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PSYCHODRAMA:
Review and Analysis

BY

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Stetson University, 1975

THESIS

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One of societies greatest social problems has been mental illness. Alexander and Selesnick (1966) in their book History of Psychiatry, aptly stated that, "the mentally ill have always been with us - to be feared, marveled at, laughed at, pitied or tortured but all too seldom cured." (p.21). Although numerous theories and therapies stack the library shelves; psychotherapeutic effectiveness is still a hotly debated subject. Whether or not psychological or behavioral change takes place as a result of psychotherapeutic procedures is a matter of belief (Pascal and Zax, 1956). A brief perusal of the definitive texts on psychotherapy demonstrates the rather tentative position psychodrama, the topic of this paper, has among the many theories and therapies. Psychodrama is the therapeutic technique in which the patient "acts out" his problems under the "direction" of a psychotherapist (Greenberg, 1968). This paper will attempt to show that psychodrama's theory and practice is an integral part of the theoretical trends in humanistic psychotherapy. It will attempt to demonstrate through case study material and experimental study data its effectiveness as a psychotherapy.

In light of the increasing concern for people and their rights and freedoms the age of humanism may be at our doorstep. Wilson (1973) comments, that the one thing

that can be said about a true humanism, is its central concern for man, his growth, fulfillment and creativity in the here and now. Many psychotherapists such as Maslow, Rogers, Perls, Shostrom, as well as Jacob Moreno, the founder of psychodrama, ascribe to this philosophy. Dr. Moreno's concern for spontaneity, creativity and fulfillment of human potential are embodied in psychodrama.

Though often sharing the same philosophy, there are few conditions or theoretical criteria of psychotherapy which are agreed upon by most therapists. Most psychotherapies, though, attempt to define mental health, have goals for therapy, discuss the relationship of therapist to client, and employ communication in its subtleties in various techniques which are used therapeutically. Evaluating a person's well-being revolves around an openness to experience (Rogers, 1961). The primary inherent direction of the organism is toward activity and that fulfillment of this tendency represents emotional well-being (Singer, 1970). The psychopathology of the organism would therefore lie in an inability to motivate or activate oneself to encounter an experience or situation adapatively. Animal research data concerning the nature and direction of inherent behavior tendencies leads to the conclusion that motivation cannot be under-

stood in terms of tension-reduction alone but rather also in terms of stimulation, excitation, and contact (Singer, 1970).

The psychotherapist sets goals for therapy and often evaluates his success with a patient based upon the completion of these goals. Goals for therapy are as diverse as their authors. Two goals seem to stand out as being almost universally accepted; they are insight and action. The verbal or talking therapies, which make up the bulk of psychotherapies, attempt through various means to bring their client to a new knowledge of his past, present and future. This knowledge, it is expected, will free him from the stultifying and binding defenses and attitudes which characterized the person before therapy. With this freshly begotten insight through diverse methods, new modes of action or behavior are learned or attempted by the client to deal more effectively with his problems.

Brammer (1973) stated that there is an increasing amount of data indicating that the personality of the helper is as significant for positive growth of helpees as are the methods he uses. Most therapists indicate the importance of the helper developing an understanding relationship with the helpee. This principle is given such names as empathy and transference. Lastly, psychotherapies use all manner of techniques to bring about

constructive change in their clients. The techniques are used to allow a person at various levels to re-experience themselves and their relationship to others and meet the therapeutic goals.

Summary

This paper will describe the historical development of Jacob Moreno, the man and his psychotherapeutic technique, psychodrama. The next two sections will describe the theory and practices of psychodrama and relate them to the general theoretical criteria of psychotherapy. In the following section case study material and experimental research will be evaluated to determine psychodrama's effectiveness. The last section will draw some conclusions concerning psychodrama and predict its future. It is this paper's hypothesis that psychodrama is an effective psychotherapy based on strong theoretical foundations.

History

There is a direct relationship between the personality of eminent therapists and the procedures they employ (Corsini, 1956). The flavor of psychodrama can be noted in the spontaneity, creativity and productivity in the life of Dr. Jacob Moreno.

On the nineteenth day of May in 1892 Jacob Levi Moreno was born in Bucharest, Rumania. His parents,

sephardic Jewish Community but Jacob received little religious training except for the traditional circumcision and Bar-Mitzvah. The Moreno family moved to Vienna when Jacob was four years old. One Sunday while playing with neighborhood friends, little Jacob decided to play "God." The children piled chairs high to the ceiling to represent heaven and upon Jacob's direction, the children's arms outstretched, played angels while he mounted the chairs to heaven. Confronted by one of his angels to fly, Jacob promptly fell to the floor and fractured his arm. This, Dr. Moreno facetiously claims, was his first psychodrama (Moreno, 1963).

By the age of twelve, Jacob had decided to study medicine. His interests in philosophy and religion were pursued during the ensuing years. As early as 1908 Jacob and a small group of friends founded a society called the "religion of the encounter." The society's motto was a poetic statement which undoubtedly was influential in the development of his theory and practice of psychotherapy.

Moreno (1969) wrote the following:

> A meeting of two eye to eye face to face and when you are near I will tear your eyes out and place them instead of mine, and you will tear my eyes out and will place them instead of yours, then I will

> look with your eyes at you and you will look at me with mine. (p.140)

Between the years 1910 and 1912 Jacob studies mathematics and philosophy. Moreno recalled that among the philosophers who particularly interested him were Spinoza, Kant, Nietzsche, Hegel and Kierkegaard (Anderson, 1974). 1912 marks the year of Moreno's brief and only encounter with Sigmund Freud (Moreno, 1966). Little happened during the meeting, but Moreno's work seems to be a bold opposition to all Freud's work.

In Vienna as a medical student, Moreno began to formulate the ideas which would eventually become his therapeutic system. During afternoons Moreno spent his free time in the gardens and parks. One day he began to tell storeis to a small group of children. Soon, the small group of children was no longer small. Moreno said that what struck him most about this experience was the reality and actuality the children were able to give these stories. A year or two later, still a medical student, he became involved in what he considered to be the real origin of group psychotherapy. Moreno stated that he organized, in the district of Am Spittelberg, a group of prostitutes for a weekly discussion group. He has written (Moreno, 1963) that in those meetings he was struck by four basic considerations which became the cornerstones of

his group psychotherapy: the autonomy of the group, the presence of group structure, the problem of collectivity and the problem of anonymity. At twenty-three years old, he was placed in charge of a refugee camp at Mittendorf. He began to ponder the problems of planning communities and consider social dynamics during this time. The science of sociometry, which was the analytical underpinning of psychodrama, was germinating.

In 1917, at twenty-five years old, Jacob Moreno received his medical degree from the faculty of medicine at the University of Vienna. The next seven years found Dr. Moreno in practice in Bad Voslau. Creativity cannot rest in a corner, at that same time, he founded a monthly literary and philosophical publication called Daimon to which Martin Buber became a contributing editor (Anderson, 1974).

Theatre for spontaneity

The first "official" psychodrama occurred at the Komedian Haus in 1921. Its goal was to purge a group of Austrians of their uncertainties and frustrations and channel them into a spontaneous production. Its debut was a failure. Moreno (1949) related that, "the Viennese press the next morning was greatly disturbed about the incident" (p. 209). The following year he opened his Theatre for Spontaneity. His theatre became

the laboratory of psychodrama. There was a number of experiences in Dr. Moreno's life which led this theatre from its design for artists to its use as a therapeutic center.

Therapeutic theatre

The "god-act" as a child, the garden stories, the prostitutes of Am Spittelberg and finally the Theatre for Spontaneity were all influential experiences in changing spontaneous drama as an art form for Dr. Moreno to a therapeutic tool. Moreno (1972) described, Barbara, an actress of his theatre who had become an attraction because of her excellence in roles of ingenues, heroic or romantic roles. It seems a young gentlemen, a poet and playwright came to court her each night of the theatre. As weeks passed, it became evident that she and he were in love and not too long hence announcement of their marriage was made. One day, the young man came to Dr. Moreno with sadness in his eyes. His angelic wife was in actuality a bedeviled creature when they were alone. Dr. Moreno advised him that as usual both he and his wife should come to the theatre. That night, Dr. Moreno told Barbara that she was becoming stagnant in her usual roles and that she should try some new ones. Only recently in that district a streetwalker had been viciously attacked and killed. Barbara and another actor began to set the

scene and the action began. But the drama took an unusual twist; Barbara began kicking and swearing at her attacker and as she struggled the audience rose from their chairs shouting, "stop it," but she was finally dramatically murdered. When the drama was through Barbara felt wonderful and she and her husband left the theatre arm-in-arm. In the following weeks she played domestics, lonely spinsters, revengeful wives, spiteful sweethearts, barmaids, and gunmolls. George began to notice a change in her fits of temper. They were shorter and less intense. One evening, Dr. Moreno told Barbara of her progress as an actress and asked her if she would like to act with George. Their duettes not only pleased the crowds but gradually the scenes they portrayed began to resemble their daily life at home. Months later, Dr. Moreno related the course of their therapy and their cure to them.

Emigration to america

In 1925, Jacob Moreno emigrated to New York where he began a practice. During these years, he invented a number of tests such as the Acquaintance test, the Role test and the Sociometric test. His psychodrama was tested in prisons, reform institutes and schools. In 1934 he wrote his famous work, "Who Shall Survive?" Two years later, he founded his first theatre of psychodrama in Beacon, New

York. The following years, he began to teach sociometry at Columbia University and founded the journal, Sociometry, (Moreno, Z., 1949). The "40's" found psychodrama beginning to be recognized. In 1941 St. Elizabeth's Hospital opened a psychodrama stage. The next year Moreno opened the New York Institute for Psychodrama. Dr. Moreno founded the American Society of Group Psychotherapy and Psychodrama in 1943, and three years later a journal for psychodrama called Sociatry (Sacks, 1973). For Jacob Moreno's personal life, 1949 was an eventful year, he married Zerka Toeman, by that time an ardent worker in psychodrama and a lover of its founder. The 1950's and 1960's find Dr. Moreno spreading psychodrama and sociometry throughout Europe in his lecture tours. Jacob Levi Moreno died in 1974 leaving behind him a legacy of new knowledge and many sad but grateful friends, associates and patients.

Theoretical Principles

Underlying any complete psychotherapy must be a theory which explains psychopathology and general human relations. What Moreno has to offer is a valid view of man. Moreno also offers a serious theory of therapy (Greenberg, 1974).

Spontaneity and creativity

The major emphases in psychodrama theory are the

concepts of spontaneity and creativity. Spontaneity is the ability to see problems and opportunities and meet them constructively. Moreno (1972) further defined spontaneity as the ability to respond with some degree of novelty to an old situation. How does one know there is a quality called spontaneity? There is an obvious fact that some things or persons have to be moved while others move themselves or show spontaneity.

Moreno (1972) defined creativity as: causing to be or come into existence; or to make new form out of pre-existing substance. Creativity manifests itself in a series of creative acts. These acts often seem to disorder environment, but the disorder is only a facade. A creation is the "true" embodiment of a creator's inner self.

