispers to Rabbit, "I didn't lie." Then he turns to Monkey and says, "I did not lie to you." Rabbit asks Bunny, "Why does he think you lied?" "I didn't lie," replies Bunny. Bunny turns to Monkey, screaming, "You are just making up stories." Rabbit persists in questioning Bunny. "Why do you think Monkey wants to hurt you?" "I don't know," says Bunny. Monkey shoots at Bunny again. "Talk to us, Monkey," prompts Rabbit. "I didn't lie," Bunny says, firmly and decisively, to Rabbit. "Please talk to us," says Rabbit. Looking straight at Monkey, Bunny repeats, "I didn't lie." Monkey pays no attention and keeps shooting. Lion asks Danny and Deb to switch back to their original puppets. Danny puts the Monkey puppet back on and starts shooting. Deb as Bunny says, "I didn't lie. Please talk to us."

Danny comes out of role. He asks, "Is theater over yet?" He mumbles to himself, "It is over because I have art. I have got to go play. I got art all by myself." Lion agrees that it is time for theater to stop and asks for endings. Monkey says to Lion, "I wanted to shoot you, and you would not even let me kill. That's my ending, and I want Bunny's ending, Bunny's and his friend's ending." Bunny's ending is, "I stayed safe in my little home, and I kept trying to talk to Monkey to find out why he was so angry with me and why he wanted to shoot me. And someday maybe he will be able to tell me, but I'm going to be safe until then." Rabbit's ending is, "Monkey stopped shooting and said, 'You didn't lie. I forgive you.'"

Process Analysis

By Session 6, more of Danny's history has been revealed through therapy visits with his mother and paternal grandmother. How Danny's participation in these sessions may reflect and affect reality can be speculated upon. During Danny's early years his father abused him when he was drunk. Whenever he was out of control, the mother, an orphan, sent Danny and his younger sister to stay with her in-laws, Danny's paternal grandparents. When Danny was 3 years old, his father tried to commit suicide by shooting himself, but his mother took the bullets away. When Danny was 5, his mother became pregnant with the child of a boyfriend. Although she remained married to her husband, she gave birth to her boyfriend's baby girl. When the new baby was 6 months old, Danny claimed he saw his father throw her down the steps. His father denied it, saying she fell off the couch. The baby was badly injured, and Danny's mother left for several weeks to stay with her baby in the hospital. Danny and his 3-year-old sister again stayed with their grandparents. After a visit with their father, the children told their grandmother "Daddy used his hot-dog with us." Grandmother reported her son to the Department of Family Services. Sexual abuse was confirmed. Danny's mother got a restraining order barring her husband from the area. He did not stay away, however. Instead, he stalked the house with a shotgun. He was arrested and convicted of child abuse, partially on the basis of Danny's testimony. At the time of these sessions, Danny's father is in jail. His mother and boyfriend are planning to marry and legally to adopt Danny's two sisters, but not Danny. That is because his mother wants him to carry on his biological father's name.

Because of our knowledge of Danny's life experiences, we make an active intervention in Session 6. Two new rabbit puppets are introduced into the group with the intention of stimulating differentiation of opposite characteristics—homicidal and suicidal—and roles—abuser and abused—represented by Danny through Monkey. This distinction is further facilitated through sociodramatic role reversal (Carlson-Sabelli, 1989, p. 9)—role reversal of puppets. Bunny more clearly represents the abused. Monkey more clearly represents the abuser. Monkey experiences being Bunny under attack. From his safe Bunny hole, he asks for and receives help from a friend, to confront his abuser and tell his side of the story to all the animals in the forest. He experiences the power of telling everyone the truth. When Danny, as Bunny, says, "I didn't lie to you Monkey; it is you who makes up stories," one realizes that he could be referring to his own life circumstances. He had told his mother that his father threw the baby down the stairs. He had told his grandmother that his father "used his 'hot-dog.'" He testified against his father, and his father went to jail. The therapist hopes that his experience has been expanded and his life affected by this fantasy enactment. Until Session 6, Monkey's behavior fluc-

tuated between internalized opposite roles—being suicidal, homicidal, abused, and abusing. It is expected that the opportunity to experience these as separate roles, through the use of the sociodramatic role reversal technique, is therapeutic. Danny, as Bunny, has gained knowledge in action. Helped in telling the truth by a trusted friend, he learns to experiment with his own power of trust and distrust, and whether to choose to keep or share thoughts, feelings, secrets. In this story, the consequences for Bunny are good; he is acknowledged and validated when Rabbit acknowledges that she knows Bunny did not lie.

Session 7, Saturday: “Shooting Monkey” Fights to Keep the Forest From Being Bulldozed

In the seventh session, Danny’s last, he is joined by three new players. He introduces himself as “Shooting Monkey” and says he is going to shoot everybody. However, he is invited to join the others to fight against people who are destroying the forest with bulldozers. He allows himself to be disarmed of his bullets (much like the situation with his own father) and joins those who are disarmed (this was the role of his mother in his real life experience) fighting against the people who are being destructive to the forest.

Discussion

In his play sessions, Danny enacts physical abuse, abusing himself and others. He struggles with the part of himself that is good and the part he believes is bad. He deals with feelings of homicide and suicide and struggles to separate his own identity from that of his father. The fact that Danny has to carry on his father’s names (both first and last) makes this a more difficult task.

The dynamics of trauma have been well described in the psychiatric literature (van der Kolk, 1987). It is known that repetitive and severe trauma in childhood can generate dissociation and multiple personality disorder (Braun, 1984; Wilbur, 1984). The process theory view (Sabelli & Braun, 1987) postulates that the contact between the immature and readily dissociable self of the child with an unpredictably loving and abusing “parent,” a strongly contradictory other, causes a creative split or bifurcation within the self in which the positive and negative aspects of the contradictory other are separately coded. Over time, formation of multiple opposite personality pairs may occur. These creative structures embody a more complex response than simple separation from the pain through dissociation. In interpersonal relationships, when conflict occurs, normal responses involve asserting oneself, separating, and accepting. Each of these responses can become extreme. Asserting becomes fighting and corresponds to rage. Separating becomes flight and corresponds

to panic and anxiety dissociation; accepting leads to surrender, defeat, and depression. Danny clearly had dissociative symptoms at the time of hospitalization and also during theater play. The scenario in Session 2 in which he did good things but attributed them to "his brother" might support the notion of an internal split between representing the negative and positive aspects of his abuser. His play involves high energy fluctuations between being good and being bad. His bad behavior is perpetrated not only on others but also on himself. Sad Monkey does not accept himself as being good but attributes that quality to another character, his "brother." Although these are not by any means developed personalities, they may represent the seed of a good-bad personality pair. By Session 6, Danny has become Killer Monkey. He portrays his killer side exclusively and focuses his fury and abuse on one particular puppet, Bunny. The focus is facilitated by adding the vulnerable bunny to the puppet collection. Through sociodramatic puppet role reversal, an opportunity for Danny to separate this abuser self from the abused self is provided. By experiencing the action from the role of Bunny, who is protected by a friend and a heavy steel door, Danny has the opportunity to be heard, understood, and validated. The abused part of him that identifies with Bunny knows that despite all of Monkey's hateful accusations and antics, he, as Bunny, did not lie. He realizes it was his accuser who lied and that he, Bunny, did nothing wrong. He experiences this knowledge in action, and the truth of it is powerful. Although he returns to the role of Monkey and denies Bunny's accusations, Danny's perceptions of Monkey and the abuser Monkey represents have been altered. Whenever he plays Mad, Shooting, or Killer Monkey, he is likely to access this new information. Although as Monkey, he starts threatening to continue to kill, he is likely to know, deep down inside, that Bunny and Rabbit and the others now know what really happened. Therapists hope a process of healing has begun. Evidence of this occurs in the next session, when Monkey starts by telling everyone he is going to shoot them all but readily gives up his bullets when invited to do so. Perhaps this shift represents the beginning of reintegration of Danny's dissociated self. Prigogine's (1980) concept of nucleation of new structures as a result of high amplitude fluctuations provides a possible mechanism for otherwise unexplained psychological processes, such as dissociation and reintegration (Raaz, Carlson-Sabelli, & Sabelli, 1993; Sabelli & Braun, 1987).

Conclusion

In the puppet theater, play is the work of the children, assessments are interventions, distance promotes closeness, fantasy affects reality, structure is used to channel spontaneity, and the expression of opposite puppet qualities are acknowledged. Puppets are asked to role reverse with each other. Stories have

both personal and collective meaning. How the players cocreate, that is, how they organize themselves in the creative endeavor, provides a wealth of information about the specific actions children have in their repertoire for dealing with others and handling conflictual situations. By using energy modulation techniques to increase the interaction of opposites, the children can externally experience separation of complementary roles and play with different options for handling conflict. Intervention within an ongoing action provides the opportunity to facilitate each child's personal contribution to cocreating his or her own continuing life-story.

