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The Use of Psychodrama with Gifted Children

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Since gifted students are often role models and leaders in the school environment, the expansion of their role repertoire in such important areas as self-concept, empathic understanding, group interaction, goal setting, and leadership could serve to improve interactions in the larger school environment. Expansion of role repertoire can be accomplished through psychodramatic techniques; however, there is a paucity of research on the use of psychodramatic techniques with school children or the gifted population. Eighteen gifted fifth-grade students were given psychological pretests and were then equally divided into a control and an experimental group. The experimental group attended one-hour weekly psychodrama sessions for a 10-week period. All sessions were conducted by a psychologist who is also a trained psychodramatist. Posttests were then administered. Although using a two-factor, repeated measure ANOVA, no statistically significant differences were found in the pre- to posttest performance changes of the psychodrama and control groups. Several subtests of the California Test of Personality, however, showed trends indicative of positive psychodrama effects. Behavioral observations also indicated improvements related to the psychodramatic experience.

An extensive literature review resulted in very few accounts of research involving psychodrama, sociodrama or psychodramatic techniques with school children. Only one study was found which used role playing with gifted children. Two recent books describe the use of psychodramatic techniques with children (Ferinden, 1971; Gendron, 1980).

Most studies were anecdotal and did not involve data analysis. Among these investigations were reports of positive behavioral and attitudinal

changes in children of various grade levels when psychodrama or sociodrama were used (Burnell, 1954; Carpenter, 1968; Cole, 1948; Ferinden, 1972; Nichols, 1954; Shaftel & Shaftel, 1948; Shoobs, 1944; Wells, 1961; Wells, 1962; Yablonski, 1976). The types of positive effects reported in these studies included increased student involvement, more open expression of personal thoughts, resolving of arguments, increased role perception, successful changes in unacceptable behaviors, increased sensitivity to others, improved work and self-discipline, and improved class attendance.

One study was found which utilized psychodrama with gifted children. Bachtold (1966) employed sociodrama and role playing with seventh-, eighth- and ninth-grade students as part of a counseling-instructional program developed for the gifted through Project Talent. Positive effects of the total counseling-instructional program were indicated by reported improvement in family relations.

Other studies involved data collection and analysis of results. Of these studies, Bell and Ledford (1978) found significant positive attitudinal changes in first-, second- and third-grade boys who exhibited maladaptive behaviors. The changes in attitudes were perceived by the subjects, by peers and by teachers. Schlanger and Birkmann (1978) reported that role-playing techniques resulted in significant increases in qualitative and quantitative language production by hearing-impaired third-grade girls.

Using an experimental-control, pretest-posttest design, Swink (1979) showed that goal-oriented role play significantly increased internal locus of control in fifth-grade black students. Mouton, Bell and Blake (1956) found that black sixth-grade children of high peer status had greater skill in effective role playing than those of low peer status. Shearon (1976) compared the effects of psychodrama, reality therapy, and bibliotherapy on professed and inferred self-concept of fourth-grade students. The psychodrama group failed to show a significant gain in self-concept scores compared to students in the other therapy or control groups.

The present investigation was designed to explore aspects of self-concept, personality and leadership ability in gifted children involved in psychodramatic experiences. The premise of the study was that such experience might facilitate expansion of self-concept, empathic understanding, group interaction, goal setting and leadership skills.

Method

Subjects

Subjects were 18 white, upper-middle-class fifth-grade students from a public elementary school in northeast Florida. These children were enrolled

in a gifted program, admittance to which was based on both of two criteria: a score of 130 or above on the WISC-R or a score of 132 or above on the Stanford-Binet, and observations by their regular teachers. Their teachers were familiar with characteristics indicative of giftedness. The Renzulli/Hartman Behavioral Rating Scale was used by the teachers as a basis for the decision. Maximum scores on this scale are as follows: Learning — 32, Motivation — 36, Creativity — 40, and Leadership — 40. A student must exhibit at least 50% of the total score in each area in order to be considered for placement in the gifted program.

An incidental convenience sampling procedure was used; subjects were assigned by a specialist in gifted education to an experimental or control group based on placement in two gifted classes. The experimental group consisted of five boys and four girls; the control group had four boys and five girls.

Instruments

Pre- and posttests were given in the areas of leadership, sociometry, inferred self-concept, and personal and social adjustment. Students were also asked to write a present description of themselves and a future projection of expected and/or idealized goals.

All testing was done by the respective teacher of the gifted in his/her classroom except for the California Test of Personality, which was given by the school counselor. Administration of this test was also in the gifted classroom. All tests were given at the same time of the morning, but were given on different days over a period of two weeks. All pretests were administered prior to any contact with the psychodramatist.

The California Test of Personality (Thorpe, Clark, and Tiegs, 1953) assesses personal and social adjustment, with six individual scores in each of these areas. The test consists of 144 questions, 12 questions in each subtest. A student response of "yes" or "no" is required to each question. A correct response is that which indicates "adjustment." The final score for each subtest is derived by totalling correct responses. The raw score totals are then converted to percentages. Adjustment problems are indicated if a student falls in the lower 50 percentile rank; scores in the higher percentiles represent adjustment or knowledge of acceptable behavior and attitudes. Reliability for all subtests ranges from .59 to .94, according to the test manual.

The Inferred Self-Concept Scale (McDaniel, 1973) is designed to measure self-concept as it manifests itself in the school environment. It consists of 30 items for which a total score ranges from 30 to 150, with 30 representing a socially undesirable self-concept and 150 a maximally positive self-concept.

The score is derived through a teacher rating scale on which her/his perception of a child's self-concept is rated on each of 30 items. The scale is as follows: 1 indicates never, 2 seldom, 3 sometimes, 4 usually, and 5 always. Fifth graders from the normative group had a mean score of 120.60. Seven-month test-retest reliability coefficients for school children ranged from .49 to .84, which were significant beyond the .05 level.

The Leadership Ability Evaluation (Cassel & Stancik, 1961) assesses "the decision-making pattern or social climate created by a person when he functions as a leader" (p. 1). For each of 50 situations, the student is presented with four possible actions. He/she is to choose the action. Each answer represents one of the following attitudes: laissez-faire, democratic-cooperative, autocratic-submissive, or autocratic-aggressive. Total scores are derived by totalling responses in each category, weighting each of those scores, totalling individual scores and dividing by ten. The total score intends to differentiate between average people and outstanding leaders. Total scores of 10 and lower indicate effective leaders. Reliability indices for part and total scores on the LAE range from .73 to .91, according to the test manual.

Sociometric results were collected by asking students the following questions:

1. When you are playing at recess, which children in this classroom would you like best to play with you?
 1st choice 2nd choice 3rd choice
2. When you are working on a project in your class, which children would you like best to work with you?
 1st choice 2nd choice 3rd choice
3. If you are having a party, which children from this classroom would you invite to it?
 1st choice 2nd choice 3rd choice

Northway (1967) presented the method for combination of these choices into measures of emotional expansiveness, social acceptance, and social receptiveness. Scores are determined by the number of different students the child chooses, the total number of times the child is chosen, and the number of students by whom he/she is chosen. Measures of reliability are not appropriate for application to sociometry as social preferences are expected to change

Procedures

The null hypotheses were as follows: There will be no change in aspects of measured self-concept, personality, or leadership ability due to psychodrama; nor will there be changes in sociometric roles played within the group due to psychodrama. The .05 level of significance was selected

due to the preliminary nature of the data, which were analyzed by means of a repeated-measure two-way analysis of variance.

Class 5A was chosen as the Experimental group and 5B as the Control. The Control group continued to meet with their gifted teacher with no change, except that on the day psychodrama was conducted each week, class 5B (Control) met in the smaller classroom where 5A normally met. There was no interference or modification by teachers or administrators with group 5B so that their school schedule and experience remained intact. Both groups participated in one hour of daily activities. These activities were similar except for the psychodrama sessions in which class 5A participated. Typical activities for the gifted students were: (1) those similar to psychodrama, such as role playing, drama, puppetry, video taping of plays, class presentation, (2) those designed to develop affective areas such as round table discussions and self-evaluations, (3) those designed to develop leadership such as peer tutoring, teacher aides, and independent projects, and (4) those designed to develop thinking skills such as creative problem solving. During the time that class 5A participated in psychodrama sessions, class 5B continued to participate in those gifted activities normally available.

Class 5A participated in a 60-minute psychodrama (during their regular gifted class time) led by a licensed psychologist who was also a certified psychodramatist. The sessions took place once a week for ten weeks. The first session included time for the psychologist to discuss what he intended to do and to give the students a choice about participating for the ten-week period. All children chose to participate. A graduate student in a counseling psychology program made written observations on each session, but did not participate in the psychodrama. The observer had completed a university graduate-level psychodrama class under a licensed practitioner in psychodrama and was familiar with sociometric techniques and data analysis. Observations consisted of number and content of verbal responses, physical movement by students, affect changes, and sociometric interactions.

Immediately following each session, the psychodramatist and observer reviewed the observations and the collected data. A summary of each session was then written by the observer while the recall was current.

Each week the psychologist chose role-play situations, in conjunction with themes that arose spontaneously from the group. He listened to the various themes that emerged during the warm-up and then focused the group's attention on the most prominent ones. Once the group was sufficiently warmed up, the director guided the process into the action phase, in which dramatization of the central theme occurred. Upon conclusion of the action phase, a 15-minute sharing phase ensued which included discussion

and sharing of feelings and reactions to the session. This sharing served not only to warm down the participants before they resumed regular classroom schedules, but also as a non-judgmental discussion of what had transpired during the session.

