

THE CENTRAL CONCERN MODEL: A FRAMEWORK FOR STRUCTURING PSYCHODRAMATIC PRODUCTION

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The "central concern model" is a conceptual framework for structuring psychodramatic production based on interactions that have emerged spontaneously from the group. It was developed at the Psychodrama Section at Saint Elizabeth's Hospital, and has been used there for quarter of a century. The chief architect of the model was James Mills Enneis. Throughout the past 25 years, staff and trainees have modified the model.

The model defines and uses an "area of concern" that the group will explore during the action phase of the session. This "central concern" is a synthesis of the contractual relationships (individual goals and group goals), thematic feeling, and topical concern for the therapy session.

The major focus of this article is to describe the essential components of the central concern model as it is applied to clinical practice. It draws heavily on the training and clinical experience of the author. There is no previous published literature on the model, although another model is described in Whitaker and Lieberman (1964).

Historical Development

J.L. Moreno (1964) provided the theoretical foundation from which the central concern model was developed. He stated that the protagonist must serve as the vehicle for the group. He further stated that when the psychodrama is group centered, it is important the theme be a truly experienced problem of the participants (real or symbolic).

While Moreno provided the theoretical impetus for the development of the model, it was Enneis who designed the model that provided a framework for the selection of the protagonist as well as a crystalization of the warm-up processes which lead to the establishment of a common theme and shared concerns of the group. Enneis (1951) in discussing the analysis of the warm-up stated: "By the merging of various interests, it (the warm-up) centres on a problem area with which it (the group) is willing to be concerned during a particular session. There is an exclusion of peripheral concerns, and a crystalization of the more basic areas with which the group will deal."

Don Clarkson has been instrumental in the teaching of the model. He has also made important contributions to our understanding of the thematic feeling and the topical concern. Cole, Hearn and Zinger have also made important contributions to our understanding of the model and how it works.

Central Concern and Director-Directed Models

For the purpose of this article it is the author's contention that either a director directed or protagonist centered psychodrama is essentially a pre-structured session, and the model for direction of the session would be similar for both warm-ups. In both cases, the topic or content is pre-selected before a group has an opportunity to freely

discuss its concerns. Thus, the structure is provided prior to the warm-up phase of the session.

These pre-selected sessions are relatively easy for the director to direct during the warm-up phase of the group. It becomes the responsibility of the director to establish communication networks and sociometric links between the chosen protagonist and the rest of the group members.

This model also provides a fall-back position for directors who primarily utilize the protagonist-centered model. Psychodrama directors who are employed in institutions or working with low-motivated clients, know the difficulties inherent in trying to elicit a volunteer protagonist from a resistant group.

It has been the infrequent experience of this author that hospitalized patients will readily state "I want to work." Therefore, rather than waiting and feeling impotent because of the lack of a protagonist, the director can begin to structure group iterations so a protagonist can emerge from the group.

In contrast to the protagonist-centered session, a free flowing or spontaneous warm-up is much more difficult to direct since there are few pre-established concerns. The Central Concern Model provides a framework for structuring psychodramatic production from interactions which emerge spontaneously from the group. This article may provide directors with some theoretical anchors and clinical perimeters to guide them in their search for a topic, theme and protagonist.

Steps for Implementation of Central Concern Model

There are several basic steps for the use of the central concern model. In the preparation phase, before the group assembles, the director should explore his own warm-up and the contractual relationships of the group. During the group the director focuses on establishing the theme and the topical concern. The topical concern is composed of two sub-factors: (1) Manifest Content and (2) Matrix of Identity. Then, through the integration of the contract, theme and topical concern, the director is ready to state the central concern, and use this topic as the criterion for selection of a protagonist who will most accurately reflect the concerns of the group.

Director's Warm-up

The director's warm-up refers to the director's own personal concerns and feelings as they relate to his/her personal and professional life. The director must also begin warming up to the role of group therapist. This warm-up procedure will culminate in a process in which the central concern model clarifies and reflects the concerns and feelings of the group and not the projections to the director.

