

## 5 Psychodrama

Psychodrama 73

### Lynette Clayton and G. Max Clayton

#### A Psychodrama Session

To begin, we want to assist you to gain a feel for what happens in a psychodrama session. To achieve this aim, what follows is a brief account of the first group session in a weekend group conducted by Max.

At the beginning of the session, I discussed with the group the goals and structure of the weekend and began to interact with group members in a direct way, asking them to introduce themselves and state what they wanted from the weekend. I enjoyed active listening with them, assisting members to expand on what they were saying, encouraging group interaction, asking questions, sharing my ideas and feelings and my hopes for the weekend, and telling anecdotes that appeared relevant. I also began to talk to the group in as interesting a way as I could about how people warm up to acting in roles and the importance of discovering blocks to the warming-up process and working with those blocks. I worked briefly with several members of the group, getting them to choose other group members to act out whatever it was that blocked them.

For some members, the blocks were internal to the self, such as a fear of intimacy, a performance anxiety or perfectionistic demands; for others the blocks were external to the self. I then invited group members to choose a partner and share further what they wanted to work on during the weekend, and then each person made a statement to the rest of the group about their partner and what area they planned to work on. I noticed that most group members experienced helplessness and I made a summary statement to that effect, which group members agreed with, and this focused the group on a common concern. I then talked about the original family group and the importance of acting scenes from early times with a view to breaking vicious cycles in interaction and developing more sense of power.

At this stage, group members were all looking interested and one person from the group agreed to act out a scene with her family as the background. The session with her proceeded as follows:

*Mary:* 'It might be a problem. I think it will be difficult.'

*Director:*

*Mary:*

*Director:*

*Mary:*

*Director:*

*Mary:*

*Director:*

*Mary:*

*Director:*

*Mary:*

*Director:*

*Mary:*

*Director:*

*Mary:*

*Director:*

*Mary:*

*Director:*

*Mary:*

'Good. Great. Let's go.'  
'I remember so little.'  
'It will be quicker if you remember little.'  
'Well, I find it hard.'  
'Okay, let's go. We are going to have a mini-psychodrama about something that you remember very little about.'  
'Yes.'  
'What are you in touch with at the moment?'  
'Well, when you talk about breaking a pattern, I can think of — I remember a pattern where everyone sat around the table and nobody talked.'  
'Right. Everybody sits around the table and nobody talks. Would you, John, help her set up the table. We will have a table, and you set it up, and then you will choose your family members.'  
'But, but ...'  
'Go and get the table with John. (She gets a table and places it on the stage.) Is this a kitchen table?'  
'Yes.'  
'What does it look like?'  
'I know it is a wooden table. No, I don't know what age I am at, do I. It used to be scrubbed pine and then it was laminex.'  
'Which one is it?'  
'I think it is the laminex. Yes.'  
'Which house is the laminex table in?'  
'It was always the same house.' (The director has been using present tense and the protagonist here starts using the past tense, which indicates that at this point she has only warmed up minimally to the scene. When the protagonist starts to use present tense all the time, it usually indicates that she feels herself as fully present in the scene.)  
'When the family get more money, they buy laminex?'  
'Yes.'  
'Laminex is supposed to be better?'  
'Yes.'  
'What colour is it?'  
'Green.'  
'Has it got chrome legs?'  
'Yes.'

'I bet you had a nice wooden table before, and now you have gone and replaced it with laminex and chrome.'

'Yes.'

'Where is this house that this table ...'

Mary:

'I know it very well. I lived in it for most of my life. I can visualize it quite easily.'

Director:

'Okay. Visualize it.'

Mary:

'I can visualize the kitchen cupboard over there.' (She points in the direction of the cupboard.)

Director:

'Are there chairs around this table?'

Mary:

'Yes.'

Director:

'Okay. Put the chairs around the table. While you do it, tell us something about what you are doing, like who sits in which chair.'

Mary:

'I know I'm in this one, because the kitchen clock is over there.'

Director:

'The clock is over there. Is it a grandfather clock?'

Mary:

'No, I think it's one of those ordinary cheap round ones. We did have a grandfather clock in the house, but not in here. I think my mother sits over there.'

Director:

'Okay. Get a chair for your mother. (She goes and gets another chair.) This is your mother here, and this is you?'

Mary:

'Yes, when she said to me, "What are you looking at?" I'd say... No, I am trying to visualize where she is.'

Director:

'Pick someone to be your Mum.'

Mary:

'Well, I'll have to ask you (pointing to a group member) because I can't think of anyone else.'

Director:

'May, you are Mum; sitting here?'

Mary:

'I think so; we'll leave her there for a minute.'

Director:

'We will find out as we go along.'

Mary:

'My brother and father would be over here.'

Director:

'Okay. Get chairs for them and pick them. What's your brother's name?'

Mary:

'Jack.'

Director:

'Who could be Jack?'

Mary:

'Someone very tall. Who is the tallest here? It doesn't matter about the age, does it? I think the shape is important. (She chooses a tall person from the group to play the role of her brother.) All this work and I am not getting on with anything. My father is also very thin and tall. You please.' (She points to another tall man in the group, who steps up on the stage.)

Director:

'Yes, okay. Is that your father over here? (To the auxiliary) Sit over here.'

Mary:

'Why can't I be more exact?'

Director:

'Well, I guess it's because you haven't warmed up to the scene properly yet. That will take time, that's all. Not to worry about that, it's all in the warm-up — there's nothing wrong with that...'

Mary:

'No.'

Director:

'I would like to know how old you are going to be in this scene at the table.'

Mary:

'I am fifteen.'

Director:

'You are fifteen years old. Is this breakfast, lunch or dinner?'

Mary:

'Dinner.'

Director:

'It's dinner at night. Have you been to school?'

Mary:

'I don't remember.'

Director:

'Can Jane double for you, be your number two?'

Mary:

'Yes.'

Director:

'You stay there. She sits next to you, she's you too. You're both here together, and her job is to feel her way into you, so that she can be with you and begin to feel some things going on inside you and assist you to say out loud what is going on inside, but which is unexpressed. I guess you have dinner on the table in front of you? We are eating.'

Mary:

'Okay, you're eating.'

Director:

'There's nothing else to do.'

Mary:

'Okay, all of you eat. What are you eating?'

Director:

'I don't know.'

Mary:

'Does your mother cook sausages or rabbit?'

Director:

'Yes, she does.'

Mary:

'Yes. Do you have rabbit with white sauce?'

Director:

'No, she bakes it.'

Mary:

'Maybe she cooks potatoes?'

Director:

'Yes, we always have potatoes. I loved potatoes.'

Mary:

'Good. Have you got baked potatoes there today?'

Director:

'Yes.'

Mary:

'Okay. (The director has been actively involved in stimulating the protagonist to warm up to this particular scene, so that interaction can be adequately produced.) Well, so you are sitting here at the table. What's happening in the family?'

Director:

'It's one of those days when nobody talks.'

Mary:

'One of the many days?'

Director:

'It's often like this?'

Mary:

'Yes. I'm probably exaggerating...'

Director:

'Well, I don't know.'

Mary:

'No. But there were days when nobody talked.'

Director:

'Well, I'm quite happy with you doing and saying whatever you remember, whatever your experience is, with absolute subjectivity. It's not my job to tell you that in fact it wasn't like this very often. It is your ex-

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Mary:

'Yes. I'm probably exaggerating...'

*Mary:* 'Yes.'

*Director:* 'At the moment, it's what you remember?'

*Mary:* 'Everybody is very strained and I don't know where to look. So I keep looking at the clock.'

*Director:* 'Go ahead.'

*Mary:* 'Mum asks me what am I looking at the clock for.'

*Mum:* 'What are you looking at the clock for?'

*Mary:* 'I think I tell her I don't know.'

*Director:* 'Go ahead.'

*Mary:* 'I don't know.' (Long pause.)

*Director:* 'It seems to me that this is no good at all for you.'

*Mary:* 'No, it's not.'

*Director:* 'Who wants to sit there and have a meal with nothing happening and nobody talking. (To the auxiliaries) Do the best you can, pick up your knives and forks and go on eating all of you. This is a family situation where you sit there and nothing happens.'

*Mary:* 'It's not that nothing happens, but nobody wants to talk.'

*Director:* 'Oh, nobody wants to talk to each other?'

*Mary:* 'No, nobody wants to, everyone's angry. So I keep on looking at the clock, and Mum asks me why, and I say I don't know, but I'm wishing it was time to go away from here.'

*Director:* 'Well, I'll give you several minutes to do something that you would like to do at the moment. I would like to give you a chance to be expressive of all the things that you didn't do and say sitting at this table with all this tension around you.'

*Mary:* 'I wish we could be open.'

*Director:* (Encouraging) 'That's right.'

*Mary:* 'And talk about things. And the trouble between Mum and Dad — they shouldn't be embarrassed to be upset.'