The sessions, including themes that arose, were as follows:

- a) Week one: Introduction of group members and the psychodramatist; each told about himself through verbal and dramatic presentations;
- b) Week two: A sharing of future goals, expectations and vocational preferences; role playing sex-role reversals; each member played his or her self-perceived role in school;
- c) Week three: Playing perceptions of teachers and self-perceptions as students; perceptions of a "good" and "bad" teacher; role playing various types of teachers and students;
- d) Week four: Views of types of parents; role playing their own parents and perception of themselves through their parents' "eyes";
- e) Week five: Various themes of Christmas; psychodramatically constructing a Christmas tree, giving to and receiving from each other; role playing their favorite gift;
- f) Week six: Looking forward to the new year, future projections and expectations; role play of favorite relatives and the relatives' perceptions of the students;
- g) Week seven: Themes of their favorite fictional characters;
- h) Week eight: Open-ended skits on "What is important to you";
- i) Week nine: Role play of famous people and non-people (animals); uses of sociometry;
- j) Week ten: Feelings about the psychodrama experience, one another, and how each wished to be remembered.

The last ten minutes of each class were used for discussion and sharing of feelings and reactions to the day's work.

The primary psychodramatic techniques used by the psychodramatist during the 10-week experience included: role reversal, mirroring, future projection, sociometry, action sociogram, fantasy or psychodramatic role taking, social role taking, cultural role taking and sculpturing. When props were needed for the various themes, only those available within the classroom were used. If props were not available, they were psychodramatically created. There was no stage or special lighting. The room was large and more than adequate for the experience.

Results

Although there were no statistically significant ($p > .05$) differences in the pre- to posttest performance changes of the Psychodrama versus Con-

trol groups, trends were noted in several subtests of the California Test of Personality. On each of these dependent variables, the Control group pretest mean was somewhat below the pretest mean of the Psychodrama group, a difference which was presumably due to sampling; however, the Psychodrama group's pre- to posttest change in means was notably larger than that of the Control group. And, if the raw scores were converted to percentiles, the change in means was from two to four times as great for the Psychodrama group. These dependent variables were: Sense of Personal Freedom, Feeling of Belonging, Freedom from Withdrawing, Personal Adjustment, Freedom from Anti-Social Tendencies, School Relations, Social Adjustment, and Total Adjustment.

Statistically significant (p ranging from $< .04$ to $< .002$) improvement over trials was found, regardless of group placement, on 11 of the dependent variables: Sense of Personal Worth, Feeling of Belonging, Freedom from Withdrawing, Freedom from Nervous Symptoms, Personal Adjustment, Freedom from Anti-Social Tendencies, Family Relations, Social Adjustment, Total Adjustment, Democratic-Cooperative, and Total Leadership. In addition, improvement over trials approached significance ($p < .07$) on two other subtests: Sense of Personal Freedom and Social Acceptance.

Students were observed to exhibit changes in interpersonal relationships and self-concept both during and following the psychodrama sessions. Observed entering behaviors were: Separation into two groups, male and female; isolation of a lone male who was part of neither group; and little interaction between the sexes. Females appeared more self-confident than males who appeared hesitant and shy.

In role-play situations, traditional sex roles were apparent. These gifted students from upper-middle-class homes viewed father as provider, mother as homemaker and disciplinarian. Males expressed concern that grades were more important for them than for the females because they would eventually have to make money to support a family.

In role reversals, males seemed to play female roles easily, while females had problems deciding how to be masculine. This finding may be partially due to a more continuous presence of mothers in the home, i.e., greater availability of the mother as a role model.

About midway through the project, psychodrama students appeared quite comfortable and more spontaneous with role playing. When given unstructured situations, boys were observed to choose active, violent, aggressive, fantasy roles, while girls tended to choose domestic, reality-oriented roles. Leadership roles began to change; shy or quiet students became more assertive. The one student who was an isolate paired himself with one of the sociometric stars to share ideas and present role-play situa-

tions. In preparing unstructured roles in groups, females appeared to require more planning, to be cautious; while males seemed to choose from a greater repertoire of roles and to be more spontaneous than females. Interaction between the sexes was observed to increase within the group as sessions continued. Students appeared most comfortable with some structure, but wanted freedom within that. Recurring issues seemed to be interaction between the sexes and interactions with peers, siblings, teachers and parents.

Following are summarized student responses to questions asked on the final day of psychodrama:

When asked who learned most from the group, 89% said "me"; 89% said they had changed their feelings about someone because of the sessions; 100% said they had gotten to know someone from the opposite sex better. When asked how they felt about the time they had spent in psychodrama session, 89% indicated positive answers. Typical responses were, "We've gotten closer," "We've learned to express our feelings," "Someone didn't tell you what to think." Eighty-nine percent responded they would like to use psychodrama again. Many changes observed in the school environment were related to an increase in the participatory role by psychodrama students who had previously been more withdrawn. The school principal remarked that one child who seemed to be an isolate appeared much happier as noted by facial expression. He had previously been described as "the saddest appearing child" in the school. The school psychologist, who did not know the psychodrama sessions had ended, remarked two weeks after the final session that for the past two weeks one child seemed to be doing more poorly compared to previous sessions with him. Teachers from regular education and gifted classes observed more interaction with peers, ease in ability to role play and present projects to classes and to perform for a video tape presentation. More volunteer behaviors on the part of several students from the psychodrama group were noted by teachers. Parents of at least two students said that they had seen actions indicative of improved self-confidence by their children. Observations other than those collected by the student observer were unsolicited, but all seemed to support the trends noted.

One year after the conclusion of the psychodrama sessions, the observer met with six of the nine participants. The other three participants had moved out of the geographic area and could not be contacted. Five of the six responded very favorably to the question, "Would you like to participate in future psychodrama sessions?" One respondent felt that she did not wish future psychodrama participation. The observer did note, however, that this student's parents had gone through a divorce at the time of the psychodrama sessions. Based on the responses collected a year later, all six

participants continued to be enthusiastic and positive about the experience and to feel that gains had been made in self-knowledge, knowledge of others, self-concepts, and interpersonal relationships.

Discussion

One reason for the lack of statistically significant results may have been the small sample sizes available for the study and the large degree of subject variability in scores on the dependent variables, especially the California Test of Personality. Another possible explanation was a confounding effect of students being in a gifted program and also participating in the psychodrama experience. Both the Psychodrama and the Control groups were in gifted classes where curricular design emphasized leadership, group interaction, self-concept development, independence, responsibility, and values clarification. Psychodrama also emphasized these values and behaviors. Thus, the psychodrama experience may have been confounded with the gifted program experience, and the present experimental situation could not separate them because all students were initially selected to participate in the gifted program. The finding that scores on 11 of the dependent variables increased significantly over trials, regardless of group placement, supported this explanation.

Although results of the present experiment did not indicate statistically significant changes in the selected dependent variables due to psychodrama, trends were seen in nine of the subtests of the California Test of Personality indicative of gains potentially attributable to psychodramatic interactions. Behavioral observations noted in the review of the literature were similar to those reported by student observers, students, school personnel and parents. In all these there were indications of positive changes related to the psychodrama experience.

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Involvement in Role Playing as a Function of the Simulation Procedure and Levels of Imagination

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The purpose of this study was to investigate the proposition that different kinds of behavior simulation have a differential impact on the psychological outcomes that they produce. It was hypothesized that mimetic-pretend behavior simulation would evoke more involvement among role players than mimetic-replication behavior simulation, and that a high level of imagination would facilitate involvement more than a low level of imagination. A 2×2 (two levels of imagination $\times$ mimetic-pretend and mimetic-replication behavior simulations) factorial design was employed. A total of 36 subjects, high school females, participated in the study. The results showed that the mimetic-pretend groups were significantly more involved in their simulated tasks than the mimetic-replication groups. The level of the subjects' imagination played no significant role in their involvement. The implications of the results are discussed.

The involvement of participants in the roles they portray under simulated conditions has long been recognized as a variable which is directly related to the quality of the role-playing production and perhaps also to its impact. References to the issue of involvement may be found in the literature, in particular that pertaining to the theater, to psychotherapy and skill training, and to social psychology. For example, in the area of theatrical training, Stanislavski (1948) emphasized the importance of introducing specifically designed techniques in order to intensify the involvement process, and to encourage actors to become absorbed in the roles they assume. In

psychotherapy, Moreno (1964) expounded the issue of the motivational aspect of role-playing behavior which he called the warm-up process. The warm-up process concerns the attainment of an appropriate state of readiness to express one's own feelings, thoughts, and actions in the form of role-playing enactments. According to Moreno, this process precedes every behavior, hence it was also given a prominent place in the psychodramatic treatment as an indispensable, preparatory stage of this psychotherapeutic method. In social psychological research, there was a trend to replace the traditional extensive reliance on methods involving deception with role-playing methodology. In that connection, Greenberg (1967) suggested that involvement in role playing might be a crucial variable in the success of the role-playing simulations. Recently, Geller (1978) conducted an experiment on the effects of involvement in role-playing simulations. While the thrust of his investigation concerned the deception versus role-playing methodologies argument in social psychology research, his conclusions had a broader implication. It was demonstrated that involvement in role playing must be viewed as a variable that affects the outcomes of the role-playing studies.

The issue of the importance of involvement in behavior simulation tasks may be also examined in connection with the literature on hypnotic susceptibility, since hypnosis has sometimes been regarded as a form of role playing (e.g., Sarbin & Allen, 1968). For example, Hilgard (1970) introduced the concept of *imaginative involvement* as a factor which enhances hypnotic susceptibility, thus making a connection between the ability to imagine and involvement. Both Geller (1978) and Hilgard (1970) understood involvement as a psychological state characterized by a reduction of the actor's attention to irrelevant or distracting external stimuli and an increase in the attentiveness to a spontaneous mode of responding.