ACKNOWLEDGMENT

In addition to all the students and staff who have participated in the Children's Theatre over the years, facilitating sessions, developing strategies, gathering histories, and documenting sessions, I give special recognition to Patricia Fazzione, a doctoral student and staff member, who introduced me to the concept of puppets with a wonderful turtle who was strong, steady, and dependable and who could protect himself in his shell. Chris Garvey provided much-needed continuity as the hospital unit representative to Children's Theatre. Amy Bennett, a psychodrama student, was instrumental in introducing the new medium to the children and was the first facilitator regularly to cocreate stories with them. Debra Scarpelli, a graduate student and a facilitator at the time the stories chronicled here were created, contributed much of the documentation. I also want to acknowledge my husband, Hector Sabelli, for his gift of process theory and for his encouragement as I struggled to capture its essence and application in this article.

REFERENCES

- Bannister, A. (Ed.). (1992). *From hearing to healing: Working with the aftermath of child sexual abuse*. Hong Kong: Longman.
- Bannister, A. (1997). *The healing drama: Psychodrama and dramatherapy with abused children*. London: Free Association Press.
- Blatner, A., & Blatner, A. (1988). *The art of play: An adult's guide to reclaiming spontaneity and imagination*. New York: Human Sciences Press.
- Braun, B. G. (1984). Towards a theory of multiple personality and other dissociative phenomena. *Psychiatric Clinics of North America*, 7, 171-193.
- Carlson-Sabelli, L. (1989). Role reversal—A concept analysis and reinterpretation of the research literature. *Journal of Group Psychotherapy, Psychodrama and Sociometry*, 41, 139-152.
- Carlson-Sabelli, L., & Sabelli, H. (1984). Reality, perception and the role reversal. *Journal of Group Psychotherapy, Psychodrama and Sociometry*, 36, 162-174.
- Carlson-Sabelli, L., & Sabelli, H. (1992). Interpersonal profiles—Analysis of interpersonal relations with the phase space of opposites. *Proceedings of the thirty-sixth annual meeting of the International Society of Systems Sciences* (pp. 668-677). Denver: ISSS.
- Carlson-Sabelli, L., & Sabelli, H. (1996). Promoting creativity in action. *Proceedings of the Fortieth International Society for Systems Sciences*. Louisville, KY: International Society for Systems Sciences.

- Carlson-Sabelli, L., Sabelli, H., & Hale, A. (1994). Sociometry and sociodynamics. In P. Holmes, M. Karp, & M. Watson (Eds.), *Psychodrama since Moreno: Innovations in theory and practice* (pp. 145–185). London & New York: Tavistock/Routledge.
- Carlson-Sabelli, L., Sabelli, H., Patel, M., & Holm, K. (1992). The union of opposites in sociometry: An empirical application of process theory. *Journal of Group Psychotherapy, Psychodrama and Sociometry*, 44, 147–171.
- Carlson-Sabelli, L., Sabelli, H., Patel, M., & Sugerman, A. (1997). Process method II: From process thinking to the empirical study of coexisting opposites. In Y. P. Rhee & K. Bailey (Eds.), *Proceedings of the forty-first annual meeting of the International Society for Systems Science* (pp. 976–988). Louisville, KY: International Society for Systems Science.
- Gardner, R. (1981). Dramatized storytelling in child psychotherapy. In G. Schattner & R. Courtney (Eds.), *Drama in therapy: Vol. 1. Children* (pp. 211–236). New York: Drama Book Specialists.
- Kauffman, L., & Sabelli, H. (1997). The process equation: A mathematical model of primary processes and psychophysiological organizations. In Y. P. Rhee & K. Bailey (Eds.), *Proceedings of the forty-first annual meeting of the ISSS* (pp. 881–897). Louisville, KY: International Society for Systems Sciences.
- Kauffman, L., & Sabelli, H. (1998) The process equation. *Cybernetics and Systems: An International Journal*, 29, 345–362.
- Moreno, J. L., & Moreno, Z. T. (1975). *Psychodrama* (Vol. 2). Beacon, NY: Beacon House. (Original work published 1959)
- Prigogine, I. (1980). *From being to becoming: Time and complexity in the physical sciences*. San Francisco: W. H. Freeman.
- Raaz, N., Carlson-Sabelli, L., & Sabelli, H. (1993). Psychodrama in the treatment of multiple personality disorder: A process-theory perspective. In E. Kluft (Ed.), *Expressive and functional therapies in the treatment of multiple personality disorder* (pp. 169–188). Springfield, IL: Charles C. Thomas.
- Sabelli, H. (1989). *Union of opposites: A comprehensive theory of natural and human processes*. Lawrenceville, VA: Brunswick.
- Sabelli, H., & Braun, B. G. (1987). A process approach to consciousness and dissociation [Summary]. In B. G. Braun (Ed.), *Dissociative disorders: Proceedings of the fourth international conference on multiple personality/dissociative states* (p. 54). Chicago: Rush University Press.
- Sabelli, H., & Carlson-Sabelli, L. (1989). Biological priority, psychological supremacy: A new integrative paradigm derived from process theory. *American Journal of Psychiatry*, 146, 1541–1551.
- Sabelli, H., & Carlson-Sabelli, L. (1991). Process theory as a framework for comprehensive psychodynamic formulations. *Genetic, Social, and General Psychology Monographs*, 117, 5–27.
- Sabelli, H., Carlson-Sabelli, L., & Messer, J. (1994). The process method of comprehensive patient evaluation based on the emerging science of complex dynamical systems. *Theoretic and Applied Chaos in Nursing*, 1, 33–41.
- Sabelli, H., Carlson-Sabelli, L., Patel, M., & Sugerman, A. (1997). Dynamics and psychodynamics. Process foundations of psychology. In L. Vandervert (Ed.), *Understanding tomorrow's mind: Advances in chaos theory, quantum theory and consciousness in psychology* [Special Double Edition]. *Journal of Mind and Behavior*, 18 (1, 2).
- Sabelli, H., Carlson-Sabelli, L., Patel, M., Zbilut, J., Messer, J., & Walthall, K. (1995). Psychological portraits and psychocardiological patterns in phase space. In F. Abra-

- ham & A. Gilgen (Eds.), *Chaos theory in psychology* (pp. 107–125). Westport, CT: Praeger.
- Sabelli, L. C. (1992). *Measuring co-existing opposites: A methodological exploration*. (Doctoral dissertation, University of Illinois at Chicago, 1992). UMI Dissertation Services.
- Schwartzman, H. (1977). Children's play: A sideways glance at make believe. Observational studies of play in primates and young children. In D. Lancy & B. Tindall (Eds.), *The study of play: Problems and prospects*. West Point, NY: Leisure Press.
- van der Kolk, B. A. (1987). The psychological consequences of overwhelming life experiences. In B. A. van der Kolk (Ed.), *Psychological trauma* (pp. 1–30). Washington, DC: American Psychiatric Press.
- Wilbur, C. B. (1984). Treatment of multiple personality disorder. *Psychiatric Annals*, 14, 27–31.

LINNEA CARLSON-SABELLI, an assistant professor in the Rush University Department of Community and Mental Health Nursing, specializes in the use of action methods in psychotherapy, nursing education, and clinical supervision. She applies process theory and the mathematics of nonlinear dynamics to develop of new methods of psychotherapy and to evaluate patterns of change in complex processes over time. E-mail: Isabelli@nis-server.cnis.rpslmc.edu.

Psychodrama and Trauma: Implications for Future Interventions of Psychodramatic Role-Playing Modalities

DAVID A. KIPPER

ABSTRACT. The author highlights points emerging from 4 recent articles on the use of psychodrama in the treatment of trauma survivors. He reflects on the salient characteristics of the interventions described, giving attention to their implications for the future, and discusses the place of psychodrama in the growing trend in psychotherapy that focuses on designing disorder-specific treatments. The characteristics discussed are the effect(s) of theories other than J. L. Moreno's (e.g., 1964) on the future practice of psychodrama, the benefit of incorporating alternative psychological theories accounting for the effectiveness of the method, the importance of the elements of experiencing and enactment in present and future psychodrama-based models, the centrality of the double technique, the advantage of using manuals for treatment, time-limited models, and the transient quality of role playing and the meaning of that.

FOR SEVERAL DECADES, the original (classical) formulation of the psychodramatic procedure remained the sole intervention modality taught and practiced by psychodramatists. Although calls for experimenting with other role-playing paradigms were voiced years ago (e.g., Kipper, 1986), only recently have the first encouraging signs of such a development been evident. Psychodrama is experiencing a period of expansion as it increasingly follows the same trend observed in other forms of group psychotherapy, namely, an emphasis on designing problem-specific treatment procedures. This trend is based on the concept that different diagnostic categories would best benefit from different treatment procedures. Such specific modalities can offer novel interventions with new or modified techniques. For the most part, however,

they are creative variations of already existing psychotherapeutic approaches. The new developments in psychodrama have been welcomed by therapists who have advocated for such progress (e.g., Blatner, 1996; Kipper, 1997). Those therapists have supported the creation of modified action methods procedures that might be integrated with other therapeutic modalities and the development of versions of the classical psychodrama that are suitable for specific clinical populations.