*Mary's Double:* 'I feel terrible.'

*Mary:* 'No, I am feeling upset and angry.'

*Director:* 'A mixture of upset and angry?'

*Mary:* 'Yes. I don't want them not to talk.'

*Double:* 'It's not fair. Talk to me. I don't want to be the one to do it.'

*Director:* 'It seems to me you are a little girl in the family where everybody is doing the same thing; it's overpowering.'

*Mary:* 'Yes.'

*Director:* 'What I would like you to do is for you to sit over here and be your Mum. (To the auxiliary) Step to one side and watch what she does as mother and you can come back and play the role accurately. (The double now

plays the role of Mary, as Mary has shown her.) I want you to warm yourself up to being mother. You are the mother of this family. Are you also the cook?'

*Mary:* 'Yes.'

*Director:* 'Is cooking one of your jobs?'

*Mary:* 'Yes.'

*Director:* 'What other jobs do you do around the house?'

*Mary:* 'I scrub and polish the back verandah.'

*Director:* 'You are the scrubber and polisher.'

*Mary:* 'I do the washing in the copper.'

*Director:* 'You have a big stick and stir up the copper. Yes?'

*Mary:* 'Yes.'

*Director:* 'Do you use Persil or soap?'

*Mary:* 'I don't know. I have a gas copper.'

*Director:* 'You have a gas copper; probably a metal job?'

*Mary:* 'Yes, that's right.'

*Director:* 'So what's it like for you in this family? You are married to this man. What's your marriage like?'

*Mary:* 'It got better.'

*Director:* 'Yes? I want to know the truth. I want to know what your marriage is like now?'

*Mary:* 'It's bloody awful.'

*Director:* 'It's bloody awful now, is it?'

*Mary:* 'And then it got better as we got older.'

*Director:* 'How are you getting on with your son?'

*Mary:* 'Oh, he's the apple of my eye.'

*Director:* 'Oh, that's Jack, is it? Is he your eldest?'

*Mary:* 'Yes.'

*Director:* 'How old is he?'

*Mary:* 'Nineteen.'

*Director:* 'He's nineteen. I see. Is he good at school?'

*Mary:* 'He's left school.'

*Director:* 'What does he do?'

*Mary**(as mother):*

'He works as a panel-beater.'

*Director:*

'He's a panel-beater. What about your daughter?'

*Mary**(as mother):*

'By the time she's fifteen, she's causing me problems.'  
(The director has been interviewing for the role of the mother and now needs to begin to make the drama interactive.)

*Director:*

'Well, now you are eating your meal. I would like you to eat your meal, the one that you cooked. Show us how you would go about it.'  
'I want some help.'

*Double:**Mary**(as mother):*

'But I don't know what is going on in your life.'

*Double:**Mary**(as mother):*

'I want you, and I miss you, and I need you now.'

*Double:**Mary**(as mother):*

'Well, I am saying it now.'

*(as mother):**Director:*

'Well, we will try not to do it so often, if it upsets you so much.'  
(The director talks to the double who is in the role of Mary and encourages her to express more fully what she believes is going on inside her.) 'Well, tell her how much you have needed and how you felt.'

*Double:*

'I'm feeling really terrible and I hate it when nobody talks. I wish I could go. I hate it, it's horrible. I am really scared and I don't know what to do.'

*Mary**(as mother):*

(To director) 'Yes, she's scared and I don't know what to do.'

*Director:*

'You have felt lost inside. Go back and be yourself now. (To the auxiliary, who is now seated in the chair as mother) Mother, pick up where she left off.' (At this point, Mary talks with her mother in a very quiet way and her bodily extremities are limp.) Now go and be your father, sitting at the table. (Mary goes to the end of the table and takes up the same body position as her father, and the auxiliary stands on one side.) What sort of person are you, father, what do you do?'

*Mary**(as father):*

'I want my wife to be like my mother.'

*Director:*

'You want your wife to be like your mother. Pick someone from the group to be your mother. (He picks a group member to be his mother and places her behind him.) This is your mother here, your little girl's grand-

mother. You want your wife to be like her, right? You tell us what your mother is like.'

*Mary**(as father):*

'Well, I am not exactly sure.'

*Director:*

'Reverse roles and be mother. (Mary goes to stand behind her father and takes up a new body position as grandmother.) You are his mother and you are this little girl's grandmother. Show us how you do that, as best you can.'

*Mary (as**grandmother):*

'Well, it's difficult.'

*Director:*

'That's okay. Act it.'

*Mary (as**grandmother):*

'I do everything for you and won't let you do anything for yourself. You're the boy of the family and you have to be spoiled by me and your sisters.'  
'You go and be father now. You have two sisters doing this too?'

*Director:**Mary**(as father):*

'Yes.'

*Director:*

'Well, pick two sisters to spoil you. (He picks two people from the group, who also stand behind him where he places them.) Would you all go ahead and dote on him.' (The auxiliaries begin to pick up their roles as best they can.)

*Mary**(as father):*

'We don't agree on things. I don't like the way Jack ...'

*Director:*

'Do you feel left out of this family? Do you need attention? Do you resent the way your wife does things for Jack?'

*Mary's**Double:*

'Why doesn't anybody talk.'

*Mary**(as father):*

'I don't know what you're going on about. I want to go into a rage.'

*Director:*

'Go into a rage. Show us what your rage is. Go ahead. Act it.'

*Mary**(as father):*

'I don't want your mother in this house.'

*Director:*

'You don't want her here. Let's hear it.'

*Mary**(as father):*

'I don't want your mother in this house. She is outside now and I am not stopping my dinner just because she is here.'

*Director:*

'You want to have a real good temper, right? Have a good temper.'

*Mary**(as father):**Director:*

'I don't want her in here. I don't want her at all.'  
'Come back now and be yourself. (She comes back and sits in her own chair.) How old are you at this stage?'

*Mary:*

'Oh, I'm back to being at primary school at ten years old.' (She indicates that this is a different scene and that her father's sisters are not involved, so they are dismissed. The auxiliaries are instructed to play their roles.)

*Mary**(as father):*

'Listen to me. I am not going to contain myself just because she is here.'

*Mary**(as mother):*

'Don't make a fuss. She will hear you. She's just outside.' (The protagonist doubles over with her arms and hands covering her head and face.)

*Mary's**Double:**Mary:*

'This is not really happening.'  
'And I am not going to see it. I am going to shut my eyes.'

*Director:**Double:**Mary:**Director:*

'Shut your eyes and pretend you are not hearing.'  
'This is terrible.'  
'All this shouting. I want someone to come and help.'  
'Can you confront these people with what this system has been doing to you!?'  
'Yes, that value system has been ...' (Here Mary cries for a long time.)

*Mary:**Director:*

'I would like you to get out of your chair and sit here with me, and look at yourself when you are ten years old and your father has been sounding loud and angry.'

*Director:*

(She stands for some time and watches.) 'Now I want you to walk around the outside of the stage and be a commentator, a social commentator on this family. Walk around and be in touch with yourself; talk out loud about what is happening in this family and what is happening to mother, father, son and the little girl.'

*Director:*

'As an adult, I so much wanted my family not to be like this and not to ruin my family. I have this terrible feeling that there is a bit of my mother's attitude in me too.'

*Mary:*

'Right now I would like you to focus your attention right over here on this particular family, on a little girl who is ten and a mother and a father, and a boy who is fifteen, and I want you to walk around and say things out loud about the family. You can talk to the group and you can talk to the world.' (The director is here coaching her, in an effort to help her warm up to a new

*Director:**Mary:**Director:*

'That's hard. I don't know them very well.'  
'I want you to be a social commentator. I want you to see if you can warm yourself up to be a commentator. Walk. (She walks and hesitates.) Keep walking. Right around. Don't walk up and down, walk all the way around. You can say it a little louder, so the universe can hear it.'

*Mary**(as Social**Commentator):*

'You, father, you adored your daughter. Everybody said you did, anyway, and everything she wanted was okay. But you still fought with Mum and fought with John, and that means your daughter withdrew and Mother was so worried about being rejected by the daughter that communication channels didn't open at all, and the daughter didn't go to mother because ...'  
'Do you think this little girl has a right to tell her mother and father about her experience?'

*Director:**Mary**(as Social**Commentator):*

'Yes, she has a right.'  
'She has a right. Will you explain that to her.'

*Mary**(as Social**Commentator):*

'You should speak up. You should say, please don't fight. You should talk to each other and try to control your temper, and don't play me off between you.'  
'She has a right to think those things and act on them, right?'

*Director:**Mary**(as Social**Commentator):*

'Yes, she has every right.'  
'Can you make that clear to her?'

*Mary**(as Social**Commentator):*

'Father you have got to ...'  
'Does what this social commentator is saying make sense to you people (addressed to the group members)?'

*Group**Members:*

'Not altogether. It sounds critical. We think that the expressing of feeling is good, but all this control instead of expressing the hurt is not useful. What are you controlling now?'