The literature on imagination, notably that on day dreaming (e.g., Singer, 1966, 1975), provides evidence in support of the relationship between imagination and attentiveness to external stimulation. Imagination becomes active with the reduction in attentiveness to external stimulation or when such stimulation becomes monotonous. Under these conditions, imagination—which is marked by preoccupation with one's own internal world—helps the individual to maintain an appropriate level of arousal. Imagination was also said to be a learned skill or ability (Singer & Schonbar, 1961), and therefore different individuals are expected to display a variety of levels of imagination. If involvement is related to the ability to disregard external stimulation, one may expect, then, that individuals characterized as highly imaginative would find it easier to become involved in role-playing situations compared with individuals characterized by low imaginative ability.

The external (stimulating) environment in simulation procedures is a planned one. Its character is a function of several elements including the particular design of the role-playing scene, the role to be portrayed by the protagonist, and the tasks of the helpers, the auxiliaries. Recently, Kipper (1981; 1982) proposed a broad conceptual frame of reference for behavior simulation interventions along with a paradigm that identified three different kinds of behavior simulation modes and their typical simulation conditions. One kind was described as *spontaneous* behavior where the role player portrays himself or herself as naturally as possible responding in a spontaneous manner to the simulated situation. The other two kinds were described as *mimetic* behavior (from the Greek word, *mimos*, meaning "akin to") where the role player follows or emulates another, at least partially external, behavior model or analogue. These two kinds were labeled *mimetic-replication* and *mimetic-pretend* behavior.

Briefly, the *mimetic-replication* behavior is characterized by exact imitations of a model with which the respondent is at least somewhat familiar. The model must be concrete, visible, and be replicated as accurately as possible. It may be external and visible or an internal one, as in the case of using one's own past performance as a model for current behavior. In either instance, whether the model is externally observable or internally known through memory, *mimetic-replication* requires having a clear idea (or instructions) of what is to be emulated prior to the actual act of replication.

The *mimetic-pretend* behavior is characterized by the imitation of external models only. These may be composites of traits and qualities which exist only as an ideal, e.g., the perfect mother; or codes of behavior shared by members of a given culture, e.g., altruistic behavior, shyness, etc. *Mimetic-pretend* is carried out under one or more of the following conditions: The portrayed role is defined as *impersonal* but *it allows for a considerable degree of projected personal involvement*. The model is absent from the simulated session. If the model represents one individual person, it must *not* be personally known to the player. The simulated behavior is portrayed under an assumed identity.

In an attempt to validate the proposed classification of behavior portrayed in simulation situations into three kinds, it was hypothesized that because each kind of behavior simulation forms a different phenomenological state it will produce a different psychological or behavioral outcome. Two preliminary studies, one with regard to attitude change and one concerning training in assertive behavior provided initial support for that hypothesis (see Kipper, 1981). The purpose of the present study was to further test this hypothesis focusing on the two *mimetic* kinds of behavior and their differential effects on the degree of involvement in the

role-playing enactment. First, it was predicted that subjects participating in a mimetic-pretend simulation situation would report a significantly greater involvement in their role playing than subjects participating in a mimetic-replication simulation situation. The rationale for this prediction was that since the player in a mimetic-pretend simulation is not completely familiar with the model he or she portrays, the gaps in the knowledge are expected to be filled with personal colorations, hence the greater involvement in the role playing. In mimetic-replication tasks, on the other hand, all the required information is provided by the model, and thus the process of emulation calls for less personal involvement. Second, it was also hypothesized that involvement in the role-playing tasks is related to the subjects' level of imagination. This hypothesis concerned an interaction between the kinds of mimetic behavior and the levels of imagination. Thus, subjects with a high level of imagination in a mimetic-pretend role playing were expected to produce the greatest involvement, followed by a lesser degree of involvement to be displayed by subjects with a high level of imagination in mimetic-replication role playing, and subjects with a low level of imagination in mimetic-pretend role playing. The least involvement was expected to be observed among subjects with a low level of imagination in mimetic-replication role playing.

Method

Subjects

The subjects were 36 females, high school sophomores and juniors, who volunteered to take part in a study described as "a role-playing investigation." They were selected from a group of 80 students who were administered a Hebrew translation of the *Imaginal Processes Inventory* (IPI; Huba, Aneshensel, & Singer, 1981). The IPI consists of 45 questions each to be answered on a 1- to 5-point scale, and was reported to have a mean score of 131.34 ($SD = 9.98$). The selected subjects included 18 students who scored 1 SD or more above the mean, and 18 who scored 1 SD or more below the mean.

Design and Procedure

The study employed a 2×2 (levels of imagination $\times$ simulation conditions) factorial design. The subjects were assigned to four equal groups of nine participants each. There were two high-imagination groups (with $M = 144.2$ and 144.4 IPI scores, respectively) and two low-imagination groups (with $M = 97.2$ and 94.6 IPI scores, respectively). Two of these, that is, one from each of the high- and low-imagination groups, were in-

volved in a mimetic-pretend simulation situation, and two participated in a mimetic-replication simulation situation. The situation that all the subjects were asked to role play was the same. It involved a female student who encountered a new peer group for the first time. That student conducted a conversation with one member of the new group, also a female. The specific instructions for each of the mimetic-pretend and the mimetic-replication simulations were as follows:

Instructions: mimetic-pretend condition. In accordance with the characteristics of the mimetic-pretend behavior, the instructions emphasized the following elements: the role of the main person was set in an *imaginary context*, it was to be performed under an *assumed* identity, it was *broadly* defined with no provisions for a *specific* role model, and it was phrased by referring to the main person in the *second person*. "Imagine that you are an older student (i.e., 18 years old) who due to family circumstances has had to change schools. The student finds herself in a new peer group, for the first time. One female member of the new group approaches the student and starts a conversation. This role will be performed by the person who is sitting in the corner (a confederate). You will be the new student. Let's see what happens. You are free to behave any way you wish. But remember, you are *not* representing yourself; you are a new and an older student."

Instructions: mimetic-replication condition. Since this condition represented a straight modeling situation, the behavior to be role played had to be defined in a greater specificity and modeled. The modeling was conducted by means of an audiotape replay of a four-minute conversation between the new student and the member of the new group. There were no allusions to the age of the new student or to the imaginary characteristics of the setting. The instructions were as follows: "We are going to let you hear a taped conversation between a student, Rachel, who due to family circumstances has had to change schools, and another student, a female, whom she meets for the first time. Rachel is slightly shy and apprehensive. Pay attention to Rachel's behavior and words. At the end of the conversation we will ask you to role play the situation here, to behave like Rachel and repeat her performance. The role of the other student will be assumed by the person who is sitting in the corner (a confederate)."

The role-playing episodes for subjects in both the mimetic-pretend and the mimetic-replication conditions lasted for five minutes. The role of the confederate was played by two females, one at a time. In participating in the study they were unaware of the IPI scores of the subjects. Each role-playing situation was conducted individually.

Upon completion of the role-playing episode subjects were asked to answer an Involvement Report Sheet. The self-report technique for measuring involvement in role playing was one of three recommended by Geller (1978). Subjects were asked to respond to four questions by indicating their feelings on a 1- to 6-point scale. These questions pertained to the degree that the subject was involved in role she portrayed, the ease of getting into the role, the degree that the subject was able to identify with the new student, and the extent that the situation was felt real. In addition, subjects were asked to indicate (a) whether or not they had experienced a similar situation in their past, as well as (b) whether they would have preferred to portray the role differently, i.e., for mimetic-pretend subjects to be provided with a clear model to follow, and for mimetic-replication subjects to portray the role as an imaginary situation without a model.

Results

Table 1 presents the means and standard deviations of the responses made to the four Involvement Report Sheet items. These are shown separately for each of the four experimental groups; that is, the two high- and low-imagination groups who had participated in a mimetic-replication simulation situation, and the two high- and low-imagination groups who participated in a mimetic-pretend simulation situation.

The results of two-way analyses of variance conducted for each of the four items showed a similar trend. There was a significant main effect for the simulation conditions factor. No significant results were obtained for the main effect of the levels of imagination or for the interaction effect. Specifically, for the first item (degree of involvement) there was a significant main effect, $F(3,32) = 5.48$, $p = .026$ for the simulation conditions but not for the main effect of the levels of imagination, $F(3,32) = 0.02$, $p = .877$. For the second item (the ease of getting into the role) there was a tendency for a significant main effect, $F(3,32) = 3.68$, $p = .064$ for the simulation factor, but no significant result for the main effect of the levels of imagination. For both items 3 (the degree of identifying with the heroine) and 4 (the extent that the situation was felt real) there were significant main effects for the simulation conditions, $F(3,32) = 7.25$, $p = .011$ and $F(3,32) = 8.14$, $p = .008$, respectively. With regard to the main effect of the levels of imagination for these two items, only a tendency was evident, $F(3,32) = 3.39$, $p = .075$ and $F(3,32) = 3.61$, $p = .066$, respectively. As mentioned earlier there was no significant interaction effect for any of the four items.

These results indicate that subjects in the two groups who participated in a mimetic-pretend simulation situation reported a greater involvement than

Table 1—Means and Standard Deviations of Responses to the Involvement Report Sheet

Items	Mimetic-replication				Mimetic-pretend			
	High Imagination		Low Imagination		High Imagination		Low Imagination	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Degree of involvement	4.00	1.11	4.00	1.32	4.78	0.97	4.89	0.78
Ease of getting into the role	3.78	1.30	4.00	1.50	4.56	0.88	4.78	1.09
Identification with the heroine	3.78	1.39	2.76	1.09	4.56	1.01	4.11	1.16
Reality of the situation	3.44	1.42	2.56	1.01	4.78	1.56	3.89	1.53

those who participated in a mimetic-replication situation regardless of their level of imagination. Overall, the subjects' levels of imagination did not produce a differential degree of involvement though there was such a tendency for the last two of the four items. These findings lend support to the hypothesis that the mimetic-pretend kind of simulation will produce a greater degree of involvement than the mimetic-replication kind. But the hypothesis concerning the relationships among the degree of involvement, the kinds of simulation situations, and the levels of imagination was not supported, as evidenced from the lack of significant interaction effects.