Ortman (1966) described eight attributes of a creative person, they are: openness to experience, sensitivity to problems, fluency of ideas, flexibility, a preference for perceiving rather than judging, intuitive alertness, well above average intelligence, coherence of organization of emotions, perceptions and cognitions. A truly creative man integrates these thoughts, feelings and actions to respond and meet opportunities and problems adaptively.

In discussing spontaneity-creativity theory, Mum-

ford (1957) stated that where creativity is blocked, our ability to become fully human is endangered. Spontaneity and creativity are valuable qualities if properly controlled. Meyer (1941), stated that spontaneity and creativity must be used responsibly; undisciplined spontaneity can eventually cause social and personal chaos. Spontaneity and creativity are complementary concepts which are the underlying basis of psychodrama.

Cultural conserve

Our entire society is based upon the antithesis of spontaneity which Dr. Moreno called the principle of cultural conserve. The cultural conserve is the finished product of the creative process. It is a mixture of spontaneity and creative materials molded into a permanent form. Examples of the cultural conserve are a drama, a book, or a musical composition. The perfection of this finished product has become the goal of society. The highest form of cultural conserve then becomes: the Bible, the works of Shakespeare, Beethovan's Fifth Symphony or Da Vinci's "Mona Lisa" The cultural conserve is a respository of man's past; it preserves and continues man's creative ego. Man would be reduced to spontaneously create the same forms to meet the same situations day after day. A cultural conserve has its origin in a spontaneous-creative act. According to Moreno, the cultural conserve

has weakened society's ability to spontaneously create, due to its reliance on that which has previously been created and completed.

Developmental theory

To develop a complete understanding of man, a theory of childhood was expounded. The newborn is brought into a complicated and dangerous world long before he is ready to meet any of his situations. The newborn is facing more novel situations than at any other time in his life. Our definition of spontaneity, which was an adequate response of an individual to a new situation and a new response to an old situation, indicates that to some extent spontaneity must exist at birth (Moreno, 1944). This is the factor which causes him to reach beyond himself and enter a new world. In discussing the "nature verses nurture" issue, surrounding spontaneity, Moreno placed it in an area between heredity and the environment, influenced by both but not determined by either. This placement between the two quantifiable areas suggests that a one-hundred percent predictability of behavior is not a legitimate expectation.

We know from observing adult humans that prior to action there are two categories of activity, physical movement and mental activity, Moreno called these "physical starters" and "mental starters." This means that a

person can warm-up toward spontaneous action through physical or mental means. The differentiation is not available to the infant. There is probably little mental activity in the infant. Thus, for Moreno, all attempts to constructively meet a situation have their origins in physical movement. As in most other infant qualities, each infant differs in their spontaneity. Later, we will meet the concept of "warm-up" in psychodramatic techniques, this is simply the organism beginning or striving to act (Moreno, 1944).

The infant, at birth, has an identity made of weakly related physical zones. These zones are based upon being operational or non-operational to the infant at the time. The mouth, eyes, anus are examples of these zones. Each of these zones serve an indispensable fuction and therefore arouse the infant to act-out their functions. A zone warms-up any time an object comes near that area. This physical preparedness for an act is the basic component of the role. The diverse zones gradually develop a relationship (Moreno, 1944). Certain zones tend to co-act and cooperate, for example, the mouth and throat. As the zones act together, the infant develops greater unity of action, through this we can see the basis for developing personality.

A quality which is known to all mothers is their child's helplessness. The child needs a helper who is-

an extension of his ego. The mother does this by meeting the child's needs and guiding him to solutions to his problems. The mother is the prototype of the "auxiliary ego," a concept which will be discussed later in the paper. The mother-child relationship is a two way relationship involving cooperative action, rather than separateness of behavioral patterns. The act of eating is an example of this. The co-action and cooperation of the child is the foundation for the first emotional learning process in the infant. The relationship of the child to others is called the "matrix of identity." "Once the matrix of identity is established and the complex images closely associated with his intense participation in the oneness of the act is in ready form; the foundation is hard for "future combinatory act," Moreno (1972, p.61). Since each action of his mother on his behalf, it is an extension of his act. The infant thus tries his mother's part, although trying the other's role does not occur instantly.

Moreno (1972) has described five stages of the child's developing ability to act in different capacities. The first stage is when other people are a total part of the infant. The second stage is the time when the infant focuses the part of the matrix identity which is being fulfilled by others. The third occurs when the infant stops his own activity and allows only the auxiliary egos

activity to occur. The fourth stage finds the infant placing himself in the part of the other and acting it out. The fifth, and final stage, occurs when the infant acts in the role of the other toward someone who in turn acts in the child's role toward him. These stages are the psychological basis for all role processes and for such concepts as identification and modeling. The growth of the reversal ability is a step toward independence and is a movement toward growing up and doing for oneself. This independence releases the child from his extensive need for auxiliary ego assistance.

The adult views his world from a time perspective of past, present and future. The infant's world only occurs in the present or the "here and now." Psychodramatic action emphasizes the feelings and actions occuring only at the moment they occur in the therapeutic drama. This doctrine is also followed closely by other psychotherapies such as the "encounter group," Gestalt therapy and others.

Role theory

Roles develop after the child is able to separate fact from fantasy. A role is the functioning attitude and behaviors an individual assumes in the specific movement in which he reacts to a situation involving other persons or objects (Moreno, 1945). The individual has

three types of roles. The psychosomatic role, the first type, is related to physical functioning, examples of psychomatic roles are eating and the excretory roles. The social role, the second type, is exemplified in all the feeling and knowledge surrounding such categories as miner, minister and musician. The last type of role an individual has is not only the most prevasive, but often the greatest source of psychopathology, this is the psychodramatic role. This role includes the interpersonal relationship assumed with ones friends, co-workers and members of his environment. From these roles emerges the "self."

Catharsis

Catharsis, a major concept of the theory of psychodrama, arose from the writing of Aristotle. Moreno (1940) described catharsis as the release of spontaneity which allows the individual to change his situation. Aristotle noticed the peculiar purging effect drama had upon the emotions of the spectators. But Moreno also saw catharsis occuring in the protagonist and he emphasized that. Practically speaking, there is almost nothing in an individuals world which would not interfere with creativity. Siroka (1972) described how Moreno's actional catharsis effects people along three dimensions. The first dimension is the physical situational dimension. An example of this might be this statement, "I wish I could have maybe lived

near my real mother." In this sequence, the dramatic action can free the person from his unfulfilled wish. The temporal dimension of catharsis allows the subject to free himself from past, present or future relationship difficulties. For example, a couple worried about their future life together acts it out and discovers that they would truly not be happy. This last dimension of catharsis is the role dimension. Actional catharsis can occur in the role of another person. The insight gained from working through their difficulties can free an individual to develop a new set of behaviors and attitudes toward that person. Catharsis is fulfillment in the here and now of roles or situations which could never have occurred. The results of catharsis, along any one of these three dimensions, can be emotional release, emotional insight or the spontaneous development of new skills or behavior patterns. Catharsis may be experienced by the protagonist, the auxiliary ego, the audience or even the director. Catharsis is neither time or role bound, it enhances freedom and spontaneity and can be a release from the pains of old wounds.

Social atom, tele and encounter

In describing interpersonal relationship, Moreno defined a number of concept. They are "tele," "social atom" and "the encounter." Blatner (1973), one of the

first psychiatrists trained by Moreno, described the concept of the "social atom" as the group of all significant fitures real and imagined; past and present who are related to a persons psychological experience. The relationship which holds individuals and groups together is labeled tele (Leutz, 1971). It can be described as a combination of empathy and transference involving both but extending beyond each. The "encounter" occurs when the person is dramatically confronted by an important person in his life on stage. It is a real happening and it is important that it occurs in the present. The poetic statement, "eye to eye" which Moreno and a young group of comrades made in 1908, is a striking depiction of the encounter.

Practice of Psychodrama

Psychodrama is a laboratory where an individual can freely try any behavior, experience any emotion, or try different roles which had been unavailable to him. Applied in a group setting; it involves five basic instruments in combination. They are: a director, one or more protagonists, auxiliary egos, a stage and a group or audience.

Instruments of psychodrama

The psychodramatic director has three duties. He is a producer, chief therapist and social analyst. He coordinates his audience and participants, as a producer

drawing from their lives material for the plots. The needs of many people are met through this coordinated effort. In his function as a therapist, therapeutic value of a session rests basically on his shoulders. He is a guide, as a therapist, to greater freedom to produce new behaviors, have improved insight and develop more refined social skills. As a social analyst, he utilizes auxiliary egos as co-therapists and extensions of himself to draw from the subjects and influence them.

The director is an expert in the methods and techniques used in the warm-up, action and sum-up stages of the psychodramatic session. He is also a catalyst stimulating the action which will utilize these techniques. The director should facilitate the spontaneous unfolding of the protagonsit and constantly be aware of the desires and interests of the audience (Hollander and Moore, 1972).

Haskell (1975), in elaborating on Dr. Moreno's description of the director, described a number of tasks which the director must undertake. He must evaluate the needs and progress of his group before each session. Sessions should be planned so that everyone is a protagonist at least once every ten sessions. It is the director's responsibility to warm-up the group through a number of exercises. This will be described later in the paper. These exercises help the participants experience their in-

herent spontaneity and help them freely discover their personal and group goals. As a producer, he must involve all group members in the protagonist selection process. The protagonist must then set the drama and define the interpersonal difficulties and roles with the director's assistance. The director enters the stage with an armamentarium to techniques to assist the protagonist in understanding his own position. Each technique has been tried before and found effective in dealing with certain problems. In the sum-up session, the director gives the audience and auxiliary egos an opportunity to share their experiences during the action, but he must protect the protagonist from criticism by the group. He must also summarize and analyze, for the group, the total experience that occurred.

While a director most often adopts a style suited to his personality, there are four basic styles which he can assume. They are: psychiatric, protagonistic-centered, group centered and democratic. The psychiatric director, found most often in mental health settings, usually selects the protagonist, warms him up and assists him in starting psychodramatic action. The protagonist-centered director lets the group choose their protagonist. Unlike the psychiatric style, often the protagonist is not a patient and therefore assumes more responsibility for his behavior.

The group centered director often allows one or more protagonists making this style adaptable to growth oriented clients. Finally, the democratic director involves himself in developing a strong, warm relationship with the group. The protagonist, in this type of direction, emerges entirely on his own, and very often in this type of direction the group offers direction, comments and suggestions in the production (Haskell, 1975).

Zerka Moreno (1970) emphasized that a director must be the most spontaneous member of the group. He must constantly be aware the his own psychodramatic needs to prevent any blockage of his own spontaneity. The "tele contract" between the protagonist and himself is a subjective-objective relationship, at all times the director must also be willing to live a patient's reality but observe objectively. This enables the director to choose a method to guide the protagonist, in finding his own solution to his problems.