One area in which psychodrama has made an impressive stride is in the treatment of trauma survivors, both adults and children. In the introduction to a theme issue on this subject, Hudgins and Kipper (1998) noted that the notion of treating trauma survivors with psychodrama may appear rather surprising at first glance. One might not expect psychodrama to be a treatment of choice with such clients because of the probability that that modality could retraumatize the clients. Because psychodrama tends to produce vivid experiences and intense emotions, one is cautioned against its use with trauma cases. The possibility that role playing the traumatic event might overwhelm the client and hence result in uncontrolled regression makes psychodramatic treatment counterindicated. The articles in the theme issue of *The International Journal of Action Methods* (i.e., Hudgins & Drucker, 1998; Naar, Dorian-Michael, & Santhouse, 1998) and the article by Carlson-Sabelli (1998) in this issue speak to the contrary. These authors have explained how such a concern, although legitimate and real, can be properly addressed. They demonstrated how it is possible to reduce the likelihood of retraumatization, thus avoiding an iatrogenic phenomenon.

Psychodramatists are aware that the notion of countering traumatic experiences with “*corrective* emotional re-experiencing” is hardly a novelty. It was advanced by Moreno 60 years ago. He suggested treating highly intense naturally evolving experiences with intense psychodramatically induced experiences, specifically in treating psychoses. He called that technique (approach) *psychodramatic shock therapy* (Moreno, 1939). Accordingly, the therapist asks the psychotic protagonist, who has just completed a hallucinatory or delusional episode, to throw himself or herself back into the hallucinatory experience and relive it while it is vivid in his or her memory. Although there is no written evidence that psychodramatic shock therapy had ever been actually tried by anyone other than by Moreno himself, perhaps, or that indeed the intervention was therapeutically meritorious, the concept (analogous to the idea of “fighting fire with fire”) is challenging. The articles published in the special issue of *Action Methods* on trauma contain descriptions of processes of applying psychodrama in more sophisticated, delicate, and careful methods. Reflecting on the lessons to be gleaned from these articles, one can identify interesting features of the new directions for psychodrama.

Windows of Opportunity

Opportunity 1: The Effects of External Theories

Must the foundations for all future developments in psychodrama be restricted to Moreno's theoretical ideas?

One of the most intriguing observations about the new developments reported in the articles on treating trauma is that the models advanced by Hudgins and Drucker and by Carlson-Sabelli did not evolve out of Moreno's ideas. Rather, those theories were conceptualized and researched outside the field of psychodrama. One came from brain research (van der Kolk, McFarland, & Weisaeth, 1996) and the other from process theory (Sabelli, 1998; Sabelli, Carlson-Sabelli, Patel, & Sugarman, 1997).

In discussing some critical issues in psychotherapy, Hare-Mustin and Marecek (1997) made the following observation:

Traditional treatment approaches take as their task helping people adjust to their circumstances rather than transforming those circumstances that contribute to and [become] part of the problem. (p. 114)

The presumption among psychodramatists has been that all the ideas for innovations lie within Moreno's theoretical ideas. If I paraphrase the above quote and relate it to the present discussion, the following results: Traditional psychodramatists spend their time trying to fit psychodramatic concepts to other theories rather than transporting external concepts that can enrich the practice of psychodrama and improve on its classical methodology.

Lessons learned from therapists' clinical experiences with the treatment of trauma survivors suggest the contrary. For all its insightful ideas, Moreno's theory must not become a cultural conserve that functions as a prison for creativity.

Opportunity 2: Accounting for the Effectiveness of Psychodrama

Can there be more than one theory accounting for the effectiveness of psychodrama? Is there room for an alternative theory?

Researching an area that originally had nothing to do with psychotherapy or with psychodrama, van der Kolk et al. (1996) proposed a new explanation for the difficulties of recounting traumatic experiences. Their experiments had shown that exposure to a terrifying experience freezes the normal biochemical, physical, perceptual, cognitive, emotional, psychological, and behavioral processes. That results in an adverse effect on the neurotransmitters and a disruption of brain pathways and leaves sensorimotor memory unprocessed. Simultaneously it encourages primary thinking process, distorted object relations, dissociated intense affect, primitive defenses, and uncontrolled reexpe-

riencing behaviors. In other words, such experiences were registered primarily on the sensorimotor level. With their research, van der Kolk and his collaborators demonstrated that such (emotionally) overwhelming experiences have never been properly coded and therefore could have not been removed from intellectually coded memory. Rather than being repressed, they are stuck on the sensorimotor level.

To retrieve such painful memories, one needs to use methods of treatment that address sensorimotor memories by invoking the experiences on the level on which they have been stored. Art therapies (e.g., drama, movement, painting) and, in particular, psychodrama appear to be the interventions that can best perform that task.

Extending the same rationale beyond the specific case of treating trauma survivors, one wonders if the work of van der Kolk and his colleagues can serve as an alternative explanation for the effectiveness of psychodrama. In other words, because of its ability to address a lower sensorimotor level of functioning through concretization, psychodrama becomes a recommended treatment of choice for all psychological disorders stemming from unprocessed experiences that are stored in that primitive level. This holds true for memories stored there as a result of repression (i.e., painful memories that have been removed from consciousness) or arrested memory (i.e., extremely painful memories that have never reached or been properly processed in consciousness).

What makes this an attractive explanation for the effectiveness of psychodrama is the large body of traditional, scientific research that supports it.

Opportunity 3: Focus on Enactment and Experiencing

Is the critical therapeutic distinction of psychodrama that it is an action or a concrete, experiential therapy?

Classical psychodrama represents a philosophy, a theoretical approach, and an intervention methodology. As a philosophy, it values (a) the moment, the here-and-now, in which the past and the future meet to form highly significant experiences and (b) the interpersonal interactions among people who are related in some meaningful way(s).

As a theory of psychotherapy, it focuses on the healthy psychological process of the individual and the dynamics of the groups. Its emphasis is on the experiential facet of human behavior. Therefore, it develops a conceptual frame of reference that explains the mechanisms for creating a corrective experience either by rewriting painful and dysfunctional history or by supplying the experiences that are missing.

As a method of intervention, it has focused on enactment and concretization (sometimes referred to as *presentations*). It ought to be pointed out that

both components are part and parcel of classical psychodrama, and they are not synonymous. The former pertains mainly to the behavior of the role with human identities; the latter pertains to the physical representations of situations, feelings, ideas, and the personification of inanimate objects or nonhuman living creatures.

For a long period, the importance and validity of experiential therapy have been questioned and have been adopted with reservations. Although conceptually the potential power of role-playing enactment and concretization in psychotherapy has been acknowledged, in practice it has not received the recognition it deserves. The lack of a convincing theory and empirical research account for much of this situation. Yet, both the experiential component and the concretization and enactment constitute the foundation of psychodrama.

The literature begins to reflect most welcome scientific activities that raise one's hopes for a greater support for experiential and enactment (concretization)-based therapy (see Greenberg & Paivio, 1998; Hudgins & Drucker, 1998). Moreno's concept of *act hunger*—his rationalization for the use of role-playing enactment—has been lately addressed empirically by Bemak and Young (1998), who cited studies supporting the theory that unexpressed or partially expressed emotions tend to be completed by actions. Furthermore, the simulation model for role playing (Kipper, 1986) provided research support for the psychotherapeutic effectiveness of role playing enactment and concretization.

It appears, therefore, that future innovation in the practice of psychodrama ought continually to be nourished by the notion of providing experiential therapy that employs role-playing enactment and concretization. Research should also focus on these two components, separately or combined.

Opportunity 4: The Centrality of the Double Technique

The importance of the double technique in psychodrama has been long recognized. Blatner (1996) noted that the double "is perhaps the most important technique in psychodrama because it helps protagonists clarify and express deeper levels of emotions and preconscious ideation" (p. 28).

It has repeatedly been shown that double technique emerges as a key ingredient in designing new models of psychodrama. In classical psychodrama, the double is typically portrayed by a group member, traditionally selected by the protagonist. In general, the double is asked to serve as the protagonist's inner voice. Customarily, the double is not instructed to represent a particular attitude or to express a particular line of thought. Whatever is conveyed by the double is based on his or her empathy with, and understanding of, the protagonist. Furthermore, some psychodramatists allow spontaneous and unsolicited doubling by group members who have not been specifically designated by

the director as doubles. Hudgins and Drucker's (1998) model is different. Their containing double is typically selected by the therapist (and often is the cotherapist) and is trained to state certain predetermined words and feelings.

The published and clinical experience with new models of psychodrama reveals a tendency to use the double as a key intervention in creating new psychodramatic models. It appears, however, that gradually the doubles become prescribed doubles, that is, those specially trained to fulfill a particular function as specialists in certain ways of responding to the protagonist.

