

18

Psychodrama

INTRODUCTION

Psychodrama is a professional practice based on the therapy, philosophy, and methodology developed by Jacob L. Moreno, M.D. (1889-1974), which uses action methods of enactment, sociometry, group dynamics, role theory, and social systems analysis to facilitate constructive change in individuals and groups through the development of new perceptions or reorganization of old cognitive patterns and concomitant changes in behavior.

HISTORY

The history of psychodrama to a great extent is also the history of its founder, Jacob L. Moreno, M.D. Moreno was born on May 6, 1889, in Bucharest, Romania; moved with his family at school age to Vienna, Austria; and immigrated to the United States in 1925 (Bratescu, 1975). Vienna provided an important foundation for Moreno. It was there that he received a Doctor of Medicine degree from the University of Vienna in 1917. During the years 1908-1925 he formulated his theories of psychodrama, sociometry, and group psychotherapy in Vienna. According to Moreno (1946), the first psychodrama session was held on April 1, 1921.

Sociometry, the measurement of groups, had its beginnings during World War I. Through his connections in Vienna, Moreno secured an appointment as superintendent of a World War I resettlement camp at Mittendorf. The

camp was composed primarily of wine growing peasants of Italian extraction. During his tenure as superintendent it became evident that a system to resettle war refugees within the camp was needed. Rather than randomly assigning them to living quarters and work duties, Moreno developed sociometric methods that allowed the refugees to select their living and working partners.

Similarly, his work on spontaneity and role playing was refined and refocused through his work at Das Stegreiftheater in Vienna, 1922-1925, at the Maisedergasse. Prostitutes from the red light district became Moreno's first clients in his pioneering adventure in group psychotherapy. Through his interactions with these women, he discovered the principle of the therapeutic agent: Each member of the group can serve as the therapeutic agent for another, and the therapeutic nature of groups comes from interactions with one another rather than from the group leader.

Moreno's interests were not limited to medicine, psychiatry, or studies in the parks or the theatre. His unbounded energy was also directed to editing a literary magazine, *Daimon*. In 1914, Moreno published "Einladung zu einer Begegnung," which was republished in February 1918, as "Einladung zu einer Begegnung: Die Gottheit als Autor" ("Invitation to an Encounter: The Godhead as Author"). Martin Buber was a contributing editor of *Daimon*; and their articles on encounter, existentialism, and interpersonal relations appeared side by side.

At some point in his practice in Vienna, Moreno became impatient with the slow reception of his ideas within the professional community. He searched for a country in which new ideas would be accepted and could be tested and chose America.

By 1927 Moreno was actively engaged in the practice of psychiatry; and from then until 1938 he worked at the New York State Training School for Girls in Hudson, New York, and conducted a private practice in New York City.

Moreno developed important friendships and relationships with other members of the scientific and professional community. One of his greatest benefactors was William Alanson White, M.D., superintendent of St. Elizabeths Hospital in Washington, D.C. White wrote the foreword for Moreno's first major American work, *Who Shall Survive?*, and was instrumental in obtaining a publisher for the book. White also saw to the establishment of a psychodrama theater at St. Elizabeths in 1939. Members of the St. Elizabeths Hospital staff were visitors at Beacon where Moreno had his sanatorium. Moreno was a frequent lecturer and consultant to the hospital (Buchanan and Enneis, 1981).

Moreno was intricately involved in the research, training, and dissemination of information on psychodrama, sociometry, group psychotherapy, role theory, and social systems analysis throughout his life. He devoted the years 1930-1950 to the development of his theories and techniques through

phenomenological and empirical research conducted while director of research under the New York State Social Welfare Department (Moreno, 1953); the New York State Training School for Girls at Hudson, New York (Jennings, 1950); and his sanatorium in Beacon (Moreno, 1951).