In order to achieve accurate listening skills, the director must be sensitive to his/her own feelings and concerns so as not to mis-interpret the concerns of the group. It is important to remember that the director does not have to submerge his/her feelings and concerns, but rather s/he must be aware of them prior to entering the group, and thus give primacy to the concerns and feelings of the group members.

The negative consequences of the director's ability to bracket are more extensively

discussed in another section of this paper. However, this author cannot overemphasize the importance, albeit necessity, for the director to bracket his/her own values and feelings. All psychodrama directors should have completed intensive personal psychotherapy and should continue to receive ongoing clinical supervision. This continuing monitoring process of the director's personality is necessary in order to maintain the sanctity of the protagonist's psychodrama from infringement by the director's psychopathology. The director will also have to begin his/her warm-up to the task of directing the group. Moreno (1953) stated that 'the most spontaneous member of the group should be the director.' Thus, the director must begin to warm-up to his/her own spontaneity state before entering the group. Some useful preparatory exercises used by the author include reviewing the group's most recent themes and concerns, and spending time in quiet contemplation.

Contractual Relationships

After checking his/her own personal and professional warm-ups and the group history, the director needs to review the group contractual relationships. The contractual relationships refer to the specific goals and purposes for which the group was formed. They are the broad boundaries that will focus the group to specific areas of content. The contractual agreement should attempt to answer the questions of who, what, when, where and why. Behaviorally defined objectives and specific affective goals should be documented and recorded for the group and each group member.

Although the focus of this paper is the application of the central concern model to clinical psychodrama practice, the model also has numerous other applications for use in psychotherapy and training. This model has been successfully adapted for utilization in verbal psychotherapy groups. This model can also be adapted by practitioners of other psychotherapies such as Reality Therapy, Adlerian, Rational-Emotive, etc.

This model has proven to be a tremendous asset in the conduct of training sessions directed by staff and trainees of the Saint Elizabeths Hospital Psychodrama Section. While goals and objectives are usually predetermined for training groups, the individual members of a training group often have a variety of issues and concerns which may or may not be addressed in a typical structured training session.

The central concern model provides a framework for warming up members of the group and structuring action training demonstrations around issues of importance to the group. Channels of communication can be established and an issue of general concern uncovered which can then be focused upon in the demonstration of the psychodrama theory and techniques.

Frequently, when a psychodramatist conducts a demonstration session for other professionals there is a good deal of resistance to the methodology. These resistances can be overcome through directly confronting the issues and concerns of the training group. Usually first time resistances focus around areas of performance anxiety and how much of personal and professional roles should be revealed to colleagues. It is quite easy to structure a psychodrama demonstration around these issues without becoming immersed with the pathology of the group and any of the group members.

The model can also provide for development of the criterion for sociometric selection

of a protagonist who most clearly reflects the concerns and issues of the group. The sociometric selection of a training protagonist will also ensure that a support system exists for the protagonist after the training demonstration has been completed.

This model is in contrast to the infrequent but unfortunate circumstances which arise when a director chooses to work with a sociometrically isolated hysterical protagonist who volunteers to work. While a hysterical protagonist can result in an excellent demonstration of psychodrama theory and techniques, there may be little closure and/or sharing and the sociometric position may not ensure an on-going support system.

Typical broad group goals for clinical groups center around areas such as employment, sexual relations, couples therapy, chemical abuse and re-entry into the community groups for psychiatric patients. Ambiguous titles such as growth groups, potential groups or encounter groups do not provide concrete broad goals. Consequently, in these groups more attention must be given to developing specific behavioral and affective goals for each group member.

Enneis, who has repeatedly emphasized the need for clearly defined goals for groups and individuals, postulated that undefined goals are likely to produce a scattering effect among group members and their areas of conflict. This scattering is likely to be contra-therapeutic in increasing the individual's anxiety about themselves and the world in which they live.