Opportunity 5: Treatment Manuals for Psychodramatic Role Playing

Few ideas evoke a stronger dislike among psychodramatists than the notion of preprogramming psychodramatic interventions. For psychodramatists, following a prescribed procedure is incongruent with spontaneity. That adverse reaction notwithstanding, the use in practice of preprogrammed role behavior for the auxiliary is not uncommon and is often practiced in certain circumstances. With the containing double, Hudgins and Drucker have demonstrated the therapeutic benefit of the application of a treatment manual for the double. Their experience, as well as the six-step manual for the double (Kipper, 1986, p. 154), raises the question whether or not some psychodramatic techniques may become more effective if therapists follow a treatment manual.

The use of manuals in psychotherapy has become a frequent phenomenon in the last two decades. Recently, a task force created by the American Psychological Association argued that in order to be considered as either a well-established, empirically validated treatment or a probably efficacious treatment, "studies must be conducted with treatment manuals" (American Psychological Association, 1995, Table 1, p. 21). In selecting that requirement, the task force acknowledged that the stipulation favors the cognitive and behavior therapies for which a step-by-step therapeutic procedure is followed. The recommendation is much more difficult to implement in the dynamic psychotherapies (of which psychodrama is one), thus placing them at a disadvantage. Nonetheless, the task force also declared that

with dynamic therapy in particular, the use of treatment manuals is crucial to accomplish some degree of treatment specification. This is because the dynamic rubric encompasses a wide range of treatments and because therapists of various styles and levels of training characterize themselves as dynamically oriented. (American Psychological Association, 1995, p. 5)

The idea of designing techniques that follow a predetermined set of principles does not necessarily mean introducing rigidity and needless structure into a psychodrama. Rather, the lesson gleaned from the preceding excerpt is that it may add effectiveness and make the intervention more amenable to research.

Opportunity 6: Time-limited Treatment

The practice of time-limited group psychotherapy was introduced as a reaction on the part of mental health professionals to the restriction imposed by the HMO delivery system. Because third-party payments for long treatments had been canceled, researchers began to investigate ways of increasing therapeutic effectiveness in a limited time frame. Would psychodrama treatment of trauma survivors fit well into the time-limited treatment modality?

At this early stage, the answer to that question is still open because such a hypothesis has not been empirically studied. Although not investigating that particular question, Naar et al. (1998) indirectly raised the possibility that psychodrama may prove to be—perhaps even excel as—an effective time-limited intervention. The literature on psychodrama is of case reports and clinical anecdotes based on short-term treatment and often of a single session. It is possible that future problem-specific versions of psychodrama can be designed as time-limited courses of therapy.

The Existence Cycle of Roles

“Every role which an individual operates has a certain duration, a certain lifetime,” wrote Moreno. “Each has a beginning, a ripening, and a fading out phase” (Fox, 1987, p. 72). This statement contains two important characteristics, inherent in the concept of *role*: Roles are a transient phenomenon, and roles undergo a three-phase cycle of existence—a phase of formation, a period of maintenance, and a dissolution phase.

The Transient Quality of Roles

Productive (functional) roles, those that serve their owners well, do not last a long time. They change constantly, and once they have served their purpose, they disappear. They may completely disappear, as is often the case with age-related or situation-specific roles. Alternatively, they may change slightly, adjusting to the new realities. The latter is evidenced in roles that retain their position (and title) for a very long time, but their content and behavioral manifestations change. For instance, one may remain a father or a mother throughout one’s entire life (an unchanged role title), but the behavioral manifestations and attitudes associated with such roles constantly change.

Destructive (dysfunctional) roles, on the other hand, tend to lose their transient quality. They continue to exist for a long time, even after they have outlived their usefulness. They stubbornly remain functional, regardless of the changes that occur in the protagonist’s internal and external circumstances. It is the task of the therapeutic process to facilitate the termination (or comple-

tion) of their dysfunctional cycle of existence. Dysfunctional roles need to be offered a therapeutic process that will help them dissolve properly. One way of accomplishing that is by providing an opportunity to reexperience the three phases of the role differently, and in particular the last one. A repeated reenactment of such roles may not suffice. In fact, it could pose a danger in which reexperiencing might be perceived by the protagonist as a reinforcement of the dysfunctional role, thus contributing to its maintenance rather than facilitating its demise.

The Dissolution of Dysfunctional Roles

The last two phases in the cycle of existence of a role—maintenance and dissolution—are mutually exclusive. In other words, the relationship between the two suggests that as the factors that contribute to maintaining the role cease to function, the role begins to disintegrate and eventually disappear. Therefore, counteracting those factors that make the role function will lead to its demise.

Important clinical implications for designing new modalities include the need to create techniques incompatible with the forces that maintain dysfunctional (pathological) roles. Such pathological forces involve the feelings of fear, threat, inhibition, anger, rage, pain, and sadness. For instance, instead of using the double merely to expand and magnify the expression of fear, a double that helps first to expand but then immediately to reduce the fear ought to be introduced. The advent of such a double—the containing double, for example—represents the clinical use of the mutual inclusiveness feature described above.

Conclusion

It is hoped that the work begun by the contributors to the theme issue on treatment of trauma survivors continues. The potential of psychodrama and associated action experiential modalities to be treatments of choice for trauma survivors has been sufficiently demonstrated to warrant more work and clinical and research in this area. Future research needs to provide data about further refinements of the treatments, its positive and negative indicators. The interventions discussed above represent a first attempt to analyze the prospects for the next steps in the development of psychodrama. Only by additional application and evaluation of psychodrama with action experiential modalities can we know whether this is a foresight or merely a dream and a speculation.

REFERENCES

- American Psychological Association. (1995). Training and dissemination of empirically validated psychological treatments: Report and recommendation. *The Clinical Psychologist*, 48, 3–24.

- Bemak, F., & Young, M. E. (1996). Role of catharsis in group psychotherapy. *The International Journal of Action Methods: Psychodrama, Skill Training, and Role Playing*, 50, 166–184.
- Blatner, A. (1996). *Acting-In: Practical applications of psychodramatic methods* (3rd ed.). New York: Springer.
- Carlson-Sabelli, L. (1998). Children's therapeutic puppet theatre—Action, interaction, and cocreation. *The International Journal of Action Methods: Psychodrama, Skill Training, and Role Playing*, 51, 91–112.
- Fox, J. (1987). *The essential Moreno*. New York: Springer.
- Greenberg, L. S., & Paivio, S. C. (1998). Allowing and accepting painful emotional experiences. *The International Journal of Action Methods: Psychodrama, Skill Training, and Role Playing*, 51, 47–61.
- Hare-Mustin, R. T., & Marecek, J. (1997). Abnormal and clinical psychology: The politics of madness. In D. Fox & I. Prilleltensky (Eds.), *Critical psychology: An introduction* (pp. 105–120). Thousand Oaks, CA: Sage.
- Hudgins, M. K., & Drucker, K. (1998). The containing double as part of the Therapeutic Spiral Model for treating trauma survivors. *The International Journal of Action Methods: Psychodrama, Skill Training, and Role Playing*, 51, 63–74.
- Hudgins, M. K., & Kipper, D. A. (1998). Action methods in the treatment of trauma survivors. *The International Journal of Action Methods: Psychodrama, Skill Training, and Role Playing*, 51, 43–46.
- Kipper, D. A. (1986). *Psychotherapy through clinical role playing*. New York: Brunner/Mazel.
- Kipper, D. A. (1997). Classical and contemporary psychodrama: A multifaceted action oriented psychotherapy. *The International Journal of Action Methods: Psychodrama, Skill Training and Role Playing*, 50, 99–107.
- Moreno, J. L. (1939). Psychodramatic shock therapy. *Psychodrama and Group Psychotherapy Monographs* (Whole No. 5). Beacon, NY: Beacon House.
- Moreno, J. L. (1964). *Psychodrama, Vol. 1*. Beacon, NY: Beacon House.
- Naar, R., Doreian-Michael, C., & Santhouse, R. (1998). Short-term psychodrama with victims of sexual abuse. *The International Journal of Action Methods: Psychodrama, Skill Training and Role Playing*, 51, 75–82.
- Sabelli, H. (1998). The union of opposites: From Taoism to process theory. *System Research and Behavior Science*, 15, 429–441.
- Sabelli, H., Carlson-Sabelli, L., Patel, M., & Sugerman, A. (1997). Dynamics and psychodynamics: Process foundations of psychology. *Journal of Mind and Behavior*, 18, 305–334.
- van der Kolk, B. A., McFarland, A. C., & Weisaeth, L. (Eds.). (1996). *Traumatic stress*. New York: Guilford.

DAVID A. KIPPER is research professor of psychology in the School of Psychology at Roosevelt University in Chicago, Illinois. He can be reached at Action Methods Associates, Ltd., 444 N. Michigan Avenue, Suite 810, Chicago, IL 60611.