Moreno founded *Sociometry, A Journal of Interpersonal Relations* in 1937 (currently titled *Social Psychology Quarterly*) and transferred ownership of the journal on its eighteenth anniversary to the American Sociological Society (Moreno, 1966). He founded the journal *Sociatry* (later renamed *Journal of Group Psychotherapy and Psychodrama*) in 1947. He also established the first professional association for group psychotherapy in 1942—the American Society of Group Psychotherapy and Psychodrama.

Moreno was instrumental in founding the First International Committee of Group Psychotherapy in Paris in 1951. This committee planned the First International Congress of Group Psychotherapy, which was held in Toronto in August of 1954 (Moreno, 1962). He also founded the International Psychodrama Congress, whose first meeting in Paris in 1964 attracted 1,500 psychodramatists from around the world. Ironically, today psychodrama is probably more respected and used in several other countries (West Germany, Japan, Australia, Argentina, Brazil, and France) than it is in the United States (Buchanan, 1979).

Toward the end of his life, Moreno began to receive respect and admiration from the mental health community (Z.T. Moreno, 1969). His pioneering efforts and seminal contributions were recognized and credited by such leaders in the field as Benne and Muntyan (1951) and Schutz (1971). In fact, Berne (1970) states that all who attempt to use action methods or action techniques are confronted with the "Moreno Problem." Simply put, he stated that any time therapists try to work with action techniques they will find that it has already been done and written about by Moreno. Biddle and Thomas (1966) call Moreno one of the three major founders of role theory, and certainly he is acknowledged as the founder of psychodrama and sociometry.

Moreno died on May 14, 1974, in Beacon, New York. At his request, his only epitaph was "the man who brought laughter to psychiatry." While Moreno deserves credit for the germination of the ideas, other colleagues such as William Alanson White, Gardner Murphy, Stagg Whitin, Alfred Adler, Fanny French Morse, Helen Hall Jennings, Zerka Toeman Moreno, Warner Wellman, Ron and Rosemary Lippitt, James Enneis, and Mary Northway all contributed to the overall growth and development of the field. However, if anyone deserves a place as a major force in the development of psychodrama, it is Moreno's wife, Zerka Toeman Moreno. For more than 40 years Zerka Moreno has been researching, writing, directing, and training in the fields her husband created. The Moreno Academy in Beacon, New York, closed in 1983 after 47 years. The Psychodrama Section at St. Elizabeths Hospital, founded in 1939, is now the oldest continually operat-

ing center for clinical practice, training, and research in psychodrama, sociometry, and group psychotherapy.

PHILOSOPHY AND THEORETICAL ISSUES

Psychodramatic treatment is based on Moreno's view of a man as a cosmic, social, and singular individual. This triadic conceptualization leads to the three philosophical cornerstones of psychodrama therapy: the idea of the Godhead, sociometry, and psychodrama. The concept of the Godhead, of God as ultimate creator, refers to the spontaneity/creativity potential of each person. Sociometry addresses the basic social structure of all human interaction and provides a method of observation and intervention in group process. Psychodrama develops the concept of man, the "co-creator" and the "actor," and provides action methods and role constructs that reflect this concept. While each base can be addressed individually, psychodramatic treatment cannot be accomplished without the integration that forms the potent synergetic basis for psychodramatic treatment.

Godhead

The most controversial concept espoused by Moreno still remains his idea of the Godhead. Through his search for an understanding of life he developed his belief in the spontaneous/creative God, the interpersonal God. In this area there was a shared influence between Moreno and Martin Buber, the Jewish theologian. Buber's theological statement identified God as the source of "universal relation," and Moreno refers to the God of "emotional expansiveness." Both men refer to the co-creative powers we share with the Godhead.

Psychodramatists have interpreted the image of man as God within the theoretical perspective that each of us is the center of our own world. The people with whom we choose to live and to love, the people whom we ignore, and the people who become our enemies are all chosen by us. We inhabit a world of co-creators. Each of us influences and is influenced by others. We have free will. We have the power to create. We are potentially limitless.