It might be recalled that the Involvement Report Sheet contained two questions in addition to the four items listed in Table 1. The first of these two asked subjects to indicate whether or not they had experienced a situation similar to that which they role played, prior to the study. Subjects in each of the four experimental groups were divided into two subgroups of those who had and those who had not had such an experience. The result of a chi-square analysis revealed no significant differences between the four experimental groups with regard to familiarity with the simulated situation.

The next step was to conduct the same analysis separately for each of the four items listed in Table 1. Thus, the responses given to each item were divided according to whether the respondents had or did not have similar experience in their past. The results of *t*-test computations showed a significant difference only on item 4 (the extent that the situation was felt real). Subjects who had a similar experience in their past scored significantly higher, i.e., felt it more real ($n = 21$, $M = 4.28$, $SD = 1.45$) than those who did not have such an experience ($n = 14$, $M = 2.85$, $SD = 1.35$, $t[31] = 2.93$, $p < .01$).

These findings raised the question of whether or not the four items on the Involvement Report Sheet represent a homogeneous measure of involvement. An intercorrelations analysis showed significant correlations among the first three items listed in Table 1. Degree of involvement correlated significantly with the ease of getting into the role and the degree of identifying with the heroine ($r_s = .64$ and $.39$ $p < .01$, respectively). The last two of these three items also correlated significantly with each other, $r = .35$, $p < .05$. On the other hand, item 4 (the extent that the situation was felt real) correlated significantly only with the identification item (no. 3), ($r = .48$, $p < .01$) but not with the other two. It appears, therefore, that the four items on the Involvement Report Sheet included two components of involvement: one is represented by the first three items listed in Table 1, and the other is represented by the fourth item on that list.

The second question the subjects were asked following the completion of their simulation enactments pertained to whether or not they would have preferred to portray the role-playing episode differently. Thus, the mimetic-

replication subjects were asked if they would have preferred being instructed to freely imagine the behavior of the new girl instead of being given a model to replicate, i.e., to be presented with a mimetic-pretend situation. Conversely, the mimetic-pretend subjects were asked if they would have preferred seeing an example, a model, of the behavior of the heroine and then emulating it, i.e., to be presented with a mimetic-replication situation. The responses to the two forms of the question showed that more subjects in the mimetic-replication condition preferred the mimetic-pretend option than the opposite, $\chi^2 = 13.35$, $p < .001$. This preference, however, was significant only among the high-imagination groups, $\chi^2 = 12.44$, $p < .001$.

In view of these findings a further analysis was conducted. The responses on the Involvement Report Sheet were divided into two categories according to whether or not the respondent preferred the alternative simulation situation. The data and the results of this analysis are presented for each item separately in Table 2.

Table 2—Preferences for Changing the Simulation Situation as Reflected on the Involvement Report Sheet

Items	Preferences of change			
	Yes ($N = 17$)		No ($N = 16$)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Degree of involvement	4.05	1.29	4.85	0.70*
Ease of getting into role	4.00	1.41	4.43	1.03*
Identification with the heroine	3.29	1.21	4.31	1.30**
Reality of the situation	3.00	1.50	4.43	1.45***

*) n.s. **) $t(31) = 2.32$, $p < .05$ ***) $t(31) = 2.78$, $p < .01$

The results showed that for the first two items (that is, the degree of involvement in the simulation situation and the ease of getting into the role) there were no significant differences between those who preferred and did not prefer the other simulation situation. Subjects in both preference categories reported a "considerable" or higher involvement and ease. Only in the last two items (the identification with the heroine and the reality of the enacted situation), subjects who preferred the other option scored significantly lower, that is, professed less identification and sense of reality, than those who did not prefer a change: $t(31) = 2.32$, $p < .05$ and $t(31) = 2.78$, $p < .01$, respectively.

Discussion

In previous writings on behavior simulation, a theoretical proposition was advanced that behavior displayed under role-playing or simulated conditions does not constitute one, homogeneous class of behavior (Kipper, 1981; 1982). It was suggested that such behavior may be classified into three principal categories or kinds described as spontaneous, mimetic-replication, and mimetic-pretend. The rationale underlying this proposition was based on the fact that each of these three kinds was found to be characterized by a different set or a combination of conditions, and therefore was thought to form a different psychological and phenomenological state. It was reasonable to expect, then, that this would also manifest itself in different psychological and behavioral outcomes.

The purpose of the present study was to test the validity of this theoretical proposition and its prediction by using the case of "involvement in the simulation task" as an illustration. The investigation focused only on the two kinds of mimetic behavior. The main, and the first, hypothesis was that the two mimetic kinds of behavior simulation would have a differential impact on the degree of involvement that they evoked among role players. The results confirmed the hypothesis. The mimetic-pretend kind of behavior simulation elicited statistically more involvement than the mimetic-replication kind, a fact which was interpreted as lending support to the basic theoretical proposition.

But the results also showed a significant difference in the subjects' satisfaction with their performed behavior-simulation tasks. When subjects were asked following the completion of their role-playing enactments whether or not they wished they had been assigned to the other behavior simulation condition, more mimetic-replication participants expressed a preference in favor of the mimetic-pretend task than vice versa. This, it might be argued, could suggest that the obtained difference in the degree of involvement might be attributed to an inappropriate design or management of the mimetic-replication simulation condition rather than to an inherent qualitative difference in the two kinds of mimetic behavior simulation, as claimed by theory. The data shown in Table 2, however, does not appear to support this alternative interpretation of the results. There were no significant differences between subjects in both the "yes" change and the "no" change groups with regard to the items of the degree of involvement in their respective tasks, and the ease of getting into their respective roles. The only obtained significant differences were on the last two items, that is, the degree of identification with the heroine, and the extent that the simulation situation was felt real. Subjects participating in the mimetic-pretend roles

(mostly the "no" change group) scored significantly higher on these two aspects of involvement than those participating in mimetic-replication roles (mostly the "yes" change group). It seems, however, that this is not incongruent with the claimed qualitative difference between the two mimetic kinds of behavior simulation. Since mimetic-replication tasks are more "mechanical" imitations of a model where mimicry, as opposed to identification, is more emphasized, they are expected to produce a lesser degree of experienced similarity (identification) and a sense of authentic reality.

It might be also argued that the obtained difference in the degree of involvement was a function of the length of the simulation episode. While the difference might be evident in the kind of a brief role-playing situation used in the present study, given more time the subjects in the mimetic-replication role would have become as involved as their mimetic-pretend counterparts. The available data does not provide an answer to this argument. At best it ought to be regarded as an interesting speculation pending further substantiating empirical evidence. It is important, however, to point out at this juncture that traditionally studies using role-playing techniques have often included brief simulation episodes which were about as long as those designed for the present study.

The second hypothesis investigated in the present study concerned an expected relationship between involvement in mimetic kinds of behavior simulation tasks and the player's level of imagination. The assumption here was that there is a connection between personal traits, e.g., level of imagination, which might be required of a good role player, and the characteristics of the simulation role or situation. The results did not confirm this hypothesis. The subjects' level of imagination did not prove to be an important factor affecting the degree of involvement either as an independent variable or in an interaction with the kind of behavior simulation variable. This, again, was interpreted as an additional support of the basic theoretical proposition which emphasized the role of the different kinds of behavior simulation modes. It is possible that the results for the second hypothesis might have been due, in part, to the limitation in the particular measure of levels of imagination used. But it is also possible that they indicate that *everyone* can be a good and an involved role player given an appropriate preparation, atmosphere, and encouragement. This part of the results is also congruent with Geller's (1978) observation that presently there is no evidence for the existence of a trait of role-playing ability.

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The Use of the Cultural Atom to Record Personality Change in Individual Psychotherapy

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This paper raises the issue: "How can the psychodramatist evaluate the client's progress in psychotherapy and the soundness of the psychodrama intervention?" The cultural atom can be used to diagram three gestalts, each of which has a central identity around which other roles cluster. The neurotic gestalt represents the unresolved pathological aspects of the parents' personalities together with the role responses of the child. The coping gestalt represents the best means of coping which the person learned in the family system. The individuated gestalt represents a balanced set of roles unique to the individual. Progress can be assessed by emergence of roles and an identity belonging to the individuated gestalt.

In working with severely disturbed people as I have over the last 12 years, I have been puzzled at times about healthy spontaneity and pathological spontaneity. This puzzle arose poignantly after a case presentation of a young adult I had treated in individual psychotherapy for about 5 months. This girl had been taken to a psychiatrist first at the age of 4 and had been in and out of hospitals since she was 13 years of age. After psychotherapy she had shown remarkable "improvement." She had "stabilized," was more socially acceptable in dress and manner but after the case presentation one doctor remarked, "Well, she is a 19-year-old version of her mother." I was appalled. Was this the purpose of treatment—to provide the opportunity for a teenager to cope like a parent? After further psychotherapy aimed at assisting the young adult to individuate, she left the hospital to live with her parents. I felt I had failed. Then she rebelled. Today she lives an eccentric life in the community, having built her social atom around a new identity of voluntary community cleaning lady. She is obsessed with burning the community rubbish in the incinerators of the large city block of apartments

where she lives. She is known by all the residents as "Sadie the cleaning lady," a psychodramatic identity she had explored during psychotherapy. She explained her solution to her mother's fears regarding sexuality and promiscuity which had dominated her attempts at separation. With a wink and a gesture to the tiny padlock on her belt she commented, "I'm all locked up." She has obviously individuated herself from her pathological family in an odd way, but she never visits a hospital or a doctor and she is not defined as sick by those who meet her. Is this pathological spontaneity or healthy spontaneity? How do we know as psychodrama directors whether the spontaneity released in sessions is pathological or healthy? How can we evaluate the client's progress in psychotherapy or the soundness of our work?