Perceived Cohesiveness and Sociometric Choice in Ongoing Groups

DORIS WOOD
V. K. KUMAR
THOMAS W. TREADWELL
EVAN LEACH

ABSTRACT. The authors evaluated the relationship between sociometric choice and group cohesiveness in 6 ongoing learning groups and examined the reliability of the Group Cohesiveness Scale (V. Veeraraghavan, H. Kellar, M. Gawlick, & N. Morein, 1996). The Group Cohesiveness Scale and a sociometric instrument were administered to students during the 3rd and final weeks of classes. The reliability values of the Group Cohesiveness Scale were acceptable for use in research. The hypothesis that more popular students perceive the group to be more cohesive received only limited support on either the attraction or task-related dimensions. The authors, however, deem the Group Cohesiveness Scale to be sensitive to idiosyncratic group dynamics in the different learning groups.

THE MAIN PURPOSE OF OUR STUDY was to examine whether sociometric choices are related to cohesiveness within the context of an ongoing learning group. Furthermore, because the cohesiveness scale used in the study is a relatively new one, another purpose of the study was to examine the scale's reliability and its sensitivity to detect changes in group cohesiveness as a function of group maturity.

Although a number of studies exist on group cohesiveness, very few researchers have examined whether sociometric choices are related to a group's cohesiveness at various points of maturity within the context of an ongoing group. That is surprising because many investigators allude to sociometric concepts while evaluating the concept of cohesiveness.

One of the earlier definitions of *cohesiveness* came from Moreno and Jen-

nings (1937), who defined the concept as “the forces holding the individuals within the groupings in which they are” (p. 30). In the most often quoted definition, Festinger, Schacter, and Back (1950) stated that *cohesion* is “the total field of forces that act on members to remain in the group” (p. 164). According to Festinger et al., the various putative field of forces for members to remain in the group are (a) member attraction to the group goals and (b) the group’s ability to mediate important goals for its members—what Festinger has termed as “needs control.” Although Festinger et al.’s definition has often been criticized as vague, particularly the notion “total field of forces,” it has served as a guide for many investigators looking for ways to refine the concept (see Murdack, 1989).

Commenting on Festinger et al.’s (1950) definition, N. Gross and Martin (1952) stated that “[h]eurestically, it is highly improbable that an investigator could ever define adequately the multitudinous and heterogeneous field of forces as perceived consciously and unconsciously by all members” (p. 550). Gross and Martin noted that even in Festinger et al.’s study, only three sociometric indices were used to examine cohesiveness: (a) an in-out group ratio of intimate friends, (b) a dislike ratio, and (c) an isolate ratio. It was assumed that although a greater proportion of in-group choices reflects greater cohesiveness, greater proportions of members disliking each other and isolated from the group reflect less cohesiveness. Implicit to all three indices, however, is the concept of members’ attractiveness to each other, although that was not directly measured in the Festinger et al. study.

According to Murdack (1989), a number of prominent researchers (e.g., Libo, 1953; Pepitone & Kleiner, 1957; Van Bergen & Koekebeakker, 1959) have simply defined *cohesiveness* in terms of “attraction-to-group” (Murdack, 1989, pp. 41–42). Reviewing other definitions, Murdack noted that investigators have equated cohesiveness with other concepts such as “group spirit,” “bonds of interpersonal attraction,” “affective bonds,” “sense of belongingness,” “sticking together,” and “sense of we-ness” (pp. 39–43). Evans and Dion (1991) interpreted *cohesiveness* to imply “an individual’s desire to remain a member in the group” (p. 175) and his or her motivation to “advance the group’s objectives and participate in its activities” (p. 173).

Bollen and Hoyle (1990) expressed reservations about defining cohesiveness in terms of “attraction to the group” in the sense that attraction may be seen as a cause of cohesiveness, rather than an effect of membership. That is, it is an antecedent, rather than a consequent, condition for cohesiveness. They defined *cohesion* in phenomenological terms as perceived belongingness (feeling part of a group) and perceived morale (feelings of morale, enthusiasm to be part of a group). Consistent with their definition, they developed a Perceived Cohesion Scale to measure the two aspects of belongingness and morale. Interestingly, the two dimensions correlated at .90 in their study, lead-

ing them to argue that although the two dimensions are measuring similar phenomena empirically, they in fact are different conceptually, much in the sense that height and weight tend to be correlated but reflect different measurement concepts. The authors noted that although “belongingness emphasizes cognition, . . . morale captures affect” (p. 497). For example, in some situations, such as an earthquake, people may have a high sense of belongingness but a low morale.

More contemporary views of cohesiveness recognize cohesiveness as a multidimensional concept in which attraction is just one factor (N. Gross & Martin, 1952; Murdack, 1989; Stokes, 1983). Members may be attracted to a group for a variety of reasons, only one of which may be the attractiveness of the group goals. Also, it cannot be assumed that in cohesive groups, members always like each other. It is entirely possible that the group goals may be sufficiently strong to hold the group together to act as one, even in the absence of mutual attraction (Frank, 1957). On the other hand, members may act cohesively, even though they may not generally agree on the group goals. In that regard, Johnson and Fortman’s (1988) differentiation between *task cohesion* and *social cohesion* makes good sense. They used E. F. Gross’s (1957) 8-item Group Cohesiveness Scale, subjected it to a principal component analysis, and found evidence for two components: affective or social cohesion and cognitive cohesion.

Stokes (1983) differentiated between three components of group cohesion: (a) interpersonal attraction, (b) instrumental value (meeting of needs, or in Festinger et al.’s, 1950, terms “means control”), and (c) risk taking (as evidenced by higher self-disclosure, open expression of hostility, and conflicts). Carron, Widmayer, and Brawley (1985) differentiated between the *task-social* and *individual-group dimensions*. The former refers to the idea that members may be interested in group goals or social relationships, and the latter to commitment to other members or the group itself. Griffith (1988) differentiated between horizontal (peer relation) and vertical dimensions (superior–subordinate relations) of cohesion.

Piper, Marrache, Lacroix, Richardson, and Jones (1983) delineated three group concepts in their discussion of cohesion: (a) mutual stimulation and effect—the extent to which a “group stimulates, excites, and arouses the participant and the degree to which he perceives that he has a potent reciprocal influence;” (b) commitment to the group—participant’s “allegiance to the group” as “reflected in preserving and strengthening the basic structure of the group;” and (c) compatibility of the group—“perceived fit of participants in terms of suitability” for the group (p. 103). Piper et al. observed that of the above three concepts, commitment (both subjective and behavioral) is most basic to their view of cohesiveness because it describes the “bond between the participant and his/her conception of the group as a whole” (p. 104). In a

cohesive group, according to Piper et al., "the various bonds in the group are strong, e.g., where a majority of the participants possess a commitment to the group, to each other, to the leader" (p. 106). An earlier study by Yalom and Rand (1966) observed that compatibility (as measured by FIRO-B questionnaire) was related positively to cohesiveness in five outpatient therapy groups (p. 268). The other findings of interest were as follows: (a) members who were extremely incompatible with at least one other member tended to be less satisfied with their groups (p. 272) and (b) members who dropped out prematurely were less compatible with the rest of the group (p. 271).

Evaluating both unidimensional and multidimensional models of cohesiveness, Cota, Evans, Dion, Kilik, and Longman (1995) identified a new heuristic for cohesion. They described cohesion in terms of primary and secondary dimensions. Primary dimensions apply in all or most types of groups to describe cohesiveness, whereas secondary dimensions are only applicable in specific groups. Examples of primary dimensions include Carron et al.'s (1985) individual-group and task-social dimensions, group values and behavioral rules, and resistance to disruptive forces. Examples of secondary dimensions include risk taking (Stokes, 1983), vertical dimension (Griffith, 1988), and valued roles (Yukelson, Weinberg, & Jackson, 1984). These dimensions may be applicable in some groups but not in others. For example, risk taking may be more relevant in clinical groups, vertical dimensions in hierarchical organizational settings, and valued roles in sports in which roles are not easily interchangeable (Cota et al., 1995).

Cohesiveness may be thought of as an outcome of an intervention or as a process by which the group comes to "stick together" and "resist disruptive forces," to use N. Gross and Martin's (1952) terms. Separating process from outcome might be extremely difficult in any study. In fact, Carron (1982) defined *group cohesiveness* as "a dynamic process which is reflected in the tendency for a group to stick together and remain united in the pursuit of its goals and objectives" (p. 124).

Difficulties in defining the concept have not hindered researchers from investigating the importance of cohesiveness in group work. Yalom and Rand (1966) defined *cohesiveness* very broadly as "solidarity or esprit de corps of a group" (p. 267) and noted that it is very influential in a group's outcome. After reviewing studies, they stated in a summary that in highly cohesive groups, productivity tends to be better and that members tend to participate readily, defend the group norms, express hostility, feel a sense of security, influence others and be influenced, and stay with the group.

Evans and Dion (1991) conducted a meta-analysis of studies on group cohesion and performance and located 27 published and unpublished studies that related group cohesion with performance. However, they could only include 16 studies done in a variety of contexts (sports teams, experimental

groups, and military units) in their meta-analysis. Cohesiveness measures also varied from questionnaires (attitude scales) to sociometric questions to behavioral observations. A variety of performance measures were used in those studies, such as the percentage of time members engaged in work activities, the win-or-lose record of ice hockey and basketball teams, the number of original ideas generated, gains in stock prices, and ratings of bombing crews by a supervisor.