The second instrument of psychodrama is the protagonist. His purpose is not to dramatize, but to portray incidents of his private world (Greenberg, 1968). He is the individual who emerges to present a problem in his interpersonal world. The protagonist may act scenes from his past, present or future. The protagonist is encouraged to "encounter" on stage, persons with whom he has had diffi-

culty both in forms of an auxiliary ego and later, if possible, in actuality. Any action that occurs is the protagnoist's responsibility. The stage becomes his laboratory to externalize feelings and images with action (Polansky and Harkins, 1969). The action can teach new roles, foster new behavior patterns and revive suppressed feelings (Heimback, 1959). The protagonist receives techniques from the director to accomplish this and utilizes auxiliary egos to represent members of his "social atom."

The third instrument of psychodrama is the auxiliary ego. He is any person, other than the director, who participates in a psychodramatic enactment in order to help the protagonist explore his problems. Blatner (1973) described a number of roles which the auxliary ego can perform. They are: roles of significant other, the double, someone distant, role of fantasy figure, role of an inanimate object and role of abstract concept or collective stereotype. Playing the major character opposite the protagonist is the most frequent role an auxiliary ego has. He is an extension of the protagonist and should try to provoke greater self-exploration and involvement in the here and now. As a double, the auxiliary becomes an alter ego to express deep untouched feelings, not within reach of the protagonist. It is the duty of the director to check the accuracy of portrayal by auxiliary egos to insure

greatest therapeutic benefit. After an enactment, the auxiliary should share his experience in the role he portrayed.

An auxiliary is free to refuse any role for therapeutic reasons or personal reasons.As with all others he takes responsibility for his actions and feelings. The auxiliary should at all times be keenly aware of his personal limitations, just as the psychodramatic director should be (Moreno and Dunkin, 1941). The auxiliary can play a role of a distant person known to the protagonist, this role is often only of minor significance in the enactment. As a social investigator (Moreno, 1941) the auxiliary must constantly be aware that a distant person may actually be a source of conflict in that case, the auxiliary must help to explore that conflict source.

The protagonist usually selects the auxiliary, but a director may appoint one, if he deems it therapeutic. An auxiliary may be selected by a protagonist on the basis of physical characteristics, personality type, prior experience in a role or ability to portray a certain role. The auxiliary ego can either be a professional therapist or simply a member of the audience. Professional auxiliary egos are usually used by ongoing psychodrama centers, but even these centers will use, if appropriate, a member of the audience.

An auxiliary ego may play the part of an imaginary person. He may also be asked to portray a delusion or hallucination of the protagonist. The auxiliary must also be able to embody abstract concepts or collective stereotypes. He may be called on to be "truth" or "justice" or a "bank president type."

Lastly, an auxiliary ego may be called upon to play the role of an inanimate object. Often feelings can be expressed through objects in a less ego threatening manner, than as a significant person in a protagonist's life. The director uses an auxiliary ego to enhance the patient's ability to develop expressive freedom but the auxiliary grows and benefits from his role sharing.

The fourth instrument of psychodrama is the stage. A stage may be of special psychodramatic construction or simply an area designated by the director. A true psychodrama stage is generally circular with three levels, each symbolizing a greater degree of involvement (Haskell, 1975). The first level is where the protagonist presents his problem briefly to the director. Movement to the second level indicates the beginnings of scene setting and auxiliary ego choosing movement; to the third level indicates action. Lighting and props can be added to the presentation for effectiveness. If a stage is not at a director's disposal, then a area should be cleared and specified as such. Lack of clear staging areas can bring per-

ipheral problems which are not germane to the real impasse.

The audience is the fifth instrument of psychodrama. Greenberg (1968) saw the responsibility of the audience being twofold. It could serve the patient and it could serve itself. An audience may be as large or as small as the director chooses or the situation dictates. Each member of the audience is personally, the audience collectively, responsible for their level of involvement, spontaneity and catharsis. The reader will remember that catharsis was first noticed by Aristotle in the audience and only later, included by Moreno for the protagonist. The audience serves the therapist in the sum-up time, after the action has occurred. Their duty is not to analyze but to share or disclose, (Barbour, 1972) their reactions or feelings to the enactment. The audience has the freedom to choose how involved they wish to become. Prior experience, effective warm-up techniques and spontaneity of the audience members play a large role in sincere involvement. The audience's greatest potential is its function as a source of further psychodramatic enactments, protagonists, auxiliary egos and directors.

Stages of psychodrama

Psychodrama's first stage is the warm-up. It is a necessary part of a session for the director and parti-

cipants. Warm-up is a movement or striving toward action. To warm-up to any activity requires a gradual increase in physical movement, the inclusion of spontaneous behaviors and the direction of attention toward a specific role or task. Blatner (1973) described the necessary conditions for spontaneous behavior. They are: feeling of trust and safety, ability to feel comfortable being nonrational or intuitive, some feeling of tentative distance, and a movement toward risk-taking. Moreno (1937) felt that spontaneity and warming-up had a circular relationship. Warming-up fosters spontaneity and spontaneity shortens warming-up. The first phase of the warm-up becomes a warm-up for the director. He explains the principles, goals and responsibilities of psychodrama to the group. When this is completed the group itself must be warmed-up to develop group cohesion and higher level of orgainization (sociogenetic law). Weiner and Sacks (1970) describe four forms warm-up can assume. They are as follows: somatic, psychological, social and through play. The somatic warm-up is the actual physical movement of the person. Concomitant with this movement are the beginnings of self-reflection, this is psychological warming-up. In the social form of warming-up, the individuals examines his possible actions as they relate to others. Finally, the through play form encourages warm-up through fantasy or games. Each type of

warm-up has various techniques, these will be discussed later in this paper. Protagonist selection is the second phase of warm-up. They may either volunteer, be selected by vote or be selected by the director.

The second phase of psychodrama is the action. As the actual personal problem is specified, auxiliary egos are chosen. The protagonist defines the temporal and spatial dimensions of the action and then it begins. As the drama unfolds, there is a unique movement towards the central core of the protagonist's conflicts toward greater emotional expression. Throughout the action, the director makes comments, offers techniques and promotes spontaneity.

The final phase of a psychodramatic stage is the working through. The protagonist begins to restore his equilibrium by developing a sense of mastery over the problems, receiving group support while reconstituting his defenses, and dealing with re-entry into reality (Blatner, 1973). This phase often begins with a sharing by all participants of their true emotional reactions. This, for many will constitute a dramatic self-disclosure which will have far reaching therapeutic ramifications. It can also offer alternative solutions or behaviors for problem-solving. This often causes the action to resume to test these behaviors. Such suggestions, may be from the audience or the director only. The director must keep careful watch

that sharing does not become a session of criticism, but must allow as much participation as possible to utilize all the therapeutic resources of psychodrama, for the patient and the audience. Closing is the last phase of working through. There are many techniques, but often it ends in a discussion and analysis of the entire session. Blatner (1973) suggested that these components should be considered when closing: (1) dealing with re-entry, (2) summarizing, (3) planning next session, (4) support of group, (5) unfinished business, (6) dealing with separation and (7) closing rituals.

Techniques of psychodrama

The many techniques which the director enters the action phase of psychodramatic session with are used to free the participants from their conflicts.

If a patient finds he is unable to represent himself, an auxiliary ego can take his place. The patient sits with the group while the auxiliary ego copies the behavior and style that he used in the scene. This is called the "mirror" technique. The "mirror" can be exaggerated to arouse a patient to motivate him from passiveness to activity (Moreno, 1969),

"Role-reversal" has been called the most valuable technique in psychodramatic aramamentarium (O'Connell, 1971). It's simply a technique allowing the protagonist to play the part of the major character he is have the most diffi-

culty with, while someone plays his role. For example, a mother scolds her child, as auxiliary plays her, and she plays the part of the child being scolded.

"Future projection" (Moreno, 1969), allows the patient to portray, in action how he thinks the future will shape itself. A young couple fearing their future wedding, act our their roles in ten years and find they are compatible.

The "double" is another technique used in the action portion of the psychodramatic session. In this technique, the patient portrays himself and an auxiliary is asked to also represent him. The auxiliary acts as one with the patient, during the dramatic enactment, except that the auxiliary is free to elaborate feelings or behaviors of the protagonist.

The "judgement technique" (Sacks, 1966) is a technique where the patient or portagonist finds himself at the gates of heaven either being judged or as a judge. This often externalizes qualities which conflict patients, but were suppressed.

The director also has at his disposal techniques to warm-up the participants and the group. The "magic shop" is an example of a technique to warm-up a group. Weiner and Sacks (1970) describe it as an "impromptu fantasy projection" of a store filled with values and qualities of humans which can be traded by participants for qualities of humans which they already possess. The director often

serves as store keeper.

Another warm-up technique is "one word warm-up." This consists of the director picking two people and having them carry on a conversation in front of the group, using only one word at at time. The director then leads a group discussion to follow-up this exercise. There are many other techniques used to warm-up groups, and various action techniques, in fact, hundreds of them. No one director can be perfectly fluent with all, but an experienced director can have many at his command.

Variations of psychodrama

Two additional adjunctive therapies using the basic principles of psychodrama are hypnodrama and sociodrama. Hypnodrama is a form of psychodrama in which one or more of the participants are placed under hypnosis. The participants may need various levels of hypnosis to have the freedom to enact a seriously disturbing scene. Many countries have utilized this technique in child guidance, mental health and psychiatric clinic settings. One of the foremost countries using this method is Japan (Naruse, 1960). Sociodrama, another variation of psychodrama, utilizes dramatic action to bring about group catharsis. The conflicts explored are not from the participants private lives, but from cultural or social problems. The participants deal with these problems to encourage constructive solutions to cultural dysfunction. An additional benefit of sociodrama

is that it can be used to warm-up a group before psychodrama.

Summary

A number of general theoretical statements were made about psychotherapy in the introduction to this paper. The spontaneity-creativity theory of man fits well with the philosophies of the humanistic psychotherapies. It provides an explanation for psychopathology. Defensive conflict ridden individuals are unable to meet problems freely with creative solutions. The spontaneity freed by such techniques as "role reversal" or "future projection" builds a genuine openness to experience within the individual.

Psychodrama's theory of motivation is clearly an excitation-stimulation theory and not a tension-reduction theory. The concept of catharsis explains how a person is freed to contact himself and other more completely. Few psychotherapeutic systems emphasize as actively, the patient actually experimenting with difficult situations or contacting their problems.

The therapist and patient relationship which is so often spoke of in psychotherapeutic literature is emphasized in psychodrama. Zerka Moreno (1970) warned that the director must be the most spontaneous member of the psychodrama group. The director must constantly be aware of his own psychodramatic needs and continually seek to strengthen the tele between himself and the protagonist. He must also be able to foster group cohesion.

Communication, which has recently become the basis for some styles of family therapy, is experienced in all its complex forms in psychodrama. Nonverbal as well as verbal communication is utilized by participants in all stages of psychodramatic session. Often, if a person is unable to verbalize his problem, the director will ask him to demonstrate it non-verbally.