I have found that the concept of the cultural atom provides a means of mapping progress in psychotherapy. Dr. Moreno distinguished between the two concepts of the social atom and the cultural atom. The social atom is a concept tied to sociometry. Recorded in diagrammatic form it represents significant others along with the feeling valency, positive or negative, as measured or described by sociometric choice.

The cultural atom, on the other hand, is the range of roles and counter roles which exists in a person's repertoire. The cultural atom can be recorded in a diagram of role states after observation of psychodrama. In a series of psychodramas or individual sessions played out interactively, a protagonist can be viewed over time, firstly, for example, with mother, then with daughter, then sister, then husband, then father. With each of these a range of internal role states becomes apparent. Some role states are repeated with more than one person and it becomes clear that roles within the person are clustered.

Clusters of roles can be recorded in three gestalts, each of which has a central identity or autotele which acts as the integrating force for the role cluster. The first gestalt I have termed the neurotic gestalt. It represents the unresolved pathological aspects of the parents' personalities together with the role responses of the child. Whenever severe psychopathology is encountered, the person, whether temporarily regressed or permanently adjusted to a pathological identity, enacts the roles within the pathological gestalt. These are the people who come to a mental hospital.

The second gestalt I have termed the coping gestalt. This cluster of role states represents the best means of coping that the person learned in the family system. The coping behaviors are modelled on the behaviors of parents and significant others who provided solutions to developmental crises and the family pathology.

The third gestalt, the individuated gestalt, represents the balanced set of roles which draws together themes in the person's life. These roles provide

solutions to the paradoxical polarities (such as good and bad, power and weakness, action and reflection, ugliness and beauty) which are experienced and conceptualized uniquely by each individual. The resolution of paradoxes allows polarities to co-exist without internal conflict within the personality.

Each gestalt has an identity, a role which determines the person's perceptual organization of incoming material. The role identity of the pathological gestalt consists of the early identity of the child in the family system. It is to this role that people regress during acute psychiatric disorders. Some pathological family systems never allow the development of a more mature personality identity. The identity formed in the coping gestalt is most often the identity we see when people arrive in psychodrama or request psychotherapy. It represents a partial separation from parent figures and early life experiences. In severe neurotic disorders the coping identity is usually brittle and superficial. These superficial identities can be summarized conveniently by states of moving towards, moving away and moving against as observed and discussed by Karen Horney.

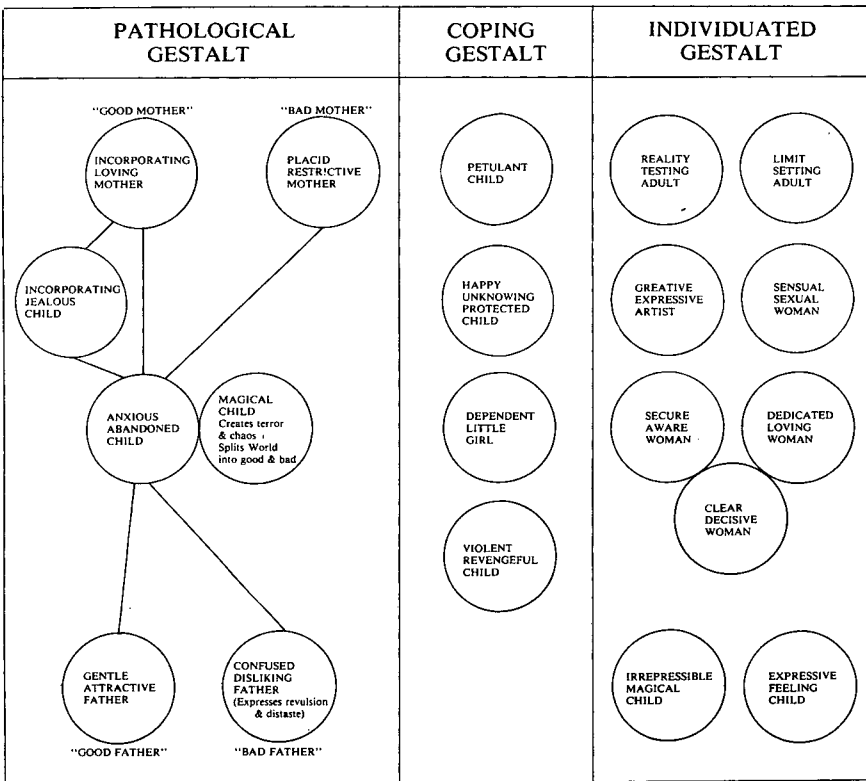
The role identity of the individuated gestalt conforms to Dr. Moreno's description of psychodramatic roles. The integrating principle of the individuated gestalt allows the person to express the unique purpose for being in this world. The flow of spontaneity and creativity is complete. No unresolved developmental issues block the expression of the life energy of the individual. Creativity is released at various levels through the body and the physical senses, through realistic planning, through emotional expressiveness, and through a transcendent level of being. Psychodramas at these higher levels of integration often contain symbolic, mythological, dream or fantasy material.

Two clinical examples may illustrate the process of analysis into the three gestalts. Marion came for psychotherapy and found it difficult to describe exactly what was the difficulty for her. I noticed in her manner that she appeared to startle in a slightly jerky fashion at times. She had been to several therapists for a few sessions but declared that they did not seem right for her. When I asked her to describe an incident to illustrate the problem, her sentences had a jerky staccato movement and I was unable to understand the disjointed description. Suddenly she burst out, "I feel alone, out of tune and cut off," but could explain no more about these words. I took a family history and noted that Marion focussed on negative attitudes towards her father. A session or two later after further attempts on Marion's part to describe panic states in which she became tearful, nauseous and had a feeling of being trapped and suffocated, I said to Marion, "You can describe your father but I can't get a picture of your mother." Suddenly Marion startled with a jerky movement, her eyes opened wide with fear mixed with

incredulity and she said, "That's true." From this point on I began to understand the symbiosis with the mother which was involved in one aspect of Marion's personality.

I recorded this material as the pathological gestalt. Because I have observed other behaviors in interviews I was able to record Marion's coping behaviors in relation to me and to explore with her the more individuated aspects of herself as a woman. The individuated gestalt emerged and integrated over 12 months of therapy.

Marion's diagram looked like this:



Through various methods—poetry, examination of past-present real life incidents, projective techniques, fantasies and dreams—the role system was explored and sometimes enacted.

Here is a poem written shortly after therapy began:

Seems like the child in me
is screaming
I am in pain
I don't understand what's going on
Like an ache in my chest
I feel apart
I hurt
Thank God, once I would have said
"it hurts"
Now I can say "I hurt"

I often use multiple chair work to facilitate dialogue between role states. Here is a statement made towards the end of therapy. "I'll be friends with you. You need to recognize my full force. If you deny me you are not listening." Then she said of this statement in role, "I feel all right now to say what I mean without the malevolence and the tantrums." The symbiotic relationship with the mother, the resultant splitting of the world into malevolent and good forces and her consequent alienation from her father and all men, had been given up. Marion had learned to love herself as a woman rather than experiencing herself as an anxious abandoned child.

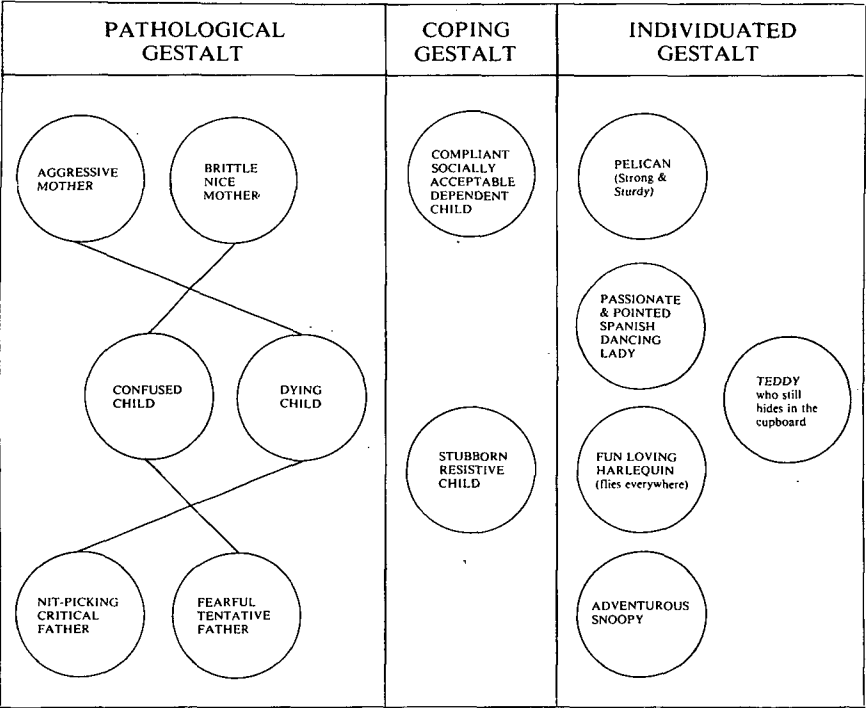
Marion already had many coping skills when she came to see me so that her therapy proceeded intensively for six months, then sessions occurred intermittently when she requested them. Marita on the other hand was barely coping on a day to day basis.