Psychodramatists do not mean that, as creators, we have the power to create at will regardless of the will of others. Each person is encouraged to experience his own creativity and to realize that he is responsible for his own life. The responsibility involved in assuming the role of creator is much too frightening for some; consequently, they retreat to passive ascriptive roles wherein they vest their creative powers to some authoritarian figure. It is the work of a psychoanalyst (Fromm, 1941) which largely explains this "escape from freedom"

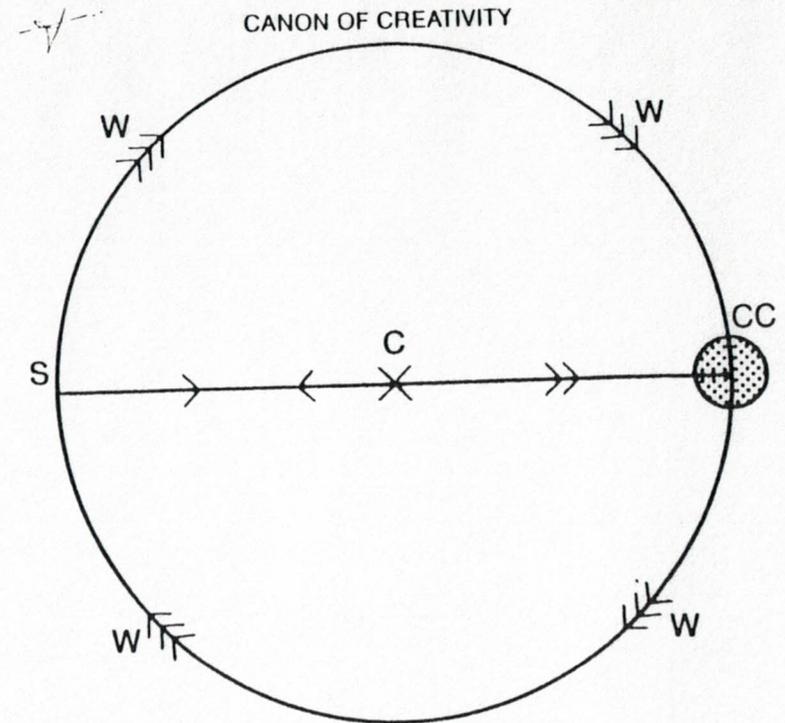


Figure 1. Spontaneity—Creativity—Cultural Conserve

Field of Rotating Operations Between Spontaneity-Creativity-Cultural Conserve (S-C-CC)

S—Spontaneity, C—Creativity, CC—Cultural (or any) Conserve (for instance, a biological conserve, *i.e.*, an animal organism, or a cultural conserve, *i.e.*, a book, a motion picture, or a robot, *i.e.*, a calculating machine); W—Warming up is the "operational" expression of spontaneity. The circle represents the field of operations between S, C and CC.

- Operation I: Spontaneity arouses Creativity, C. $S \longrightarrow C$.
- Operation II: Creativity is receptive to Spontaneity. $S < \longleftarrow C$.
- Operation III: From their interaction Cultural Conserves, CC, result. $S \longrightarrow C \longrightarrow CC$.
- Operation IV: Conserves (CC) would accumulate indefinitely and remain "in cold storage." They need to be reborn, the catalyzer Spontaneity revitalizes them. $CC \longrightarrow S \longrightarrow CC$.

S does not operate in a vacuum, it moves either towards Creativity or towards Conserves.

Total Operation
Spontaneity-creativity-warming up act < actor
conserve

Source: Moreno II 1953 Reprinted with permission.

The "Spontaneity-Creativity-Cultural Conserve" (Figure 1) shows the interrelationship and interaction of spontaneity and creativity with the status quo. According to Moreno (1956), spontaneity-creativity is the most important problem of psychology. He further postulates that spontaneity and the creativity factor are available to everyone, and the success of our adventures in the world is directly related to our ability to be spontaneous. Spontaneity is the human ability that enables us to develop adequate responses to life situations. Adequacy encompasses the concepts of appropriateness, competency, and skill in interacting within the given situation. A person can be creative without being spontaneous, and responses may be dramatic and original without necessarily being spontaneous. Likewise, if a person always responds with the same rote patterns, there is likely to be little spontaneity operating.