*Mary:**Director:*

'The fact that I hate being in front of all you people.'  
'I'd like to check something out with you. What is the value system in this family about letting other people

*Mary:*

'Mother doesn't go to her mother and she doesn't want her sister-in-law to know, so she doesn't go there, and father has to keep things to himself.'

*Director:*

'So, basically, in this particular family, they each one cut themselves off from the outside world and don't talk?'

*Mary:*

'Yes.'

*Director:*

And don't seek help, is that right?'

*Mary:*

'Yes.'

*Director:*

'How about we have a barrier all around, to represent this family keeping things inside the family. (The director has begun to clarify something important about the nature of the family system and now offers handles to help the protagonist to experience this in a concrete form.) Can you all come around and make a big circle around the family. You're going to stop them communicating with the outside world. Make it a tight circle. Is that what this family is like with respect to sharing and getting some help? Would you go in there and sit down and be yourself?' (Mary goes and sits inside the circle of people with her family and begins to talk very softly to the double and to family members.)

*Director:*

'It is quite clear that this system is not good at all.'

*Mary:*

(Talking for the first time now in a strong assertive voice.) 'Now I know it isn't right.'

*Mary's Double:*

'I don't care what other people think.'

*Mary:*

(Again with a loud assertive voice) 'I don't care what other people think. I need some assistance and I am going out there to get some help.' (Mary continues to assert herself and begins to express clearly what she wants to say to her mother, and then states that the whole system is silly and that the family are not going to act like this any more and she pushes those who are forming the barrier around the family off the stage in a very strong assertive manner.)

The session with Mary was followed by a great deal of sharing by other group members and by further psychodramatic work with several of these.

This session was significant from a diagnostic point of view. It was possible to see from the action some major roles played by the various family members and to link Mary's difficulty in getting help to the prohibition against talking to people outside the family. At the end of the session, it is clear that she will need further role-training in assertiveness, as well as further work to assist her to develop a number of new roles in order to be a more creative person in the world.

From a therapeutic point of view, the session was significant in a number of ways. Mary became much more clear about the

family system and made a new decision about actively seeking assistance. She began to experience more power in the role of the social commentator, even though this role was only partially developed. She became much more powerful as herself at the end of the drama. The drama leads to her developing bonds with other group members, reducing her isolation and distance from other people.

Over the rest of the weekend, she developed her assertiveness and creativity much more than she did in this short beginning vignette. This illustrates for us part of the power of the psychodramatic method, in that by beginning to act out different roles, she changed her old warm-up to helplessness into one where she wished to expand her power and stimulate memories, as well as hopes and dreams. At the beginning of the session, she looked and sounded a passive fearful self-doubting person, and at the end, she looked as though she was beginning to experience some new life within her self.

We now will make a brief but very basic statement about the philosophy of the psychodrama.

### **Basic Philosophy of the Psychodrama Method**

People are actors. From the moment of birth, the baby acts and these acts take the form of psychosomatic roles, such as eater and sleeper. Later, the child develops a new kind of acting that is explorative of the world. These acts develop into personal or psychodramatic roles, such as discoverer, artist, builder, story-teller. By the age of five or six years, the child is expected to conform to the norms, values and behaviours laid down by the culture and subculture in which he/she lives and to develop social roles. At this time, there may be a creative incorporation of the psychodramatic roles into the prescribed social roles, or there may be an inhibition of the psychodramatic roles to a greater or lesser degree, or even massive cutting-off of this aspect of the personality. Thus the personality may be conceived as a system of roles, psychosomatic, psychodramatic and social, interacting with other role systems. It is postulated that there is a spontaneity factor in all human existence and that this 's' factor enables people to mobilize roles that lead to satisfaction in relationships. This spontaneity factor may be underdeveloped in some people, leading them to have difficulty in warming up to enactment of the roles needed in a situation.

Psychodrama is a method that encourages the full enactment of all dimensions of personality in interaction with others. Created by Dr Jacob L. Moreno, psychodrama is a method that approximates life itself. Therefore, when a person has enacted adequately a range of situations involving significant others at all the critical developmental stages of life, it is possible to make an adequate assessment or diagnosis of the person and to develop an educational or therapeutic program, which will result in a more adequate style of living. The program may be designed to

develop more spontaneity (spontaneity training); it may be designed to produce a reorganization of the personality (psychodrama proper); it may be designed to assist an individual or a group to analyse and develop new solutions to complex social or organizational issues (sociodrama); or it may be designed to train a person to resolve a specific role conflict or develop increased adequacy in enactment of a specific role (role-training). In the course of the enactment of a specific situation involving interpersonal relations and/or relationships between roles internal to the self, the director has at his/her disposal a wide range of techniques for making interventions in order to change the system.

The method can be used for the purpose of diagnosis of relationships within a community, an organization or a business, a family or an individual. It can be used for the purpose of developing more creativity or role expansion for a group or an individual. It can be used in therapeutic work with an individual, a couple or a family in private sessions in an office setting, or as a method of group therapy.

Since a good coverage of theoretical concepts and traditional psychodrama techniques such as role-reversal, doubling, mirroring and soliloquy is given in the books mentioned in the bibliography below and since these books are readily available, the remainder of this chapter is oriented at a practical level towards skills training for the students of psychodrama, sociodrama and role-training. At any point in the chapter, the student may ask: Do I know how to do that? Have I developed the skill to do it automatically, without thinking? If used in this way, the chapter can provide a self-assessment for the reader in relation to the skills required for directing a psychodrama, sociodrama or role-training group.

### **The Role of the Director**

The person who conducts a psychodrama or sociodrama is called a director. This term is associated with the drama of the method and with skills associated with the use of production techniques. The director also includes within his/her scope the social as well as personal issues that arise in psychodrama and sociodrama group situations.

The director of a psychodrama or sociodrama needs to develop a variety of roles and to integrate his/her personal roles within these. The major functions of the director can be summarized under four roles: active listener, producer, social investigator and therapeutic guide. Depending on whether the director is a role-trainer, sociodramatist or psychodramatist, different emphasis is given to these roles.

The following chart gives the roles of the director in more detail, along with the functions the director performs in the session. The term protagonist here refers to an individual (or a group) who has a concern that is portrayed in the action or drama.

<b>Roles</b>	<b>Function or Action</b>
<i>Active listener/Empathizer</i>	Actively reflects back the protagonist's thoughts and feelings. Understands the particularity of these by experiencing the protagonist's life situation from the perspective of the protagonist.
<b>Producer</b>	
1. <i>Creative artist</i>	Produces a drama that is aesthetically pleasing to the audience and which ties in all elements of a protagonist's concern and produces a catharsis of integration for the audience.
2. <i>Spontaneous actor</i>	Takes whatever role will facilitate the production of a protagonist's drama.
3. <i>Wise person</i>	Appreciates areas of meaning and values and can take an overview of a protagonist's situation.
4. <i>Magician</i>	Maintains an element of surprise in the drama.
<b>Social Investigator</b>	
1. <i>Naive enquirer</i>	Maintains an open attitude of enjoyment in discovering alternative views of life.
2. <i>Observer</i>	Watches and records accurately what is portrayed as the protagonist enacts the life situation.
3. <i>Systems thinker</i>	Relates all information to a systems model that sees all elements as dynamic and changing.
4. <i>Objective analyst and theorist</i>	Analyses all observed data using role theory as well as clinical experience.
5. <i>Sociometrist</i>	Analyses the group structure, constantly using tele-relations in the group.
<b>Therapeutic Guide</b>	
1. <i>Clarifier of group and role warm-up</i>	By using group-centred, action-centred or director-directed warm-up techniques, the director facilitates and then maximizes a group concern.
2. <i>Group therapist</i>	Relates what is happening in the group to the body of knowledge belonging to group therapy.

3. *Maximizer and concretizer*  
In psychodrama and sociodrama, assists a protagonist to maximize and to concretize the expression of roles to produce extra-reality, a 'larger-than-life' situation.
4. *Conflict resolver*  
Has strategies for handling role conflict.
5. *Model*  
Enacts behaviour in the group that is relevant to the issue and helpful in showing new solutions to old situations.
6. *Coach*  
Assists a protagonist to learn a new role by giving words or actions that are appropriate. Blocks inappropriate responses.
7. *Role-trainer*  
Sets out behavioural goals for an appropriate new role and trains the protagonist in these behaviours by setting up life situations relevant to the protagonist and to the learning goals.
8. *Believer in creative genius*  
Believes in the positive movement of the protagonist towards actualizing creative potential.

