
JOURNAL OF

Group Psychotherapy Psychodrama & Sociometry

Volume 59, Number 1
Spring 2006

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

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JOURNAL OF
**Group Psychotherapy
Psychodrama
& Sociometry**

Formerly The International Journal of Action Methods

Volume 59, No. 1

ISSN 1545-3855

Spring 2006

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Journal of Group Psychotherapy, Psychodrama, and Sociometry (ISSN 1545-3855) 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 nonprofit 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 **Journal of Group Psychotherapy, Psychodrama, and Sociometry**, Heldref Publications, 1319 Eighteenth Street, NW, Washington, DC 20036-1802.

The annual subscription rate is \$126 for institutions and \$64 for individuals. Single-copy price is \$31.50. Add \$13.00 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.

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Journal of Group Psychotherapy, Psychodrama, and Sociometry is indexed, scanned, or abstracted in *Applied Social Science Index & Abstracts*, *Child Development Abstracts & Bibliography*, *e-psyche Psychology Database*, *Family Resources Database*, *Health & Psychosocial Instruments*, *Innovation & Research*, *Linguistic & Language Behavior Abstracts*, *Mental Health Abstracts*, *Psychological Abstracts*, *PsycINFO Database*, *Referativnyi Zhurnal*, *Sociological Abstracts*, and *Social Planning/Policy & Development Abstracts*.

Journal of Group Psychotherapy, Psychodrama, and Sociometry 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 Reprints Division. Microform editions of the journal are available from ProQuest Information and Learning, Serials Acquisition Department, 300 North Zeeb Rd., Ann Arbor, MI 48106.

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Healing a Mother's Emotional Pain: Protagonist and Director Recall of a Therapeutic Spiral Model (TSM) Session

CHARMAINE McVEA
KATHRYN GOW

ABSTRACT. The authors present a Therapeutic Spiral Model (TSM) case study, illustrating the healing process of a protagonist working through emotional pain associated with a breakdown in her relationship with her daughter. TSM is a form of psychodrama that is structured to manage overwhelming affect and avoidance mechanisms found in trauma survivors. It could have a broader application to working through the avoidant responses that are a part of unresolved painful emotional experience. From recall by the director and protagonist, the authors concluded that classical psychodrama techniques assisted the protagonist to resolve feelings of grief and guilt, enabling her to develop new ways of responding that she may be able to take into future interactions with her daughter. TSM prescriptive roles of restoration and containment helped the protagonist to develop a sense of hopefulness during the drama and reduce defensiveness. Structures that allowed the affective responses of another group member to be incorporated into the protagonist's drama facilitated a fuller resolution for the protagonist.

Key words: emotional pain, managing avoidance mechanisms, Therapeutic Spiral model

IN THIS ARTICLE, WE PRESENT THE WORK OF A PROTAGONIST in a Therapeutic Spiral Model (TSM) session, as she addresses the emotional pain associated with the breakdown in her relationship with her adult daughter. TSM is an adaptation of psychodrama, developed to enable groups to work with potentially overwhelming traumatic material without being retraumatized (Hudgins, 2002).

Our intention is to illustrate the protagonist's healing process, as recalled by the protagonist and the director. We describe how the method assisted this

protagonist to warm up to a full expression of her love of life and compassion and to forgive herself so that she might develop new possibilities for relating to her daughter. We highlight two features of TSM: the production of prescribed roles in the early stages of a session and the incorporation of material from other group members into the protagonist's drama.

The protagonist has experienced grief and guilt without a traumatic component. Nevertheless, the avoidant behavior that is often linked with unresolved painful emotions means that the structures within TSM designed to assist protagonists to reexperience previously overwhelming and avoided material may be relevant here. Video-assisted recall by the protagonist and the director of significant events from within the session form the basis for the discussion.

Healing Painful Emotional Experiences

Research into the impact of unresolved painful emotional experience suggests that a sense of personal shattering and a feeling of disconnection from others are central to people's experience (Bolger, 1999). This finding is supported by observations of the impact of trauma (e.g., Herman, 2001) and loss and grief (e.g., Blatner, 2000).

Greenberg (2002) sees emotional pain as a primary adaptive emotion, possibly designed to cause people to withdraw temporarily to heal from the experience that has generated the pain. As such, it is a normal and healthy response. Allowing emotional pain is a potentially transformative experience (Greenberg & Paivio, 1998). However, participants in Bolger's (1999) study reported that their most powerful response to emotional pain was their fear that if they reexperienced it, their sense of self would disintegrate. When avoidance is construed as essential to survival, it can interfere with the healing process. Spontaneity is shut down by a fear that warming up to the fullness of their roles will be harmful, and interpersonal encounters that remind them of the original painful emotional experience are avoided.

In psychodramatic terms, healing occurs through social atom repair, which has been defined as the "development of new roles and role systems. . . [or] reorganisation or development in the relationship of the person with the outer world" (Clayton, 1993, p. 55). With unresolved painful emotional experience, the need for social atom repair in relation to internal role systems to build internal integration and interpersonal role systems and to reconnect with others is indicated. To do that, however, the aversive response to emotional pain must be overcome.

Functions That Are Central to Healing: TSM's Prescribed Roles

Healing can occur when emotional pain becomes tolerable. TSM identifies three functions that are central to having healing occur: restoration, contain-

ment, and observation (Hudgins, 2002, p. 73). The roles that encapsulate these functions are prescribed (i.e., they are considered a necessary precondition for reexperiencing).

Restorative functioning is accessed early in a TSM drama through producing the protagonist's roles of personal, interpersonal, and transpersonal (connecting to a sense of meaning or purpose) strengths. The purpose of the roles is to assist the protagonist in moving toward a fuller expression of healthy functioning and interpersonal support rather than to isolation and avoidance.

When the protagonist engages with the previously avoided experience and the painful affect begins to emerge, containment of overwhelming experience is critical to enable the protagonist to tolerate the emotional pain. Two roles of containment are the Containing Double and the Keeper of Defenses. The Containing Double, a self-nurturing role described by Hudgins as the "archetypal good mother" (2002, p.78) is the cornerstone of TSM. (We did not use it in this case study and discuss possible explanations and implications of this omission later.) The Keeper of Defenses assists the protagonist to be aware of the defensive strategies that he or she uses to avoid reexperiencing emotional pain and to make conscious choices about using those defenses. The capacity to observe the experience detached from the emotion allows the protagonist to construct new meaning in relation to the old experience.

Incorporating the Material of Other Group Members Into the Protagonist's Drama

When events in a drama trigger emotional responses in a group member, TSM attends to the group member with two considerations in mind. First, if the person is reexperiencing an aspect of his or her own trauma-based functioning, that person will have the same therapeutic needs as the protagonist for restoration, containment, and observation. Second, TSM theory suggests emotionally charged responses from group members often relate to aspects of the protagonist's system of which the protagonist is unaware. This second possibility arises in this case study and presents another avenue for confronting a protagonist's well-established avoidance patterns. An assistant leader works with affected group members while the drama is proceeding, and the director then has the option to incorporate the additional material into the protagonist's drama.

To demonstrate the healing processes that can occur during a TSM drama, we describe a case study. We present transcripts of excerpts from a session, followed by the protagonist's and director's recall of what was happening for the protagonist during significant events within the drama. The transcripts allow the reader to enter into the dramatic experience, while the recall provides insight into how the protagonist and the director experienced the drama as a healing process for the protagonist.

Dr. Kate Hudgins developed the TSM, a workshop to address unresolved painful emotional experiences. The session we report in this article was the third drama of the workshop.

The protagonist, Erin, is a 50-year-old woman with two adult daughters: Diane, aged 18, and Peta, aged 20. Diane was born with a severe disability. Erin separated from the girls' father when Peta was 11 years old, and later remarried. She currently lives with her second husband, Andrew, and her younger daughter, Diane. Peta left home 4 years ago and had been struggling with bulimia for more than a year before that but tried to keep knowledge of that from her family. Erin feels guilty that in the early days of her daughter's disorder she did not trust her intuition that something was wrong and that she has not been able to assist her daughter with the problem. Erin's purpose for attending the psychodrama was to find a way to reestablish a relationship with Peta and to forgive herself for failing Peta.

Protagonist and Director Recall of Significant Events

Following the workshop, the protagonist and the director were independently interviewed, using the Interpersonal Process Recall (IPR) technique (Kagan, 1975). While reviewing a video recording of the session, we asked each to identify and comment on the recall of moments in the drama that each considered significant for the resolution of the protagonist's drama.

IPR is a tool that most closely enables participants to move between reentering the experience of the therapy session and being able to stand back and observe that experience. In this case, we used it to look for indications that what the protagonist experienced during the session had therapeutic meaning for her. Where the director's perception based on her understanding of the method as a therapeutic tool matches the protagonist's personally focused recall of significant moments, we get a glimpse of the therapeutic alliance in action. Next, we report excerpts from four scenes, which we selected because they illustrate the application of techniques specific to TSM while also capturing the protagonist's social atom repair work.

In the first scene, Erin is led by the director to identify and experience the restorative role of Spirit, before setting out her core concern, which is her relationship with her daughter. In scene 2, a Keeper of Defenses is introduced when a defensive response emerges. Scenes 3 and 4 contain the core social atom repair work for Erin. In scene 3, Erin experiences her grief in her relationship with her daughter, and in scene 4, she addresses her feelings of guilt. Those two scenes also illustrate the role of the assistant leader in coaching auxiliaries to expand the role they are taking and facilitating other group members to bring their own experiences into the drama.

The excerpt from the transcript of each scene is followed by the recall reports of the protagonist and the director. A brief introduction places each scene in the context of the overall drama, and in the commentary, we discuss the scene.

Transcript of Psychodrama and Recalls With Commentary

Legend:

Auxiliary (Aux) as the role name is a group member or auxiliary who is acting from the named role.

Erin as the role name is the protagonist, Erin, acting from the named role.