For Example: A Chemical Substance Abusers group has been formed with the immediate goal of maintaining sobriety. During the group's history several crises have occurred - an individual's father died, another individual lost his job and a third individual was raped. If these concerns are not tied into the goal of maintaining sobriety, the director could successfully intervene in all these crises but fail to maintain the overriding goal of focusing on sobriety. If this happens, the current crises could all be resolved, but many of the group members could have returned to patterns of chemical abuse.

Since individuals enter a group with residual warm-ups from a variety of sources, the director can use the primary goal to help the group members focus on their reason for being in the group. After the initial focusing on the broad goals of the group, the director can help the participants warm-up to their own individual goals as they relate to the concern being discussed.

As a final note, it should be added that the goals for the group and group members are established through ongoing mutual negotiation sessions among the group members.

After completing these preparatory steps the director is now prepared to focus his/her attention on locating the group's theme and developing the topical concern for the group.

Theme

The theme is usually the most easily perceived emerging factor of the central concern model. The theme, as referred to in this article, is the affective dimensions of the group as expressed by the group members.

Plutchick (1980) has written an exhaustive book on the language of the emotions that has resulted in a typology of eight primary emotions (fear, surprise, sadness, disgust, anger, anticipation, joy and acceptance [receptivity]). A more detailed exploration of his work will further expand the perceptions of the reader as they relate to the emotions expressed by group members.

Clarkson states that there are usually only five themes that emerge in groups. These themes are dependency, independency, potency, impotency, and abandonment.

In regard to these five themes Clarkson hypothesized that the theme is the most important factor of the central concern model to change in terms of the group members' response. He stated that the primary task of the director is to restructure the group's thematic responses to those of greater potency and creativity in coping with life.

Hearn conversely stated that the director should pay little attention to the affective theme. Articulating a more behavioristic viewpoint, he believes it is of primary importance to focus of the behavior of individuals and groups and the theme should be used only as a catalyst for developing new behavioral patterns.

In locating the theme of the group members, it is useful to remember that confusion is not a theme, but rather a smokescreen that prevents either an individual or the group from uncovering feelings. Of course, this confusion can often be a manifestation of ambivalence in feelings and, in practice, people seldom focus entirely upon one affective dimension. Usually there is a range of feelings in any individual or group depending upon which perception is being focused upon.

Thus, it seems more useful to this author to think of a dominant affective theme and emerging affective sub-themes.

For Example: A particular group may overtly express feelings of abandonment and isolation, but some emerging sub-themes might include anger toward the abandoning figure and guilt towards themselves for not meeting some unspecified contract that caused them to be abandoned. An additional affective sub-theme might be affection and trust towards their fellow group members for sticking it out with them.

Before the director becomes entangled in a massive amount of intellectual gyrations concerning the theme, he should remember that it is useful to keep it simple. Ask the group members how they feel and they will usually respond with short and direct statements.

Topical Concern

The topical concern is the concrete area of concern in which the group manifests interest for a particular therapy session. It will be a rather broad area of concern that has emerged spontaneously from the group members' interactions with one another. The topical concern can be uncovered by careful attention to its two sub-factors of manifest content and matrix of identity.

Manifest Content

Manifest content refers to the actual words spoken and actions of the group members as observed by the director. The director makes no analytical interpretations and provides no answers but rather attempts to facilitate interactions between group members and to establish the channels of communication around a specific topic.

Many times directors are so preoccupied with a search for underlying motivations that they ignore the concerns of the group. If a director is unsupportive of a patient's statements, the usual result will be a withdrawal from the interactive process by the group members, rather than an increase in communication with others.

For Example: if a group member says, "The food in the cafeteria is really bad," the director might say, "John, we are not here to discuss the food in the cafeteria. What are you doing, about leaving the hospital?" This will probably result in a "termination" of interaction between the two, as the patient will feel unsupported by the director. If instead, the director would say, "Yes, I have heard from others that the food isn't very good here. Where in the community do you like to eat?" The director will have supported original communication but channeled the conversation into an area that will be productive for learning about the patient's interactions with the community.

The director and auxiliaries can also help to establish the manifest content during the warm-up phase of the session through the use of doubling (both individual and group), by assuming reciprocal roles to individual group members and by supporting the weaker polarities of the group. Further information on these techniques can be found in literature written by Engram (1974), Seabourne (1968) and Zinger (1975).