In each of the studies, Evans and Dion (1991) found cohesion was related to performance or productivity. They described that relationship as “moderately strong and in a positive direction ($r = +.419$)” (p. 179). However, although they did not look for evidence in their meta-analysis, they noted that there may be an optimum level of cohesiveness, in the sense of the Yerkes Dodson Law of an inverted U function between cohesiveness and performance. They cited Kelly and Duran (1985), who found that “very high cohesiveness was associated with poor performance” (Evans & Dion, 1989, p. 181). More recently, Smith et al. (1994) found a positive correlation between a cohesiveness-like measure of top management teams in small technology firms and its financial performance. In a study with military groups, Zaccaro, Gualtieri, and Minionis (1995) reported that group cohesiveness can improve decision making under time pressure.

Yalom (1985) declared group cohesiveness to be an important “curative factor in therapy” (p. 36) and a “necessary precondition for effective group therapy” (p. 50). After reviewing several studies, Yalom (1975) noted that group cohesion is related to important therapeutic outcomes. He observed that perceived cohesiveness is related to contact with other members (Dickoff & Larkin, 1963) and in itself has therapeutic value for promoting personality change. Yalom, Houts, Zimberberg, and Rand (1967) found a positive significant correlation between self-rated improvement and cohesion data collected on two different occasions but did not find correlations between cohesion and ratings of improvement on the basis of those interviews to be significant. Stokes (1983), however, observed that Yalom et al.’s results may be of dubious value. Stokes noted that although Yalom’s study contained 140 correlations, only 7 of them were significant, making the probability of Type 1 error very high. In another study, Kapp et al. (1964) found a significant positive correlation between self-reported measures of personality change and cohesion scores. Clark and Culbert (1965) found that improvement as measured by rating speech samples from group members on the Problem Expression Scale (PES; van der Veen & Tomlinson, 1962) correlated significantly with the number of mutually therapeutic relationships (measured by the Barrett–Lennard Relationship Inventory) formed with the group members.

Yalom (1985) considered cohesiveness in group therapy as the “analogue of ‘relationship’ in individual therapy” (p. 36). One might assume that Yalom

was referring not only to the group leader's relationship with the group members but also, and perhaps more importantly, to the intermember relationships in the group. Roark and Sharah (1989) found evidence for the interdependence of cohesiveness with empathy, self-disclosure, acceptance, and trust. They also hypothesized that increases in empathy, self-disclosure, acceptance, and trust lead to an increase in cohesiveness.

Given the significance of interpersonal relations among group members in determining cohesiveness in groups, it is surprising that not many studies have examined the relationship between sociometric choices and cohesiveness. Festinger et al.'s (1950) study, as noted before, contained three sociometrically based indices of cohesion: in-out group ratio of intimate friends, dislike ratio, and an isolate ratio. These indices were based on the assumption that they reflected the attractiveness of the group to its members, a major component of Festinger et al.'s definition of cohesiveness. Deep, Bass, and Vaughn (1967) asked group members to pick five individuals with whom they would like to form a company, and Hemphill and Sechrest (1952) asked group members to list those with whom they preferred to work.

In the studies in which sociometric indices were used, the indices were measures of cohesion. In other studies (e.g., Back, 1951), level of cohesiveness was manipulated by creating dyads that differed on high and low attractiveness. However, there appear to be no studies that have correlated sociometric data with perceived cohesiveness in groups. For example, it might be hypothesized that the more popular members in a group are likely to perceive their group as more cohesive than do the less popular members. This hypothesis arises from the assumption that a group member's popularity may reflect the extent to which the popular member meets the social needs or perhaps the task needs of other members of the group.

In the present study, we examined the relationships between perceived group cohesiveness and various sociometric indices. By using separate measures of cohesiveness and sociometry, we avoided the circumvention of confounding that tends to occur when one defines cohesiveness in terms of sociometric indices (see N. Gross & Martin, 1952). Specifically, in the present study, we examined (a) the reliability of the Group Cohesiveness Scale, (b) the differences in cohesion as a function of class activities, (c) the correlation between cohesion and sociometric status (popularity), and (d) correlations between the pre- and postcohesion scores and pre- and postpopularity scores. Another purpose of this study was to determine whether the number of isolates correlated with group cohesiveness across the groups. Because of the small number of groups included in the study, that type of analysis was not feasible.

Given the lack of previous studies, no specific hypotheses were advanced. However, one might reasonably expect that students perceive greater cohe-

siveness toward the end of the course than at the beginning and that more popular students are more likely to see their groups as more cohesive. It is not easy to determine the extent to which precohesion scores predict postcohesion scores because the idiosyncratic nature of group dynamics is likely to be quite influential in bringing about dramatic changes in cohesiveness. Furthermore, for the same reasons, it is not easy to predict the correlation between initial sociometric status and the final cohesion scores.

Method

Participants

Participants in the study were students enrolled in six experiential training classes in the use of psychodramatic and other group methods taught by two different instructors who are licensed psychologists and trained in psychodrama. Four classes (PD1, PD2, PD3, and PD4) were specifically concerned with learning psychodrama techniques, and two others (IN1 and IN2) applied psychodrama and other group techniques in the exploration of interpersonal issues relating to intimacy. PD1 ($n = 19$) and PD2 ($n = 16$) were taught during a regular semester (14-week course, spring). PD3 ($n = 11$) and PD4 ($n = 11$) were taught for 8 hr each day over a 1-week period.

The intimacy classes were taught as regular semester-long courses (spring). The psychodrama classes were experiential in the sense that students, with the assistance of the instructor, worked on real-life issues experienced by the students in an effort to demonstrate a variety of sociometric and psychodramatic techniques. In the intimacy classes (IN1, $n = 15$; IN2, $n = 17$), a broad range of group techniques were used, including sociometry, psychodrama, group discussion, problem-solving activities (e.g., for promoting team work), and group exercises (e.g., related to trust, exploring attitudes based on questionnaires).

The psychodrama and intimacy classes met once a week during the evening hours. A majority of the students in those classes were majoring in psychology. Others were majoring in nursing, education, business, and communication. Students responded to the questionnaires voluntarily after they had signed informed consent forms.

Materials

Perceived group cohesiveness was measured by using the Group Cohesiveness Scale devised by Veeraraghvan, Kellar, Gawlick, and Morein (1996). The instrument consists of 26 items for assessing various dimensions of cohesion, such as member retention, interaction among group members, and compati-

bility of individual and group goals. The items are rated on a 4-point Likert-type scale (1 = *low*, 2 = *moderately low*, 3 = *moderately high*, and 4 = *high*), along with a not-applicable category. According to Veeraraghvan et al., the scale had shown acceptable reliability for use in research.

A 6-item sociometric instrument was designed to assess students' preferences on attraction and task-related dimensions. The sociometric statements, which were general enough to be used in all groups, are as follows:

1. The group member that I think is most like me is _____.
2. The person to whom I was initially attracted in this class is _____.
3. My first choice for a person who can express thoughts and feelings I have but cannot articulate is _____.
4. The class size has exceeded its limit. The person I would choose to be transferred to another group is _____.
5. The person I would most like to see do some psychodramatic work in this class is _____.
6. The class member who could most comfortably encourage me to do some meaningful work in this class is _____.

For each statement, participants were asked to supply the names of three members from their group in the order of their preference.

Procedure

The questionnaires were administered twice during the semester—once during the 3rd week of classes and then once during the final week of classes. In the remainder of this article, the assessments are referred to as pretests and posttests. After the participants completed informed consent forms, the researchers administered the cohesion scale and the sociometric instrument. To assure anonymity of their responses after the data were collected, the participants received a list of the names of the students in the class with an identifying number that they used when completing the sociometric instrument.

Results and Discussion

Reliability

Cronbach alpha coefficients for the Group Cohesiveness Scale for both the pretests and posttest assessments were computed for the five classes and overall for the 89 students in the five classes. The alpha coefficients are shown in Table 1.

The internal consistency reliability values are consistent with those obtained by Veeraraghvan et al. (1996). Those values are also consistent with

TABLE 1
Coefficient Alphas for Cohesiveness Test
for Different Classes

Class	<i>n</i>	α	
		Pre	Post
PD1	19	.85	.81
PD2	16	.86	.90
PD3	11	.60	.77
PD4	11	.76	.90
IN1	15	.74	.51
IN2	17	.84	.86
Overall	89	.80	.86

Note: Classes focused either on psychodrama (PD) techniques or interpersonal (IN) issues. Pre = pretest assessment; post = posttest assessment.

those generally found for self-report type instruments used in personality research. The variability in the internal consistency values between different groups was expected, given that the cohesiveness instrument is a state, and not a trait, instrument. Thus, the instrument seemed to have adequate reliability for use in research.

Change in Cohesiveness as a Function of Participation in Class

As we noted previously, class attendance itself can be construed as an intervention, although at no point during the classes was there a specific intervention intended to increase the level of cohesiveness. Table 2 contains the mean scores for the pretest and posttest scores, along with *t* values and their significance.