Scene 1:

At the beginning of the drama and before bringing in an auxiliary to play the role of her daughter, the director invites Erin to set out aspects of her restorative functioning, which are either her strengths or the people in her life who support her. The transcript begins about 10 min into the drama.

Transcript

Director: Let's get a little more aliveness for you, and then we'll bring Peta in.

Erin: OK.

Director: So a part of you? Spirit itself? Do you want someone to play Spirit?

Erin: Yeah, that might be all right.

Director: What's your sense of Spirit?

Erin: Spirit . . . my sense is inside, outside, everywhere.

Director: An energy?

Erin: Yes. An energy that emanates through everything.

Director: Through everything, everybody. So pick somebody to be that energy of Spirit. And trust your Intuition here; your Intuition will know where Spirit is.

Erin picks an auxiliary.

Director: Reverse roles. And now you'll be Erin's Spirit. What color are you? Dress yourself. Get some color here. I notice [that] Erin really likes to wear bright colors. Really dress yourself. (*Erin chooses a multicolored scarf and a yellow scarf and wraps them around herself.*) Beautiful. Aren't you lovely, alive? (*Erin begins to move her body.*) Yeah, exactly, you've got your body going. Right. Spirit has body, energy. Let's see how you bring this energy. This is Erin's space inside the circle. So just bring your energy all around. (*Erin begins to dance.*)

IPR Responses for Scene 1

Erin's Recall

I was really excited because Kate had hit the nail on the head; she had the words for what I couldn't get out. When she said, I was Spirit, I thought, "That might be all right," and when I started explaining, I thought, "Yeah, this is exactly right." It felt really affirming. We're going in the right direction here; this is really good.

Director's Recall

When I have her role reverse with Spirit, she comes alive. She experiences her body, her freedom of movement, the positive, some joy comes up. She gets that quickly. [The purpose] is to enliven, to bring in the spontaneity and creativity through that role.

Commentary

This first scene is an expression of Erin's spontaneity and healthy functioning. She experiences herself in a positive and spontaneous role. Erin is conscious of the director being able to label her unnamed experience, and that brings about a cognitive and an affective shift in Erin. The director notes that Erin is easily able to produce a positive role relationship. Erin is more enlivened when she takes on the role of Spirit.

Scene 2

At the end of the first scene, Erin becomes conscious of feeling embarrassed, and that inhibits her spontaneity. In the second scene, Erin's embarrassment is contained, with an auxiliary holding the embarrassment.

Transcript

Erin: (laughs) I feel like a twit.

Director: Does Spirit feel like a twit?

Erin: Yeah.

Director: Guess that must be all right then. Spirit is sensual, see there. Just let yourself speak, move, sing, dance. (*Erin picks up more scarves, moves, and dances. She puts one scarf over her head and wraps it around her face.*)

Erin (as Spirit): (self-conscious laughter) OK, but what do I do with embarrassment?

Director: Well, let's pick someone to hold the embarrassment. (*Erin picks aux-*

iliary.) So, she's going to hold embarrassment. (*Director speaks to auxiliary.*) So anytime you start to feel embarrassed, pick up a scarf and put it over your head, and you might act a little embarrassed. You might get a scarf to hide your face if you feel like it. (*Auxiliary moves to another area of the stage.*)

Erin (as Spirit): (*She looks around for Holder of Embarrassment.*) Oh no, where has she gone?

Director: Where'd you go? (*Both laugh, and Erin goes to Holder of Embarrassment and places her hands on her back.*) And feel the embarrassment flow out of your hands.

IPR Responses for First Part of Scene 2

Erin's Response

When I was getting embarrassed, I had in my head [that] I'm Spirit so I shouldn't get embarrassed, so I kept telling myself, "Oh no, Erin would get embarrassed, but Spirit wouldn't." Then the embarrassment would come up, and I'd just go with it. I'd say, "No, it's OK whatever comes up, to just go with it." Having someone in that role, holding the embarrassment, gave me permission to feel fully what it was like to be Spirit and to work with what was happening.

Director's Response

My thinking here is if you concretize the thing that's blocking spontaneity, then someone else is holding that role and it frees up Erin. It seems to work. She still gets a little embarrassed, but I then have an intervention to use. It gives me an option that I didn't have before I concretized the embarrassment.

Commentary

The embarrassment that inhibits Erin's spontaneity is acknowledged and contained. Concretizing the embarrassment helps to contain the anxiety that underlies it. In the role of Spirit, Erin becomes aware that she has a choice about whether she allows the embarrassment to interfere with what she is expressing in the group. As the scene develops, the auxiliary in the role of Holder of the Embarrassment is able to operate as a double to the protagonist, acknowledging Erin's embarrassment and recognizing when the embarrassment shifts.

Scene 3

The scene is set for Erin to have an encounter with an auxiliary in the role of her daughter Peta. Part way through this scene, a group member becomes

overwhelmed by feelings about her relationship with her own daughter. The assistant leader coaches the group member to contain and express her feelings. She is brought into the drama, first as a second auxiliary in Peta's role and then after role reversal, as a second auxiliary in Erin's role. The transcript below focuses on Erin's experience in the role of Peta.

Transcript

Director: So what do you need to say to your daughter today that you haven't said?

Erin: I was really hurt when I found out that you were . . .

Director: Loud enough for her and everyone else to hear.

Erin: That you were vomiting your food. And really shocked that I didn't know.

Director: But you did know.

Erin: And when I did know, I didn't know what to do and I should have done [something]. I felt I just wanted to (*takes a deep breath*) make it better for you. I know that you didn't like it when I left your dad, and you didn't like it when I remarried, and I know it was really tough for you living with Diane. (*Erin is crying.*)

Aux as Peta: You know you really didn't give me much choice. You made the decision to leave dad, and you did your own thing, mum.

Erin: Mmm. But Andrew tried really hard, and you just didn't want to know him. So, it's hard for everyone. And then with Diane, I tried my best not to put any responsibility on you. But I know you've always resented her and hated her and were embarrassed about her. But I didn't know what to do about that either.

Aux as Peta: There are so many rules in the house; you didn't leave me any freedom. I just want to be out with my mates and . . .

Director: Erin's stopped breathing.

Aux as Intuition: Pay attention.

Director: Ahh. She's not paying any attention to you. Then use your voice. (*Erin laughs.*)

Aux as Intuition: Listen to me, listen. (*Rubbing Erin's stomach.*) Feel from down here.

Aux as Peta: You've just done what you want, mum. I've just gone along for the ride. It's Diane and it's Andrew, and I just come last.

Erin: But you don't. You never have.

Aux as Peta: It's how I see it.

Aux as Intuition: Tell her. Tell her where she is.

Director: Right.

Erin: Even though you thought you came last, even though I had to take her [Diane] to all those places, you were always offered time. We always did things together. But you never recognized that because all you were concen-

trating on was “Oh, Diane got to do this, and Diane’s done that.” But you had your chances, you just didn’t see them . . . You didn’t want to listen. You shut me out and put your hands over your ears.

Another group member, who is being strongly affected by the drama at this point, has come alongside Aux as Peta, with coaching from the assistant leader. There are now two auxiliaries in the role of Peta.

Director: (to the new auxiliary) Say it out loud. Double the role [of Peta], you have to say it out loud.

Aux 2 as Peta: It was always time that suited you, not me. You said! You gave the time to me!

Director: (to Erin) Your daughter just got bigger.

Erin: Mmm.

Director: She’s expanding and being big in her truth here.

Erin: Mmm. Yep. *(to Aux 2 as Peta)* And that’s because that was all the time I had.

Aux 2 as Peta: No, it wasn’t.

Director: Reverse roles. *(to Erin)* So you’re Peta, and your mum’s going to say those things to you, about giving you time and being loved. And you’re going to say what you want to say to her. *(to Aux 2)* So have that whole conversation over again, mum.

Aux 2 as Erin: But I do love you, Peta. What do you want from me now, Peta? What do you want?

Erin as Peta: It’s not what I want from you now; it’s what I wanted from you when I was growing up. I wanted your time.

Director: Let your feelings come, Peta.

Aux 2 as Erin: I didn’t have the time, Peta.

Erin as Peta: (crying) But you should have some; you were my mum.

Aux 2 as Erin: I should have. *(nods)* I should have had the time.

Aux as Erin: It’s really sad hearing this. This is really hard to hear.

Director: It’s OK to feel sad.

Aux 2 as Erin: Diane’s being disabled was really sad for all of us.

Erin as Peta: I wish she’d never been born. I wish I lived in a normal family. *(Erin continues to cry.)*

Aux 2 as Erin: Sometimes I wish she hadn’t been born, too, Peta. We’ve all paid a big price.

Erin as Peta: It’s not fair.

Aux 2 as Erin: No, it’s not fair.

Director: It’s not fair.

Aux 2 as Erin: It’s not fair at all.

Aux as Intuition: (to Aux 2 as Erin) Share some of those feelings for your trying to divide yourself among everyone.

Director: Mum, let yourself reach out. (*Aux reaches across and touches Erin's arm.*)

Aux as Intuition: Let her know you have feelings, too, and needs.

Director: Keep talking, Peta, and say what you need to say. Instead of vomiting up your food, say what you need to say to your mum.

Erin as Peta: You said to me when you left dad that you'd never ever get married again, and then you went and got married 3 years later. You said that you'd never get married and you'd just be on your own and then you went and got married.

Aux 2 as Erin: When I left him, I felt that I never wanted to get married. I certainly didn't plan to get married.

Erin as Peta: But you promised.

Aux 1 as Erin: Sometimes we break our promises because we need something for ourselves. We need to be loved too.

Erin as Peta: (*sobbing*) You promised. You promised it would be just you and me and Diane. I don't want anybody else. Dad was all right. You didn't have to leave him. We had a good life before he left.

Aux 1 as Erin: You had a good life before he left.

Erin as Peta: I just want it to be back the same as it was.

Aux 1 as Erin: It's not going to be the way it was, Peta.

Erin as Peta: Well, I want it to be.