Spontaneity can be thought of as the readiness for an action, and creativity as the response (act). The twin concepts of spontaneity and creativity are responsible for the formation of our cultural conserves. Cultural conserves are the given patterns, relationships, or products of our society. They define the norms, mores, and folkways of our culture and help transmit these normative patterns to future generations.

Sociometry

Sociometry is the second philosophical base of psychodramatic treatment. Sociometry is derived from the Latin "socius" meaning social and the Latin "metrium" or the Greek "metron" meaning measure; it literally means the measurement of social groups.

Moreno viewed man as a social being who develops his identity through interactions with the individuals around him. Therefore, he postulated that the larger society is composed of units made up of each individual and the essential persons in his or her life. Moreno named this smallest unit of society the *social atom*. Blatner (1973) defines the term as the "complex of all the significant figures, real or fantasied, past or present, who relate to a person's psychological experience."

From birth every individual has a set of relationships around him—mother, father, brothers and sisters, lovers and antagonists, students and mentors. The volume of the social atom expands during the course of human development as the child moves from the nuclear family to society, and with old age the social atom generally begins to shrink as the persons in it move or die and are not replaced by others. The social atom is a dynamic construct.

Each of us has certain feelings toward members of our social atom. Some individuals attract us, some repel us, and with some we are neutral in our feelings. Moreno refers to this range of feelings between persons as *tele* (from the Greek meaning "at a distance"). He conceptualizes that each

social atom is composed of numerous tele structures, defined as the smallest units of social feelings that enter our awareness. These intangible communication channels between individuals are the basis for the formation of larger social groups.

Sociometry applied as a quantitative measure of social interactions is basically value free. Sociometrists measure social choice patterns without reference to moral interpretation (Hale, 1981). Rejection and acceptance patterns are neither right nor wrong but merely reflect the value systems of a specific culture. It is the task of the sociometrist to set up criteria that allow all group members to explore and clarify the sociometric connections within a given group. Once this information is made available, an examination of implications for individuals in the group is possible. Through psychodramatic and sociodramatic enactment, mixed messages and distortions in transference and countertransference are clarified. Through application and analysis of sociometric data the sociometrist facilitates the group process so that each individual can focus his own spontaneity and creativity within the structure.

Psychodrama

The philosophy and methods associated with psychodrama comprise the third cornerstone of psychodramatic theory. Moreno (1946, 1953) has called psychodrama the science that explores the truth by dramatic methods. Adaline Starr (1977) refers to psychodrama as a rehearsal for life. Psychodrama is an action therapy because Moreno believed that life itself evolves from action and interaction. Psychodramatic treatment was designed to approximate life closely. Consequently a psychodramatist helps the patient to recreate his world in the course of a psychodrama session. Certain terms assume a unique meaning when applied to the psychodramatic method and need to be understood within this specific context. The subject or patient in a particular psychodrama is referred to as the protagonist, and the therapist is called the director. The actors who participate in the role-playing as significant others in the drama are referred to as auxiliary egos.

Role theory, as developed by Moreno, enables the director to involve the patient in a situation that elicits a collection of behaviors and affective states. According to Moreno (1946), "Every individual just as he has at all times a set of friends and foes, has a range of roles in which he sees himself and faces a range of counter roles in which he sees others around him."

Catharsis is another essential psychodramatic concept that has a different definition than may be associated with it by others. The genesis of the term *catharsis* can be traced to Aristotle, who, in his *De Poetica*, discussed the purging, emptying, or cleansing of the emotions which occurs in a spectator when watching a drama. Breuer and Freud revived the term for use in psychoanalytic treatment. Their definition of catharsis, which is still the

most common use of the term, was as "a treatment of psychoneurosis to bring about abreaction, by encouraging the patient to tell everything that happens to be associated with a given train of thought, thus purging the mind of the repressed material that is the cause of the symptoms" (Dorland, 1974).