Marita was pallid, weepy and spoke with a deathlike sibilance in her voice when she came to see me for the first session. Shortly after she expressed her anxiety about coming to see me in a mental hospital, her eyes rolled in fear as her tongue curled and stiffened uncontrollably in her mouth. She tried to talk and became terrified at being so out of control physically. I calmed her and sought an immediate medical opinion that this was an hysterical phenomenon not a drug-related or organic condition. When both Marita and I were reassured, we began as best we could to clarify the purpose of therapy.

Marita, too, had seen several therapists over the past five years. She had been treated for depression following a breakup with her first husband and had attended psychodrama groups over a period of one year. In all sessions she was prone to overidentify with the protagonist in a psychodrama, to become weepy and confused about her own identity, so that a good deal of group time and energy was expended on Marita's repeated disintegration. Nevertheless Marita hung on stubbornly as she did in my initial session, attempting to communicate despite her tears and confusion.

I came to understand that Marita, an only child, had invested all her energy in being a compliant, pleasing child in her family system. The family allowed no authenticity in its members and lived by highly regulated rules. Loving was conditional on complying. Her basic personality had been so repressed by the neurotic family system that she gagged and was unable to speak to me from an uncontaminated role. Her coping behavior and her individuated self were almost non-existent. And yet a stubborn attempt to communicate persisted and was sufficient to continue weekly sessions for nine months and then monthly sessions over a further year. Marita will continue to need periodic visits for some time, although she now has a healthy and expanding set of relationships in everyday life.

Marita’s diagram looked like this:



Readers can see Marita's individuated gestalt is recorded in her own words which are those of a child who is playing. It has been necessary during the therapy process to find concrete actions and people as real life auxiliaries for each of these symbolic role states. Marita took a plunge and went exploring, travelling with a new boyfriend who has high needs for emotional separateness in what is an intimate and growing mature relationship.

Her family visited and she arranged for them to live separately and to visit her while they were on holiday. She visited her family six months later and was not overwhelmed by confusion but was able to observe her mother and father as separate people. It still remains for "Teddy" to come out of the cupboard. She needs to give up the tentativeness she has learned from her father and will make a life decision about a career and work pattern for herself that will allow further expression and display of a solid integrated individuated identity.

These examples illustrate how using the concept of three gestalts to record progress in psychotherapy can assist with clear goals and a management plan as a guideline for the therapist and the person in therapy. Mostly I do not attempt to clarify the role diagram unless I am confused or therapy has slowed down,—in other words, when I need to review goals or progress. The method is not a means of intellectual analysis but a means of recording behavior observed by a clinician during the therapy process.

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The Use of Psychodrama in Individual Psychotherapy

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While psychodrama is most commonly applied in the group setting, psychodramatic theory and techniques may also be utilized in the therapeutic dyad. The clinician incorporates segments of psychodramatic role playing and other techniques into the ongoing therapy process and participates actively with the client in their implementation. This format calls for some modifications of psychodramatic procedures and, more importantly, has significant consequences for the role of the therapist and for the therapeutic relationship itself. Relevant clinical issues in this regard include: (a) the effect of the therapist's role-playing involvement on the operation of transference, (b) the effect of the therapist's directiveness on the client's struggles with dependency, and (c) the appropriateness of certain psychodramatic techniques for certain clients. These issues are discussed, along with suggested clinical guidelines.

Although psychodrama is customarily considered a technique for use with groups of patients, we have found it useful in individual psychotherapy as well. This article presents an introduction to the use of psychodramatic action methods in individual treatment. We will provide a brief overview of the literature, including related clinical practices; descriptions of techniques, illustrated with case examples; and a discussion of pertinent clinical issues. The article is directed toward practitioners of individual psychotherapy who are interested in including psychodrama in their work.

The primary locus of psychodrama practice is the group, but the concept of psychodrama begins with the individual—within his or her world of experience. The psychodramatist respects this fact by accepting “the patient with all his subjectivity” (Z. T. Moreno, 1966, p. 237) and by allowing the

protagonist to take the lead, whenever possible, in selecting the time, place, scene, and auxiliary egos (therapeutic assistants who portray roles) for the action. Through psychodrama, reality is explored from the unique personal perspective of the individual, and any significant change must emanate from his or her experiences, perceptions, and choices. In a broader sense, each of us is a living example of psychodrama, for the literal meaning of the Greek words from which the term is derived is "the soul in action." In our minds we continually review conversations, rehearse interactions, imagine future events, play out our conflicts, and, through it all, "talk to ourselves."

While the meaning of psychodrama is understandable in individual terms, it may be difficult to imagine the complex events in a psychodrama group telescoped into the dyadic format of individual psychotherapy. One may wonder, for example, who would assume the roles of multiple characters or portray the multiple levels of reality that make up the client's world. If the therapist took part in the enactment, who would be available to direct critical changes in the action, such as role reversals, or to extract the therapist from an overly intense involvement in a role? How could the sharing phase of psychodrama occur without group members available to reintegrate the protagonist into the social mainstream or to demonstrate the universality of his or her concerns? If the therapist disclosed personal information as a way of sharing, would he or she forfeit the faith-inspiring authority vital to the clinician's role? Difficulties like these seem to argue against the practical application of psychodrama to the dyad. In what ways, then, can psychodrama theory and methodology be used in individual psychotherapy? Before we attempt to answer this question, we shall briefly examine the literature that has a bearing on it.

Related Literature

The use of action methods in individual treatment is of course not new. For example, the Gestalt approach is known for the use of exaggeration, reversal, the enactment of polarities, and other techniques designed to enhance awareness, facilitate expression, complete "unfinished business," and promote integration (Polster & Polster, 1973). Practitioners of "fixed-role therapy" (Kelly, 1955) give their clients detailed role descriptions, which they practice first in therapy and then in their daily lives outside therapy. Behaviorally oriented approaches, such as "structured learning therapy" (A. P. Goldstein, 1973), utilize "behavioral rehearsal" in the process of teaching specific social skills.

Clinicians vary in the extent to which they call attention to their use of action methods. The above therapists use role playing and other techniques as

a distinct part of treatment, with their clients' full knowledge and participation. Other therapists who use action do so less overtly: for some, role playing is inherent in their style of relating to clients, while at the same time it is used deliberately to provoke particular effects. Rosen (1953), in his "direct psychoanalysis," adopts the patient's frame of reference, however bizarre, and takes the role of "benevolent mother" in order to intensify the transference, stimulate insight, and resolve the psychosis. Nelson (1968), in her "paradigmatic therapy," assumes a variety of covert roles that are intended to exemplify patterns of interaction, counteract resistances, and promote self-understanding and relearning. Still other therapists use paradoxical prescriptions (Frankl, 1955; Haley, 1963)—for example, instructing the patient to do deliberately that which is feared; clinicians must be especially skilled role players to be able to deliver such complex and unexpected messages in a convincing manner.

A growing body of research documents the clinical effects of action methods such as role playing, doubling, and the enactment of polarities (see e.g., Boies, 1972; J. A. Goldstein, 1971; Greenberg & Higgins, 1980; Nichols & Zax, 1977). Few of the studies, however, specifically emphasize the use of action methods in the treatment of individuals.

Psychodramatists themselves have occasionally worked with individuals, although this is seldom mentioned in the literature. Dyadic interviews are sometimes conducted in conjunction with psychodramatic work. J. L. Moreno (1959, 1969, 1972), for example, talked to patients individually prior to psychodrama sessions as a way of gathering information and establishing a therapeutic relationship. He also incorporated individual sessions into his work with marital couples (1972), acting as each partner's alter ego and representative to the other.

Some psychodramatists have applied the structure and methods of group psychodrama to an individual setting, with as few changes as possible. Thus, the traditional sequence of warm-up, action, and sharing (the first, second, and third phases, respectively, of the psychodrama session) is maintained, and the enactment differs only in the limitations created by the absence of auxiliary egos. Writing about his form of psychodrama, Haskell (1967) describes three basic warm-ups used with individuals: (a) a general warm-up (the client chooses the relationship area to be explored), (b) a directed warm-up (the therapist selects the relationship or problem to be explored), and (c) a warm-up for an encounter (the therapist selects the specific scenes to be enacted as well as the area to be explored). Some practitioners employ auxiliaries in the individual session to enact roles in the psychodrama. This approach is particularly prevalent in France, where psychodrama is most often practiced by psychoanalytically-trained psychiatrists and psychologists (Monod, 1966). The use of multiple aux-

iliaries with one patient is modeled after Moreno's (1945) auxiliary-world technique, which features a cast of therapeutic assistants who assume roles in the patient's private world and use these gradually to promote reality-based relationships and perceptions.

The particular use of psychodrama on which we are focusing, however, is more flexible: Psychodrama as an optional adjunct technique is an ongoing therapy relationship, regardless of the theoretical orientation. Unlike traditional dyadic psychodrama, the therapist is not bound to the structure of warm-up, action, and sharing but uses psychodramatic techniques whenever they may augment the therapeutic process. Psychodrama offers a wide repertoire of psychodramatic techniques that distinguish this approach from other applications of action methods to individual psychotherapy. Concepts such as spontaneity, catharsis, and action insight serve as guiding principles for the use of these techniques. The use of psychodrama also introduces new facets to the role of the therapist. During the enactment he or she plays many different parts, often in rapid succession, while at the same time maintaining control of the session. Although this is not totally unlike the practice of verbal therapy which simultaneously involves the roles of observer, analyst, strategist, intervener, and involved participant, the use of psychodramatic techniques introduces a more overt and dramatic level of role playing, one requiring additional skills. Roles must be taken in such a way that the client is emotionally engaged in an immediate experience that feels "real," although it is defined as "mere role playing." The therapist performs the functions of both auxiliary ego and director: he or she must guide the action through subtle non-verbal cues or by slipping briefly out of role to give a direction. The shared psychodrama experience is then integrated with other aspects of the therapeutic relationship.