Aux as Intuition: (*to Aux 2 as Erin*) Can you say what's happening in your gut, Erin?

Aux 2 as Erin: I feel really empty because I haven't been there for you, and I promised you things that I didn't do.

Director: (*indicates to two auxiliaries playing the role of Erin*) So there's two parts of the mother there. There's the part that feels empty.

Aux 2 as Erin: And I don't have the answers. I don't know the answers, Peta.

Erin as Peta (*sobs*): But you're my mum; you should know the answers.

Aux 2 as Erin: I'm not all knowing. (*Erin as Peta cries more deeply.*)

Director: Look how little she is. She's very little, she's not 20.

Aux 2 as Erin: I can't let her be little; she's got to grow up.

Aux 1 as Erin: Would you like me to hug you?

Erin as Peta: No.

Director: Of course she wouldn't say yes.

Aux 1 as Erin: What if I wanted a hug?

Erin as Peta: (*She shakes her head and continues to look at the ground, crying.*) I just want my life back. I liked my life the way it was. You ruined it.

Director: Look at your mum. (*Erin as Peta lifts her head and looks at Aux 1 as Erin.*) And say your truth. This is the time to say it; we're not going to vomit up the food anymore. We're going to say what we want to say.

Erin as Peta: You've ruined my life, and I could never tell you that. Because I was left with you and if I said it to you, there would be nobody.

Director: (points to Aux 1 as Erin) When you see your mum, is this OK with her feelings, comfortable with herself, with her Spirit, her Intuition. This mum you can tell. She's big enough to hear it.

Erin as Peta: Mmmm.

Director: Right.

Aux 2 as Erin: And Peta, I want to be able to say I did ruin your life, but I didn't. I didn't, Peta. It was circumstances. Your life isn't ruined. You're such a fantastic girl. If we all did so badly, how could you be such a fantastic girl?

Director: You don't feel like a fantastic girl, do you? (*Erin as Peta shakes her head.*) You feel like an ugly, fat girl. (*Erin as Peta nods her head.*) Tell your mum how you feel.

Erin as Peta: I just don't like myself. Everyone tells me I'm pretty. I've worked so hard to be popular at school, and I thought that would make me feel better and it didn't.

Director: Having the right body doesn't make you feel better.

Erin as Peta: (starts crying.) Nobody knows about it [the bulimia], and I can't tell anyone. I've just got to look happy.

Director: (to Aux 1 as Erin) There's this big separation, mum, between you and your daughter. You want to give her a hug, and you're waiting for her to give you permission. She's not going to give you permission at 20. (*Aux 1 as Erin moves forward and holds Erin as Peta, who leans fully into the Auxiliary and starts crying more deeply.*)

Director: Right, Peta, let your mummy hold you. (*Aux 1 holds Erin for about 1.5 minutes, while Erin cries deeply. Erin then lifts her head and wipes her eyes.*)

Director: That was nice, huh?

Erin as Peta: I've wanted to do that for a long time, but I didn't know how.

IPR Responses for Scene 3

Erin's Response

When I first stood in Peta's role and said what I did, I thought, "Wow, this is Peta's perception," then when I sat down (in Peta's role) I could really feel the whole emotion of how it must have been for her, having to face all that stuff and being lonely. Just allowing it to come out uncensored, starting to say exactly what I was feeling. Peta has never actually said those things to me, but I know them through things she's done and things she's said to other people. When I'm back in my own role I feel really sorry for Peta, and I just want to put my arms around her and say I'm sorry. As I hear it from her, I'm really pleased I'm hearing it. I guess that's been part of the problem, Peta and I have never got to the space where we can talk about that kind of stuff. It's such a relief to be able to have an honest talk, and hear honestly from her about all those things. It's a

relief. When the auxiliary said I'm just along for the ride. I come last. It might as well have been Peta speaking, because although she's never directly said it, she's intimated that I had time for everybody else but not for her. I want to say, "No, that's not right," because I tried so hard. I know I'm not accepting your version of the story, because it's not true. I feel despair, hopelessness. It really gets to me, hearing Diane should never have been born, because I sometimes think that as well, I wish she'd never been born. I only say that if I'm upset or angry. Otherwise I feel it's awful to think it, because there are a lot of times that I'm glad she was born. Peta can say it because she's the sister, whereas for a mum to say something like that is almost taboo. I remember what a release or relief it was just to cry. As Peta, I was feeling lonely, scared, back to when Peta was 11, and that's what was coming out. So when (Aux as Erin) reached out to me, it was a huge relief that I wasn't on my own, and I didn't have to struggle with this all be myself, I was being listened to. It was such a relief.

Director's Response

Feelings are starting to show up. The first time Erin shows distress is when she makes contact with her daughter. When she is in her own role, she starts to put her distress on her daughter. I don't want her to do this; she needs to say things that are more giving. I'm hoping she will begin drawing on the strengths she has been putting out. She draws on the good-enough mother role and gives a kind of an apology. She's labeling her daughter's experience. She starts to get stuck in her old way of relating to her daughter. Then she gets in touch with her daughter's experience more. She needs to be more in touch with the actual needs that are there, from a feeling place. Erin in Peta's role begins rocking herself, she wants caring from her mum. There's a nice free-flowing expression of feeling here. Erin is very much in touch with her daughter's experience in role reversal. The loneliness bursts out. This is the depth of where she gets to her loneliness. She is able to talk about [Peta's] symptoms. The auxiliary helped (Erin as Peta) to label her mum as expanded and this allowed her to say what she needed to say. The assistant leader coached the auxiliary to [be the good-enough mum, and] Erin expresses the depth of the pain from her daughter's role. If the good-enough mum wasn't in there, she probably would just shut down. Having the physical holding, the developmental repair, allows her then to express the anger as well.

Commentary

This is the core social atom repair scene in the drama. Although the scene is set out in the present, the emerging interaction takes Erin to a reexperiencing of the time when she separated from Peta's father.

Erin presented the relationship breakdown with Peta as a source of emotional pain for herself, but her core concern is her difficulty in facing the emotional pain of her daughter. Her sense of guilt defends her from experiencing Peta's pain. In the role of Peta, Erin is able to feel Peta's experience more fully. That helps her to move from her self-absorption with guilt and respond with empathy to her perception of Peta's experience. She notices that in the role of Peta, the normative inhibitions of what a mother can say are lifted, and she is able to have a more honest expression of the pain of having a child with a disability. Erin's first catharsis is in the role of Peta, and that produces relief not only in Peta's role but also for Erin as her mother, who wants Peta to have this relief. The reality of Peta's pain becomes bearable for Erin.

Erin identifies the healing moment in this scene to be when she is in Peta's role and she experiences the auxiliary-as-mother reaching out to her. Here is the experiencing of the original painful emotional experience (feeling scared and lonely) in a new way (feeling the relief of being comforted). There is emotional release with containment and the emergence of a new role configuration, in which Erin is able to experience providing and receiving comfort.

Scene 4

At the end of the previous scene, Erin has experienced emotional release around her grief. But the group member who had become a second auxiliary playing the role of Erin is engaged in a subscene in which she remains caught up in her guilt over her relationship with her own daughter. Erin becomes curious about what is happening in this subscene, and the director invites Erin to choose something to be her guilt (a bucket) and to see what she wants to do with the guilt. In the following transcript, Erin experiences an emotional release from her feelings of guilt and the reconnects with the Auxiliary as Peta in a more adult-to-adult role relationship.

Transcript

Erin: I want to give it [shame and guilt] away, but I'm scared that when I turn around, it is going to be all back. (*Hesitant voice, looks down and holds the bucket [of guilt] with arms out.*)

Director: Let's see if God can hold it. If Spirit can hold it.

Aux as Intuition: Take a risk.

Erin: (*Extends out hands holding the bucket, turns her head, and cries.*)

Director: Right, it's about your letting go.

Erin nods, crying. Spirit walks over and extends her arms to take bucket. Erin holds bucket firmly while Spirit tries to take it away.

Director: Feel your hands choose to let go. Watch her, Erin. Watch the choice.

It's about a choice. (*Erin lets go of bucket, cries, and places hand over mouth.*) Turn to your intuition.

Aux as Intuition: You can choose to take it back again if you want it. (*Erin shakes her head, clutches her stomach, grimaces, and turns to look at Spirit with the bucket of guilt.*)

Director: Go ahead, touch, hug your intuition if you want to do it.

Aux as Intuition: If it's too painful, you can get it back again.

(*Erin curls her body, looking over at guilt; she gasps for air.*)

Director: Right, what do you want to say?

Erin: (*looks at Spirit*) I don't know. (*Shakes her head.*)

Director: You looked like you wanted to fully turn toward your intuition when you let it go.

Erin: Mmmm. (*She nods and turns toward Intuition. Intuition embraces Erin and they hug. Erin gasps for air.*)

Director: Right, let the fear come up. (*Erin gasps.*) Let the sounds come, the shaking come. (*Erin closes her eyes, clenches her teeth, and begins to cry. Her body begins to shake as sound comes out.*) Right, your Intuition can hold you here. Let the sound come; there's a scream there. (*Erin gives a louder cry.*) Open your mouth. Completely open it. Unclench your teeth. Right. (*Erin gives a longer and louder cry.*) Let the sound come. Let the hurt come. (*Erin gives a lower-toned cry and moans.*) See, under the guilt there's all this stuff—terror, hurt, pain. Come up, look at your intuition. (*Erin pulls away, with her hands remaining on Intuition's shoulders. She opens her eyes.*) Trust in your Intuition. (*Erin takes a deep breath and slowly opens and closes her eyes.*) Right. Mmm. Where do you want to go?

Erin: I'll just stand here for a minute. (*With her eyes closed, Erin touches Intuition's face and then puts her hand back on Intuition's shoulder.*)

Director: It's doing what you did for your daughter. (*Erin hugs Intuition and rests her face on Intuition's shoulder. Erin begins to cry. Intuition and Erin rock from side to side.*) Breathe. Spirit's right behind you.

Erin: (*to Intuition*) I missed you.