The many techniques of psychodrama do not give the director greater freedom, but give the protagonist greater opportunity. No one director can be familiar with all of the techniques, but the ones he has at his disposal can help a protagonist free himself from pathological behavior or teach himself new skills. Further, the audience observing the enactments not only experiences catharsis, but is often more encouraged to participate. Many resistances are thwarted when there is group cohesion and group catharsis.

The theory underlying psychodrama adequately explains the techniques and methods used. It also meets the general criteria of the more currently popular psychotherapies. Psychodrama is able to involve its participants in a safer world, where they can feel and behave as they would, without their defenses. Then, in the discussion session, they can see how the audience reacts to their actions. Psychodrama is not only a therapy; it is also a laboratory.

Research

Case studies

The case study method has a time honored position in clinical psychology. Much knowledge common to clinicians today was discovered by the case study method. Kraeplin, Freud, Breuer and others have substantially contributed to the body of psychological and psychotherapeutic literature through these case studies.

Psychodrama has used case studies to demonstrate various techniques and to show the versatility of psychodramatic methods. A variety of results have been reported including emotional catharsis, new role skills, new behavioral skills and new behavioral patterns.

The following cases will be examined using the criteria for a valid experimental design as defined by Campbell and Stanley (1963). They define two major categories of validity, they are internal and external validity. Internal validity tells if, in fact, the treatment had any effect. It is divided into subcategories of maturation, history, testing and others. The maturation factor requires experimental control for intra-individual changes; while the history factor requires control for any environmental influences occurring during the experimental session. The testing factor strives to eliminate any outside effects that pre-testing might have upon post-test scores, this can be observed in the case study by Cohen (1962).

If an experiment is generalizable to certain groups or populations, then it has external validity. For an experiment to generalize, a number of external validity factors must be controlled, they are interaction effects of testing, reactive effects of the experimental arrangement and multiple treatment effects. Controlling for the interactive effects of testing means eliminating the effect of the pre-test upon the post-test scores. The second type of external validity is the reactive effects of the experimental arrangement. Control should be made to insure that the arrangement of the experimental design does not effect the results or the subjects. In a number of studies,psychodrama is combined with group discussion. This must be controlled and it is called controlling for multiple treatment effects.

Adjustment reactions of adult life

Zacharias (1966) presented an uncontrolled case study conducted under the auspices of a church. The case involved one male and three females, from ages twenty-one to forty. One female, Carol, began the meeting showing signs of anxiety and was making hostile comments about the father of her baby, to whom she was not married. Carol complained that no one could understand how she felt. Using the technique of role-playing, Carol portrayed scenes involving the discovery of her pregnancy, telling the baby's father, seeing her baby for the first time and finally talk-

the case study are interesting. Carol began the psychodramatic session complaining that no one understood how she felt. She ended the session hugging and crying with the auxiliary ego who played the adopting parents role. Prior to this session, her emotional involvement in the situation and in the role of a mother blocked her ability to meet the demands of giving her child up for adoption without tremendous guilt, anger and sorrow. The enactment allowed her to express her feelings and experience the love and need which the adopting parents felt for their child. This intellectual and emotional insight relieved a great deal of her anger and guilt. This case study did not compare the role-playing technique with any other to prove its therapeutic effectiveness. In order to present a complete clinical picture and to offer the reader greater information to generate hypotheses, greater psycho-social material should have been provided about the protagonist. The reader should have been given a global review of previous sessions and the circumstances surrounding the psychodrama sessions occurring at the church. It might also be valuable to know the extent of the author's training in psychodrama, to assess his ability to use the appropriate techniques to maximize the therapeutic benefits.

Vocational maladjustment

Psychodrama has been used as a tool in vocational dysfunctions. Cases are presented here from Friedman (1972)

and Pisa and Lukens (1975). Friedman's enactment was used for the purpose of building self-confidence. Dependency and irresponsibility confronted the patient in the enactment by Pisa and Lukens.

Friedman (1972) presented a group of mildly depressed adults, their present problem was a debilitating fear of seeking employment. The group was racially balanced and had two males and three females, excluding the director. Role-playing was used in the first series of scenes to allow each subject to enact an interview for a job. A general discussion followed this. Role-reversal was used in the second series of scenes to allow each subject an opportunity to interview someone for a job. General group discussion occurred after this second series. Other topics in the manner of group psychotherapy were discussed such as prejudice, hostility to an employer, and job monotony. Such a case study offers its reader little useful information since standard psychodramatic procedure was not followed. The group did not include a warm-up and a general discussion of topics such as prejudice is not part of psychodramatic procedure. The case did not compare its results with the results of another group. It did not control for external validity or internal validity factors, such as history, maturation and selection. The case does not control for the events occurring from the

start of the session to the end (history). It also failed to control for selection, meaning that biases could result from differences in group members. Further, maturation which is any process going on in the respondent, as a function passage of time, was not controlled for in this study.

Pisa and Lukens (1975) discussed a case study of a twenty-six year old, divorced female. Her presenting problems were extreme dependency and irresponsibility. She was receiving day treatment. The patient, Mrs. W., had shown no reliability in completing her tasks at the treatment center. The session goals were to initiate and increase her responsibility and increase her self-knowledge. To initiate greater responsibility, she was told to act as if she were supervisor of gardening for the treatment center. Her duties entailed developing a daily duty roster and supervising gardening activities. Mrs. W., the author reported, did a superb enactment and thereafter group members were not longer willing to tolerate her irresponsibility and she began to meet her daily task requirements. This change could have been initiated from a number of sources. Mrs. W.'s enactment gave her peers an accurate gauge of her ability to meet responsibility and they responded to this. Mrs. W. could have also achieved a catharsis through the action, freeing her to

meet her tasks responsibly. The catharsis would be emotional insight into her need to be irresponsible. The group's change in attitude might have also bolstered her self-confidence and this may have been a factor in her change.

In session two, Mrs. W. was asked to play a memory game. In the past, she had complained of her poor memory and depended on others to help her meet appointments. The results of the game put her in the top half of the group in her ability to remember symbols. She had been unaware of her ability and this new insight probably increased her self-confidence. Psychodrama had improved Mrs. W.'s ego strength by giving her a more accurate view of herself. Through this technique, Mrs. W.'s perception of herself was tested and she was allowed an unthreatening opportunity to reevaluate. This unthreatening opportunity to reevaluate oneself is a basis behind all psychotherapy. There is no control for internal or external validity. The case itself merits little praise, since it provides scanty information about the group. It does not mention the number of sessions which this group had participated in or how many were in the group. The case did not mention the type of warm-ups used or the methods used in the sum-up session.

Marital maladjustment

Psychodrama has been used in pre-marital counseling

and marital counseling. Moreno (1940) reported that an engaged couple who came to him both were curious to see if psychodrama could help them tell if they were compatible. During a warm-up discussion it was decided, by the group participating, that the partners in a marriage must function in a variety of roles. The roles mentioned were: provider, lover, mother-father, host-hostess, citizen, worshipper, emotional companion, intellectual companion, homemaker and roommate. Moreno's intent was to try an experimental technique called a role test.

First the male, acted out his version of each role mentioned, while the companion observed, she in turn did the same, with him observing. The couple was then asked to act out a number of scenes in the future together. Moreno called this technique "future projection." Moreno reported that after two sessions the couple decided to break their engagement. Moreno made no mention of informing the couple of the experimental nature of this technique. Further, he took no time to gather for himself, or the couple, baseline data on each person's ability to enact roles. The value of the technique would depend upon the ability to portray "real" feelings while enacting their various roles. The couple should have been informed that their actions could be misinterpreted by each other, because they had had no experience with role playing prior to this. Dr. Moreno,

in this follow-up discussion, made little attempt to facilitate an open and spontaneous discussion of the sessions. The female would not express her feelings and Moreno did not pursue her enough to get a reaction, she left the enactment without the necessary emotional catharsis. In this case study the stages of psychodrama were clearly observed, previous cases did not do this. There was little additional material about this couple and the ethics of the situation are quite questionable. The study did not control for history and maturation, nor for external validity.

Butts (1962) briefly described a group of students and their wives at Oberlin graduate school of Theology. The group met for only four sessions, each session lasted for a length of one and a half hours. The members had various problems, some dealing with their fear of being unable to live up to the role of minister, conflict over wives handling finances and guilt over sexual fantasies. The students were all associated with each other through classes on campus, and they all had children as a common factor. The study did not detail what psychodramatic techniques were used. Butts (1962) noted in this study that prior to the sessions the group members had had difficulty interacting on a feeling level and in communicating personal information. Following the session, all the student's wives reported that they, and their husbands, were

more able to discuss intimate subjects together. The author also reported that the group members began to see each other on a friendly basis. Finally, three of the four males requested individual counseling from the author. The results suggest that a dramatic increase in the participants willingness to self-disclose had occurred. This suggested benefit is not an ultimate clinical goal. It is an intermediate step in conflict insight and behavioral change. Another implication of this result may be the use of psychodrama to prepare non-communicative clients for individual counseling. In this case, as in many others, virtually no background information is provided. The intent of the case was to show its use with a specific population, but no data was given about that population, not even their ages. No mention of techniques used in sessions were recorded. As with other case studies, this does not validate psychodrama because of the confounding variables.

Moreno (1969) reported a treatment of a married couple consisting of three separate sessions. Frank and Ann felt their marriage lacked excitement. After a brief interlude, Frank found himself in love with Ellen. Moreno helped the married couple explore their personal lives in the first session. He accomplished this by having them role-play their last argument which had been over Frank seeing Ellen. In the second scene, Frank using the "self-presentation

technique" acted out his role in the marriage and then acted out Ann's role in marriage. Then Ann acted her married role and also acted out Frank's role. In the second session, Frank role-plays with an auxiliary ego, scenes with both Ann and Ellen. In the final session, Ann and Frank were present and went through a number of scenes in the future, (future projection technique). The scenes and stages of enactment are accurately documented. A great deal of social history of the three participants is given through the various discussions and techniques.

As a result of the enactments, Frank discovered that he did not like his wife's extreme dependency. The reason he had not left his wife had been because he feared she might not be able to live alone. Frank began to objectively choose between the women based upon these personal insights. The benefit Frank received, Moreno reported was catharsis. Traditional psychotherapy would note that Frank had been released from the guilt which had prevented any change by the insight into his wife's dependency. Did Frank realize that dependency in his wife, which he did not like, may be a projection? Psychodrama did not in this case deal with that question. Psychodynamicists may suggest that psychodrama does not free unconscious material but only preconscious, thus never truly "cures" the individual but simply treats symptoms. This criticism has also

been leveled at behavior therapy. The study has the usual pitfalls of a case study, but is far more comprehensive than other case studies, in its history.

School age behavior disorders

In all of these case studies control groups were not used. There were a number of studies discussing psychodrama with school children. These case studies commendably provided more demographic information to the reader than many of the studies already looked at. In general, school case studies utilized psychodrama once a week for two or three hours. They most often implement the sessions into the lesson plan with a particular class. As with other case studies, no controls for internal or external validity were present.