Moreno (1946) identified three major forms of catharsis: (a) the aesthetic, that is, the experiencing of beauty; (b) spectator, as described by Aristotle; and (c) actorial catharsis or catharsis of integration through action. It is the last that is of primary importance to psychodramatists and to psychodramatic treatment. Instead of the person's recounting the story, the protagonist is encouraged to experience his participation in the event. The psychodramatist creates an existential situation in which the events dramatized all occur in the here and now. Thus, in the enactment the protagonist is holding the hand of a "dying parent," experiencing once again the break-up of a "marriage" or the loss of a "child." The other group members serving as auxiliary egos are also experiencing actorial catharsis; instead of passively observing a play through role reversal with the protagonist, they are experiencing life from the role of the dying parent, the abandoning spouse, or the departing child. The goal is not a catharsis of abreaction but one of integration. As Z.T. Moreno (1971) states, "We know from psychodrama that the greatest depth of catharsis comes not merely from re-enactment of the past, however traumatic or instructive, but from embodying those dimensions, roles, and interactions which life has not, cannot and probably never, will permit." In her summation of her classical article on catharsis, she states that the final lesson from the catharsis of integration is to teach the protagonist to discard his old role construct to redo his life here and now.

One final important psychodramatic construct is the concept of *surplus reality*. Moreno refers here to aspects of our life, our everyday reality, which are not fully experienced or expressed. In the psychodrama experience, reality is magnified and amplified to provide a different and fresh perspective. Role reversal is the principal surplus reality technique used in psychodrama.

While each of the branches of Moreno's philosophical system may stand on its own, they are intended to be applied concurrently in order to provide an integrated treatment program.

PSYCHODRAMATIC COMPONENTS

Five elements are vital to psychodrama: the stage, the group members, the auxiliary egos, the protagonist, and the director (Yablonsky and Enneis, 1966). The psychodrama theatre, designed so that every phase and structure of the human organism can be enacted, prepares the individual to

interact with significant others. By entering the psychodrama theatre, the participants are "warmed up" for the therapy process, just as the architecture of a church warms up the participants for a religious experience (Z.T. Moreno, 1965).

In earlier experiences with psychodrama, members of a person's social atom were physically present in the therapy. The first use of auxiliary egos to portray roles in a psychodrama session occurred because a dead person was an important part of the drama. Consequently, Moreno assigned a therapeutic actor to play the role of the deceased person within the family treatment session. Later in other group sessions, it became apparent that not all individuals could be physically present in all treatment sessions, thus Moreno began to use auxiliary egos to portray the roles of absent or missing social atom figures (Z.T. Moreno, 1982). He considers these roles tangible and observable units of an individual's personality. In this way the psychodramatist works with the patient to explore the pathological and the healthy aspects of the personality structure. Role is a dynamic concept, and therapeutic change occurs through improvement in the individual's role structure.

PSYCHODRAMATIC RULES AND PROCEDURES

Z.T. Moreno (1965) has compiled a list of basic psychodramatic rules and techniques for a typical psychodrama session, which include:

Psychodrama can be a method of restraint as well as expression. It is not always therapeutic or appropriate for every psychodrama to help the client express his unexpressed feelings or behaviors. Psychodramatists should structure the production so that it facilitates a change from typical behavior patterns. If the client screams hysterically as a regular and routine behavior, it would be important to help the client develop new ways of expressing his emotions.

All psychodramas occur in the here and now. For Moreno (1966) time in psychodrama is a function of the past, present, and future. We interact in situations based upon our past experiences, present observations, and future expectations. Consequently, time is a here and now experience. Whether a person is enacting a role from childhood, present life, or some anticipated future role, he acts "as if" it is occurring in the here and now.

Reality is a subjective experience. Neither the psychodrama director nor the client has a complete knowledge of reality. Each of us views the world from our own perspective. Through facilitation and role reversal, we are more able to view the world from other perspectives. When we are able to view a given situation from a number of different perspectives, we will be closer to reality than when viewing it from only one.