In what follows we shall describe and illustrate this flexible use of psychodramatic methods, tailored to the dyadic setting, during the course of individual psychotherapy.

Psychodrama Techniques in Individual Therapy

The Double

The double technique emerged from Moreno's formulation of the newborn's experience, the first stage of development. Infants seem to experience all objects and persons as co-existent with themselves and live in what Moreno termed the "first universe" (1972). The infant is helped to relate to the world through co-experience with his or her first auxiliary ego—the mother or mothering agent. This extension of the infant's own ego is necessary in early functioning.

The therapeutic operation of the double in the psychodramatic setting is comparable to the natural co-being of the mother and infant. Typically, the double stands behind the protagonist and assumes his or her body position in order to identify with and aid in the expression of inner experiences. According to Zinger (1973), doubling can be used to clarify "hidden agenda which may be preventing resolution of the problem."

In an individual setting, doubling may be used in a variety of ways: the therapist may double the client, the client may double himself or herself, and the therapist or client may double a significant other being portrayed in a scene. Doubling may be extremely useful for clients who are not aware of some of their own feelings, or conversely, for regressed clients who are totally immersed in the first universe.

As an example of doubling, in one session Mary took the role of herself as a five-year-old and was enacting a scene with her aunt, an alcoholic. In the role of the aunt, Mary yelled at the child and threatened to harm her. Mary's response (as the child) was to cry, a role she frequently took in her life and in therapy when she faced a situation that made her angry. During the enactment, the therapist doubled the client. The double aided the client in two ways: helping her to explore further dimensions of her feelings by calling attention to non-verbal cues (such as clenched fists), and supporting her by joining her in the child role. Thus, doubling here was an effective alternative to interpretation. Mary, through her own actions, perceived new dimensions of a painful situation in her life.

The Mirror

The mirror technique corresponds to the second stage of development, in which children gradually recognize themselves as separate from others—as when they recognize themselves in the mirror. "When we use the mirror technique in psychodramatic sessions, we are drawing from the fundamental relations which the infant develops to his mirror companion early in life" (Moreno, 1952, p. 246).

The mirror technique can be used to reflect to the client in action how he or she appears to others. During the portrayal of a particular scene, the client is asked to observe while the therapist re-enacts his or her idea of the client's behavior in the scene. For example, Michael felt frustrated and puzzled by his failure to be an effective supervisor. The therapist mirrored Michael's manner as a supervisor (as reconstructed from other material in the sessions), and in the role of observer. Michael was able to clearly recognize his own behavior. He told the therapist-as-supervisor to be firm and not to be afraid to assert himself and confront the supervisees. The mirror technique enabled Michael to be his own source of ideas for changing his behavior.

Role Playing

Role playing corresponds to later stages of development, when the young child can identify with another's role—although the child may not yet be able to view the self from the role of the other.

In the traditional therapeutic setting, the client's feelings and conflicts are expressed to the therapist primarily through verbalizations. In role playing, the client portrays his or her world of experience through concrete enactment of interpersonal encounters. Role playing gives both the therapist and the client a working picture of the message related in words. Abstract concepts such as love, fear, or hate take on individual meanings when they are viewed in reference to particular action settings.

In an individual setting, the most common use of role playing is having the client enact the role of another person. This can help crystallize perceptions and feelings about the persons that need to be given expression. The client may also take the role of an object, an idea, or any other image. For example, during an initial interview, the therapist asked a client, who had been referred by the court, what brought him to the clinic. The client said that he did not know and that he thought the therapist would tell him. The therapist asked him to portray himself in the waiting room. He had difficulty verbalizing his thoughts but said he was staring at a picture. At this point, the therapist asked him to become the picture and talk about what was going on in the waiting room. In the role of the picture, the client was able to describe the incident leading to referral and his feelings about being ordered to come to therapy.

Another way that role playing can be used is to have the client take the role of a part of the self. One client, a highly verbal and intellectual woman, expressed the wish to become more spontaneous and free, but the therapist noticed that her arms and legs were tightly crossed, revealing a different message. The therapist suggested that the client become these parts of her body and take on their characteristics (the "warm-up" process). This led the client to confront the conflict created by her "head's" wish to become more spontaneous and her body's fear of letting go. As the action continued, it became clear that the client had little confidence in her ability to control aspects of her life. The technique of role playing identified and concretized elements of the client's struggle and eventually aided her in moving toward integration and resolution.

Role Reversal

Role reversal, a technique widely used in psychodrama, corresponds to the stage of development in which it becomes possible not only to take the

role of the other but also to see oneself from the point of view of another. "With this stage, the action of reversal of identity is complete" (Moreno, 1972, p. 62). The client may role-reverse with significant others or with the therapist.

As an example of role reversal, a client complained that his friends at work were rejecting him. The therapist asked the client why he was being rejected, and the client could find no reason. The therapist then asked the client to take the role of one of the friends while the therapist took the client's role. In the ensuing dialogue, the client-as-friend accused the therapist-as-client of ignoring him. It then became clear to the client how his own behavior had contributed to the situation. Following the enactment, the client discussed his new perceptions and explored alternative actions.

Role reversal may be effective in expanding the client's role repertoire and facilitating self-encounter. Developing the ability to reverse roles with others enables the client to explore relationships from an enlarged perspective.

Autodrama

The technique of autodrama provides access to the client's experiential world by having him or her portray all of the roles in an enactment, alternating from one to another either spontaneously or at the therapist's direction. Empty chairs or positions in the room may be used to designate the people, objects, abstractions, or parts of the self with whom the client is interacting.

Autodrama is naturally well suited to the dyadic setting and allows the therapist to concentrate more fully on the client's activities and on the overall process of a session. Furthermore, some clients are too anxious or distrustful to allow an auxiliary ego to play a role in their drama, insisting upon the "accurate" portrayal of every detail. Playing all the roles themselves may be the only way for such clients to become involved in an enactment.

Autodrama has several special applications and can also be a rich source of diagnostic information. For example, an autodrama may result from a social atom drawn by the client. Selected people or objects on the social atom may be enacted as a way of exploring the client's real or wished-for relationships. Social atoms can be reassessed in this fashion at different points of treatment and compared, providing measures of progress and concrete pictures of change.

Clinical Issues

Psychodramatic techniques can produce intensified experience and

should therefore be used discriminately and with caution. It is crucial to consider when, how, and with whom—indeed whether—particular methods should be employed. First of all, the therapist must consider the developmental phase of the relationship in selecting particular techniques and roles. What may be effective in one phase of the relationship may be threatening and even counter-productive in another. For example, the client may be unable to accept the therapist as double, with the usual physical proximity that entails, until the initial trust-building phase has been completed. Furthermore, the client must have reached sufficient levels of cognitive and emotional development to be able to comprehend and tolerate many role changes during the enactment. More complex techniques such as role reversal may be contra-indicated for the client with loose ego boundaries or with problems differentiating psychodramatic experience from reality.

We will use the case of Sue to illustrate clinical issues that may arise with the use of psychodrama in individual therapy.

Sue was a twenty-five-year-old resident of an alcohol rehabilitation program. At the time she was referred for individual therapy, Sue had been involved in the program for six months but was withdrawn in groups and was not making sufficient progress, particularly in areas involving responsibility. In groups, as in her family, Sue often made a place for herself as the “baby.” This pattern was supported by interactions with others as well as by Sue’s self-perceptions.

During therapy, Sue presented her teen years as a period of psychological and physical abuse by her mother. Her father had been absent from the home since she was eight years old. While Sue was quite dependent on her mother, she also harbored unexpressed anger about the abuse.

During one session at about the midpoint of therapy, Sue described a recent visit by her mother. While saying that she wanted her mother to visit more and that she enjoyed her mother’s gifts, Sue also expressed a weak sense of dissatisfaction with the visit. The therapist asked Sue to demonstrate what happened during the visit, and instructed her to set up the scene, establishing time and place. The scene (adapted from actual session) begins with Sue in the role of her mother.

Sue-as-mother: Come over here, baby, and sit on my lap.
(Reaches to “Sue.”)

Therapist: Let’s change roles; you be yourself and I’ll be mother.

Therapist-as-mother: Come over here, baby, and sit on my lap.
(Pulls Sue towards her.)

Sue: Oh, mother, I just wanted to tell you about the program and talk to you a little bit. I’m embarrassed to sit on your lap any more.

Therapist-as-mother: Honey, I don’t care how old you are; you’re still my

baby. I want you to be happy. Look, I brought you a new coat. Come over here (continues to pull at Sue and begins to hug her).

Sue: I don't want to sit on your lap! (Holds mother's hand reluctantly but stays in her own seat.)

Therapist-as-mother: What's wrong? Don't you love me any more? Are you mad at me? Don't you like your new coat? I'll always be your mother. I know you want to be grown up, but . . . (looks very hurt).

Therapist: Let's stop for a minute. Sue, what are your feelings now? What are you feeling but not saying?

Sue: I don't think it's right to sit on her lap but I don't want to hurt her. She has a bad heart and I don't want to upset her. And I never got a chance to tell her how I'm doing in the program. She didn't listen to me.

The therapist then directed Sue to repeat the scene, but this time to act as her own double. This enabled her to express feelings of anger as well as love. An imaginary barrier was used to diminish Sue's fear of hurting her mother or of being hurt herself. With Sue's hunger to gain her mother's attention now fulfilled, she could use her spontaneity to explore more independent roles. The action ended with Sue hugging her mother and telling her that she still loved her, no matter what.