The technique of doubling is self-explanatory to most psychodramatists, the other two techniques may cause some confusion because of their lack of documentation in the published psychodrama literature.

Assumption of a reciprocal role is the process by which a stable auxiliary director takes the role with which an individual seems to be interacting during the warm-up phase of the session.

For Example: Group member: "My mama says I'm too lazy" Director or auxiliary who briefly assumes the reciprocal role: "You are lazy. You never help me with anything."

Through the assumption of the reciprocal role, the individual and group become more focused on the persons and issues that are foremost in their minds in today's session. The assumption of reciprocal roles generally leads to increased interaction and clarification of an individual's concerns.

Supporting a weaker pole is the technique wherein the director or auxiliary plays the devil's advocate. Often groups will cluster around unipolar issues and neglect to discuss the issues on the opposite side. Cole has stressed the necessity of the director remaining relatively value free and objective during the session, so he does not join the group and exclude an un-popular position or value. Likewise if one individual is expressing the opposite pole, the director needs to be supportive of that individual in

order to maintain their conative pattern within the sociometric network of the group.

If a majority of the group agrees that being hospitalized is much better than living in the community, the weaker pole will be supported by expressing the needs that are not met by institutionalization. The director or auxiliaries must be careful to bracket their value systems, so they can support weaker poles that are contrary to their value systems or taboo in our culture. Through the expression of the weaker polarities the issues or concerns of the group are expanded to more accurately reflect a total spectrum of feelings and concerns around a particular issue. Supporting, the weaker pole also helps the action phase of the session since an antagonist is usually essential to produce maximum expression of affect and allow for a full discussion of the concern.

Cole has repeatedly stated that it is essential for the director to assist in producing an open climate in which all group members may express their thoughts, fears and dreams without fear of ostracization from the group as a whole. Often, in fact, two or three articulate members may dominate the group as a whole even through their ideas are representative. Should the director support only the dominant issues of the group, the weaker sub-group will be likely to experience difficulty in expressing their values. This can result in an incomplete warm-up, one that is so narrow that it will sociometrically isolate individuals from the group. An in-complete warm-up may also have the effect of producing issues where there is little conflict, so that "sugarcoated" endings predominate, instead of more realistic alternatives to life where there are no simple solutions. Therefore, to facilitate development of complete warm-ups, and to establish a sociometric network where all individuals of the group have their own position, the director must maintain his position as facilitator of the group and not the arbiter of social values.

If there still remains uncertainty and confusion in the director's mind concerning the topical concern of the group, it is useful to forget about the words spoken and focus upon the symbolic interaction. Hearn has stated that the director should focus his attention upon the symbolic manifestations of the group and enact those symbols or "pictures."

Members of the group often provide important clues to the group's topical concern through their use of imagery and imagination. Common examples of such symbolic imagery might include statements such as "This seems like a zoo in here today," "I feel at the end of my rope," "Everyone is in Outer Space today," or "I'm in a fog, and I don't know what's going on." Rather than persisting in trying to make sense out of nonsense, the director should begin an action that incorporates the group's pictures.

For Example: Using the statement, "I'm at the end of my rope", the director should provide an actual rope. An individual or the group may begin to tug on the rope until they reach the end of the rope. What happens next? What does the rope symbolize? Who or what is at the end of the rope? How do group members interact with the rope? These and other questions can be explored in action to bring more focus to the topical concern of the group for a particular session.

Matrix of Identity

The second sub-factor of the topical concern to consider during the warm-up phase of the group session is developing individual identification through the matrix of identity. Moreno (1953) referred to the matrix of identity of the infant as being the social placenta or roots of an individual. An adult's matrix of identity refers to all the roles, interactions and situations in which an individual has found him/herself in the past, is currently experiencing or anticipates that s/he will encounter in the future. These matrix figures can be interpreted in terms of Model Group (Knoblock, 1964), Social Atom (Moreno, 1953), Significant Others (Sullivan, 1947) or any other theoretical framework of relationships and interactions.