Shoob's (1944) study is a typical case study, in which psychodrama was used for treatment of classroom behavior. Twelve sessions were conducted in a five week period, included as a part of the curriculum for eighteen boys who were continuously truant and seriously below average in their academic achievement. The techniques included having each boy portray roles which were opposite their behavioral problem. One boy, who was loud and uncontrolled, acted the part of a judge. The second phase of the sessions had the boys dealing with classroom behavior, using the role-reversal technique, with the roles

of teacher, principal and other children. The class, after these sessions, had the best attendance record that it had had in six years. The boys developed team spirit and also showed fewer noxious behavioral problems. The results presented in this study suggest that psychodramatics can be used within the confines of an academic curriculum. The guidance counselor could indeed find use for these techniques since psychodrama is easily adapted to a cirriculum. Classroom plans can be developed around presenting different scenes each day. The results indicate that psychodrama was used to develop new insights into the effects of behavior and developed new social role skills. This hypothesis can be rivaled by such an explanation as the "Hawthorne Effect." The results of most psychotherapies can be explained partially by various "effects." Psychodrama may in this case have increased ego strength by improving the children's social judgement. It may also have taught them new skills through which they could more effectively adapt to school. Both of these intermediate goals are sought by other traditional psychotherapies. Carstenson (1975), Haas (1946), Kean (1954), and Lippit (1954) presented case studies of psychodrama used in school settings. Psychodrama has been used from nursery schools through college students. The primary clinical goals were to provide the students with new roles, new behaviors and social

skills by role-playing and role-reversal, future projection and other techniques in a number of familiar situations appropriate to the particular age level.

Speech disorders

Psychodrama has been used with speech disorders by Schlanger and Schlanger (1970). In the first two cases presented, both were middle aged male aphasics. The director used fantasy techniques in each case to give both patients an opportunity to be spontaneous. He had one patient non-verbally act out all aspects of a fishing trip. When the director tried to help, the man spontaneously said, "need worms." This was the first speech he had used in many years. The second patient was told to act a fantasy that he was a racing jockey. The patient acted this out non-verbally. When he was through, he smiled and mumbled some noises. These were the first rudiments of speech he had used in a long time. As a further note, when this subject recovered his speech, he became involved in horse racing as an occupation. The director's use of a fantasy fishing trip and a fantasy horse race, which the patient acted out, spontaneously produced phrases of speech. An additional case was presented in the same paper by the authors. A twenty-five year old housewife had been unable to speak after having a cerebral vascular accident, this had left her a hemiplegic. The aphasia was, at that time,

thought to have psychogenic origins. Her husband, a publicity executive, was a perfectionist. He had demanded perfection from his wife and she had been unable to comply or assert her feelings about these demands from him. In a series of scenes, the young woman role-played telling her husband to accept her as she was and not continue to demand perfection from her. The sessions lasted for a total of three months, after which she was able to go home and be more assertive. The resulting three and twelve month follow-ups indicated her greater assertiveness and her ability to speak had returned. An outstanding merit of this case study was the follow-ups which occurred. To confound any hypotheses, which might be made, the husband was concomitantly receiving individual counseling at another center. This case lacked any experimental controls. The cases presented demonstrated the variability which psychodrama has in treating psychogenic disorders.

Special symptoms

Bruck (1953) presented a case of psychodramatic relief of a facial tic. Tom, a young boy of eight and one-half years of age had paresis of his right arm and a facial tic. The precipitating event was a school day on which all the children were given the TB scratch test. Tom, it seems, had acted "tough" before and immediately after the TB

scratch test. Several hours later, he developed the symptoms. Tom's mother described him as a lovable, dependent boy who had good ideas, but was a follower. The boy's father did not want his son in psychiatric treatment. He felt that this indicated that he had been a poor parent. The author had only two sessions with the boy. A follow-up at eighteen months certified that a behavior change had taken place. In the initial scenes Bruck mirrored the behavior and feelings Tom had as he stood in line waiting for the test, in a non-threatening manner. Then Bruck had Tom act out his attitudes toward himself, the doctor and friends in a "self-presentation" technique. In the third series of scenes, Tom role-reverses with the doctor and gives a shot to an auxiliary ego portraying a school child. Finally, the author discusses the sum-up with the boy which was a self-disclosure by the boy of his fear of doctors. The goals for therapy were (1) a quick supportive relationship and (2) a structured activity which would enable Tom to discharge his anxiety to the maximum degree. The author presented a highly readable and relatively complete brief case study. Information about the boy's intelligence level would give the reader further information when making hypotheses about the use with acute symptom relief in children. This was a clinical case report and had no controls, but the result of the session was a loss of the

facial tic and paresis of the arm and a warm relationship between Tom and the therapist. The resulting loss of the facial tic and paresis of the arm suggests that just as a physical disorder can have a psychogenic origin, the cure of a psychological disorder can have a somewhat physical basis. The acting in psychodrama is that basis.

Drug dependence

Deeth (1969) described a group of six male adolescent drug users in treatment. The total psychodrama group consisted of twelve people of both sexes. One of the females in the group, a psychodramatist in training, began the session. The warm-up was more of an unstructured rebellion towards girls in adolescence by the boys than a warm-up, but it accomplished its purpose. Soon one of the boys emerged as the protagonist. The young girl directing the group started a game in which the group formed a circle and John, the protagonist, was to attempt to break out. This, he did with some catharsis of hostile feelings. The author then proceeded to warm-up John again to which John responded by taking a swing at the author. Finally in a scene John spoke to his dead mother about his guilty feelings surrounding her death. John achieved a complete catharsis, defined as an emotional release which allows a person to spontaneously adapt to the situation. Deeth (1969) stated that John was completely

open and stated that he was trying to stop his "gaming." One may shudder at violence in psychotherapy, but psychodrama seeks to express all real feelings. This is an interesting study, whose theoretical premise is that drug abuse is a symptom of underlying conflicts. We are told, by the author that the adolescents had had prior treatment, but not what it was. We are not told to what extent they were involved with drugs. The intent of the article was to demonstrate how psychodrama could help people express their feelings. It also served as a case study of psychodrama and its use with delinquent drug abusers. This case study should provide further psychological information about the protagonist. The case, also, did not use a control group and therefore did not control for confounding by history, selection or maturation. Further since the boys had been in a resident center, the case did not take into account multiple treatment effects.

Criminal offenders

Angler (1966) presented three cases of treatment with habitual criminal offenders with psychodrama. The first was a twenty-three year old male, his major symptoms included: unmanageability, sullenness, hostility and suspiciousness. He had spent the last several years in maximum security prisons. The techniques used were

role-playing authority figures, such as prison guards, a prison warden and policemen. As time drew near for his release he also admitted that he feared that he could not make friends and might return to his old ways. He did some role-playing of meeting people in a bar and at social activities. This probably enhanced his self-confidence. A year followup found him holding a job, quite happy and having a number of friends. The goal achieved in this group was emotional insight into his feelings about authorities and new social skills with which he could make friends and adjust to a new way of life. The criticism made of other cases can be made of this case. The second and third cases used psychodrama to teach a forty-one year old black male and a thirty-five year old black male additional social skills. In the first case, the male learned appropriate social behavior with women and was able to talk to them spontaneously without feeling that he had to hurt them. His crime had been rape. The second case illustrated the needs of a thirty-five year old man who had a wife and child but felt unable to cope with his impending role with them. Both cases were apparent successes. These studies seem to sugest that psychodrama can deal with authority problems, teach new roles and allow a patient to explore his feelings in various roles. I will not reiterate the criticisms I

have made about case studies. The follow-up in these case studies is commendable and lends greater strength to their presentation. Other authors who have done similar work with offenders are Corsini (1951), Fox (1961), Haskell (1960), Ionedes (1961), Lassner (1950) and Yablonsky (1955).

Depression

Polansky and Harkins (1960), Sandron (1973) and Miller (1973) presented separate cases of depressed suicidal patients. Sandron cited a case treatment at a day-night treatment center of the Psychiatric Unit of Orange County medical center. The warm-up consisted of an introduction to the history of psychodrama. John, the protagonist, was a physicist who had become depressed and suicidal following the death of his wife from an overdose of barbiturates. Using his wife as an auxiliary ego to play John's wife, Sandron (1973) went through a scene with John and his wife before she died. Following the death scene she came back as the "forgiving angel" telling John she realized how horrible she had made his life and she absolved him of all his responsibility for her death. In the scene, the enacted wife mentioned that John should go on to help their child. The next scene had his child crying that her mama was dead and Sandron (1973) had John role reverse and be the child. This action brought about

an emotional catharsis. After the session, John spoke openly, there was noticeably empathy between himself and other group members. He also claimed he no longer wanted to die.

Miller (1973) cited an additional case of suicide and depression. He used the "distancing technique," "surplus reality" and "role-reversal." He reported successful results with the patient acting-out his suicidal fantasy and then discussing the feelings of the people around about his death.

Psychosis

Psychodrama has been used extensively with psychotic patients. Moreno views psychosis as "surplus reality" meaning that the world of hallucination and delusion created by the psychotic has within it, scenes and characters with which the psychodramatist can treat disturbances. This world has the same reality for the psychotic as the actual world has for non-psychotics. It is the job of the director and auxiliary egos to lend a reality of the "moment" to the psychotic's "surplus reality." Psychodrama has been used in case studies with acute schizophrenic reactions, paranoid schizophrenia, catatonic schizophrenia and simple schizophrenia. It has been used with process schizophrenia and reactive schizophrenia. It has been used with children as well as with the adult psychotic.

Case studies have been reported by Moreno (1944, 1956), Polansky and Harkins (1969), Potts (1960) and Wolson (1971). A case study has also been reported of psychodrama with parents of a schizophrenic child, Cohen (1962), Parrish (1959) and Shugart and Loomis (1973).

Cohen (1962) cited a case of a group of fourteen to seventeen year old, borderline psychotics, receiving treatment at a state hospital. The adolescents had been in industrial and recreational therapy six months prior to the psychodrama sessions. There were a total of fifteen sessions. Situations which were to be enacted consisted of occupational-vocational, family and community problems. The goal of the sessions was to give the patients training and practice in taking roles after the completion of their treatment. In this study, Cohen administered pre and post-tests, the Interpersonal Check List (T. Leary), Role-Playing Test (J.L. Moreno) and the Picture Impressions Test (S. Rosenzweig). The author did not detail the scenes used but stated that role-playing, role-reversal and the double techniques were used. The results reported were that the youngsters looked forward to their weekly sessions and in fact voted to continue them. Group members were found to be able to bring up and look at their negative feelings in relation to their parents but results showed they were still unable to express the

love, affection and warmth they felt for these people. The nature of this case was such that it was actually reviewed at the ten session point, instead of at the final fifteen session point, and the results reported are not for the actual full term of the sessions. No test results were reported by the author.