Given the small sample sizes, the results of each of the *t* tests were evaluated at the .05 level of significance. As can be seen in Table 2, there was a significant increase in group cohesiveness in two classes (PD3 and PD4), and cohesiveness decreased significantly in one class (PD1).

The results are interesting, in the sense that they suggest that the group cohesiveness instrument was sensitive to the emergent group dynamics in the various classes. The two classes that showed an increase in group cohesiveness were the summer classes that met daily for a whole week for approximately 8 hr. The intense group interactions in the two summer classes may have facilitated the greater feeling of cohesiveness, compared to the regular

TABLE 2
Pretest and Posttest Cohesiveness Scores and Results of *t* Tests

Class	<i>n</i>	Pre		Post		<i>t</i>	<i>p</i>
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
PD1	19	3.96	.42	3.65	.42	2.44	.025
PD2	16	3.97	.38	3.79	.50	1.81	.090
PD3	11	3.49	.37	4.18	.37	-4.01	.002
PD4	11	3.64	.47	4.41	.43	-3.39	.007
IN1	15	3.95	.38	4.00	.27	-0.47	.642
IN2	17	3.84	.42	4.00	.42	-1.51	.150
Overall	89	3.84	.43	3.96	.47	1.78	.078

Note: Classes focused either on psychodrama (PD) techniques or interpersonal (IN) issues.

semester classes. In the other three (PD2, IN1, and IN2) semester-long courses, class sessions were 1 week apart, and consequently, the lack of interaction during the interim period may not have been conducive to sustaining cohesiveness. It is difficult to explain the decrease in cohesiveness scores in PD1, but the large size of the class may have been a factor.

Cohesiveness and Sociometric Status

A purpose of the study was to examine whether the perceived cohesiveness was related to a person's sociometric status. It was hypothesized that the more popular individuals would perceive their groups as more cohesive. The sociometric status or popularity score for each individual was computed by adding the number of choices (regardless of rank) received across all questions. For exploratory reasons, all correlations among the precohesiveness, postcohesiveness, prepopularity, and postpopularity scores were also examined. Table 3 contains those correlations.

Because of low sample sizes, an alpha of .10 was used to establish significance. Table 3 shows that (a) precohesiveness scores significantly predicted postcohesiveness in two of the five classes (PD2 and IN2), (b) precohesiveness and prepopularity correlated significantly in two of the five classes, (c) postcohesion was correlated with both pre- and postpopularity in only one of the five classes, and (d) pre- and postpopularity were significantly correlated in all five classes. In terms of all classes combined, only the pre- and postpopularity scores were significantly correlated. Thus, the hypothesis that more popular individuals perceive their groups to be more cohesive was supported

TABLE 3
Correlations Among Pretest and Posttest Cohesiveness and Popularity Scores

Class	1	2	3	4
PD1 (<i>n</i> = 19)				
1. Precohesion	—	.121	.083	-.376
2. Postcohesion		—	-.001	.021
3. Prepopularity			—	.698****
4. Postpopularity				—
PD2 (<i>n</i> = 16)				
1. Precohesion	—	.611**	-.148	-.185
2. Postcohesion		—	.075	-.200
3. Prepopularity			—	.665***
4. Postpopularity				—
PD3 (<i>n</i> = 11)				
1. Precohesion	—	-.179	-.163	-.192
2. Postcohesion		—	.230	-.192
3. Prepopularity			—	.861****
4. Postpopularity				—
PD4 (<i>n</i> = 11)				
1. Precohesion	—	-.414	-.569*	-.350
2. Postcohesion		—	.181	.246
3. Prepopularity			—	.564*
4. Postpopularity				—
IN1 (<i>n</i> = 15)				
1. Precohesion	—	.370	.577**	.517*
2. Postcohesion		—	.610**	.629**
3. Prepopularity			—	.938****
4. Postpopularity				—
IN2 (<i>n</i> = 17)				
1. Precohesion	—	.443*	.051	-.022
2. Postcohesion		—	-.311	.192
3. Prepopularity			—	.491*
4. Postpopularity				—
Overall (<i>N</i> = 89)				
1. Precohesion	—	.003	-.053	-.062
2. Postcohesion		—	.154	.037
3. Prepopularity			—	.666****
4. Postpopularity				—

Note: Classes focused either on psychodrama (PD) techniques or interpersonal (IN) issues.

* $p < .10$; ** $p < .05$; *** $p < .01$; **** $p < .001$.

in only one class (IN1). What is interesting, however, is that the popularity status remained stable across the two instances of testing in all classes, suggesting that the leaders emerged early in the group's development and once they had emerged, retained their status, regardless of any group dynamics idiosyncratic to each class.

The present study related sociometric choices to group cohesiveness within the context of an ongoing learning group. A further purpose was to examine the reliability of the cohesiveness scale because that is a relatively new instrument. In this section, we discuss the reliability of the cohesiveness scale and then consider the results with regard to the relationship between sociometric choices and cohesion.

For each of the classes, coefficient alphas were assessed separately for the pretests and posttests and also overall across all classes. As shown in Table 1, the combined alpha values ranged between .60 and .85 for the pretest and between .51 and .90 for the posttest. The median reliability value was .80 for the pretest and .84 for the posttest. These reliability values seem acceptable for research purposes because they are in the range of what is typically found for self-report questionnaires (Borg & Gall, 1973). The reliability values are particularly impressive, given that the cohesiveness scale is a state, and not a trait, instrument.

Some revisions, however, might be considered for the cohesion scale to improve its reliability and perhaps its validity. The rating scale includes the response categories *low*, *medium low*, *medium high*, *high*, and *not applicable*. We suggest eliminating the catch-all category *not applicable* and replacing it with the category of *nonexistent* or *extremely low* at the lower end of the continuum. It is possible that some students used the not-applicable response to avoid making a choice.

Some items on the cohesiveness instrument were judged not applicable by many students. For example, statement 9 on the posttest, "I personally do not like to go to group meetings," was rated not applicable by 36.8% of the students. Likewise, statement 26, "If a group with the same goals were formed, I would prefer to be a member of that group," was rated not applicable by 26.3%. It is unclear what the not-applicable response means on those two questions.

The results of the present study do support the usefulness of the cohesion instrument in detecting changes in cohesiveness as a function of group maturity. In two classes, group cohesion increased; in one class, it decreased; and in three classes, the changes were not significant. That type of variation in results probably reflects the sensitivity of the cohesiveness scale to the idiosyncratic group dynamics in the different classes.

An interesting question was what contributed to the variation in cohesion in the different classes. The two classes in which cohesion increased were sum-

mer classes that spent 8 consecutive hr together for 5 successive days. Group members spent all their time as an assembly, even having lunch as a group. No concurrent classes interfered with the intensity of the focus. The majority of the limited time outside the group meetings was probably spent preparing for the next day's activities. It is conceivable that the elevated intensity of experience contributed to the feelings of increased cohesion in the two summer groups.

In contrast to the summer sessions, the classes offered during the regular semester met once a week for approximately 3 hr each week. There were probably few or no interactions between classmates during the intervening days. According to Cartwright and Zander (1968), close and frequent interaction with group members results in greater attraction to membership in the group. If the frequent interaction and elevated intensity of the two summer classes were possible reasons for increased cohesiveness in those groups, then the lack of close and intensive interaction may have contributed to the lack of change in cohesion in the two regular semester classes and to a decrease in cohesion in one class.

From the above results, we can articulate several questions. Do long sessions on successive days affect the group's cohesion? Did having lunch together make a difference in feelings of cohesion? A future study could isolate the lunch-together variable to see whether that alteration alone in a normal class schedule can make a difference in the cohesion ratings.

In the late 1960s and early 1970s, there was much interest in "marathon" groups. The extravagant claims made in the news media about their value were based largely on anecdotal records. The fad appeared and disappeared quickly, but the results of this study suggest that some elements of time-extended groups can be useful, especially in a learning-by-doing format of teaching. Yalom (1985) reported that the timing of the introduction of a marathon session may be a factor in the development of cohesiveness. Yalom explored the effects of a 6-hr meeting on the development of cohesiveness in six newly formed groups in a psychiatric outpatient department over a 16-week period. Three groups held a 6-hr initial meeting and 15 subsequent 90-min sessions. Three other groups had their regular 90-min meetings for the first 10 meetings; then at the 11th meeting, the three groups met for the extended 6 hr. In the three groups that held a 6-hr meeting initially, the trend was toward decreased cohesiveness in subsequent meetings. However, the use of the 6-hr group in the 11th session resulted in an increase in cohesiveness in the subsequent meetings that resumed the 90-min format. Thus, it appears that it is not the continuous time itself that affects cohesion, but rather the timing of the introduction of extended session that is important.

Moreover, in addition to the frequency and intensity of interactions, other possibilities could be related to the increased cohesion in summer classes.