In order for students to learn these basic roles thoroughly, as well as to integrate their own personal set of roles with those of the director, a rigorous long-term training program is required. Those thinking of training in this area need to meet some basic requirements. Firstly, they need to have some professional or occupational background that allows them to conduct groups in the community. Secondly, each person needs to set an achievable goal. Educators and social-change agents train to become sociodramatists, psychotherapists become psychodramatists, while a large body of people train to use the techniques to become role-trainers. Whatever the goal, the person who becomes a student of one of the psychodrama institutes in Australia is qualified only after completing the requisite training for a certificate.

### **The Specific Skills of the Director**

Let us imagine that the student seeking training has completed the process of experiencing psychodrama as a protagonist, as an auxiliary to a director of a group and as a member of a training group. At some stage in the training towards acquiring the skills of a director, the student will need to direct and to receive weekly supervision. At this point, the student needs to be able to automatically use a number of skills. The first of these is the ability to assess any situation. Several models for assessment are used in sociodrama and psychodrama. In order to analyse the social

system, the focus may be upon a cosmic system, a culture, an organization, a family or a group of significant others.

### **Models for Assessment**

The director has at his/her disposal various systems models, which can be varied to suit the situation. The director may wish to devise other models for assessment, the important criterion being that a dynamic systems basis is vital.

A system consists of a number of parts. The dynamic whole is greater than the sum of the parts and has an equilibrium, which provides stability in the system. The boundary of the system to be analysed is chosen by the director and/or the protagonist or organization. Change occurs by flexibility or disintegration of the system and the reorganization of parts to establish a new integration.

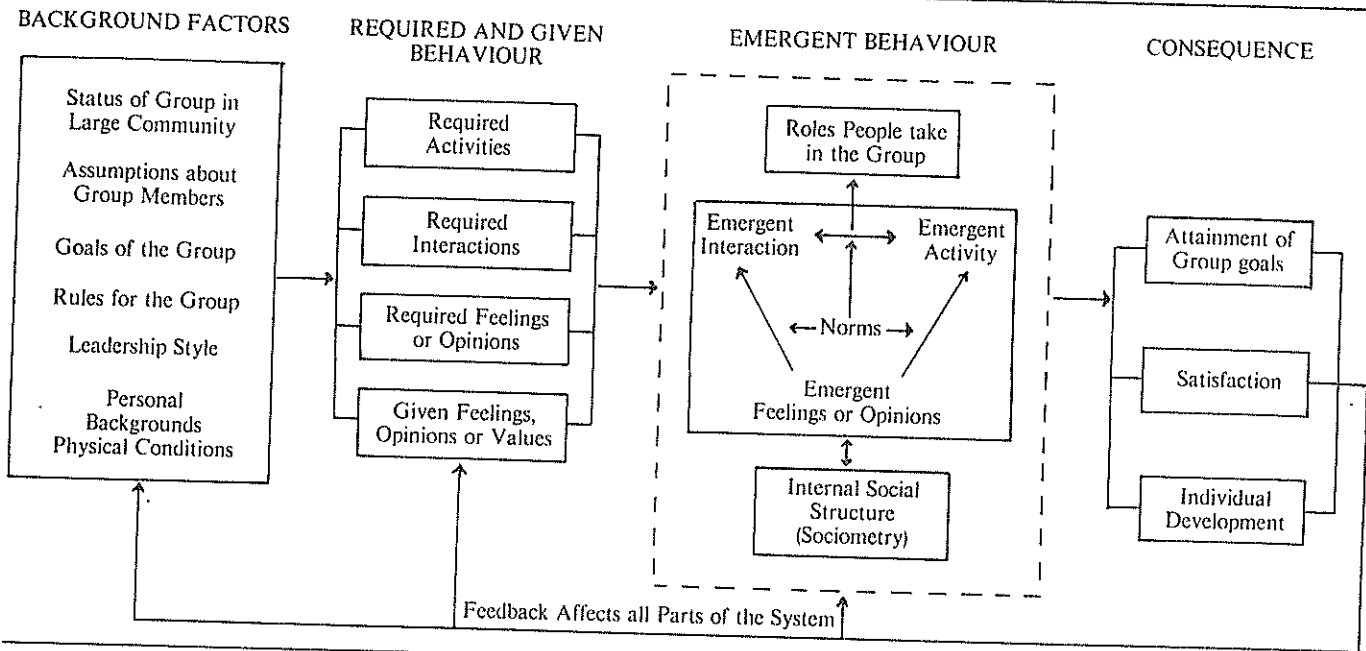
### **Analysing the Social System**

The first assessment made by any director is the analysis of the organization or group structure. Usually this analysis is used when the director is beginning a new group in a new setting, or it may be used to assist organizational change. The systems model that we use in teaching analysis of organizations and groups is a model that was devised by a staff psychodramatist at St Elizabeths Hospital, Washington, D.C. It is based on the Homans model of analysing groups. (See Figure 5.1).

The model involves four categories: background factors, required and given behaviour, emergent behaviour and consequence. The director examines the background factors, the goals, assumptions and rules of the formal structure of the organization, for example a hospital treatment ward where the goal is to treat patients behaviourally and psychologically. The status of this group, the physical conditions, the personal backgrounds of staff are compared with other wards in the hospital. As an example of the importance of this analysis, an analysis carried out by Lynette of such a hospital treatment ward found that nursing staff had more group-work skills, the physical conditions were the best in the hospital for patients, but the design of the day-room meant that the only assured group space was used as a walkway from one section of the ground floor to another. This situation had interfered with group work in the ward for several years. The superintendent readily agreed to put a doorway through a small storage room that blocked the corridor outside the day-room. The doors of the day-room now can be locked from the inside, to provide for privacy when a closed group is being conducted.

The second category of the analysis, the required and given behaviour, records the officially required activities, interactions and opinions, as well as those given because of the training and personal background of staff. This gives a picture of the formal system as it is



**Figure 5.1** Flow of Group Behaviour

Source: Adapted from P.R. Lawrence *et al.* (1965), *Organizational Behavior and Administration*, Irwin Dorsey, Homewood, Ill.

planned to function in order to achieve the task or goal. In the treatment ward, for instance, it is required that group-work nurses orient patients to the ward, complete a nursing assessment that sets individual goals for the patient, conduct a group program consisting of four groups a day, co-ordinate with ward nursing staff who carry out medical assessments, medications and ward routines, and give evaluative feedback at meetings of other professional personnel.

The final two categories record the actual or emergent behaviour in such a situation. For instance, because nurses and occupational therapists had traditionally conducted encounter style groups without specific goals for patients and because new staff lacked the skill to run such groups, it was found that medical staff were suspicious of and hostile to the program because they feared their patients were being upset. Ward staff and group-work nurses were unable to co-operate because goals for patients were unclear. New nurses were confused about their role, so tended not to use their initiative and personal skills. The goal of the ward was changed from encounter style groups to training groups such as relaxation training, assertion training, social skills training and spontaneity training. The patients were asked to contract to attend groups or other activities. Various therapists then could work together towards a common ward goal and a specific behavioural goal for each patient. Staff took pride in learning new skills and doctors began to refer patients for particular group experiences. The consequences of this change were that goals were evaluated and specific individual development was recorded. The satisfaction and morale of staff improved.

Once the psychodramatist has analysed the system, interventions can be planned and executed by means of feedback, for instance at ward meetings or by new inputs. An instance of a new input is the planning by Lynette of a new type of group to suit this ward setting. This was called a spontaneity training group rather than a psychodrama group, because it had limited goals and needed to fit the training group model used in the ward.

Included in the model for analysing organizations and groups is analysis of the emergent internal social structure, using sociometry. Sociometric measures are a means of measuring emergent behaviour in a group. A sociometric measure gives a picture of the group structure around one action criterion. Sociometric tests have been used for a long time and much research on their use has been carried out. (Martin Haskell's book *Socioanalysis* (1975) and Mary Northway's *Primer of Sociometry* (1952) provide comprehensive guidelines for the student who wishes to learn to use sociometric measures.)

New sociometric measures and methods can be devised to suit particular situations. A good example of this is the Rintel Sociometric Family Test devised by Derek Rintel in Brisbane for use by family court counsellors. The test uses a board with concentric circles and a series of

dolls that represent family members for the child. The child is seated at a table and the interviewer asks, who lives in the house with you? Who else is in your family? The child chooses figures to represent the significant people in the family and then is asked a series of questions, such as who would you like to invite to your birthday? Who would you like to be with at weekends? The child is asked to place figures in the circles to represent who he would most like and least like on each of these criteria. This example illustrates how in a particular organizational setting, a specialized sociometric measure can be devised to suit the emergent behaviour to be analysed.

The model for analysing organizations and groups can be used in open groups such as shopping centres or political gatherings, or closed groups such as committee meetings or boards of management.

### **Analysing the Goal and Contract**

Once the organizational analysis is clearly established, the director begins to establish a specific goal and contract for a series of group sessions or for a session involving an individual protagonist or group. It is often assumed that groups are 'a good thing' or 'help people to grow'. We strongly hold, however, that groups can not only assist in health organization of personality and relationships, but also can be destructive and harmful influences in the lives of people. Whether a director contributes usefully to other people depends upon whether he/she proceeds to the making of interventions, keeping in mind the goal, the contract and the relationship of these to the wider system of role states of the individuals concerned.