In addition to these rules and techniques, several key definitions are

essential to the understanding of the concepts of psychodrama. They are:

Protagonist. The central character in the psychodrama. The subject. The client.

Auxiliary Egos. Individuals who assume a role in a psychodrama to help facilitate production of the session. Auxiliary egos may be fathers, mothers, dogs, tombstones, doubles, or devils (Zinger, 1975).

Therapeutic Agents. The other group members. Moreno (1946) states that the therapy comes from the group members through their interactions with each other and not from some mystical omnipotent leader.

Director. The psychodrama group leader, the therapist. Moreno (1946) chose this term because of his belief that the leader of the group facilitates expression among group members and guides and directs those experiences rather than "curing" patients. In this context, Z.T. Moreno (McCrie, 1975) coined the metaphor of the psychodrama director as the midwife. The director is responsible for assisting in the birth of a production but not for the genesis of the production.

Scripts. Psychodramatists work from the scripts of the mind. Directors are not interested in the individual's creating the words of a playwright but are concerned with helping the individual rewrite his own life scripts. Almost all psychodramas are spontaneous, that is, they arise from the emergent interactions of the group members without assigned roles and scripts from a pre-planned written document.

Surplus Reality. Surplus reality is an expansion of a person's perceptions of reality. As a technique it is the dramatization of an individual's internal reality. For example, if the protagonist states that his parents are tearing him apart, the director would literally instruct the auxiliary egos portraying the parents to begin tearing at the protagonist. If a suicidal patient states that he is at the end of his rope, the director would enact a scene where the protagonist is literally at the end of his rope and explore the scenes leading up to his reaching the end of his rope. Dramatization and concretization of metaphors are used to help increase the psychological reality of the situation. Because many of life's major scenes are condensed into a relatively few short minutes on a psychodrama stage, it becomes necessary for the director to "magnify" the scenes through the use of surplus reality techniques. Surplus reality also is an integral part of any role reversal when the protagonist steps out of his own role to view the world from the role of the other.

Role Reversal. The most commonly used technique, role reversal, occurs when two individuals switch roles. "A" becomes "B" and "B" becomes "A." Role reversal is indicated for a variety of reasons including (a) helping the person understand the role of the other, (b) learning how one's interactions affect the roles of others, (c) providing information about the individual's social system, and (d) making the subject cognizant of discrepancies in nonverbal and verbal communications. Role reversal encourages a

shift in perception and reorients the personal experience through a process of "ego-borrowing."

Double. The assignment of one group member to "double" another group member, to physically and verbally become a psychological twin. The double's job is to express feelings that the subject cannot or will not express. Sometimes a double is used as an amplifier, at times a double is used to help a subject express his feelings, and at other times doubles may be used to help more impulsive clients integrate cognitive functions (Toeman, 1948).

Soliloquy. This technique is used to help an individual express thoughts and concerns during a particular scene and to break through resistance. It is similar to the concept of free association except that the client expresses his feelings while engaged in the situation from which the feelings derive (e.g., a client may be asked to soliloquize about his feelings and expectations as he is walking into his home or office).

Future Projection. The technique wherein the protagonist acts "as if" he is in the future. This technique is valuable in helping a client rehearse or prepare for future situations (e.g., job interviewing, community placement, retirement, etc.).

Structured Warm-Ups. A structured warm-up is a preplanned exercise that helps the group focus on a particular theme or concern. A large variety of structured warm-ups have been developed to aid the psychodrama director in exploring the concerns of a group. This exercise differs from a "spontaneous" warm-up where the structure emerges spontaneously from the group. Weiner and Sacks (1969) have developed a lengthy list of structured warm-ups ranging from courtroom scenes to fantasy explorations.

PSYCHODRAMA SESSIONS

There is no such thing as a typical psychodrama treatment session because the individual resources of each director and the specific needs of each group and client vary. However, there is a general model for the direction of a psychodrama group. Most sessions are composed of three main phases: warm-up, action, and sharing.