As Bion (1961) stated, all the issues and concerns addressed by an individual are directly related to the here and now concerns of the group. This can easily be illustrated by two different persons looking at the weather: One says, "It is raining, and I always feel down when it rains," the other says, "It's raining. Great, this will cool down the temperature." The goal of the director is to make connections between the events and the statements occurring in the group with each individual's matrix of identity.

For Example: in a group that is broadly discussing impotency in dealing with society in general, the director facilitates the individual's warm-up to specific individuals in society with whom they have experienced, are currently experiencing,, or anticipate experiencing these problems of impotency, e.g. the un-accommodating landlord, the surly waitress, the domineering parent, overbearing spouse, etc., and relates them to specific, situations.

Broadly stated, the director focuses the warm-up of the individual group member to his/her own matrix of identity as well as to the here and now of the group situation. Again, this is accomplished by helping the individual focus on issues of group concern as applied to his or her own personal experiences and facilitating imagery development of those situations.

Clarkson repeatedly emphasized the importance of developing imagery among group members. If facilitated accurately, the warm-up should develop so that each individual has a clear mental set or "scene" concerning the times in his/her own life where he/she has, is or will be encountering the broad concerns as stated by the group. Establishment of the imagery allows the protagonist to be a mirror for the group and reduces the likelihood of members passively watching scenes with which they are unable to identify.

Statement of Central Concern

After completing the basic steps for structuring spontaneous warm-ups, the director can begin to formulate the statement of central concern through the merging and integration of the four major factors of the central concern model.

1. The *Director's Warm-up* will focus the director upon his or her personal and professional concerns and allow for development of more accurate listening skills.
2. The *Contractual Agreement* will focus on the group's current affective range and provide direction for exploration of other affective levels.
3. & 4. The *Topical Concern*, which is composed of the manifest content and matrix of identity, will delineate the broad boundaries of the group members' concerns as well

as allowing each individual to warm-up to specific situations and interactions of his or her own life that relate to the group's concern.

Now that all the factors of the central concern model have been uncovered, the "central concern statement" is a simple positive statement that focuses the attention and resources of the group on the issues of the day. The central concern statement, as all psychodrama sessions should provide, is a positive goal towards which the individual and group wishes to move, e.g. when an individual expresses the desire to work on the issue of obtaining a divorce, that can be viewed either through the focus of dysfunction or function. Moreno has consistently maintained that psychodrama represents a theory of mental health and repeatedly emphasized the focus upon mental health and not mental illness. Thus, the goal would be a more satisfying relationship with an individual. A divorce may be one of the alternatives explored in the individual's quest for a more powerful effect upon the protagonist of the session. What individual would want to undergo the intensity and anguish of a psychodrama concerning the death of a parent if the goal was to "deal with their death," rather than the more positive focus, such as to "remember the good parts of the relationship." In actuality, the therapeutic goal we are working toward with the client is probably to learn to be more self-reliant, or to mourn the loss of some roles, but hopefully allow for replacement and re-establishment of some of the major roles that have been lost due to death. But before an individual can begin to enter into new relationships, the person needs to mourn the loss of the old relationship.

Thus, as a director, the author has often said to the protagonist: "I know it is painful or difficult to encounter in a 'scene,' but I thought you said it was preventing you from obtaining your dreams and future goals. Let's explore this together with an eye to obtaining your dreams and wishes."

As Moreno (1964) stated, "Our goal is not to analyze the patient, but to help him 'dream again.'" Enneis remarked that the central concern statement 'should be broad enough to encompass all the group members, but specific enough to relate to each individual and his or her matrix of identity.'

There has been considerable debate among the staff members of Saint Elizabeths Hospital concerning whether the statement of concern should be announced to the group. Hearn felt that the concern should not always be stated because it often causes additional resistance in the group towards working on that concern. However, Clarkson stated that the concern should always be expressed to the group, so the group members will focus on an area of concern for which they feel they have enough resources to adequately confront.