This study attempted greater objectivity by including pre and post-tests. Unfortunately, these tests have no reliability or validity data reported and there were no standardizations of the tests. Thus any attempt of greater objectivity has been destroyed by the total lack of proper test construction procedures. In addition, there were probably interation effects between treatment and test. The industrial and recreational therapy introduced maturation and confounding to this case. Factors such as history, selection and testing were not controlled here. There was no control for any of the external validity factors in this study, and no control group was used.

There are two major resources for hypotheses, the case study and the experimentally controlled study. The experimentally controlled case study has the ability to verify causality. There is a paucity of controlled research available with psychodrama used a psychothrapy. The following studies are the only studies this author

is aware of using experimentally controlled procedures with psychodrama.

Experimental Data

Attitude change

The first experimental study reported was conducted by Deane and Marshall (1965). This study attempted to evaluate the changes a psychodrama workshop would have upon the self-image of an individual.

Twenty-six subjects were used to form two groups. The experimental group consisted of thirteen staff members from the Vermont State Hospital and two students from a college in Missouri. The control group consisted of eleven student nurses from the same hospital. No ages or other demographic data is reported. Control for experimental biases made by subject selection was not made.

The Sunland Social Self Scale (SSSS) was used to measure the attitudes an individual had about himself. It consisted of one hundred and twenty-six statements, which measured attitude from three dimensions. They are change in attitude toward self, change in the way the individual thinks the group perceives him and change in the individual's concept of a mentally healthy person. The subjects had eight choices when answering each question. They were: "very characteristic," "characteristic," "slightly characteristic," "don't know," "undecided," "slightly uncharacteristic," "uncharacteristic," and "very uncharacteristic."

Subjects in the experimental group were tested before, toward the close of the third day of the workshop and eight weeks after it. The control group was tested months later on two separate occasions, two days apart. No control was exerted over their activities to eliminate confounding by history factors.

The experimental group participated in a three day workshop in psychodrama. Sessions were conducted for approximately twelve hours a day. The workshop consisted of a variety of warm-up techniques, psychodramas, sociodrama and work with the action sociogram. The control group participated in no controlled activities, they simply took the pre and post-test.

Significant results were found when comparing the first and second testing. They showed forty percent of the group with more certain attitudes about how they viewed themselves and how they thought others viewed them. The subjects showed no attitude changes at anytime, when tests were compared in reference to their view of a mentally healthy person. Also noted was a small but significantly more positive self-image on the second testing. The results between the first and second testing and the first and last testing, for the experimental group, showed greater change occurring after eight weeks than between the three days in the first and second testing.

At the eight week testing the experimental group showed significantly greater self certainity. Almost half (47%) of the subjects became more certain of their view of themselves and how they thought others viewed them, at the same time each person developed a significantly better self-image. The attitude changes that occurred between the first and last testing were mostly major attitude shifts. An example of this would be an answer change from "slightly uncharacteritic" to "very characteristic." That is, a complete shift of a subject's viewpoint. The control group showed no significant increase in self certainty and no change in their qualitative view of themselves.

The results presented suggest that psychodrama may cause a more positive self-image. They also suggest that psychodrama causes a greater certainty of the individual as to how he views himself and how he thinks others view him. As noted in the results of the first and third testing, attitude changes that occur are more likely to be complete reversals of attitudes than small changes. This small study, which has been presented, has a number of questionable areas. The Sunland Social Self Scale, by report of the authors, has no reliability data, therefore it is difficult to say if the instrument accomplished the same thing after each administration. The effect that the pre-test may have on the post-test should have been controlled for. The descriptions given about the contents of the

workshop are vague and make replication from the report next to impossible. The ages and demographic data about the subjects should have also been included in the experimental description. The use of action techniques of psychodrama seemed to cause a dramatic change in the clarity with which people perceive themselves. This change could also be described as a clearer view of the individuals "real self." This implies that psychodrama may clarify values and attitudes. The experimental group's certainity about how the group viewed them, could result in better interpersonal communication, improved self-confidence and better social judgement. The results indicating a positive "self-image" by the workshop participants suggests a therapeutic result which is similiar to the goals most psychotherapies strive for. The greater certainity about themselves which the group had, could also result in greater spontaneity, less conflict between "ideal self and "real self" and probably produce a significantly less amount of anxiety in the individual. The greater clarity in self perception, which seems to have occurred, as a result of the psychodramatic sessions, might also be viewed as a hinderance to spontaneity. If an individual had a preconceived set of notions about himself, the result may be stereotypic behaviors.

Therapy comparison

In a further study Irwin, Levy and Shapior (1972) have noted that widespread emotional disturbance indicates a need for varied approaches to mental health. The objective of their study was to test the relative effectiveness of a program of drama therapy with two types of group programs: an activity psychotherapy group and a recreation therapy group. The subjects consisted of fifteen boys ranging from seven years and six months to eight years and six months. They were receiving outpatient treatment at the Pittsburg Guidance Center. Assessment of change was made by a clinical psychologist who was not aware of the compostion of the group. The battery of pre and post-evaluative measures include 1) Rorschach Index of Repressive Style, 2) measure of verbal fluency, 3) semantic differential measuring attitudes toward self and 4) parent competence scale. The boys were randomly assigned to one of the following groups, drama therapy, activity therapy or recreation therapy. Five boys comprised each group. Concommitant with the placement of the boys in therapy, their mothers were placed in three separate groups, which met once a week. In these sessions, group discussions focused on the children's participation in the groups and their similarities and differences in maladaptive behavior patterms. All three parent groups were led by trained psychiatric caseworkers. Testing occurred both pre and post

treatment. The activity therapy group ran discussions, encounters and did a number of group activities. The recreation group set up a schedule similar to a YMCA recreation schedule. The drama therapy group followed classical psychodrama techniques. Boys in all three groups met weekly for one hour and thirty minutes for a total of twenty weeks.

Results showed a less repressive style adopted by the children in only one group, the drama therapy group. Suggesting that the children in the drama therapy group were better able to integrate and utilize their thoughts, feelings and memories. An analysis of variance demonstrated significantly greater volume of words produced by the drama therapy group children after treatment. The children in both the activity group and recreation group decreased their total volume of words. This suggests that drama therapy children had developed greater spontaneity. The semantic differential which purportedly measures attitude change, showed no significant changes in or between groups. In all three groups the mothers rated their children as healthier than they had been when they entered the therapy.

The data suggests that the dramatic activity is an effective therapeutic technique and compares well with more traditonal group therapy approaches. The study

tentatively indicated that a child's level of affective and interactional communication can be modified as a result of psychodramatic activities. The activity to communicate his feelings. Dramatic activity offers the child an opportunity to portray both fantasy and reality. Thus, a child is given strong tools to separate fact from fantasy.

The study demonstrates some structural difficulties. It would serve to be more representative if this study had included females. There is a distinct possiblity that communicating affect would be vastly different if both sexes were studied. Though recreation therapy and activity therapy were utilized as control group, they share many common components. The activity group utilized group therapy discussion and the recreation therapy group involved creative physical activity; both having common elements in the drama thearpy group. A "no" treatment group should have been included. In presenting the Rorschach Index of Repressive style, the author should have presented reliability data. In constructing the parents competence scale, a test known as the Teacher's Competence scale was modified. This brings the validity of this test for the purpose into question. Finally, the study does not control for interaction effects between testing and the experimental variable.

Emotional change

Logan (1971) described a study measuring the effects of psychodrama on aggression in blacks. The subjects were five black, undergraduate students and five white, undergraduate students attending two separate evening courses in psychology at a Jesuit College. The Rosenzweig test was administered and the E factor determined. The E factor is a measure of aggression. The Rosenzweig test standardization samples of 1949 were used to determine average levels of aggression of all students. Of the five students in one course, two black males and one black female were assigned to the experimental group. Of the five students attending the other class, two black males and one black female were assigned to the control group. Subjects assigned to experimental and control groups were matched for pre-treatment aggression scores. The treatment group participated in weekly hour and one half sessions for four months of psychodrama and sociodramas surrounding the prejudice issue. The control group received no psychotherapeutic treatment, but met for psychology classes for the same period.

Results indicate that the techniques of psychodrama and sociodrama appear to be efficacious in influencing individuals with high E scores. There was a marked reduction of E scores in the experimental group and no change

in the control group subjects.

The study's use of standardization samples form 1949 causes serious question about the data. A valid question may be, is the Rosenzweig test still useful in testing aggression? The size of the study also severly limits it representativeness to more general populations.

In presenting the study, subjects ages should have been noted. The fact that this test was done under the auspices of a course, in which the students were given a grade, indicates another source of possible confounding. The next step in such research would be replication of this study, with additional tests being utilized.

Reeducation

Haskell (1959) reported a study investigating the relationship of improvement in role playing ability, developed in the course of role training, to conformity to general social values. The subjects were sixty-six male inmates of Riker's Island Penitentiary. Subjects excluded from this study were screened for a number of factors, 1) less than a sixth grade education, 2) were under twenty and those over forty-one years old, 3) known homosexuals and 4) inmates with major warrants pending. All subjects were nearing release on parole. Assessment was carried out in a pre and post-test design. The tests administered were a role test, an empathy test, a human relations in-

ventory, a judgement in social situations test and an observation of human behavior test. The role test was a test of role enactment. The second was the empathy test, which was the accuracy with which the convict rated the auxiliary ego's performance. The third was the human relations inventory, which was a projective test designed to measure tendency toward conformity to social values. The fourth test measured judgement in social situations. The final test rated the men on their accuracy in observing human behavior. These were rated by three independent judges.

Thirty-three inmates were randomly assigned to an experimental group and a control group. Role training was provided to the experimental group in fifteen training sessions. Role training was given in the following relationships, occupational roles, family roles and community roles. The role training program lasted three months. The author hypothesized that the following changes would occur in the inmates after role training. They would:

1. Display greater ability to play roles
2. Display greater ability to take role of others
3. Show greater tendency toward social conformity
4. Show better judgement in social situations
5. Show greater ability to observe human behaviors
6. Make a more satisfactory economic and social adjustment after release

7. Show lower rate of recidivism
8. Persons who improved in role playing ability would display greater ability to take role of other than would non-improvers.
9. Persons who improved in role-playing ability would show greater tendency toward social conformity than non-improved.
10. Persons who improved in role-playing ability would display better judgement in social situations than non-improvers.
11. Persons who improve in role playing ability would display greater ability to observe human behavior (Haskell, 1958, p.197).

The first five hypotheses were tested by comparing pre and post-treatment scores of the experimental and control group on each of five tests. Significant differences were noted for the experimental group on the role test and on the human inventory. No significant differences were noted on the other three tests. Those that improved on the role test were classified as improvers and those that did not were classified as non-improvers. The scores of non-improvers were compared to imporvers on four tests to test hypothesis 8-11. Results supported hypotheses 1,3,8,9 and failed to support any of hypothese number 2,4,5, 10 and finally hypothese

or 11. Hypotheses 6 and 7 were intended to be tested one year after release. As an incidental, the author explored another variable. Fifty percent of the sample of inmates were drug users. Comparing non-drug users with drug users on recidivism, degree of participation and test scores, no significant differences were found. This study shows a number of structure flaws. No data concerning the inter-rater reliability is provided on the judges who rated the inmates tests. Another difficulty lies with the specificity with which the subjects were picked, serious question can be raised of their representativeness of any population. This representativeness problem is also contributed to, by the small sample size. The study's major problem is that it does not provide tabled data for the reader to analyze. Serious consideration should be given to a more rigorous method of reporting a scientific study.