The first consideration for the director is to fit the group within the goals of the larger organization. An example of this is the spontaneity group in the hospital ward as described above. This group had to provide for a changing group population, had to fill a one-hour time-slot in a program and had to provide a training experience for nursing, occupational therapy and clinical psychology students. The following group contract was written out, negotiated with ward staff and handed to all doctors and patients who entered the group.

### *Spontaneity Training Group*

This group emphasizes the healthy things that people do. To highlight the healthy aspects of each person, the group leader asks, 'What did you give up in order to be sick?' This allows people to consider the ways in which they have narrowed their range of roles as they have become ill. Whenever people are hospitalized, their range of roles is reduced (e.g. they give up driving a car, doing daily activities such as travelling on transport, visiting shops, etc.). It is important to keep these skills alive.

Spontaneity is defined for the purpose of this group as 'a new

response to an old situation or an adequate response to a new situation'. This means that the group can, at times, look at old situations where people find themselves repeating ineffective or inappropriate behaviour and can generate as many new appropriate solutions as the group can think up and try out. The aim here is to expand the repertoire of roles that people can use. The leader of the group tries to pick a life situation that involves all the members of the group for that day. Each session is one hour in length. People may choose not to attend or may be excluded by their doctor. Should people attend, they are expected to stay for the whole hour, so that the leader can ensure that the group finishes on a note where everyone has gained something.

Another way to look at spontaneity is that it includes the five qualities of vitality, creativity, originality, adequacy and flexibility. This means that all group members are encouraged to express themselves verbally and in action, using all their bodies.

Sometimes a fantasy situation is used, such as sailing on a boat on a journey, in order to allow everyone to participate in action and to stimulate originality in group members. At other times, an individual or several individuals will be encouraged to use chairs to depict their roles and to problem-solve internal conflicts in a new way. All these situations stimulate vitality, originality and adequacy in the group.

The spontaneity training group meets twice a week on Monday and Wednesday from 11 a.m. to 12 noon. The staff meet for half an hour afterwards for a review of each session and to teach O.T., nursing and psychology students, who may attend the group from time to time.

Once a specific goal and contract for a group is set, then the director proceeds to the focus on the individual and the particular group, which meets on a particular day. When the focus is on the individual or small group, systems analysis is done in terms of role states. It is important in the use of action methods that all three components of a role — the emotion, the construct or thought and the action — are present, even though the focus may be on only one of these role components.

The first task of the director when a particular group, such as the spontaneity training group, meets for the day is to understand the central concern or focal conflict of the group for the day. This provides a focus for the goal and contract of the group. The central concern model is used, especially in psychodrama groups. In sociodrama and role-training groups, the central concern emerges within a more structured framework. If the director follows the group warm-up around the central concern, learning or change is maximized.

A central concern can be illustrated from one session of the spontaneity training group.

Pamela began by talking critically about the group program and about giving information to 'useless twits', meaning staff in the pro-

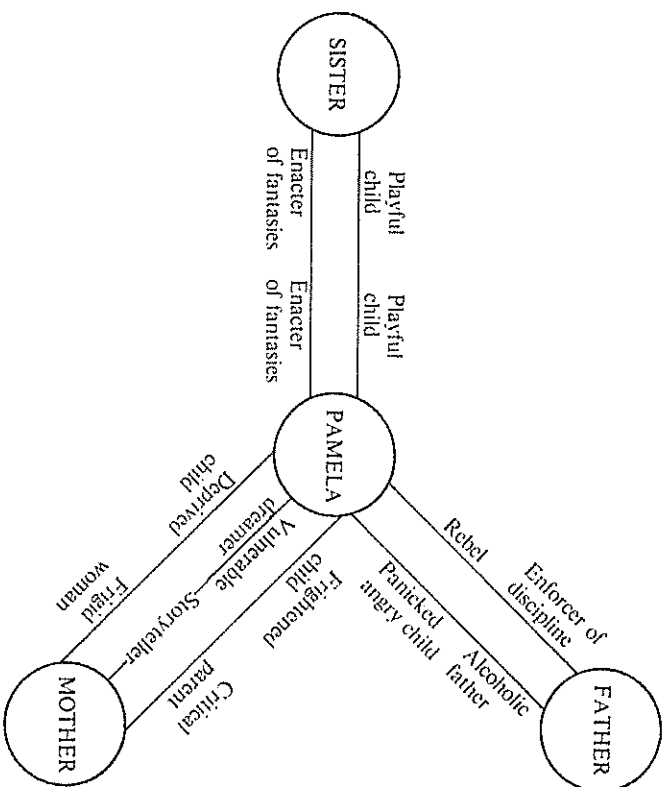
gram. The director checked and found that Pamela was not referring to this particular group and that other members of the group did not share Pamela's anger and complaints about the program as a whole. Ensuing discussion between group members revealed that there was a common fear of action methods because people feared that they had not made the degree of change that Peter, another patient, had depicted in the last session. Light humour resulted as people talked about discharge following 'doing your thing' in the group. Pamela then expressed a wish to attempt in action to isolate her critical, attacking role. Because she strongly illustrated the group fear of self-criticism, she was chosen as protagonist for this session.

One of the limitations beginning psychodrama directors face is that they focus upon the problem expressed by the person to the exclusion of healthy or expansive aspects of that person. We always use a health model of interviewing that stimulates the whole role system of the protagonist and assists people to experience the fact that their inadequate roles are a small part of their personality. The health model for interviewing focuses on the growth rather than the illness or pathology in the situation. This means that over a period of time the director interviews to discover the present social group to which the person relates (social atom) and the range of roles enacted in that social group, and, in particular, where the positive relationships lie. The interviewer also focuses on the role system as it has existed at various times in the past, as well as considering what roles the person may wish to enact in the future. Frequently, adequate roles that have existed in the past have been dropped out and forgotten, and the interviewer will need to actively enquire into that possibility. If we relate this to Pamela in the Spontaneity Training Group, we find that Pamela's critical attacking role had taken over as her major role state, as she experienced the terror of the onset of temporal lobe epileptic fits. In action, she depicted several role states that she had given up. Most important of these roles was that of a vulnerable dreamer. Her dreams about a perfect world used to provide most of her energy for involvement in social roles, such as a student, a social reformer, a creative artist and play-group leader. An important observation also was that Pamela no longer used her adult problem-solver, but tended to react immediately as if the people around her were critical and attacking also.

From the information gained during the interview, the director can analyse the functioning of the individual. The earliest social atom of the individual has been termed 'the model group' by Ferdinand Knobloch because of the tendency of the individual to repeat the pattern of role relations that emerges in this original group in successive groups into which that person moves.

When the social atom is explored at depth with a view to establishing the pattern of role relations, it is termed the cultural atom. A cultural atom can be recorded in diagrammatic form and represents the total

Figure 5.2 Cultural Atom of Pamela

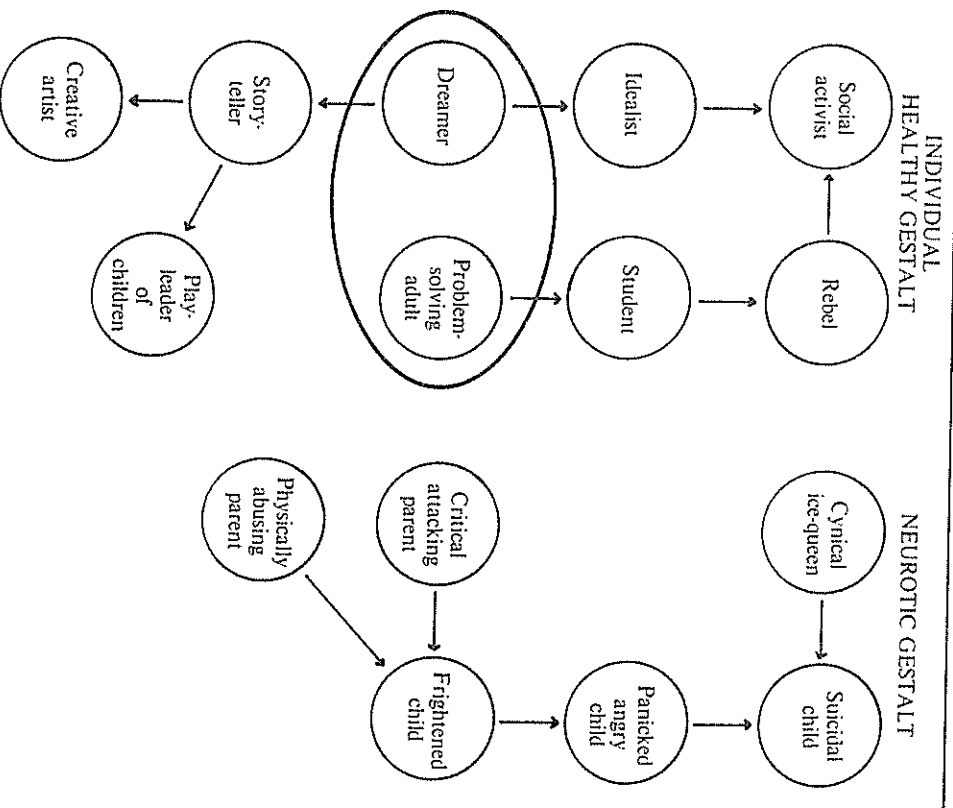


roles of the person, together with the counter-roles of significant others. Each role state has a history of associated events and inner experiences.