The central concern can usually be formulated within the first ten minutes of the group's interaction. Clarkson stated that all interactions after the first ten minutes are usually repetitious, with the group continuing to cycle and repeat the same concerns and themes couched in different semantic terms.

Although theoretically the statement of central concern can be formulated in the first ten minutes, it usually takes most directors more time to formulate the concern. However, as a director has more practice in using the model, he or she should be able to reduce the amount of time necessary for formulation of the concern.

There are two instances in which the formulation of the central concern can take considerably longer than the optimal ten minutes. In newly formed groups or chronic regressed groups, there may be a sufficient lack of development of sociometric links and group cohesiveness to uncover the central concern in ten minutes. When these channels of communication are not established or severely disturbed by some crisis, the statement of the central concern can be greatly delayed. In fact, Moreno (1964) has reported that entire sessions may be devoted to the warm-up action for the next session.

Zinger stated that the more common reason for lack of development of a central concern statement is due to the director's blocking of the process. This most frequently occurs when the group's concerns closely approximate the director's own personal or professional concerns. We have all been privy to examples of this when a group is attempting to deal with an issue which the director finds overwhelming. If a director has not appropriately worked through his own feelings relating to death, intimacy, competency, and other basic key issues, he will likely be stymied in his attempts to help the group work through these feelings and issues.

At other times Zinger suggests that the inability to formulate a central concern statement or move into action stems from the director's feelings of impotence. If the director focuses upon arriving at "solutions" then it may be difficult for the director to conceptualize a scenario for dealing with the concern of the group. When this occurs it is useful for the director to remember that he or she is not totally responsible for the content of the session or for providing a solution or happy ending to a conflict. Zerka Toeman Moreno (McCrie, 1975) has used the analogy of the psychodrama director as a midwife. She states that it is the responsibility of the director to assist in the birth of the group's concerns and issues. She further states that the genetic characteristics of the birth are not the director's responsibility, but the director is responsible for structuring a framework which allows for group decision-making regarding the concerns. Thus, using Zerka Moreno's analogy we find that it is the director's responsibility to assist in the birth of the issues of the group through the use of psychodrama theory and techniques and the director's role styles.

Since the central concern will continue to cycle in the group until and unless these issues are explored, the director will have an opportunity to formulate the concern throughout the warm-up phase of the session. Enneis provided another cue to the uncovering of the central concern in his advice that the director look towards the most bizarre person in the group as a manifestation and crystallization of the group concern and thematic response.

If the above processes do not lead to a statement of the central concern, it might be useful to explore some structured warm-up exercises. Any number of warm-ups employed by Weiner and Sacks (1969) could be utilized to aid in further exploration of the group's concerns.

The author usually seeks help in the formulation of the central concern statement from other group members. In general, after the first ten minutes, he polls the group as to their beliefs concerning the affective range and topical concern of the group. In order to focus the group in on the salient issues of the day, he uses a broad range of

questions, anything from "What do you think the group is concerned with today?" to "If this was a movie or television show what would we call it?" This also has the added advantage of enlisting the group members as co-therapists and, thus, increases the group member's awareness of their own potency.

Action

During the action phase of the session, it is imperative that the director maintain the warm-up of the other group members through his interactions, with members of the audience. Moreno (1953) emphasized this when he stated that the director should sit with group members at some points of the action phase of the session to question them and stimulate their active involvement in the drama unfolding upon the psychodrama stage. This also has the added advantage of enlisting the other group members into the therapy process by placing them in a co-therapist role.

Sharing

Generally speaking, sharing will be a more substantial and self-revealing experience by utilizing the central concern model than by the protagonist-centered drama. Whereas, in a protagonist-centered drama, it is usually left up to the individual group members to become warmed up to the protagonist's concerns; in the central concern model, the director takes the responsibility for facilitating the group members' warm-up to the protagonist. This creates an incentive for sharing.

Relevance of the Central Concern Model

The employment of the central concern model provides a framework that allows for focusing, crystalization and clarification around specific areas of concern. The model itself will lead to an increase in creativity and spontaneity among group members primarily through their active participation in the treatment process and through the establishment of concrete and definable situations that may prove more manageable than global anxieties.