Director: You missed your Intuition.

(*Erin nods, crying.*)

Director: And Spirit, help her connect herself. (*Spirit holds out a scarf to Erin, who reaches back to touch the scarf.*) This part is connected. Look at her over here. (*Spirit puts her arm around Erin, and Erin cries louder.*) We need you to help make the bridge to the two parts of self. We've got to get the two mums connected.

Erin: OK.

Director: So let's see how you come back together. There's the part that's talking to your daughter. There's the part that's doing the work.

Assistant Leader: (*doubling Aux 2 as Erin*) I'm giving up pieces of guilt.

Director: So how do you come back together here?

Erin: Wait until she's ready.

Director: Wait until she's ready.

Erin: We'll give her some space.

Director: Give her some space, but don't disconnect from yourself.

(pause)

Director: So from the part of self-forgiveness, did you find that part?

Erin: Yes.

Director: Yes.

Erin: Yes.

Director: Let's give that to Peta and Erin.

Erin: OK.

Director: Because Peta needs self-forgiveness too.

Director: (to Aux) And Erin, let yourself receive this forgiveness.

Erin: Spirit, can you touch both Erin and Peta?

Director: Maybe go behind Spirit so you can fully embrace. Yeah, you come next to your OK-ness more. Let yourself receive this, the both of you. It's the choice, just like the choice to let go of the guilt and the choice to let in the self-forgiveness. It's not good enough to just let go; you have to take in.

Erin: I'd like you to take this self-forgiveness.

Director: It's yours, tell her.

Erin: It's yours. It belongs to you.

Aux as Erin: Thank you. I'll take it.

Erin: (puts hands on auxiliary's face, looks into her eyes, and smiles)

Director: Ahh, that's where that happens. Right, that's where that happens. Love yourself.

(Erin hugs auxiliary.)

Director: And let yourself be loved. Let yourself be forgiven and loved. Right.

(Erin breathes out, moves back from the hug, and holds auxiliary's face in her hands again.)

Director: Hold yourself just a little longer because this is a lesson you don't want to forget. I can take this in, I deserve this, it's OK. *(Erin holds auxiliary's face, nods her head softly, and smiles, holding eye contact.)* Reverse roles. *(to Erin)* Right, you were holding your daughter's hand. *(to Aux)* Come in. Yes, come in.

Aux as Erin, bringing in Self-forgiveness: It's just for you. *(Erin takes a deep breath, closes her eyes, and cries.)*

Director: Look up at yourself.

Aux as Erin: (bringing in self-forgiveness) It's all yours.

(Erin sobs, touches the scarf that is the self-forgiveness and cries, continually looking at the auxiliary.)

Director: Good. Thank you. You're accepting it. Take it in, breathe it in, and

let it flow big enough to encompass your daughter. (*Erin breathes in, closes her eyes, and holds the scarf in her lap.*) This is a different legacy. The legacy of self-forgiveness is a good one.

Erin: Thank you. Thank you.

Director: And maybe self-forgiveness can sit beside you, and you can give your daughter a little lesson.

(*Erin smiles and hugs Aux as Peta.*)

Director: Yeah, because I bet she's got a lot of self-forgiveness she needs to do with being bulimic. Lot of shame with being bulimic.

Aux as Peta: I don't forgive you completely. (*Erin smiles.*)

Director: Right, I don't forgive you completely. Tell her this is about self-forgiveness. Teach her about this.

Erin: That's OK that you don't forgive me completely.

Aux as Peta: But we can talk about it.

Erin: (*in a soft, quiet voice*) Yeah.

Director: Loud enough for your whole self to hear.

Erin: I'm human, I get it wrong, and I'll do things. So that's OK; we can work with a little bit of not forgiving.

Aux as Peta: We can work with that.

Erin: (*looking lovingly at Aux as Peta*) Yep.

Director: And she's human too, and she'll get it wrong.

Erin: Mmm. (*laughs*)

Director: That you know. Right. So you end up sharing this. Any final thing to say to your daughter?

Erin: I love you.

Aux as Peta: I love you, too, mum.

IPR Responses for Scene 4

Erin's Response

I just know (letting go of the guilt) was not difficult to do, but it had the effect of being difficult. My fear was you just can't let go of guilt like that, not after 20 years. Then when I went to do it, all the emotion just got wound up. I don't know what was going on. I thought I was (emotionally) spent, that it was done, and then when that happened there were no words for it. I was really surprised. (At the end of the previous scene) I thought I was spent, that it was done, and then this happened. It was almost like it was allowed to come up, there were no blocks there, no censoring, just being really in the experiencing, just feeling it and letting it come up. Then when Kate said, "Let yourself feel the hurt," I thought, "Yes, this is what it is." I've cried like that a few times over the past 10 years. This time, Kate named it, and it was ditched.

Maybe it's about embracing self-forgiveness, which is my purpose for the workshop. Maybe this is it.

Director's Recall

I would not have chosen to go with the guilt if (the group member) hadn't been stuck in her own guilt. Although the guilt was part of Erin's process, I don't think it would have been as prominent in the drama if we hadn't incorporated the group members' reactions. But when you go back to what Erin wrote as her goal for the weekend's self-forgiveness, it makes perfect sense that the guilt does need to be there and it needs to be dealt with. I hadn't remembered the self-forgiveness when I was directing. Erin reaches a new meaning-making structure: What can she actually do around the guilt? There are 2 things to do with the guilt. She can connect with her daughter in a new way, and she can turn it over to her Spirit, which is where we started in the drama, by enlivening that part of her so that it gives her new options.

Commentary

By incorporating the material of another group member into Erin's drama, the director produces a scene that by her own account, she would not otherwise have produced, and which proves to be an integrating experience for Erin. In a follow-up interview 3 months after the workshop, Erin recalled that it was the moment in that scene when the director said, "Let yourself feel the hurt" that she recognized that she had made a significant internal shift.

Erin has a new understanding of where she stands with her guilt and realizes that she can let go of it. The emotional catharsis that she experiences here is part of the integration of the work she has done before and during the workshop.

In a role test at the end of the scene, Erin engages with the Auxiliary as Peta from a self-accepting and nondefensive position. Erin has developed a new role relationship in the drama, and she has the possibility of something new emerging between herself and Peta when they meet after the workshop.

Postworkshop Follow-up

Two weeks after the workshop, Erin reported significant changes in her relationship with her daughter. She found herself less reactive to Peta's behavior and generally warmer and more open toward her daughter. In response, she experienced Peta as being more affectionate toward her. Peta has begun to talk about the positive experiences of her childhood. Erin's husband commented positively on the change in the way the two related women related to each other. At the 3-month follow-up, Erin reported that the changes in her rela-

tionship with Peta had been consolidated. Difficult issues continued to arise between the two, as would be expected in a mother–daughter relationship where the daughter is establishing her autonomy as a young adult. However, whereas, in the past, similar issues led to hostility that lasted for months, recent events had been addressed as they arose.

Conclusion

This case study illustrates the process by which Erin confronted and healed her grief and guilt and components of the emotional pain she experienced in her relationship with her daughter. The recall of the director and the protagonist identify classical psychodrama techniques, such as role reversal, the production of roles by auxiliaries, and the enactment of the protagonist's experience of the relationship in the as-if realm of surplus reality, which has a therapeutic impact for Erin. Scene 3 is particularly significant. In the role of her daughter, Erin's inhibitions were reduced, and that allowed her to express the pain of living with a disabled child, separate from any guilt she felt in her role as a mother. Erin identified the healing moment in that scene as when, in Peta's role, she experienced the Auxiliary as Mother reaching out to her. Here, she reexperienced an originally painful emotional experience (feeling scared and lonely) in a new way (feeling the relief of being comforted). There is emotional release with containment and the emergence of a new role configuration, in which Erin is able to experience providing and receiving comfort.

By playing her daughter's role, Erin received new insight into Peta's view of the world, although the accuracy of this is untested. Her role reversal with auxiliaries enabled her to focus on her compassion for her daughter rather than her sense of guilt. When motivated by guilt, Erin's responses to the Auxiliary as Peta were defensive. Her shift to compassion presents a possible new response that Erin can bring to her relationship with her daughter when they meet outside the psychodrama setting.

Because Erin's drama did not involve traumatic material, the structures that TSM uses to contain the overwhelming affect of trauma may not have been essential. Nevertheless, those structures were decidedly useful. The TSM prescriptive roles of restoration (Spirit) and containment (Holder of Embarrassment) appear to have assisted the protagonist to enter more fully into the core action of the drama. During the IPR process, Erin was clearly delighted at her display of Spirit during the drama, and her comment that she and the director were "going in the right direction here" indicated that she quickly developed a sense of hopefulness for the outcome of the drama. Having an auxiliary in the role of Holder of Embarrassment, quickly reduced her embarrassment. The ease with which she accessed these roles suggests that she already had a well-developed capacity to manage her functioning. The Containing Double

was not used in this drama, although it is a cornerstone of TSM, but the containing function of this role may have been present to some extent in the role of the good-enough mother as enacted by an auxiliary in Scene 3. Erin experienced being held as a source of relief that enabled her to have an emotional release. That is an example of an instance when the containing function may not have come from the double position.

The final scene of the drama highlights the potential of TSM to bring forward issues that the protagonist avoids, arising as it did from the reactions of another group member. This scene was not essential for Erin to have had a satisfactory session because there was a sense of resolution after the previous scene. However, it was in this scene that Erin addressed her second purpose—to forgive herself. Interestingly, the interaction that Erin had with the Auxiliary as Peta at the end of that scene was qualitatively different from their interaction at the end of the previous scene. In the earlier scene, they meet as mother and child, contending with a history of emotional pain and difficulties. In the final scene, they meet as two adults in the here and now. This may be a more relevant role rehearsal for Erin to draw on when she meets with Peta after the workshop. Reports from the postworkshop follow-up with the protagonist and her husband suggest that Erin was able to do that when she and Peta met.