Figure 5.2 illustrates the patterning of roles emerging in Pamela in response to roles enacted by her parents. Each role in Pamela is a response to a role in a parent — for instance, Pamela's role as rebel is activated by the counter-role of enforcer of discipline in her father. The vulnerable dreamer in Pamela is a response to her mother's storytelling, especially from books of fairy stories. Pamela's sister activates expressive roles in Pamela.

The diagram may be difficult to read; however, it serves the function of summarizing, using role states, many interactions that the director observes from the dramas of a protagonist.

For the purposes of setting clear overall goals and making specific interventions, it is often useful to draw a diagram of the internal role states of the individual and to examine the dynamic connections between roles. It is helpful to identify the major role state, which provides a basic identity for the individual. It is from this role that the person perceives the world and distorts the perception of reality. Later we will discuss the constructs or thought forms that are associated with each

**Figure 5.3** Internal Role States of Pamela

role state. These constructs provide the language form and cognitive set of the person in any one role and are especially important when related to the role that is used as the basic identity. In Figure 5.3, Pamela's internal role states are shown, together with the dynamic interaction within her personality, which leads on to escalating unhealthy life solutions to her epilepsy. For instance, as a response to stress Pamela moves easily from her internal frightened child to a panicked angry child, which in turn leads on to suicidal despair as she experiences a further attack from her own cynicism. This series of roles, which are adapted from the pathological roles of her parents, we have termed the neurotic gestalt.

The individuated healthy gestalt consists of the spontaneous, creative life solutions already achieved by Pamela. The extent to which the individuated healthy gestalt is present and represents a functioning identity for the individual gives a measure of prognosis. In most people who present with severe psychopathology, there are few role states belonging to an individuated healthy gestalt.

It will be noted that in the diagram we have encircled the two roles that Pamela uses as her identities. One of the conflicts for Pamela is that she is labile and moves from one identity to the other. Another problem is that her more mature identity consists of two roles that contaminate each other and prevent adult problem-solving.

This way of recording the cultural atom is especially useful in individual psychotherapy, since it provides a goal for the process of psychotherapy. Pamela, for instance, needs to problem-solve her response to her temporal lobe dysfunction. However, her dream of a perfect world where everyone is good and complete prevents her from mourning her damaged body. When she tries to make her dream of a perfect world come true, she uses most of her energy to produce change in the outside world and this leaves little energy for internal growth towards nurturing, accepting the damage and resolving internal conflicts about her epilepsy. Another goal of individual psychotherapy for Pamela would be to focus on her role as rebel, which expresses aggression more forcefully than the panicked angry child. The panicked child contributes to her epileptic fits, some of which are considered to have a high hysterical component. A third concurrent intervention would be to increase Pamela's creative expressive outlets, to allow for greater expression of feeling states.

To gain a full assessment of a person, a range of scenes from birth on, covering all developmental crises as well as significant accidental crises, need to be enacted. In the course of such enactment, the person develops a number of roles that were previously underdeveloped and resolves many role conflicts.

Each role a person takes in everyday life has a construct system to which an affect is tied. Often the constructs are implied rather than apparent in speech. It is important, if the person is to feel understood, that these separate construct systems be heard. A structured interview technique can be devised to elucidate the basic constructs a person uses. Alternatively, an informal sociogram in the group situation will elucidate the basis on which the individual differentiates other group members, as well as the feelings and the construct that underlie the choices. Particular words are imbued with special meaning for the person and will elucidate strong feeling responses. An example of this is a girl who was taught aggression by her father. As a small child, she was goaded with the words, 'You are a rat-bag. Come on, get up and fight.' When the fight response was elicited, the child was then beaten. In this way she learned to identify with the aggressor and to use this as her

method of relating in intimate situations. The word 'rat-bag' elicits very strong feeling responses in her.

In the assessment of people who have been hospitalized and who have a permanent impairment or periodic breakdown of ego functioning, it is important to assess carefully before interventions are made. The protagonist will not always spontaneously generate health solutions, since the spontaneity is often pathological. Goals often need to be limited, for instance with geriatric patients. A behaviour management program aimed at consistent role-training *in situ* is often more effective than a group session.

One method of assessment is to consider a person's functioning along two continuums — that of personality style and that of ego strength. Different personality styles have core personality organizations, which effect the perception and the style of cognition and communication.

In an article on the core role constellation of the hysterical personality and emphasizes the 'perfect world' set up by the dreamer in an hysterical personality. Pamela provides a good example of an hysterical personality. She reacts immediately with highly emotional responses. Her cognitive functioning is constantly contaminated. Her potential for creativity and nurturing remains underdeveloped. Her potential for *Neurotic Styles* (1965) outlines several personality styles. Further diagnostic work is required by psychodrama clinicians in this area.

The second dimension is that of ego strength. In order to benefit maximally from psychodrama a person needs to be functioning in the areas of memory, concentration, reality testing and integrative cognitive functioning. Over-inclusiveness in thinking, for instance, can produce spontaneous abreactive states or hysterical fits in the audience. Flight of ideas can lead to fast changes of content without completing a scene. Such behaviour needs to be confronted and if adequate ego functioning is beyond the present capacity of the person, that person needs to be excluded from the group situation. Often role-training groups are preferable in settings where impairment is periodic or permanent, and also in settings where ego capacities have not been fully developed, as in adolescence.

### Decisions before Proceeding with the Drama

It is after the initial assessment of the situation that the psychodramatist and sociodramatist diverge in their methodology. The questions for the psychodramatist focus on the group process and include: what is the central concern of this group; what is the concern of the protagonist(s); do the process and structure of this group and the contract with the protagonist allow for a productive drama to take place; how is the process of warm-up proceeding? The sociodramatist, on the other hand, does his analysis of the social system, the goals and contract of the group, before

he enters the group situation. The sociodramatist devises a methodology by asking what questions will maximize the concern for this group or organization; what are the roles of group members; and what methods do I need to use to focus the concern? In contrast again, the role-trainer is not interested in either of these sets of questions but rather asks the question, how can I best enliven the body of knowledge I am teaching for this group, or how can I warm up this group so that learning of the new role I wish to teach is maximized? An example of each of these methods is included, to illustrate the difference in directorial roles.

### The Psychodrama Process

The psychodrama process involves people in the development of their spontaneity so that new roles can be mobilized for the production of new solutions to relationship problems. The purpose here is to expand on this global statement in such a way that it comes alive for the clinician.

The classical psychodrama method divides a session into three phases: the warm-up, the action and the sharing phases. The meaning of these three phases is discussed in the literature. What is stressed here is the value of continuing to view the development of the session in three phases and to develop ways of conceptualizing and utilizing the material that emerges in each of the three phases.

1. From the moment the session begins, the director is involved in continuous assessment of the positive and negative feelings existing between each of the group members and between himself and group members (*tele-relations*) and of the range of roles that emerge in the encounter of group members with each other and the director. This assessment process in many instances needs to be done instantaneously and therefore a great responsibility rests on the director or auxiliaries to develop sharp clinical acumen through constant involvement with a wide range of individuals and groups and regular supervision with a skilled clinician. One reason for needing to make instantaneous assessments is that the director needs to respond to the group or individuals within it in the moment an issue emerges, in order that the interventions have a significant impact.

Examples of such instant assessment and intervention occur frequently throughout every session. For example, at the beginning of the weekend group discussed earlier, the director was actively encouraging group members to state what they wished to gain from the sessions.

*Director:* 'And we have Susan. (To the group) This is Susan. What do you want now that you are here?'

*Susan:* 'I don't know.'

*Director:* 'Well, I am not going to buy that. We want to know something about what we are here for, and what you want to do while you are here. I want you to get clear about that now.'

time later this evening. You haven't come here not knowing anything, so I am not going to buy this from you, and I won't buy it from anyone else either.

'I am sure there are some other people here who don't know why they are here, but also know why they are here. There is a bit of you that knows and a bit of you that doesn't know either — is that true?'

*Susan:* 'Well, I suppose so.'

*Director:* 'Well, we will find out.'