In the above excerpt, the therapist used a variety of psychodramatic techniques to create a lifelike experience designed to help Sue begin to work through a debilitating emotional conflict about her mother. The supportive therapy relationship that had been established previously helped Sue to try out new behaviors and expressions that had formerly been too anxiety-provoking. Sue's acceptance of the therapist in the role of mother also signified a turning point in her openness to the therapist and to the therapeutic process.

A number of clinical questions arise about the methods used in this session. Might the physical contact and intense emotions expressed during the role playing complicate the relationship between client and therapist, arousing unrealistic expectations or guilt feelings? Could the therapist's directive role, particularly during the enactment, act to further reinforce Sue's dependency? What would happen if Sue had difficulty separating psychodramatic experience from reality, or if she attempted to repeat the scene with her real mother? What if the session had not gone so smoothly?

These questions exemplify some key issues facing the individual psychotherapist who uses psychodramatic methods. A major issue concerns the possible effects of such techniques on the cultivation of a therapeutic relationship. The active therapist, moving in and out of a number of roles, is a far cry from the therapist who serves as a "projective screen" for the client's internal process. This can be an advantage: The enactment of particular roles may highlight the transference and facilitate the process of working through. In other ways, however, the constant shifting of roles and

levels of reality can interfere with the formation of a therapeutic transference and with its resolution.

In view of these considerations, it is important to reserve sufficient time for closure and for processing the psychodrama portion of a session. Both client and therapist need a chance to divest themselves of roles taken during the enactment, by sharing how it felt to play them and by expressing any remaining emotions stimulated by them. The client may need immediate reassurance after revealing previously censored thoughts and feelings. Above all, the client must be helped to establish some distance from the action in order to examine its relevance. During the processing, the therapist can help the client acknowledge and integrate new perceptions and insights stimulated by the session.

The therapist should also reserve ample time to help the client explore any implications of the role-playing experience for the relationship between client and therapist—past, present, and future. For example, connections may be found between roles enacted during the session and roles within the therapeutic relationship.

Because of the possibility that therapist directiveness in the use of psychodramatic methods might foster dependency and lessen the client's perceptions of his or her capacity for self-control and self-reliance, the therapist must exercise special caution in this area. The therapist's initiative in directing the action does not eliminate possibilities for sharing responsibility with the client. One method frequently used to counteract dependency is to have the client take the role of the therapist, supplying counsel, support, and directions.

Although the therapist should attempt to tailor the particular psychodramatic approaches employed to the client's level of cognitive and emotional functioning, the client's response to specific techniques can provide additional valuable diagnostic information and aid in refining therapeutic goals and treatment strategies. If the therapist finds that a fairly demanding method confuses the client or fails to elicit a response, a more basic technique can be tried. For example, clients who are unable to reverse roles with significant others in their life—an interesting fact diagnostically—may respond quite well to the use of simple enactments or autodrama. In the case of clients who confuse psychodrama with reality, additional time should be spent clarifying the "as if" character of role-played events. For example, following a scene involving the expression of intense anger or symbolic violence directed toward the therapist-as-important-other, the client may need reassurance that no actual damage has been done.

While a number of the above concerns are specific to psychodrama, many are familiar problems in all forms of therapy and approaches to them may vary according to the particular clinician's style, philosophy, and ex-

perience. Given the need for special training and sensitivity in its application, psychodrama nevertheless has enormous potential for enhancing the therapeutic process. Psychodramatic techniques can be used to move the client toward a wide range of treatment goals, such as self-awareness, new insights, emotional expression, relearning, and self-esteem. Therapy is intensified through engaging the individual in action on many levels, in an atmosphere of heightened realism and immediacy. In a sense, the client's world is not merely talked about but is brought into the room, where it can be directly examined and gradually transformed.

Although we have described particular techniques that we have found useful, the therapist need not be limited to these, for there are no rigidly prescribed procedures for the use of psychodrama in individual psychotherapy. Part of the challenge involved in its use is that every clinician is free to use his or her personal creativity in applying psychodramatic methods to the therapeutic encounter.

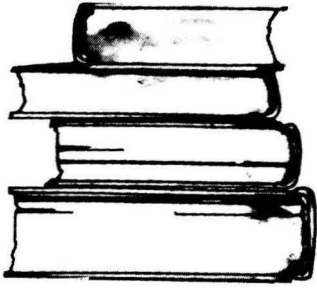
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Book Review

ANN E. HALE, *Conducting Clinical Sociometric Explorations: A Manual for Psychodramatists and Sociometrists*.

Before he died Moreno said to me: "I have built my system; now you and the others can carry on." This is the first book on sociometry since his death that is a further building block. He would undoubtedly be delighted with its appearance.

A mere glance at this comprehensive book, presented in loose leaf form to enable the reader to add his or her own addenda, will tell the reader instantly that here is a very serious, basic and extensive piece of work. The author has thoroughly immersed herself in her task of giving the reader a solid set of guidelines and practical how to's. The Table of Contents provides, in addition to the above, sections on Sociometric Theory, The Social Atom, The Sociometric Test, The Encounter, The Role Diagram, Other Methods and Appendices, a Glossary of Terms and Subject Index.

The inside pocket of the front cover contains more practical help, such as a sample for making a Sociometric Matrix, and an Introduction to the use of the Manual itself and a punched card of geometric designs to assist in drawing of the sociogram. There is also a map for constructing a Social Network, on the basis of Perceptual Sociometry (not Objective Sociometry), and on what Moreno termed "near-sociometric" basis, as there is no emphasis given to the criteria, but on like and dislike.

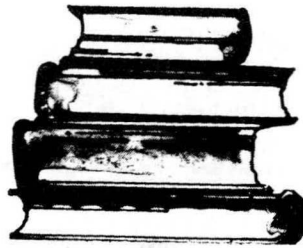
This is a book for the serious pursuit of the sociometric method. No one interested in the field should be without it. Unlike most other How-To-Do-It books, which teach how to apply their methods to others, this book is also a guide for the self. Throughout the book there are pointers which turn

the spotlight on the reader. This is in the true spirit of Moreno who taught that we should not apply anything to others that we would not want applied to ourselves.

One final note. The subtitle: *A Manual for Psychodramatists and Sociometrists*, is a little misleading. While it certainly is a book to be handled and, being presented as a three-ring binder, it is effective for adding leaves, the Random House Dictionary gives one definition of "manual" as something that can be held in the hand, or a small book. This guidebook, however, contains 186 pages not counting the guidecard separation sheets. It takes dexterity to handle it, but the effort is well worth it.

*Conducting Clinical Sociometric Explorations:
A Manual for Psychodramatists and Sociometrists*
\$35 plus \$2.00 Postage and Handling . 1981

Ann E. Hale
1601 Memorial Ave, #4
Roanoke, Va 24015



ZERKA T. MORENO, President Elect of the American Society of Group Psychotherapy and Psychodrama, resides at 259 Wolcott Avenue, Beacon, N.Y. 12508.

FOR WRITING READERS

Some people stay up half the night doing Double Crostics; some find PAC-MAN all-engrossing. But here in your professional journal is a non-addictive opportunity for you to be more than a passive reader. Turn on your imagination, summon your resourcefulness, put aside your writing anxiety and—jump in!

You are leading a workshop on *Writing and Anxiety* and these three persons, among others, show up as participants. What can you and your group do to relieve their particular anxieties? Use psychodrama, perhaps? How would you send them away at the close—feeling confident, ready to take on any writing dragon?

In 200 words or less, give your solution or suggestions. Mail them no later than February 1, 1983 to:

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4000 Albemarle Street, N.W.
Washington, D.C. 20016

They will be forwarded to Dominick Grundy of New York City, who led such a workshop at the 1982 ASGPP annual meeting. Feel free to share your own writing problems too. He will ponder and give his findings in these pages.

* * * * *

Arnold is a creative, motivated person, but he finds he can write only when he does not feel blocked. When he is not thinking about anything in particular, all kinds of interesting ideas flash through his mind. When he is in front of the typewriter, however, the screen goes blank. He is serious about someday realizing himself as a writer; he has potential, he is sure of that. But why is he so blocked? Is it because his expectations are too high? Does he need an external structure provided by someone else, a deadline? He can perform if a teacher gives an assignment in a writing class, and he wants to excel in such situations. However, he is very worried about criticism.

Bettina seems self-confident, and she has skills in many areas except one: writing. While she is a good talker, she will do anything rather than put something down on paper. At work, she will call clients all over the world rather than write a letter—unless her secretary is there to compose it for her. She says she lacks patience. Two years ago she was doing a Master's degree, but she dropped out rather than

write her thesis, even though she had completed the course work. She is aggressive and competent in her work life, but something about writing scares her.

When Joe graduated from high school, his blue collar family wanted him to get a job right away to earn some money, but his counselor suggested that he take courses in a professional program in a local community college. The last thing Joe wanted to do was continue something as dull as school. He never reads, and he passed English in high school by getting his girlfriend to write his papers for him, in return for the work he put into her car. However, after talking to his friends in the bar over several beers, Joe realized that, unless he wants to spend his life pumping gas, he will have to get some more education. He has passed the courses that relate specifically to his field, air conditioning, but he has flunked English twice. The school is threatening not to let him receive the certificate. To make things worse, the English teacher makes them write papers in class, and he finds it impossible to stay awake in it. He cannot do reading assignments of more than three pages, because it takes him so long to do them, and he becomes bored. He has been assigned a tutor for remedial tutoring, but he keeps forgetting their appointments. He feels that he is doomed to pump gas.

Conference

The Joint Conference of the Western Region of the American Society of Group Psychotherapy and Psychodrama and the Federation of Trainers and Training Programs in Psychodrama will be held at the Santa Rita Hotel in Tucson, Arizona, January 27-30, 1983. For further information, contact Ellen R. LaBelle, Registrar, 927 North 10th Avenue, Tucson, Arizona 85705, (602) 882-0090.

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