Acknowledgments

We thank the group members, Dr. Kate Hudgins, and her TSM team for their participation in this project.

NOTE

“Erin” gave her permission for this material to be published. Names and identifying information of group participants have been altered to protect confidentiality.

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The Spontaneity Assessment Inventory (SAI), Anxiety, Obsessive–Compulsive Tendency, and Temporal Orientation

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ABSTRACT. The authors examined the reliability and construct validity of two original inventories, the Spontaneity Assessment Inventory (SAI) and the Spontaneity Deficit Inventory (SDI). They administered the 2 inventories, along with the State-Trait Anxiety Inventory (STAI), the Revised Obsessive-Compulsive Inventory (OCI-R), and the Temporal Orientation Scale (TOS), to 85 students. They also administered the SAI and SDI twice, within a 5-week interval, to 35 employees of a travel agency. The results showed high split-half (odd-even) and test–retest reliability coefficients, with no statistically significant gender differences on the SAI and SDI inventories. The SAI scores correlated negatively with the STAI and with the OCI-R scores. The SAI score correlated positively with the present-time orientation. The SDI correlated positively with STAI, the OCI-R scores, and with the past orientation of TOS. The authors also discuss the possible implications of these results.

Key words: anxiety, measures, spontaneity, spontaneity assessment, spontaneity deficit

IN AN EARLIER STUDY, RESEARCHERS ENUMERATED the existing psychological tests that contained either subscales or factors somewhat related to spontaneity (Kellar, Treadwell, Kumar, & Leach, 2002). The list included, among others, such tests as the 16 Personality Factors Questionnaire (Cattell & Krug, 1986), the California Personality Inventory (Gough, 1987), the Personal Orientation Inventory (Shostrom, 1966), the Children Playfulness Scale (Barnett, 1990), the Adult Playfulness Scale (Glynn & Webster, 1992), and the Himaya Intuition Semantic Scale (Himaya, 1991). These largely indirect measures of spontaneity constituted only a small part

of the otherwise more comprehensive tests, reflecting one facet among several others. Until the creation of the first version of the Personal Attitude Scale (PAS) developed by Collins, Kumar, Treadwell, and Leach (1997), there had not been any concerted effort to devise a standardized, paper-and-pencil measure of spontaneity.

The reasons for this void are not entirely clear, and at best, one can only offer speculations to account for the absence of a standardized test of spontaneity. First, traditionally, spontaneity has been a concept that fell in the domain of philosophy. It was a topic that was amply discussed by philosophers such as Peirce (see Burch, 2001), Bergson (1889/1910), Bobula (1969), and Spinoza (see Meyer, 1941) but not by psychologists and not in the context of psychopathology.

Second, at the time spontaneity was introduced as a psychological concept by Moreno (1923), social scientists were more interested in his other invention, namely sociometry (Moreno, 1953). In spite of the attempt to obtain a wider acceptance of the theory of spontaneity–creativity, spontaneity was regarded, with a few exceptions (e.g., Hollander, 1981; Horwitz, 1945), more as a philosophical outlook than as a concept relevant to psychotherapy.

Third, although spontaneity is a concept that appears to be understood intuitively, it is not easy to define empirically. In fact, the scientific definition of spontaneity is quite different from its colloquial meaning. Colloquially, spontaneity stands for acting from natural feelings or impulse, without constraints or premeditation. Scientifically (Moreno 1941, 1944, 1953, 1964), the idea of spontaneity retained the notion of acting from natural feelings and free will and the lack of premeditation but contained the element of directionality and constraint (Kipper, 1967, 1986). For Moreno, spontaneity was an adequate response, not just a free one. Appropriateness has always been the hallmark of Moreno's spontaneity.

Fourth, initially Moreno understood spontaneity as energy that propelled toward certain responses (Fox, 1987, p. 42). Later, he altered the definition so that spontaneity was changed from representing a drive that produced certain types of responses to being the responses themselves. Our own approach, consistent with that held in an earlier study (Kipper & Hundal, 2005), is that spontaneity is a psychological state of mind or a quality of readiness that sets the individual to respond in a certain manner, with unpremeditated open mindedness and readiness to respond to internal and external stimulations. In that respect, we follow Moreno's original idea of spontaneity as a driving energy.

The present study is a continuation of an earlier investigation of two newly designed paper-and-pencil inventories (Kipper & Hundal, 2005). One inventory, the Spontaneity Assessment Inventory (SAI), measures spontaneity, and the second, the Spontaneity Deficit Inventory (SDI), measures the lack of it. Specifically, we designed the present study to replicate the earlier findings regarding the

reliability of the SAI and the SDI, including providing new information concerning test–retest reliability. Furthermore, we also planned to add more information about the concurrent validity of the two inventories. We hypothesized that the SAI would show a negative relationship with state and trait anxiety and with a measure of compulsive behavior. Also, we expected that the SAI would show a positive relationship with the present time orientation. We expected the SDI to correlate positively with state and trait anxiety and with compulsiveness and to show a positive relationship with the past time orientation.

An earlier investigation by Kipper and Hundal (2005) provided data supporting the hypothesis that spontaneity and spontaneity deficit (nonspontaneity) were two separate continua. The SAI measures various levels of spontaneity, and the SDI measures various levels of nonspontaneity. We interpreted the data from those inventories to mean that nonspontaneity was not the opposite of spontaneity and hence does not necessarily represent an undesirable state (Kipper, 2000). Rather, some degree of nonspontaneity proved to be independent of one's spontaneity and, therefore, did not seem to hinder spontaneity. We designed the present study to reexamine those findings.

Method

Participants

The participants were 85 graduate and some undergraduate students at Roosevelt University in Chicago. Their ages ranged from 18 to 50 years ($M = 28.22$, $SD = 7.09$). They included 56 women and 29 men. The age of the participants divided by gender was $M = 28.09$ ($SD = 7.23$) and $M = 28.48$ ($SD = 6.93$) for the women and the men, respectively.

We used a second sample of 35 participants to investigate the test–retest reliability of the SAI and the SDI. Those participants were employees of a large tourism organization in Cyprus, where the main language of communication is English (the senior author, who is a Cypriot, conducted this part of the study). The participants' proficiency in English enabled them to take both inventories in the original English versions. The 35 participants included 12 men and 23 women whose age ranged from 18 to 56 years with $M = 36.29$ ($SD = 10.01$). The ages of the participants divided by gender was $M = 34.41$ ($SD = 8.95$) and $M = 39.75$ ($SD = 11.28$) for women and men, respectively. All the participants took part in the study voluntarily and anonymously.

Measures

The SAI is a 20-item self-report inventory designed to assess spontaneity, namely, the intensity of one's feelings and thoughts that characterize the state

of mind described as spontaneity. At the top of the inventory is the question: How strongly do you have these feelings or thoughts during a typical day? In the list of the 20 items that follow the question, we asked participants to note the intensity of their feelings on a 6-point Likert-type scale (1 = *none*, 2 = *weak*, 3 = *somewhat weak*, 4 = *somewhat strong*, 5 = *strong*, 6 = *very strong*). The total score is calculated by adding the scores of all the items. Kipper and Hundal (2005) reported split-half reliability with a Cronbach alpha of .88. There was also a positive correlation with a measure of well-being and its five subscales (Friedman, 1989).

The SDI is a 17-item self-report measure of the extent to which one is lacking spontaneity. At the top of the inventory is the same question that appears on SAI. The participants reported their responses to a list of the 17 items that follow the question on a 6-point Likert-type scale (1 = *none*, 2 = *weak*, 3 = *somewhat weak*, 4 = *somewhat strong*, 5 = *strong*, 6 = *very strong*). The total score is calculated by adding the scores of all the items. The reported split-half reliability was .80, and it correlated negatively with a test of well-being and its five subscales (Friedman Well-Being Scale [FWBS]; Friedman, 1989).

Both the SAI and the SDI were constructed at the same period and in the same manner. The researchers asked 25 internationally known psychodramatists in the United States and Europe, each with at least 25 years of experience, to provide five adjectives describing how it feels to be in a state of spontaneity and five descriptions of how it feels to be nonspontaneous. After eliminating redundancies and long descriptions, they slightly shortened the two lists of 125 items each. After a series of three-item analyses with three different samples, the inventories had 20 items for the SAI and 17 for the SDI. Kipper and Hundal (2005) provide a detailed description of the construction of the inventories.

The State-Trait Anxiety Inventory (STAI; Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983) consists of two separate self-report scales that measure state and trait anxiety. *State anxiety* refers to the tendency to respond to certain situations with anxiety. *Trait anxiety* measures an enduring personality characteristic marked by heightened anxiety. Each scale consists of 20 items arranged on a 4-point Likert-type scale. The state anxiety scale assesses how the respondents feel at the present, and the ratings range from 1 = *not at all* to 4 = *very much so*. The trait anxiety scale assesses how the respondents feel in general, and the responses range from 1 = *almost never* to 4 = *almost always*. The state anxiety scale assesses the intensity of the present feelings, whereas the trait anxiety scale assesses the frequency of anxious feelings.

The STAI is used widely in psychological practice and research, and the literature contains more than 3,300 studies using the STAI. Researchers found that the STAI has excellent psychometric properties. The internal consistency reliability estimates for state anxiety ranged from .86 to .95 for samples of

working adults, college and high school students, and military recruits. The alpha coefficients reported for trait anxiety ranged from .89 to .91. Test–retest reliability of the trait anxiety scale ranged from .65 to .86. Test–retest reliability of the state anxiety scale was reported to be .62. The developers of the STAI cautioned that the state anxiety scale presents low stability coefficients because it measures situational psychological stress. The STAI manual contains reports of several correlations with other anxiety measures, personality and adjustment measures, and academic aptitude and achievements measures (Spielberger et al., 1983).