The results of this study showed that role-playing ability can be trained. It also demonstrated that role-playing can induce greater social conformity in habitual non-conformers. The results indicate only an attitude change and the fact that no better social judgement was observed strongly suggests that this would not result in a behavior change. Additional therapy would be required before anyone could say that these men made significant

positive change.

Treatment of acting-out

Haskell's study of criminals was followed by Newman and Halls (1972) who presented a study involving ten college students. They were rated as poor candidates for individual psychotherapy because of their severe repetitive "acting-out" behavior. Subjects were selected from over 250 students being seen at the University of Florida psychiatric infirmary. All patients chosen were in serious risk of being dropped from the enrollment of the University because of their severe behavioral acting-out disorders. The subjects, though in danger of being dropped from the university, were not forced to participate in the study. The entire study consisted of ten patients with an equal number of males and females. The control group consisted of sixty undergraduate students taking a psychology course and the third group consisted of sixteen total psychiatric residents and Master's candidate nurses who were training in psychodrama. Control groups were administered only pre and post test at the times when experimental group took theirs. No control for history factors were reported. Each patient was evaluated by an independent observer before the onset of therapy and twelve weeks after the group terminated. The rater compared this group's responses to the responses of the

students in other groups. Patients and control groups were given the following tests in a pre-test, post-test design, The Hildreth Feeling-and Attitude Scale, Zung Depression Scale, The Inferred Meanings Test and the Satisfaction-Dissatisfaction Check List. Analysis of sociograms, independent working notes and tapings were also done. Three groups were used, the treatment group being the ten patients. Fifty-five dramas were performed in twelve ninety minute sessions. The results showed greater interpersonal sensitivity by the experimental group than the group of psychodrama trainees but equal to the undergraduate psychology class on the inferred meanings test. The change in the Zung Depression scale scores, at the conclusion of therapy, showed significantly less depression for the experimental group and also highly correlated with the independent observers rating of improvement. No changes were noted on the Zung test in their the psychodrama trainee group or the undergraduate psychology group. The Satisfaction-Dissatisfaction test also showed a highly significant positive change for the experimental group. This showed greater patient comfort with their interpersonal and physical environment. The control groups did not demonstrate any significant differences. An analysis, by an independent rater, of patient comments revealed a number of common views concerning the psychodrama ex-

perience. All participants agreed that, the size was adequate, that the participants were sincere, that they all had a common problem, that their self esteem improved, that they became more interpersonally sensitive, that they had better volitional control and that the doctors and therapists had not been too imposing. This indicates that the psychodramatic experience was positive for the group. This appears to be a well controlled experiment which could be duplicated for the data the author presented. The study concluded that in role playing, people develop insight into the meaning of behaviors and learn the language of cultural communication which depends upon role expectation. Practicing roles, they concluded, leads to spontaneity not stereotypic behaviors. Defensiveness in the group was substantially lessened by the psychodramatic techniques. The covert benefit of psychodrama night have been better social judgement and greater self-understanding leading to less impulsive actions. Psychodrama was an effective means of treating individuals with acting - out disorders who were thought to be poor candidates for psychotherapy. This type of disorder has traditionally been highly resistant to most forms of psychotherapy. As a result of their participation in the psychodrama group the members developed many new and expanded role skills. They were also able to lose mal-

adaptive and uncomfortable behavior.

Audience attitude change

Greenberg (1968) in an attempt to show the benefit an audience could receive from psychodrama conducted a study to determine whether or not the techniques of psychodrama with specific emphasis on spontaneity, could be used to bring about a change in attitude among members of the audience. Subjects were sixty-three students in a political science class at Chapmen College. Thirty subjects were assigned to the control group, they were undergraduate students whose ages ranged from 18-26 with a mean of 20 years old. The thirty-three undergraduate subjects assigned to the experimental group (audience) reanged in age from 18-25, with the mean being 19 years old. Subjects had majored in a variety of subjects. The subjects were evaluated on a semantic differential measuring draft attitude and an Likert-type measurement of draft attitude change and finally a Dogmatism scale in a pre-test post-test control group design. The control group and experimental group were assigned somewhat randomly. That is, the morning class was the control and the evening class was the experimental group. The subjects were a captive audience, but according to the author, appeared convinced of the usefulness of the study. Both groups were told they were involved in a research study by the author

and after its completion would be given the details. The groups were held in classrooms adjacent to each other. When the control group met, three psychodrama actors (two male and one female) presented to the group three skits. The skits presented to the experimental group consisted of a pregnant girl's dilemma of having a child of a married older man, a college student being drafted, and that same young man and his fears on a reconaissance mission in Vietnam. The psychodrama actors were warmed-up and the author states the actions were adequate to arouse an emotional response. Based upon changes in score, on the three assessment measurements, the author intended to test a number of hypotheses. They were 1) the experimental group should show greater change in attitude toward the draft than the control group, 2) experimental group high dogmatism scorers should either make no change or make an extreme change, and 3) experimental group middle dogmatism scorers should be most consistent in attitude changes toward positive.

Results indicated a significant change of attitude by the experimental group toward the draft at the $p < .01$ level. The Likert type scale also showed a significant change in attitude toward the draft by the experimental group. The results in comparing the concordance of attitudes between the two groups were not significant.

No significant changes were noted in relation to the two other hypotheses.

The principal goal of the experiment was achieved: The subjects in the experimental group showed a change in attitude as indicated on the semantic differential test, after to their exposure to the three psychodramas. Therefore, the supposition that an attitude can be changed, even one with deep emotion committment, when catharsis was brought about by psychodrama is strongly supported. In the study, a number of surrounding concepts, such as "the foot soldier," "military life" and others were tested to see if change would occur. It did not. This may be due to the fact that the tests devised did not adequately weigh these concepts when comparing changes on the pre and post·test measuremtns. The anxiety aroused by the first psychodrama reduced the audiences anxiety so that when the scene of Vietname was presented, the audience changed their attitudes to meet the demands of the situation created in the psychodrama. No relation between dogmatism and attitude change was found. If a relationship existed between them, the study would have had some important results. The use of a piolet study and adequate controls helped this experiment to be a well controlled experiment.

Discussion

This paper has introduced Jacob Levi Moreno and psy-

chodrama to the reader. It should be noted that only a spontaneous life could have produced so much in so short a time. The heritage left behind, by Dr. Moreno, is a theory and practice of psychotherapy which has major components of other psychotherapies and the innovations of a new approach to mental health.

Throughout the theoretical portion of this paper, the underlying foundation of psychodrama presented was that of spontaneity, creativity and catharsis. It was indicated that these, as well as Moreno's other theoretical concepts, integrate well with the humanistic trend in psychotherapy. The healthy man of the future will find, in himself, the spontaneity to openly meet and risk new challenges. Situations which are new, can be tested with members of his social atom and through the various techniques he can expand his intellectual and emotional insight or learn new behavior, social or role-playing skills.

The practice of psychodrama has a variety of techniques and like a garden, certain ones fulfill certain needs and tastes. This implies the need for greater training of psychodrama directors and auxiliary egos. Standards for training directors must be maintained or charlatans will use the techniques to the harm of others. Caution should be taken when separating the theory from

the practice. The trends of eclecticism, in psychotherapy, are tainted by fears of many techniques used with little or no underlying theory of behavior. Psychodrama is supremely suited for just such a horror. Further research reports should review and analyze research and discover the strength of the theoretical postulates of this system of psychotherapy. Such a report would need to cover such concepts as role-playing catharsis, spontaneity and creativity. Another research report, which would be a valuable addition to the knowledge of psychodrama, would be a survey of the literature surrounding the relationship between spontaneity and creativity.

The case studies and limited research lead one to an irrevocable conclusion, psychodrama must do research to substantiate itself. The total lack of reported outcomes and details for case studies is negligent. The number of techniques used by psychodrama necessitates research to define and improve their uses. Although the research outcomes have been equivocal, they provide a foundation and rationale for using this style of therapy.

The case studies reviewed have a number of common problems and a number of common pieces of information. All case studies failed to report enough detail. Little or no psycho-social data was provided. The history of behavior therapy has its origins with case studies, but

baselines and follow-ups have typically been used in these later reports. The case studies of psychodrama, which had a follow-up, simply had informal verbal reports. A series of case studies with slight variations could produce some rather important information. Tighter controls over multiple treatments would provide more definitive information about technique. Case study compilation in specific syndromes or with specific techniques would generate a vast number of testable hypotheses as well as more data regarding the effectiveness and usefulness of certain techniques with certain population, etc.

We can see, from these case studies, that psychodrama has been used with a number of syndromes. The outcomes reported include emotional catharsis, insight, new behavioral patterns. new role skills, new social skills greater self-disclosure, symptom relief, greater ego strength, and better communication skills. The variety of psychological changes which can be induced by psychodrama led tentative support for a case for psychodrama's effectiveness. Most studies have used psychodrama in 1½ to 2½ hour sessions, usually once a week. Can greater use of psychodrama encourage psychological change or would it be detrimental? Few studies lasted or used psychodrama for more than four months, yet most reported

therapeutic change. The case for psychodrama as a psychotherapy is strengthened in that it is less expensive than traditional therapeutic therapies, because it is done in groups, yet individuals are focused upon. Studies indicated that even the audience benefits from the enactment.

Experimental research demonstrates that protagonist and audience attitude can be changed by psychodrama. Psychodrama causes greater interpersonal sensitivity and can teach new role skills in various areas of life. The variety of psychodrama techniques makes it adaptible to many and varied therapy goals and to any variety of psychological disorders. But psychodrama is not limited to disorders, since each of us has a variety of roles and feelings which are difficult for us to experience. Moreno has suggested that spontaneity is a trainable quality, it would seem conducive to mental health in general, if all of us used psychodrama. The scope of this paper limits the review of psychodrama as far as the use in other fields is concerned, but it has possibly uses in education, industry, medicine and political science.

For psychodramas process research to progress further, it's intervening variables must be clearly defined. Future research should, in the tradition of the Truax and Carkhuff studies, define the interpersonal qualities needed by a

director or auxiliary ego. We might ask, does genuineness, respect or unconditional positive regard characterize a successful director-protagonist relationship. Research is vast in the area of role-playing. It would seem that the most germane role playing topics might be the comparison of emotional role-playing and intellectual role-playing. A series of studies might successfully delineate the roles used by a family. If such a break through occurred, any breakdown in family relations could be solved by appropriate role training and insight. Lastly, it is interesting to note that psychodrama is a group psychotherapy, but few social psychologists have found it an interesting enough phenomenon to study it. It is not true that "they also serve who stand and wait."