Warm-Up

The warm-up is the initial phase of the group therapy session. For a spontaneous warm-up, the director and group members join together (usually in a semi-circle or circle) and discuss their common concerns or participate in a structured warm-up exercise. Channels of communication are established among group members, and a theme and area of concern are uncovered. The basic goals and objectives for the treatment session are mutually negotiated between the protagonist, group members, and director.

A person (the protagonist) is selected who can best represent the concerns of the group.

There are two basic forms of psychodramatic treatment: the protagonist centered model (Moreno, 1946) and the central concern model (Buchanan, 1980). In the protagonist-centered model one individual volunteers or is requested to volunteer to be the protagonist in the drama. This model works well with neurotic populations and with persons who are highly motivated for therapy and have established some of their own ideas concerning treatment.

The central concern model was developed at St. Elizabeths Hospital, Washington, D.C., and is used mostly in the treatment of hospitalized populations. The central concern model devotes more attention to establishing interaction patterns between individuals and facilitating communication channels among the group members. A common concern and theme are selected which best represent the here and now concerns of the group. Then a protagonist is selected to represent the central concern of the group.

Action

After a protagonist has been chosen, he acts out the issue by interacting with the various persons, roles, and themes. Psychodramatic techniques are used to clarify and concretize the concern. The action is structured in a way that facilitates catharsis, action insight, clarification, and behavioral change. New roles are explored and alternate affective and behavioral styles are encouraged.

Sharing

The final phase of a typical psychodrama session is called sharing or closure. This is the process during which other group members share their own reactions to the scenes that were enacted during the action phase of the psychodrama session. Members of the group have the opportunity to express their feelings and concerns about similar situations they have or might have to confront. Clients are drawn out of their patterns of isolation and self-centeredness and again resume interacting with one another.

The Hollander psychodrama diagram (Figure 2) (1978) offers a pictorial representation of the psychodramatic processes that occur during psychodrama enactment.

CLINICAL INDICATIONS AND LIMITATIONS

Psychodrama has been used with the full range of psychiatric populations (Buchanan and Dubbs-Siroka, 1980). It has also been used for the specific