The Obsessive-Compulsive Inventory-Revised (OCI-R), developed by Foa, Huppert, Leiberg, Langner, Kichic, Hajcak, et al. (2002), is an 18-item self-report measure designed to assess symptoms of obsessive–compulsive disorder. The authors of the scale point out that the test items are heavily weighted to detect compulsions over obsessions. They asked respondents to rate the amount of distress that they felt from specific experiences during the past month, using a 4-point Likert-type scale ranging from 0 = *not at all* to 4 = *extremely*. The 18 items comprise the following behaviors, divided into six subscales: washing (e.g., “I find it difficult to touch an object when I know it has been touched by strangers or certain people”), checking (e.g., “I repeatedly check gas and water taps and light switches after turning them off”), ordering (e.g., “I get upset if others change the way I have arranged things”), obsessing (e.g., “I am upset by unpleasant thoughts that come into my mind against my will”), hoarding (e.g., “I collect things I don’t need”), and neutralizing (e.g., “I feel compelled to count while I am doing things”). Each subscale consists of three items. They computed the total score by adding the scores of all items. The OCI-R had satisfactory psychometric properties. Alpha coefficients for the total scale ranged from .81 to .93. Test–retest reliability with 2-week and 1-week intervals was .82, and .84, respectively. For the college student population, the test–retest reliability outcome (with a 4-week interval) yielded a correlation of .70 (Foa et al.; Hajcak, Huppert, Simons & Foa, 2004).

The Temporal Orientation Scale (TOS), developed by Jones, Banicky, Pomare, and Lasane (2004), is a 15-item self-report measure designed to assess the respondents’ time orientation, that is, whether they focus attention on, and react to, their past, present, or future. The items are rated on a 7-point Likert-type scale ranging from 1 = *not true* to 7 = *very true*. The items address three factors representing three subscales, one for each time dimension (i.e., past, present, and future). Each subscale consists of five items. An example of the items measuring past orientation is “I often think of all the things I wish I had done differently in my past.” Examples of the items addressing present and future orientations are “I try to live one day at a time” and “When I want to get something done, I make step-by-step plans and think about how to complete

each step respectively.” The reported reliability for each of the past, present, and future subscales as measured by Cronbach alpha was .81, .65, and .79, respectively. Test–retest reliability (6-week interval) ranged from .60 to .82. Convergent and divergent validity was demonstrated by several correlations with different psychological and personality constructs (Jones et al., 2004).

Procedure

We tested the participants in their classes or while they were in the common areas of the university, including the library and the study rooms. We informed all about the nature of the research and read them a verbal consent form. They understood that participation was voluntary and anonymous and that they were free to withdraw at any time without penalty. Each testing package included the SAI, the SDI, the STAI, the OCI-R, and the TOS and took 15 to 20 min to complete. We changed the order of the inventories for half of the sample.

To investigate the test–retest reliability, the first author administered the inventories to participants during a workday at their offices. Each package included only the SAI and SDI, which took less than 10 min to complete. Again, all the participants read the consent form before agreeing to participate in the study. After a 5-week interval, the author readministered the SAI and the SDI to the same participants. The method of retesting also secured anonymity because each participant was identified by the last three digits of his or her ID number, which each used again when taking the inventories for the second time. All responses were held in strictest confidence. After the testing, participants were debriefed.

Results

The average score of the participants on the SAI was $M = 82.09$ ($SD = 14.55$). In a previous study (Kipper & Hundal, 2005), a similar student population scored a slightly lower average with the same size standard deviation ($M = 76.93$, $SD = 14.54$). On the SDI, the average score of the participants in the present study was $M = 50.19$, $SD = 15.87$). These results are similar to those reported in the earlier study by Kipper and Hundal of $M = 51.17$ ($SD = 12.66$).

When we divided the average scores of the participants on the SAI by gender, the results were $M = 80.86$ ($SD = 11.72$) for the 29 men and $M = 82.73$ ($SD = 15.88$) for the 56 women. A *t*-test computation revealed that the difference between the scores of the two groups was not statistically significant, $t(83) = .56$. The same picture emerged in the comparison of the scores of the men and women on the SDI, that is, $M = 51.90$ ($SD = 15.12$) and $M = 49.30$ ($SD = 19.31$) in which the differences between the scores of the two groups was also statistically not significant, $t(53) = .71$.

We predicted that there is a negative relationship between spontaneity and spontaneity deficit. Indeed, the Pearson product moment correlation between the SAI and the SDI was $r = -.48, p < .01$. This finding lends credence to the theoretical claim that spontaneity and spontaneity deficit are incongruous states of mind. As to the hypothesis that these two states of mind are not necessarily two opposites of the same quality, the results follow. When the participants were divided into two groups at the SAI median score, the correlation between those who scored in the upper 50% on the SAI and their SDI scores was $-.39, p < .05$, a somewhat lower correlation coefficient found for the entire sample. However, the correlation between those who scored in the lower 50% on the SAI and their SDI scores was $r = -.10$, which is extremely low and statistically not significant. Evidently, moderate to low spontaneity scores cannot predict one's SDI scores.

In this study, we investigated the construct validity of the SAI and the SDI by exploring their relationship with three measures. Those were a test of anxiety (STAI), an obsessive-compulsive inventory (OCI-R), and a measure of temporal orientation (TOS). Table 1 contains the means and standard deviations obtained on the three measures.

We predicted that SAI is related negatively to STAI. Table 2 contains the Pearson's product-moment correlation between the scores on the SAI and the STAI, with trait and state anxiety in the negative direction as $-.67, p < .01$, and $-.44, p < .01$. Conversely, we predicted a statistically significant positive correlation between scores obtained on the SDI and the STAI. Again, the results confirmed that expectation, showing an $r = .73, p < .01$ for the relationship between SDI and trait anxiety and $r = .62, p < .01$ between SDI and state anxiety.

TABLE 1. Means and Standard Deviations for the State-Trait Anxiety Inventory (STAI), the Obsessive-Compulsive Inventory-Revised (OCI-R), and the Temporal Orientation Scale (TOS)

Scale	<i>M</i>	<i>SD</i>
Trait Anxiety (STAI)	39.76	10.74
State Anxiety (STAI)	38.69	11.18
OCI-R	16.94	12.53
TOS		
Past	18.81	6.26
Present	21.68	6.46
Future	23.31	5.67

Note. $N = 85$.

TABLE 2. Correlations Between the Spontaneity Assessment Inventory (SAI) and the Spontaneity Deficit Inventory (SDI) and State-Trait Anxiety Inventory (STAI), the Obsessive-Compulsive Inventory-Revised (OCI-R), and the Temporal Orientation Scale (TOS)

Scale	Anxiety		OCI-R	Temporal Orientation Scale		
	Trait	State		Past	Present	Future
SAI	-.67**	.44**	.21*	-.13	.24*	.08
SDI	.73**	.62**	.44**	.42**	.02	-.07

Note. $N = 85$.

* $p < .05$. ** $p < .01$.

Regarding the relationship of the SAI and the SDI with obsessive-compulsive tendencies, we predicted statistically significant correlations but in the opposing directions, with the SAI in the negative direction and the SDI in the positive one. The results, shown in Table 2, confirm that prediction. There was a negative correlation between SAI and OCI-R ($r = -.21, p < .05$) and a positive one between SDI and OCI-R ($r = .44, p < .01$).

Theoretically, one would surmise that people who score highly on spontaneity are expected to be oriented more toward the present, namely, be very attentive to the moment. Those who score high on the SDI are expected to focus on the past and are characterized as people of habits and repeated behaviors. The results (see Table 2) support these expectations. The correlation coefficients between the SAI and the scores on time orientation revealed $r = .24, p < .05$ with the present orientation compared to small and statistically not significant correlations obtained with the two other temporal orientations, the past ($-.13$) and the future ($.08$). For the SDI, the results contained a statistically significant positive correlation coefficient with the past orientation ($.42, p < .01$) but non-significant correlations with the two other temporal orientations, $.02$ for the present and $-.07$ for the future.

The outcomes for the split-half reliability for the SAI ($.88$) and the SDI ($.91$) were similar to or better than those reported in an earlier study with the SAI and the SDI (Kipper & Hundal, 2005). A test-retest reliability, with a 5-week interval, involved 35 participants and yielded $r = .75$ for the SAI and $r = .84$ for the SDI.

Discussion

Overall, the findings supported the reliability and concurrent validity of the SAI and the SDI. The obtained psychometric data corroborated with the ear-

lier reports by Kipper and Hundal (2005) and contained even better outcomes, especially in the split-half (odd-even) reliability figures for both inventories. In addition, a test-retest result, with a 5-week interval, demonstrated the stability of both inventories, thus providing a sound psychometric foundation for the SAI and the SDI.

The average score of the participants on the SAI was slightly above the midpoint of the scoring range, whereas that of the SDI was slightly lower than the midpoint of its possible range. These results are not entirely surprising. One might anticipate that the desirable qualities commonly attributed to spontaneity in our culture might skew the average toward the positive end. Conversely, the less desirable qualities associated with spontaneity deficit might skew the average toward the negative end. The observation that both the SAI and SDI were susceptible to the influence of social desirability (Kipper & Hundal, 2005) is congruent with such expectations.

From the results, we concluded that there were no statistically significant differences between the average scores of the men and the women on either inventory. Collins et al. (1997) found that men scored higher than women on their test of spontaneity (the PAS). In a subsequent study, Kellar et al. (2002) obtained similar findings on the improved version of their test of spontaneity (the PAS-II). The gender difference, however, was said to account for only 2% of the variance and, therefore, deemed unimportant. Our results appear to be more conclusive regarding the absence of significant gender differences in spontaneity or the lack of it.

The primary objective of the present study was to explore further the psychometric properties of a measurement of spontaneity; hence we constructed the SAI. The need for such a measure was long obvious (Kipper, 1986). Without it, psychodrama scholars were ill equipped to conduct empirical investigations concerning long-standing, untested assumptions that underlie the theory of classical psychodrama. Furthermore, a brief and simple-to-score spontaneity assessment scale makes it easy for practitioners to log empirically the therapeutic progress of psychodrama clients, which is information that is sorely needed.