Psychodramatic Production

Through the distillation of the four major factors of the central concern model, the director with the assistance of the group has formulated a central concern statement for the group. The statement can also be viewed as the beginning of the action phase of the session. The statement of the central concern can be used as the criteria for an action sociogram. Once the statement has been articulated, the group can then focus on the individual who most accurately mirrors the concern for the group.

For Example: The director may state, "It seems to me that the group is concerned most today with the wish to leave the hospital and the concern that they may have to stay hospitalized forever. It also seems that most people are rather depressed and sad and don't feel they have a chance to leave the hospital, while Mr. Jones says it's easy to leave the hospital." Then as the director you can check the sociometry in your own head or refer it to the group, to see who the most appropriate protagonist would be to explore the issue of leaving the hospital.

The director should continue to focus on the concerns of the group as expressed in the warm-up while focusing on the issues of the protagonist. If the director strays away from the central concern during the action phase of the session, he may begin to

observe the cohesiveness of the group dissipate. Members may move from active participation to positions of more passive observation. Other members of the group may become restless and leave the room for frequent trips to restrooms, to make telephone calls or to take care of other "more important" business. This is antithetical to the model which requires that the group members actively participate and focus rapt attention upon a protagonist who really represents the concerns of the group.

Moreno (1964) stated that it is essential to enlist the group members as therapeutic agents for themselves. In fact, he often encouraged group members to call themselves "Doctor," in the belief that group members should be elevated to their highest level rather than reduced to the lowest common denominator. In the central concern model, group members have the opportunity to diagnose their own group affective levels and concerns. They are encouraged to maintain their active participation in the action phase of the session and impart to the director their ideas for structuring the action.

Enneis (1951) stated that through the exploration of the group concerns the group's fantasies become crystalized into concrete specific situations. These fantasies often pose unrealistic and distorted images of reality. Thus, as the group members begin to enter alternative interactive styles in coping with their concerns, they begin to replace their feelings of impotency and anxiety with more realistic fears or reservations.

Evaluation of the Model

Zinger reports that accurate diagnosis, and action structured around that diagnosis, should lead to a change in the group by the time of closure. Zinger has reported that this change can be measured by:

1. Change in the central concern as stated during sharing;
2. Change in the group's sociometry; and
3. Change in the affective theme.

As Enneis has stated: If the central concern model is properly utilized the affective level, sociometry and manifest content will all shift positions by the close of the session and in general will shift to perceptions of greater potency concerning the control that clients can exert over their life situations and relationships.

Clarkson suggested another additional element of evaluation of the central concern model through the logging of the central concern over the life span of the group. This could also serve as an evaluator for checking the effectiveness of the director's ability to restructure the group towards greater levels of potency. He also stated that repetitive central concerns are usually a function of the unfulfilled act hungers of the director.

Summary

The central concern model, while perhaps one of the most difficult conceptual models of group process, provides a concrete structure for working through the concerns of the group. It also provides for an evaluative method for measuring the effectiveness of the director's directorial skills.

In summation the model is valuable because:

1. It provides a theoretical framework to focus the warm-up phase of a psychodrama session;
2. It provides a structure within which creativity, spontaneity, and potency can be increased in the group members;
3. It provides a criterion for selection of a protagonist who serves as the vehicle, mirror or model for the group;
4. It allows for negotiation and a statement of specific therapeutic goals for the individuals, group and the particular psychodrama session; and
5. It provides a framework for evaluating the effectiveness of the session.

Much of the material contained in this article came from supervisory sessions the author experienced as a trainee through his supervision with James Enneis, Eugene Cole, Don Hearn and Norman Zinger who were the primary teaching staff at the Psychodrama Section of Saint Elizabeths Hospital 1971-72. Additional material was derived from teaching sessions conducted by Don Clarkson.

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(The views expressed in this article are the opinions of the author and not necessarily those of Saint Elizabeths Hospital.)

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When this paper was been retyped from the original gender inclusive terms (His/her, s/he) were added.