Among students, summer psychodrama classes have a reputation for being more intense than those that meet weekly during regular session. That quality may well attract a special type of student who enjoys the group experience and the feeling of togetherness engendered by the group experiences. In other words, the students joined the group to be close to others in a group situation and to take the opportunity provided by various experiences and techniques to become closer to other members while they were also exploring the techniques used in psychodrama. Such students may evaluate both positive and negative experiences within a group as a formative type of experience and consequently feel less vulnerable to isolation.

The one class (PD1) in which the scale measured a decrease in cohesion was quite large. Because risk taking and cohesion affect each other in experiential groups (Yalom, 1985), it is possible that the large size of PD1 ($n = 21$) may have contributed to the lowered risk-taking effort (e.g., not taking initiative) to become acquainted with each other. The effect of group size is an area that merits further investigation.

Another purpose of the study was to examine perceived cohesion in relation to a person's sociometric status. It was hypothesized that the more popular students perceive their groups to be more cohesive. That hypothesis received only limited support; in only one class was the correlation between sociometric status and perceived cohesion significant. Interestingly, the researchers in this study observed that popularity status remained stable from the pretest to the posttest periods across all classes, suggesting that the leaders emerged early and retained their status through the two periods of assessment.

In one of the few systematic outcome studies demonstrating a relationship between patient trait and subsequent outcome in group therapy, Yalom et al. (1967) found that the only variables predicting success in group therapy were the patients' attraction to the group and the patients' general popularity in the group (both measured at the 6th and 12th meetings). Given those findings, one might expect a positive correlation between sociometric ratings of popularity and group cohesion. Thus, it is surprising that this study found so little correlation between the two. We suggest a follow-up study with the additions of a test of popularity that has been tested for reliability and more pointed sociometric questions.

REFERENCES

- Back, K. W. (1951). Influence through social communication. *Journal of Abnormal Social Psychology*, 46, 398-405.
- Bollen, K. A., & Hoyle, R. H. (1990). Perceived cohesion: A conceptual and empirical examination. *Social Forces*, 69, 479-504.
- Borg, W. R., & Gall, M. D. (1973). *Educational research* (2nd ed.). New York: David McKay.

- Carron, A. V. (1982). Cohesiveness in sport groups: Interpretations and considerations. *Journal of Sport Psychology*, 4, 123–138.
- Carron, A. V., Widmeyer, W. N., & Brawley, L. R. (1985). The development of an instrument to assess cohesion in sport teams: The Group Environment Questionnaire. *Journal of Sport Psychology*, 7, 244–266.
- Cartwright, D., & Zander, A. (1968). *Group dynamics*. New York: Harper Row.
- Clark, J. V., & Culbert, S. A. (1965). Mutually therapeutic perception and self-awareness in a t-group. *Journal of Applied Behavior Science*, 1, 180–194.
- Cota, A., Evans, C., Dion, K., & Longman, R. (1995). The structure of group cohesion. *Personality and Social Psychology Bulletin*, 21, 572–580.
- Deep, S. D., Bass, B. M., & Vaughn, J. A. (1967). Some effects on business gaming of previous quasi-t-group affiliations. *Journal of Applied Psychology*, 51, 426–431.
- Dickoff, H., & Lakin, M. (1963). Patients' views of group psychotherapy: Retrospectives and interpretations. *International Journal of Group Psychotherapy*, 13, 61–73.
- Evans, S., & Dion, K. (1991). Group cohesion and performance—A meta-analysis. *Small Group Research* 22, 175–186.
- Festinger, L., Schacter, S., & Back, K. (1950). *Social pressures in informal groups*. New York: Harper & Row.
- Frank, J. D. (1957). Some determinants, manifestations, and effects of cohesiveness in therapy groups. *International Journal of Group Psychotherapy*, 7, 53–62.
- Griffith, J. (1988). Measurement of group cohesion in U.S. army units. *Basic and Applied Social Psychology*, 9, 149–171.
- Gross, E. F. (1957). *An empirical study of the concepts of cohesion and compatibility*. Unpublished honors thesis, Harvard University, Cambridge, MA.
- Gross, N., & Martin, W. E. (1952). On group cohesiveness. *American Journal of Sociology*, 57, 546–554; 562–564.
- Hemphill, J. K., & Sechrest, L. (1952). A comparison of three criteria of air crew effectiveness in combat over Korea. *Journal of Applied Psychology* 38, 391.
- Johnson, M., & Fortman, J. B. (1988). Internal structure of the Gross Cohesiveness Scale. *Small Group Behavior*, 19, 146–152.
- Kapp, F. T., Gleser, G., Brissenden, A., Emerson, R., Winget, J. A., & Kashdan, B. (1964). Group participation and self-perceived personality change. *Journal of Nervous Mental Disorders*, 139, 255–265.
- Kelly, L., & Duran, R. L. (1985). Interactions and performance in small groups: A descriptive report. *Small Group Research*, 1, 182–192.
- Libo, L. M. (1953). *Measuring group cohesiveness*. Ann Arbor: Research Center for Group Dynamics, Institute for Social Research, University of Michigan.
- Moreno, J. L., & Jennings, H. H. (1937). Statistics of social configurations. *Sociometry*, 4, 342–374.
- Murdack, G. (1989). Defining group cohesiveness: A legacy of confusion? *Small Group Behavior*, 20, 37–49.
- Pepitone, A., & Kleiner, J. (1957). The effects of threat and frustration on group cohesiveness. *Journal of Abnormal and Social Psychology*, 54, 192–199.
- Piper, W. E., Marrache, M., Lacroix, R., Richardson, A. M., & Jones, B. D. (1983). Cohesion as a basic bond in groups. *Human Relations*, 36, 93–108.
- Roark, A. E., & Sharah, H. S. (1989). Factors related to group cohesiveness. *Small Group Behavior*, 20, 62–69.
- Smith, K. A., Smith, K. G., Alian, J. D., Sims, H. P., O'Bannon, D. P., & Scully, J. (1994). Top management team demography and process: The role of social integration and communication. *Administrative Science Quarterly*, 39, 412–438.

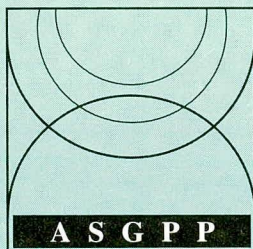
- Stokes, J. (1983). Toward an understanding of cohesion in personal change groups. *International Journal of Group Psychotherapy*, 33, 449-467.
- Van Bergen, A., & Koekebeakker, J. (1959). Group cohesiveness in laboratory experiments. *Acta Psychologica*, 16, 81-98.
- van der Veen, F., & Tomlinson, T. M. (1962). *Problem expression scale*. Unpublished manuscript, Wisconsin Psychiatric Institute, University of Wisconsin.
- Veeraraghavan, V., Kellar, H., Gawlick, M., & Morein, N. (1996). *A scale to measure group cohesion*. Unpublished manuscript, West Chester University, West Chester, PA.
- Yalom, I. (1985). *Theory and practice of group psychotherapy*. New York: Basic Books.
- Yalom, I., Houts, P. S., Zimmerberg, S. M., & Rand, K. H. (1967). Prediction of improvement in group therapy. *Archives of General Psychiatry*, 17, 159-168.
- Yalom, I., & Rand, K. (1966). Compatibility and cohesiveness in therapy group. *Archives of General Psychiatry*, 15, 267-276.
- Yukelson, D., Weinberg, R., & Jackson, A. (1984). A multidimensional group cohesion instruments for intercollegiate basketball teams. *Journal of Sport Psychology*, 6, 103-117.
- Zaccaro, S. J., Gualtieri, J., & Minionis, D. (1995). Task cohesion as a facilitator of team decision making under temporal urgency. *Military Psychology*, 7, 77-93.

DORIS WOOD is a graduate student in the Department of Psychology at West Chester University in Pennsylvania. V. K. KUMAR and THOMAS W. TREADWELL are members of the psychology department at the same university, where EVAN LEACH is a member of the management, business, and public affairs department. Correspondence should be addressed to Doris Wood, 35 Adele Alley, West Chester, PA 19382.

666 110
119
120

The International Journal of **Action Methods**

**Psychodrama,
Skill Training,
and Role Playing**



FOUNDED IN 1942

*For more information,
call or write:*

ASGPP
301 N. Harrison, #508
Princeton, NJ 08540
(609) 452-1339

The American Society of Group Psychotherapy & Psychodrama is dedicat-

ed to the development of the fields of group psychotherapy, psychodrama, sociodrama, and sociometry, their spread and fruitful application.

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

The pioneering membership organization in group psychotherapy, the American Society of Group Psychotherapy and Psychodrama, founded by J. L. Moreno, MD, in April 1942, has been the source and inspiration of the later developments in this field. It sponsored and made possible the organization of the International Association on Group Psychotherapy. It also made possible a number of international congresses of group psychotherapy. Membership includes subscription to *The International Journal of Action Methods: Psychodrama, Skill Training, and Role Playing*, founded in 1947 by J. L. Moreno as the first journal devoted to group psychotherapy in all its forms.