We also designed a second measure of nonspontaneity or spontaneity deficit (the SDI). The reason for that was twofold. First, we believed that to unravel the particular psychological qualities subsumed under spontaneity, one needed to understand the qualities that characterize nonspontaneity. The contrast between the two might clarify their uniqueness. Second, we hoped to untangle the theoretical ambiguity with regard to two important questions: (a) Does nonspontaneity always represent an undesirable state of mind? and (b) What is the relationship between spontaneity and nonspontaneity?

From the present outcomes, we concluded that spontaneity could not coexist with either trait or state anxiety. This finding confirmed Moreno's (1964) earlier hypothesis about the adversarial relationship between spontaneity and

anxiety. However, adversarial relationships do not necessarily imply that the two incompatible qualities represent two opposites of the same quality. This situation might be similar to the relationship between joy and sickness. The two might be negatively related, but one is not necessarily the opposite of the other. Furthermore, adversarial relationships may mean that spontaneity and anxiety can exist within the same person but not at the same time (or within the same situation). The results concerning anxiety shed an interesting light on the difference between spontaneity as typically understood colloquially and its meaning scientifically. The former often takes the form of an uncontrolled expression driven by anxiety. The latter, however, is not triggered by an anxious personality or an anxiety-provoking situation.

We also found that spontaneity was negatively related to obsessive-compulsive tendencies. Moreno (1964) proposed that there are several types of spontaneity, one of which he called *stereotyped spontaneity*, a less-valued form of spontaneity compared to the high-grade one. The characteristics of the stereotyped spontaneity and its resultant SAI and behavior seemed consistent with those of obsessive-compulsive trends. As such, they are viewed as inconsistent with so-called high-grade spontaneity. As for spontaneity deficit, the present findings indicate that it is associated with anxiety, both state and trait, and with an obsessive-compulsive tendency. The greater the deficit, the more anxious and obsessive-compulsive tendencies are evident. It appears, therefore, that unlike the SAI, spontaneity deficit, as found with the SDI, represents a scale of pathology.

The results concerning the temporal orientation are particularly interesting. They ascribed to spontaneity, one of its most fundamental aspects, namely, that it focuses on the here and now. The authors of the TOS described a present-oriented individual as a person who "is considered to be more action oriented, a doer." (Jones et al., 2004, p. 5). Such a person tends to focus on behavior, feelings, and thoughts related to the present context and avoids dwelling on the past. This fits Moreno's suggestions that spontaneity can only be spent in the moment and cannot be conserved (Kipper, 1967). Our results showed that, of the three temporal orientations, spontaneity is positively correlated only with the present. Conversely, spontaneity deficit correlated significantly, in the positive direction, only with the past and not with present or future orientations. According to Jones et al., individuals characterized with past orientation "think about the past a lot and seem to want to relive those earlier experience." (Jones et al., p. 9).

Conclusions

As to the relationship between spontaneity and spontaneity deficit, the present findings replicated those reported in an earlier study by Kipper and Hun-

dal (2005). Overall, spontaneity was negatively correlated with spontaneity deficit. However, when we divided the participants into two subgroups, those above and below the SAI median, we observed this relationship only among the top SAI scorers. For those scoring below the SAI median, there was no correlation with their SDI scores. It appears to us that spontaneity and spontaneity deficit represent two separate continua, one for measuring the degree of one's ability to be spontaneous and the other for measuring the extent of one's spontaneity incapacity.

Finally, we recommend that researchers in subsequent studies explore the psychometric properties of the SAI and the SDI with populations other than students. The present results, along with those reported by Kipper and Hundal (2005), support the use of the SAI and the SDI. Nonetheless, we recommend further studies regarding the predictive validity of the SAI, with future investigative efforts considering this research avenue.

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BRIEF REPORT

The Body Dialogue: An Action Intervention to Build Body Empathy

LINDA CIOTOLA

“The Body Dialogue” is an action technique in which the therapist uses role reversal to build a bridge of empathy between the body and the self. The director facilitates a conversation between the body and the self in an attempt to repair the bridge of broken trust and to reestablish the bond that was disrupted by the trauma of physical, sexual, or emotional abuse; medical trauma; illness; or aging. The goal is to facilitate the self’s acceptance of the body and the self’s willingness to listen to the body and hear the body’s needs. The end result is that the self makes a commitment for the body’s care.

The body dialogue technique evolved in the 1990s from work that I was doing in my private practice, mainly with clients suffering with eating disorders. Regardless of their weight, size, or shape, the clients often talked about the body as something separate from the self and labeled their bodies with names such as “blubber,” “jelly roll,” “potbellied pig,” and “beached whale.” The clients engaged in a struggle to control and dominate their bodies, often through dieting, restricting food, purging, use of laxatives, diuretic abuse, excessive exercise, use of stimulants, and so forth. The body rebelled by reactively bingeing, oversleeping or staying awake, constipation, and lethargy. Thus, an embattled struggle between the self and the body for power and control ensued.

Later, I found the body dialogue to be useful in the work I was doing with trauma survivors during my training with the Therapeutic Spiral, and I sometimes included use of the body double with the body dialogue when working with clients who struggled with dissociation (see www.therapeuticspiral.org). Trauma survivors often used such words as “disgusting” and “gross” to address the body that had been the holder of the trauma and pain. After experiencing the

body dialogue, the clients frequently expressed sorrow and gratitude to the body for all it had suffered and survived.

The next application of the technique occurred during an inservice training session, in which I acted as a facilitator for colleagues who work with eating disorder clients and who themselves were facing declining physical capacities because of aging. The conversation between the body and the self again resulted in a new acceptance of the body's limitations and allowed the body to make specific requests of the self about the kind of care it now needed.

Therapists in private practice may choose the body dialogue strategy with a single client by using the empty chair technique. In group work, another group member may take the role of the body. During the dialogue, the participants may be seated or standing, with protagonist (self) facing the auxiliary (body).

Six Steps of the Body-Dialogue Technique

When applying the body dialogue technique in group work, I recommend that therapists follow six steps. The protagonist and body are in role, with their chairs facing one another, or they may be standing, facing one another.

Step 1: The director says, "Here is your body. How long have you had this relationship with your body?" (Protagonist tells how many years.) "Tell your body how you feel about your body now." (Protagonist makes a statement to the body.)

Step 2: Role reverse with body to see what body says, wants, and needs.

Step 3: Role reverse to see if protagonist can do what body is asking and make a commitment to accomplish that. The director says, "Look into the eyes of your body and make the commitment to do what you said."

Step 4: Continue the role reversals between self and body until there is some agreement and a new relationship between body and self.

Step 5: Director looks for nonverbals to get information about what the new relationship could be. Body positions can be changed to facilitate the new connection. For example, the participants change from face to face to side by side. The director encourages physical connection (holding hands, hugging, etc.) between the body and the self, especially if that does not occur spontaneously.

Step 6: The director says, "Make a final statement to your body to close out the scene."

An Example of the Six-Step Process

Step 1: Kelly chooses Missy for the role of body. The director asks Kelly (self), "What do you want to say to your body?"

Step 2: Kelly moves in, and while holding body's hands and crying, says,

"You are sick right now, and I feel really sad that I haven't been taking good care of you somehow. I know I've gotten better, but I'm still not good at letting you rest, rest for no reason, not just when I am sick."

Step 3: The participants reverse roles. The director speaks to Kelly in role of body, "What do you want Kelly to do before you get sick?" She answers, "I need to go slow sometimes, and it's hard for you, for your mind to go slow. You forget that it's important to go slow with me and that when we rest, we have time to be together. I need more rest than you do. Sometimes, you try to make my needs match yours, and we aren't always in tune."

Step 4: The participants again role reverse. Kelly (as self) admits to body that she does not pay attention to body's needs. Body (Missy in role) repeats, "We are together when we rest, that's our time together." Kelly (self) says, "I have heard the teenage part, but I forget about the baby—that's the part that needs to rest. That's the part I forget because I didn't even know you were there for a long time."

Step 5: They role reverse, with Kelly now in the role of body, who says, "I'm really cute and I need to rest. Babies need to go slow and to rest. I'll be good at the later years, too, when I will need more rest." Self (Missy in role) says, "You are cute!" Again, they role reverse. Kelly (as self) says, "I will let you rest more, hear your needs, and be attuned. I'm not gonna wait 'til you cry. I'm just gonna know what you need." The participants reverse roles and repeat the same lines. Body says, "I do trust you."

Step 6: This is the final statement to body: "You are a gift from God, and I am grateful you didn't die, despite my hard efforts." Body says, "I stuck with you, and I'm still here." Self says, "I don't feel as if you're holding it against me, and I'm grateful for that as well. I'm gonna listen to the baby better. I can do that." The participants hug.

The scene ends with the director gently facilitating a rocking motion and labeling it "Rock the baby."

In a group setting, a therapist may use the body dialogue as a warm-up or as vignettes, giving several group members an opportunity to have the conversation between the body and the self.

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BOOK REVIEW

The Present Moment in Psychotherapy and Everyday Life, by Daniel N. Stern, MD. 2004. New York: W. W. Norton.

This book is one of the most cogent advances in the field of sociometry in the last 60 years, although the author does not specifically address or even acknowledge Moreno's contributions. Stern is an eminent child development researcher, psychiatrist, and psychoanalyst, and in this book, he explores some frontiers of theory that include a deeper appreciation of some of Moreno's favorite categories: the here-and-know, encounter (although Stern calls it the "intersubjectivity"), and the like. I appreciated the way that the author supported many of Moreno's intuitions and believe that some of his comments on psychotherapy—mainly one-to-one analytic therapy in the latest fashion—might apply even more to psychodrama.

For example, Stern proposes a new category of awareness beyond mere self-reflection, which he calls "intersubjective knowing." Because of my thinking about the nature of drama and self-expression, I consider the term also applicable to the peculiar hunger for an audience and all the dynamics that go on between a performer and audience.