In this example, the director makes an instant assessment of the role Susan is enacting when she says 'I don't know', and of the consequences of accepting that role. The assessment based on her verbal and non-verbal behaviour is that she is warming up to the role of the inadequate, dependent child, that she is not warming herself up to the role of the adult self-responsible woman, which she needs to do in order to develop an adequate contract for work in the group, and that strong intervention is required. The intervention seeks to achieve a number of objectives. It seeks to block further development of the inadequate child role, recognizes the difficulty Susan has in immediately stating her goals for the group, while at the same time laying down the expectation that this will occur later in the session, and warms up Susan and the rest of the group to the notion that a person may be viewed as a system of roles, some of which are in conflict and some of which are not activated at a particular point in time.

2. The director is actively involved in the assessment or social investigation process, for the purpose of testing out the strength of roles being mobilized by group members.

The director sometimes does the testing directly and sometimes prompts other group members to do it with each other. An example of the former is interaction between the director and Bob at the beginning of the weekend group.

*Director:* 'How are you going to stop yourself from making this a really good occasion for you?'

*Bob:* 'I am not.'

*Director:* 'How are you going to unmix your feelings?'

*Bob:* 'I do not know yet.' (Chuckle.)

Initially, Bob appears to have a commitment not to block himself from working productively. When questioned in more detail, he moves out of an adult role, moves into the role of an inadequate person and then laughs at himself.

3. From the beginning of the session, the director is actively involved in developing a collaborative, real relationship with each group member, while avoiding behaviour that will lead to the development of strong transferences between himself and others.

*Director:* 'This is Jim, who is an explorer after knowledge and trust. What sort of things are you looking for for yourself?'

*Jim:* 'Finding different parts of me.'

*Director:* 'Getting in touch with your inner experience?'

*Jim:* 'Yes.'

In this simple example, the director seeks to develop a positive relation by highlighting his awareness of the explorer role, a role that will assist Jim in solving his difficulties.

4. The director mobilizes the role of the teacher or therapeutic guide, with a view to encouraging group members to warm up to their concerns, to assist group members to develop a conceptual framework that will help them to understand their difficulties and to generate different behaviour, and to develop roles that have previously been underdeveloped or absent. For example, early in the warm-up period, the director included in a talk to the group the following:

Everyone in life acts in one way or another. If you want to make love to someone, you act — you become a lover — and to be a lover, you need to warm yourself up to be the lover — and you have to warm yourself up to where the other person is at who you want to make love with, and hopefully you will be able to make love together.

If you want to warm yourself up to exploring in Hyde Park, a couple of blocks away, you will need to maybe free yourself from things you have been thinking about here; wander down to Hyde Park, take a look at the ducks, the beautiful colours, the trees, the grass, and maybe feel the wind, and you will need to get in tune with that, in maybe a different state to what you are in now...

And if you come up to the psychodrama group, or you act here in a psychodrama, you will start off and you will be cold, and you will need to warm yourself up. When you act in a psychodrama, you are not expected to give a polished performance. Psychodrama is not a polished performance. Nothing is expected of you except that you begin where you are and as you start; you will learn something about how you warm up to the issue you want to work on, and you will get to know how you warm yourself up, and we will also get to know how you block yourself off from warming up, and when we discover those blocks, we will be able to jointly work on them and do something about them.

This statement involves teaching about the nature of the warm-up process, as well as encouraging people to focus on their own psychodramatic work. A good director will teach about the wide range of issues to do with human development, the nature of personality, healthy and pathological relationships, family and other systems, and thus fulfil an important function in the area of primary prevention, as well as stimulating group members to act a wide range of human issues in the action portion of the psychodrama sessions.

5. The director mobilizes the role of producer or coach, in order to encourage group members to interact with one another or in a drama with absent people who are significant.

Roles only emerge fully when there is human interaction and the director's task is to actively assist group members to move away from describing their role interaction and towards enactment.

The principle of making all the material interactive applies also to work that group members may be doing themselves to develop a new internal integration of roles. An example of such nudging is with the protagonist who was dealing with the internal role of the person who will helplessly wait forever for someone to come and save her. The protagonist states that she believes this person inside her can do things on her own:

*Jan:* 'She can if she wants to.'

*Director:* 'Uh, huh. Tell her. Confront her.'

*Jan:* (to herself) 'I don't think you want to.'

*Director:* 'Don't smile about it either.'

*Jan:* 'I don't think you want to communicate. (She is tapping on the ground with one foot and hitting herself with her fists.)

*Director:* 'Make more of what you are doing with your foot and confront her again. Who are you banging on? Are you angry with yourself?'

*Jan:* 'Yes, a part of myself.'

6. The director is in tune with the concern or issue that the group is dealing with in a session, and how individual group members relate to the issue, and how an individual protagonist's concern expresses the group concern.

During the warm-up phase of a session, the roles of group members may be usefully put into three categories. There are roles that express some disturbing motive, such as a need to express anger, or which encourage expression of a disturbing motive; roles that express a reactive motive or resistance to expression, such as the role of fearful child; and roles that express an enabling or a restrictive solution. It is important that the director selects a protagonist for the action phase of a session who is mobilizing roles that all other members of the group can identify with. Thus a protagonist will not be selected who is mobilizing only roles that are expressive of fear or withdrawal, or only roles that have to do with expression of strong feelings.

7. *The action phase of psychodrama.* This normally begins with a *therapeutic interview.*

In the psychodrama outlined early in the paper, there was no interview. In this case, the director had invited group members to focus on an

early family scene involving helplessness and so the director could work immediately with the protagonist, assisting her to put this defined situation into action in a vignette. The interview needs to take place whenever a protagonist comes forward to work on an issue in a much more complete way. The two purposes of the interview are (a) the development of a mutual working relationship between the protagonist and the director, and (b) assessment. The assessment covers a number of areas:

1. The central theme of the drama.
2. The central group theme and how it shows itself in the protagonist's concern.
3. The nature of the contract between director and protagonist.
4. The difficulties that have been cleared out of the way to make the contract operable between the protagonist and the group.
5. The rationale for the dramatic production. The two major ways of producing a drama are (a) to follow a story-line or (b) to pursue a theme, such as difficulties in being assertive.
6. Knowledge/understanding of the protagonist, especially the major roles in his/her personality, and which roles are adequate, overdeveloped, underdeveloped, absent or conflicted.
7. The areas of the protagonist's functioning that are to be observed in the action.

The therapeutic interview is followed by the enactment of the drama in which members of the group play the auxiliary roles required for full enactment. The director needs to develop skills in interviewing for a role, assisting in setting out in a concrete form all significant aspects of the protagonist's world, maximizing the protagonist's warm-up and enactment of all the significant roles, crisp, sharp scene-setting and scene-changing, coaching of auxiliaries and production of a climax and conclusion to the drama that is both psychologically adequate and aesthetically pleasing. All of these skills are utilized in the session reported early in the chapter in which the protagonist warms up to being herself at age fifteen and age ten, to being her mother, her father and grandmother. In this session, the warm-up to the roles of the significant family members was assisted by the protagonist herself — fetching and describing a table to be the dinner-table, placing the chairs and describing other significant items in the room. When the protagonist is able to arrive at an adequate solution to his/her concern by resolving an internal role conflict or by developing a new role, this is termed a catharsis of integration. A new integration of roles occurs in the following enactment:

*Director:* 'Would you be willing to do it differently? Would you be willing to stop telling you, you are stupid?'

*Jan:* 'All right. I'll stop telling you you're stupid. Do you feel better?'

*Director:* 'Reverse roles.'

*Auxiliary:* 'Okay, I'll stop telling you you're stupid.'

*Jean:* (Previously a fearful child) 'Yes, I'm starting to feel a bit better.'

*Director:* 'Breathe in again. Walk around. Breathe.'

*Jean:* (Walks) 'Actually, taking big breaths helps too... I am taking a couple of deep breaths. I am getting in touch.'

We trust that these comments on the psychodrama process have clarified for you more of what is involved. The method is both simple and complex. The method is simple in that it seeks to reproduce life; it is complex in that the more deeply human interaction is explored, the more complex it seems. We hope it has also dawned on you what a great responsibility rests with the director. When the director fails to notice dysfunctional behaviour in the drama and/or fails to intervene adequately, pathological solutions are in fact being encouraged in life. It is our experience that the full enactment of roles does lead to significantly changed attitudes and behaviour in everyday life, and therefore the psychodrama must include at least the beginnings of healthy role enactment. One of the great challenges to the director is to be sufficiently sharp and spontaneous so that assessment and intervention occur at the same time as the protagonist is acting. To wait until a later time to discuss role behaviour with the protagonist will not be effective, since the protagonist needs to be in a highly warmed-up state for the intervention to have a lasting impact.

In conclusion, we wish to record the fact that the psychodrama method is being used in groups in community health centres, hospitals, in private office settings with a wide range of people, as well as being used in training groups for the personal and professional development of the professional person involved.