References

Alexander, F., & Selesnick, S.T. The history of psychiatry. New York: The American Library, 1966.

Anderson, W. J.L. Moreno and the origins of psychodrama, In Ira Greenberg, Psychodrama: theory and therapy. New York: Behavioral Publications, 1974.

Angler, C.F. Psychodrama with the criminally insane. Group Psychotherapy, 1966, 19, 176-182.

Barbour, A. The self disclosure aspect of the psychodrama sharing session. Group Psychotherapy and Psychodrama, 1972, 25, 132-138.

Bischof, L.J. Interpreting personality theories. New York: Harper & Row, 1964.

Blake, R.R. Experimental psychodrama with children. Group Psychotherapy, 1955, 8, 347-350.

Blatner, H.A. Acting-In. New York: Springer Publishing Company, 1973.

Brammer, L. The helping relationship. Englewood Cliffs: Prentice Hall, Inc., 1973.

Bruck, M. An example of the use of psychodrama in relieving of an acute symptom in a psychiatric children's clinic. Group Psychotherapy, 1954, 6, 216-221.

Butts, W.M. Psychodrama with students and their wives. Group Psychotherapy, 1962, 15, 55-57.

Buxbaum, H., & Hrebicek, S. The effectiveness of group psychotherapy in the treatment of female psychotic patients at a rehabilitation center. The International Journal of Sociometry and Sociatry, 1963, 3, 23-29.

Cabrera, F. Group psychotherapy and psychodrama for alcholics in a state hospital rehabilitation program. Group Psychotherapy, 1961, 14, 154-159.

Campbell, D.T., & Stanley, J.C. Experimental and quasi-experimental design for research. Chicago: Rand McNally Publishing Co., 1963.

Carstenson, B. The auxiliary chair technique-a case study. Group Psychotherapy, 1955, 8, 50-59.

Chang, T.M. Estimate of behavioral characteristics in group psychotherapy. International Journal of Sociometry and Sociatry, 1962, 2, 125-135.

Cohen, H. Psychodrama with an adolescent group. International Journal of Sociometry and Sociatry, 1962, 2, 136-140.

Corsini, R. An inquiry into the possible relationship between manifest personality, theory and method of some eminent psychotherapist. Group Psychotherapy, 1956, 9, 274-281.

Deane, W.N., & Marshall, E.B. A validation study of a psychodrama group experience: A preliminary survey. Group Psychotherapy, 1965, 18, 217-240.

Fox, V. Group methods in criminology. Group Psychotherapy, 1961, 14, 40.

Friedman, S. Role playing with rehabilitation clients. Group Psychotherapy and Psychodrama, 1972, 25, 53-55.

Greenberg, I.A. Psychodrama and audience attitude change. Beverly Hills Thyrus Publishing Co., 1968.

Greenberg, I.A. Psychodrama: theory and therapy. New York: Behavioral Publications, 1974.

Haas, R.B. Psychodrama as a guidance technique in an experimental school. Sociometry, 1946, 9, 254-262.

Haskell, M.R. The drug addict, role playing and group psychotherapy, the need for a new approach. Group Psychotherapy, 1958, 11, 197-202.

Haskell, M.R. Role training and job placement of adolescent delinquents: The berkshire farm after care program. Group Psychotherapy, 1959, 12, 250-257.

Haskell, M.R. Socioanalysis: self direction via sociometry and psychodrama. Los Angeles: Role Training Associates, 1975.

Heimbach, S.R. Role-playing as an aid in improving reading ability and empathy. Group Psychotherapy, 1959, 12, 42-51.

Honig, P. Psychodrama and the stutter. Sociometry, 1946, 9, 175-176.

Ionedes, N. Group methods and the adult offender. Group Psychotherapy, 1960, 13, 20.

Irwin, E., Levy, P. & Shapiro, M. Assessment of drama therapy in a child guidance setting. Group Psychotherapy, 1972, 25, 105-116.

Jennings, H.A. Quantitative aspects of tele relationships in a community. Sociometry, 1939, 2, 93-100.

Kean, C.D. Some role-playing with high school students. Group Pshychotherapy, 1953, 6, 256-265.

Lassner, R. Psychodrama in prison. Group Psychotherapy, 1950, 3, 77.

Leutz, G.A. Transference, empathy and the role of the psychodramatist as compared with the role of it's psychoanalyst. Group Psychotherapy and Psychodrama, 1971, 24, 111-116.

Lippit, R. & Clancy, C. Psychodrama in the kindergarten and nursery school. Group Psychotherapy, 1954, 7, 262-290.

Logan, J.C. Use of psychodrama and sociodrama in reducing excessive negro aggression. Group Psychotherapy, 1971, 24, 138-149.

Meyer, A. Spontaneity. Sociometry, 1941, 4, 150-167.

Minear, V. An initial venture in the use of T.V. as a medium for psychodrama. Group Psychotherapy, 1953, 6, 213-245.

Moreno, J.L. Interpersonal therapy and the psychopathology of interpersonal relations. Sociometry, 1937, 1, 66.

Moreno, J.L. Mental catharsis and the psychodrama. Sociometry, 1940, 3, 209-244.

Moreno, J.L. Psychodramatic treatment of marriage problems. Sociometry, 1940, 3, 145-151.

Moreno, J.L. A frame of reference for testing the social investigator. Sociometry, 1941, 3, 317-327.

Moreno, J.L. Foundations of sociometry. Sociometry, 1941, 4, 15-20.

Moreno, J.L. A case of paranoia treated through psychodrama. Sociometry, 1944, 7, 312-327.

Moreno, J.L. Spontaneity theory of child development. Sociometry, 1944, 1, 1-15.

Moreno, J.L. Role tests and role diagrams of children. Sociometry, 1945, 7, 41-53.

Moreno, J.L. Psychodrama of Adolph Hitler. Handbook of International Sociometry, 1956, 1, 120-135.

Moreno, J.L. Reflections on my method of group psychotherapy and psychodrama. Ciba Symposium, 1963, 2, 11-35.

Moreno, J.L. The roots of psychodrama. Group Psychotherapy, 1966, 19, 140-145.

Moreno, J.L. Psychodrama (Vol. 3). Beacon: Beacon House, Inc., 1969.

Moreno, J.L. Psychodrama (Vol. 1). Beacon: Beacon House, Inc., 1972.

Moreno, J.L., & Dunkin, W.S. The function of the social investigator in experimental psychodrama. Sociometry, 1941, 4, 392-417.

Moreno, Z.T. History of the sociometric movement in headlines. Sociometry, 1949, 12, 255-259.

Moreno, Z.T. Practical aspects of psychodrama. Group Psychotherapy, 1970, 22, 213-219.

Mouton, J., Bell, R.L. & Blake, R. Role playing skill and sociometric peer status. Group Psychotherapy, 1956, 9, 7-17.

Mumford, L. The role of the creative artist in contemporary society. The Virginia Quarterly, 1957, 8, 10-20.

Naruse, G. Recent development of psychodrama and hypnodrama in Japan. International Journal of Sociometry, 1960, 2, 18-23.

Newman, G., & Hall, R.C.W. Acting out: an indication for psychodrama. Group Psychotherapy, 1972, 24, 87-96.

O'Connell, W.E. The value of role reversal in psychodrama and action therapy. Handbook of International Sociometry, 1971, 6, 98-105.

O'Connell, W.E., & Hanson, P.G. The protagonist in human relations training. Group Psychotherapy, 1970, 23, 45-54.

Ortman, H.L. How psychodrama fosters creativity. Group Psychotherapy, 1966, 19, 201-212.

Parrish, M.M. The effect of short term psychodrama on chronic schizophrenic patients. Group Psychotherapy, 1959, 12, 15-25.

Pascal, G.R., & Zax, M. Psychotherapeutics: success or failure. Journal of Counsulting Psychology, 1956, 9, 325-331.

Peyman, D.A.R. An investigation of the effects of group psychotherapy on chronic schizophrenic patients. Group Psychotherapy, 1956, 9, 35-39.

Pisa, A., & Lukens, H. A multifaceted approach to psychodrama in a day treatment center. Hospital and Community Psychiatry, 1975, 26, 444-447.

Polansky, N.A., & Harkins, E.B. Psychodrama as an element in hospital treatment. Psychiatry, 1969, 32, 74-87.

Potts, F.J. Psychodrama of a chronic catatonic. International Journal of Sociometry, 1960, 2, 91-95.

Rogers, C. On becoming a person. Boston: Houghton Miffin Co., 1961.

Sacks, J. The judgement technique in the permanent theatre of psychodrama. Group Psychotherapy, 1966, 19, 29-31.

Sacks, J. Psychodrama: an underdeveloped group resource. Educational Technology, 1973, 13, 37-39.

Schlanger, P.H., & Schlanger, B. Adapting role-playing activites with aphasic patients. Journal of Speech and Hearing Disorders, 1970, 35, 229-235.

Shoobs, N.E. Psychodrama in schools. Sociometry, 1944, 7, 152-168.

Shugart, G., & Loomis, E.A. Psychodrama with parents of hospitalized schizophrenic children. Group Psychotherapy, 1954, 7, 118-124.

Singer, E. Key conception psychotherapy, Basic-Books, Inc., New York, 1970.

Siroka, R.W. Dimensions of catharsis, discussion of Zerka Moreno lecture. Group Psychotherapy, 1972, 24, 44-45.

Solem, A.R. An experimental test of two theories of involvement in role playing. International Journal of Sociometry and Sociatry, 1956, 1, 163-170.

Stahl, G.R. A statistical report of industry's experience with role playing. Group Psychotherapy, 1953, 6, 202-215.

Webster, T.G., & Harris, H.I. Modified group psychotherapy, an experiment in group psychodynamics for college freshmen. Group Psychodrama, 1958, 11, 283-298.

Weiner, H.B. Treating the alcholic with psychodrama. Group Psychotherapy and Psychodrama, 1966, 19, 27-49.

Weiner, H.B., & Sacks, J.M. Warm-up and sum up. Group Psychotherapy and Psychodrama, 1970, 22, 85-102.

Wendland, L.V. A therapeutic group with husbands and wives of poliomyeltis patients. Group Psychotherapy, 1955, 8, 25-32.

Whitman, E. Personality of fourth grade children as measured by modified T.A.T. and improvisation techniques. Group Psychotherapy, 1954, 7, 255-261.

Wilson, E. Humanisms many dimensions, In Paul Kurtz, The humanist alternative. Pemberton Books: London, 1973.

Wolson, P. Loss of impulse control in psychodrama on inpatient services. Handbook of International Sociometry, 1971, 6, 73-83.

Yablonsky, L. Preparing parolees for essential social roles. Group Psychotherapy, 1955, 8, 38.

Zacharias, J. Psychodrama with teen-agers. Group Psychotherapy, 1965, 19, 198-200.

Zacharias, J.L. Psychodrama of an unwed mother. Group Psychotherapy, 1966, 19, 198-200.