There are jewels aplenty in this book. In his 1985 book *The Interpersonal World of the Infant*, which is one of the best explications of the psychodynamic nature of self-formation, Stern is at odds with Moreno's rather vague concept of the matrix of identity. Nevertheless, Stern's ideas supported Moreno's intuitions and speculations about the value of interaction in infancy, what Moreno called "doubling" and Stern called "affective attunement."

In considering therapy as related to encounter and also to experiential approaches to therapy, Stern writes:

The basic assumption is that change is based on lived experience, in and of itself, verbally understanding, explaining, or narrating something is not sufficient to bring about change. There must also be an actual experience, a subjectively lived happening. An event must be lived, with feelings and actions taking place in real time, in the real world, with real people, in a moment of presentness. Two simple examples of such a lived experience are: looking at someone in the eyes who

is looking at you and taking a deep breath while talking to someone. Both of these are actions with a feeling. (p. xiii)

In psychodrama, the presentness of an encounter offers many of those elements by substituting a not completely real significant other and an as-if-this-were-the-here-and-now of drama. Those allow for an expanded experience of dealing with people who cannot be present because of death, alienation, distance, or the other's being more of an intrapsychic projection, such as a child who was never conceived, oneself at a different age, and so forth. Those, however, are psychologically "real," external expressions of what in psychoanalysis has been called "object relations." As such, they exert a power close to that of the presence of another, and greater, if the other is not as important in one's mind. Although I do not know if the author knows about psychodrama, his point that "talking about" problems is not sufficient is well taken.

Stern is aligned with an advance in the field of psychoanalysis called "intersubjectivity," which takes the analyst out of the more one-up, authoritarian role and aligns the relationship more closely with what the existential-humanistic psychotherapists advocated 50 years ago. Stern develops this approach with an exposition on the power of attending to the small events in the present moment, and there is a fair amount of attention given to helping people become aware of the nonverbal dimensions of an interaction. Again, I found that approach applicable to psychodrama and the function of the mirror technique.

Stern explores the whole idea of mirroring as a dynamic that is expressed in psychodrama also in the double technique, and only to a limited degree as the mirror technique itself, which is the affective and nonverbal activity that resonates in another person. His discussions deepen the reader's understanding of what the therapeutic process is about.

When Stern talks about the category of implicit knowing, that dimension of the unconscious that is not repressed but operates in a more holistic way, not yet subjected to the compartmentalizations of language, I am reminded of the value of language and particularly the process of naming roles in working with applied role theory, as psychodramatists do in Australia and New Zealand, and of diagramming those roles and their interactions as an aid in self-understanding and therapy.

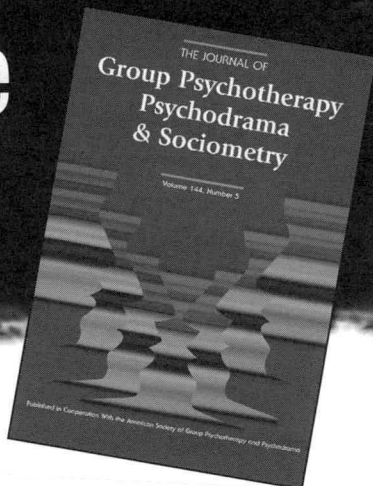
The author's positing a deep motivational drive to maintain relationships extends psychoanalytic object-relations theory and Kohut's self-psychology in a rich fashion: Stern notes that people need to clarify others' intentions, define their own status in relation to others, and tend also to their own sense of identity through a rich variety of social interactions. Intersubjectivity, in Stern's thinking, operates separately from (though occasionally along with) attachment. I would love to have a dialogue with him about the psychology of rapport (what Moreno called "tele") in all of that, because it seems to me to

be a relevant element that could enrich his thinking, as his ideas in turn can enrich psychodramatists' thinking about sociometry as a psychosocial theory.

Stern's book is an important contribution to the psychology behind a number of Moreno's ideas—deepening, refining, and extending them. Anyone wanting to understand the rationale of psychodrama, especially as its own theories are being refined, will benefit from reading this book.

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WEB SITE REVIEW

<<http://www.blatner.com/adam/>>

Those who cling to tradition are often more unfaithful to their core values than those who give way to the new. Until now, the journal has contained only reviews of books to help readers keep abreast of current developments in the psychodrama field. So what is to be done when something appears on the Internet that can contribute substantially to readers' needs for professional development? If the journal adheres to the format of reviewing nothing but actual books, it is no longer faithful to the reason for including reviews. Therefore, this review is devoted to Adam Blatner's personal Web site.

On the site, readers find brief descriptions of Blatner's three books—one on the psychology of play, especially dramatic play; another, a theoretical basis for psychodrama; and a third, *Acting-In*, arguably the finest outline of psychodramatic technique.

Also on the site, Blatner includes the following:

1. Announcements of psychodrama events worldwide. Blatner keeps up with the international psychodrama movement and shares what he learns. He is in active correspondence with colleagues in at least 15 countries.

2. Descriptions of the work and backgrounds of many of our members, complete with photographs. The pictures help render them as real people rather than as a list of responsibilities and accomplishments, in accordance with the emphasis in psychodrama on showing rather than merely explaining.

3. Information on how and where to get many hard-to-find books and articles related to psychodrama. Blatner has even squirreled some away, which he will sell.

4. Information about and references to work in related disciplines, such as drama therapy, playback theater, and creative arts therapies. The stance toward these related fields tends to be inclusive, not exclusive. Blatner manages this by highlighting what is valuable in everything while usually bypassing the shortcomings. Although Blatner has his own ideas, he remains consistently tolerant and encouraging of others' views so that read-

ers who do not share his points of view or orientation are not likely to feel offended.

The heart of the Web site is the articles and essays available on screen. He divides those into four categories: psychotherapy and general psychology (40 papers), psychodrama topics (32 papers), philosophy and spirituality (14 papers), and other topics (6 papers).

Under psychodrama topics, there are eight in which he quotes responses to surveys of psychodramatists, gives helpful information on how to sign up for Group Talk (the psychodrama Internet listserv), lists the foreign psychodrama associations, and presents an article by Zerka Moreno. He also includes the notes that he made while attending a Zerka Moreno workshop, detailing her wisdom. I suspect that Zerka herself would be impressed to see her own ideas laid out so neatly. The other 24 items are short essays and articles by Blatner, many of which have been published elsewhere but are here in one place for free and without a trip to the library. He gives his arguments, based on role theory, to form a basis for psychodrama theory. He uses the concept of role as a basic building block for the whole range of human behavior and psychic experience. In others, he traces the history of psychodrama, complete with names and dates. In one well-researched article, he does the same for the history of psychodrama in Brazil, the country where psychodrama has become the strongest. A good window into Blatner's own *idée fixe* can be found in an article called "Making Magic." Here he makes clear his focus on unnecessary inhibitions of imagination, which he sees as true for therapists as well as for patients.

The secret of magic, ultimately, is receptivity, opening your mind to the transrational dimensions. You don't have to give up your rationality; indeed, you should exercise it whenever appropriate, and you should rationally determine, with right understanding, those dimensions of existence, those roles, where rationality has no dominion.

I suspect that psychodramatists may get as much from the articles that are listed under Psychotherapy and General Psychology and, even more so, from those under Philosophy and Spirituality. Some deal with issues that may at first seem distant from Moreno's psychodrama, but because of his focus on free imagination, they end up with the principles of spontaneity and creativity. In the article called "The Collective in Psychology," Blatner shows his captivation with group psychology, in a break with conventional, individual-oriented psychiatry, and ends with sociometry. Also, read Blatner's articles listed under the rubric Other Topics; here are his thoughts on international politics, singing, alphabets, and square dancing. Viewers will find that he makes cartoons, doodles, valentines, and mathematically derived diagrams with aesthetic appeal. It is hard to be creative and stick to the subject; it is the nature of creativity to burst one's seams and leak out all over.

It is difficult to read these articles without making some observations about Blatner as a person, or perhaps two persons. At once, readers will recognize that he is intelligent, immensely productive, and passionately motivated. Still, he brings a note of calm rationality to a chorus of others' extremist theories and ideas. He is devoted to the principle of quantification. He rightly points out that what matters most is not what traits one has but to what extent one has them. This striving toward the golden mean is a mark of his homage to sweet reason, of being a man of balance and common sense.

He is also a self-confessed list maker (see the essay "Factors in Human Development"), as if the only way he can handle the torrent of ideas coming to him all at once is to assign them names and jot them down quickly before they are lost. Of course, when he returns to any item on the list, it quickly generates another list. If one asks him anything, one gets an abstract principle with 25 examples. He strains himself at the leash to go a bit wild. He mentions that he is grounded in positivism, but at the same time, he is drawn by the Whiteheadian religious philosophy of the process nature of God. Especially in his article about the Kabalistic Tree of Life, he shows his avid fascination with the mystical. If this is a conflict for him, it is to the benefit of his readers, providing access to both sides of the rational–extrarational poles. He is a highly intelligent, erudite psychiatrist who excels in reason but who is bewitched by the psychological power of the supernatural and who breaks rank with his psychiatric colleagues to espouse and generate views of an esoteric nature. Sound familiar? At least we know he will stop short of writing his impassioned theories on a castle wall.

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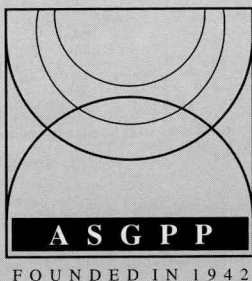
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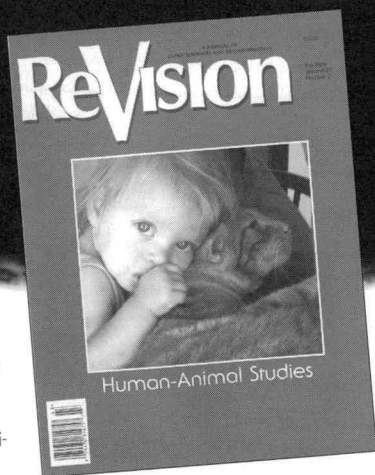
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