### **Role-Training**

Many forms of role-training have been devised and researched. Assertion training, parent effectiveness training and empathy training are three well-known examples of the use of role-training incorporating Moreno's methods of relating learning to the real-life situation. Role-training is often the method of choice in community groups where there is a limited contract for self-disclosure and where a more structured method is called for.

It is possible to devise many more role-training curricula to suit particular situations; for instance, in prisons, a citizenship training course is possible, whereas with play-group leaders, a role-training curriculum based on Erikson's stages of development will enhance observation of the child from a developmental framework. Parents and other adults can be taught to reactivate play roles and to maximize sensory channels related to awareness and self-expression. One example of role-training that is not so well-known is that of spontaneity training. The spontaneity training carried out by Lynette at a Mental Health Services hospital in Perth has been described above.

### **Sociodrama**

Two examples of sociodrama intervention will illustrate how sociodrama may focus on organizational change or change in social roles.

Lynette was asked to assist a state task force on nursing education by designing and conducting the second day of a two-day workshop for nurses. The aim of the workshop was to introduce new concepts of nursing education, which would locate nursing education in colleges of advanced education rather than in hospital training programs. The issue was a controversial one and it was anticipated that group members would be anxious and confused.

The first stage for the sociodramatist was to analyse the system. Considerable time was spent in understanding the conflicting philosophies of nursing and in analysing the organizational structures that exist at present and how these would need to be changed if the new structure were introduced. The sociodramatist then decided that the key role was that of the nurse administrator, not that of the nurse educator. The nurse administrator has responsibility for both patient care and nursing education in the hospital setting, and is also responsible for informing and negotiating with the medical administration and the hospital board in the hospital setting. The nurse administrator therefore would carry the total responsibility for administrative change and is the key figure in determining the outcome.

The sociodramatist decided to relate all information to the role of the nurse administrator. A systems analysis of the organization illustrated from the point of view of the nurse administrator was written and duplicated and handed out to all participants. This offered information that could provide a later reference point for any person in the administrative structure. The sociodramatist in her address to the group took the role of the nurse administrator and raised conflictual issues, such as who will carry out patient care if there are no student nurses employed by the hospital? Who will provide the extra finance if trained staff are to be employed instead? How do the new nurse educators or clinical instructors who are employed by colleges of advanced education fit into the hospital setting? To whom are they administratively responsible? During the small group discussions later in the day, the participants were asked to (a) make a step-by-step plan of action for the nurse administrator and (b) consider the role changes that would be necessary for the nurse administrator to carry out the plan.

It is important to note how the sociodramatist uses a systems model in analysis and plans the structure of sessions carefully by raising the relevant question that will maximize change.

The second example illustrates how the sociodramatist needs to proceed with the expression of spontaneity in the group given the structure. A health education worker was asked to run a session for a community



service club on 'the role of the effective drug educator'. It was assumed that most participants had externalized the drug problem and had already conceptualized in terms of 'them/us' dichotomy and thought of drug-users as heroin addicts. A format was devised as a means of bringing the drug education issue as close as possible to the everyday lives of the participants. The participants were asked, 'What is a drug-user?' and it was defined for the purpose of the group that the target drug-user was anyone who took a drug when there was no need to use one. A situation that often faces parents was given as an example. A sixteen-year-old male teenager attended a party where alcohol was served. He was pressured to drink as an end-of-the-year celebration. He drank too much too quickly and became intoxicated and felt ill. He left to go home on his bicycle and two teenage girls phoned his parents, to warn them that he had left the party. Group participants were asked to respond to the situation from the point of view of the social group they represented. Three basic roles emerged in relation to the drug-user: the drug educator; the social change agent, the law enforcer. The sociodramatist, in order to maximize learning about the role of the drug educator, then set up a situation between the teenager and his parents the following morning. Group members were invited to take the role of the parent as drug educator and suggestions were made from the group. It can be noted that the role-play used put the drug educator in the position of being the first intervener in the situation.

In summary, the sociodramatist focused the group members on their own choice of role in relation to drug education. He placed chairs representing the educator, the social change agent and the law enforcer. He then presented the issue that group members needed to consider the conflict between being a drug educator and being a drug-user, and that group members needed to reflect upon their own and their family's use of drugs.

This sociodrama is an example of how warm-up to role states can be maximized by using the spontaneity within the group and by relating it to known life situations and by using unconflicted role states.

#### Training Standards and Requirements

1. Eight hundred hours of training are required for psychodramatists and sociodramatists and the Wasley Centre in Perth has a requirement of 400 hours of training for role-trainers.
2. Understanding and use of the theoretical base, including systems theory, role theory, group psychotherapy, family systems.
3. Affiliation with a training institute and a supervisor after 200 hours.
4. Clinical supervision.
5. Variety of group experience.
6. Completion of a thesis for both psychodramatists and sociodramatists.

7. Demonstration of skill by completion of assessment in a group situation by conducting a three-hour session, using the method of choice.
8. Psychodramatists and sociodramatists also are required to give a one-hour lecture to a training group.

#### Psychodrama Institutes in Australia

Psychodrama Institute of Western Australia,  
Wasley Centre, 564 William Street, Mount Lawley, W.A. 6050.

Melbourne Centre of Psychodrama, Sociometry and Action Techniques  
Rathdowne House, 281 Rathdowne Street, Carlton, Vic. 3053.

Psychodrama Institute of Queensland,  
51 Ninth Avenue, St Lucia, Qld. 4067.

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### About the Authors

Lynette and Max Clayton became enthusiastic about psychodrama because the method allowed them to feel fully involved in the group process and to express a wide range of roles that they had previously not used. This expansion has been an important factor in encouraging enthusiasm for learning and experimenting in the many hundreds of trainees who have participated in seminars and workshops that they have conducted in many parts of Australia and New Zealand since 1971.

Lynette became interested in learning about psychodrama in 1966 as a result of conversations with Professor Robert C. Leslie at Berkeley, California. She moved to Washington, D.C. in mid-1967 and was accepted into an internship program in the Psychodrama Section at St Elizabeth's Hospital, directed by Jim Enneis.

She soon discovered that she was actualizing many roles in herself that had been lying dormant. She found outlets for her wisdom, her life experience, her spirituality and her femininity, which had been suppressed in a traditional church structure and by an overdeveloped mothering role in herself.

A second stage in her development occurred when she began to integrate being a director with clinical knowledge and experience, through seminars in psychopathology and research in sociology and epidemiology.

A third stage in development occurred at the end of the first year of training, when she began to see that systems theory had a broad application and did not just relate to working with an individual protagonist. She began to see Jacob Moreno's ideas not just in terms of doing psychotherapy, but saw the application of sociometry in changing society and organizations — for example, in changing a hospital institution from being primarily illness-related to being health-related. She saw the application of Moreno's thinking to every single interaction with another person, in that there are value systems involved and roles emerging in the interaction expressive of those values.

Since returning to Australia in 1970, she has been involved in the development of the Psychodrama Institute of Western Australia (the Wasley Centre) as Director of Training and as a consultant. She also has developed psychodramatic work as a clinical psychologist working in the area of mental health. She has said that her own development as a psychodramatist has led to the discovery that 'I am not a powerless individual, but have choices about how to use my power.'

Max Clayton first heard of Dr Moreno through reading two articles about him in the *Saturday Evening Post* in the early 1960s. In 1967, he participated as an auxiliary in psychodrama groups at St Elizabeths

Hospital and began training at the Moreno Institute at Beacon, in New York. At Beacon, he participated in many sessions as a protagonist, which lead to much greater expressiveness in relationships, a respect for the way in which the psychodrama process works, a trust in groups facilitating new solutions to old problems and an understanding of patterns of role relationships in families and social groups.

In his training of other professional people, he has focused mainly on teaching the use of psychodrama with individual protagonists. In early training seminars and workshops, his emphasis was on professional people involving themselves as protagonists, so that they would appreciate the process from the inside and work through blocks to their own spontaneity and creativity. In later training, the emphasis has been on developing the roles required in a director. Much more emphasis has been placed on adequate assessment of people in groups, on adequate interviewing and making clear contracts prior to a session, and in developing a broad view of life and the ability to take initiative in offering therapeutic guidance and coaching to protagonists in a very active way. He has found the psychodrama method the most rewarding, challenging and emotionally demanding of all the therapeutic methods with which he has been involved.

At the Wasley Centre, he continues to direct groups of people from the community in short-term groups involving ten to twelve weekly group sessions of three hours. He also conducts weekend psychodrama groups, during which participants usually make significant changes in their life script. In these groups, he has placed increasing emphasis on introducing and discussing a wide range of psychological and relationship issues, which leads to group members working on a much wider range of issues than the problem areas that are of more immediate concern to them. Thus the groups serve not only to assist people to solve immediate problems but have an important function in the area of primary prevention by educating people in healthy functioning in the community.