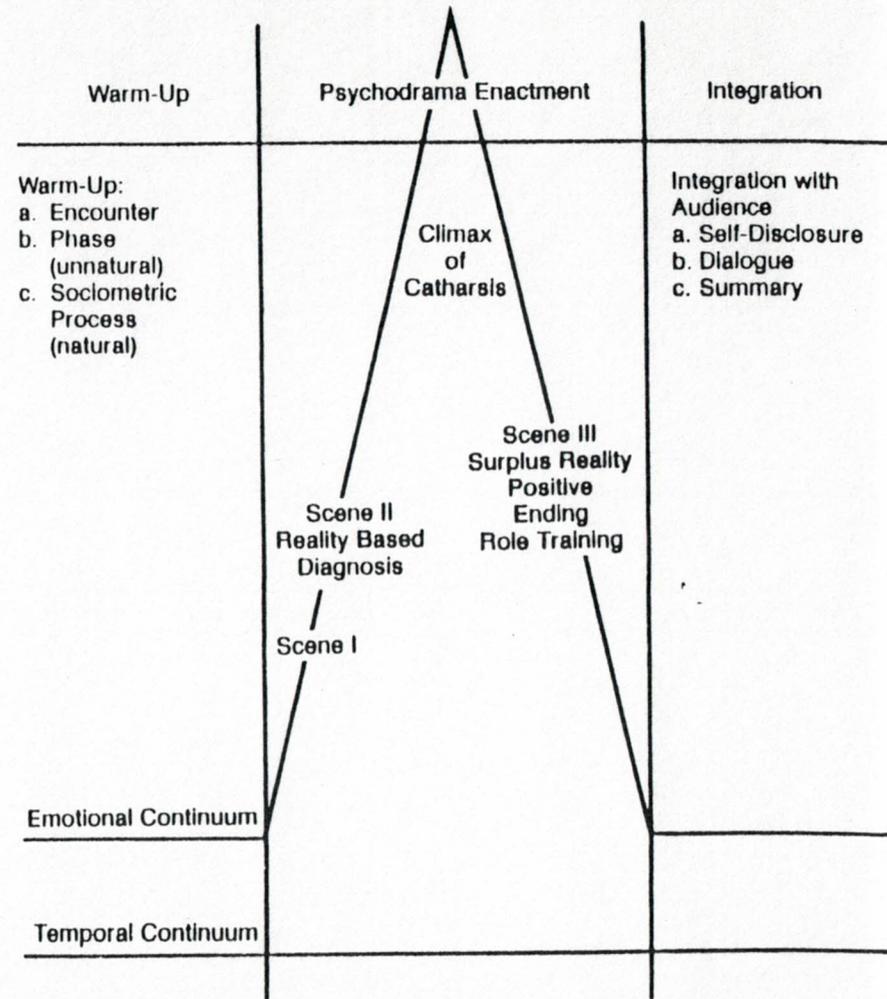


Figure 2. The Hollander Psychodrama Curve

Source: Hollander C, 1978. Reprinted with permission.

treatment of alcoholic (Starr, 1977; Weiner, 1966; Zimberg et al., 1978), blind (Routh, 1957; Altman, 1981), deaf (Robinson and Clayton, 1971; Swink, 1980), drug addicted (Eliasoph, 1955; Olson, 1972), elderly (Buchanan, 1982), and dying (Weiner, 1975) patients and with children and adolescents (Jennings, 1950; Rowan, 1973; Altschuler and Picon, 1980). For a complete description of the psychodramatic literature relating to different clinical populations, the reader is encouraged to consult Gendron (1980).

Psychodramatists are usually flexible in their orientation to treatment; sessions can focus on abstract goals (e.g., increase in spontaneity and

creativity) or highly measurable objectives (e.g., the client will sit erect and maintain eye contact in role enactment of a prospective job interview). In most cases the psychodramatist facilitates the development of both affective and behavioral roles. Psychodramatic methods can be used as part of a preventive program, i.e., helping clients cope with stressful situations and helping them plan alternative roles to cope with those stressful environments or to treat specific symptoms (e.g., psychodramatic desensitization techniques to enable clients who are claustrophobic to travel by bus, etc.).

Psychodrama is not recommended when an individual client is not ready to participate in a group experience. Traditional precautions used to place patients in group therapy are applied to the placement of patients in psychodrama groups. Psychodrama has been used with the full range of psychiatric patients, but adjustments in the methodology are needed so that goals for the group match the needs of the patients. For example, chronic schizophrenics have benefited greatly from psychodramatic social skills training. Patients with fragile ego boundaries are often assigned to psychodrama groups that focus on behavioral skills and the development of social-emotional relationships. Individual psychodrama therapy may be indicated for a client in preparation for or in conjunction with psychodrama group therapy.

It should be emphasized that in the hands of an appropriately trained and experienced psychodramatist, psychodrama has the flexibility and creativity to respond to most clients' needs. The techniques available to the psychodramatist are carefully selected to meet the needs of specific individuals in the group. Psychodrama enactment can take many forms, from a sociometric investigation of choice patterns to an interpersonal exploration of cultural issues (e.g., racism, sexism) or a highly structured intrapersonal exploration of childhood development.

PROFESSIONAL AND ETHICAL ISSUES

Psychodrama is a potent therapeutic modality that offers benefits for the treatment of psychiatric populations. Its greatest disadvantage occurs when persons who are inappropriately trained or experienced attempt to use the psychodrama action methods with their clients. It is imperative that practitioners of psychodrama be trained and experienced in the use of psychodrama, sociometry, and group psychotherapy.

The American Board of Examiners in Psychodrama, Sociometry, and Group Psychotherapy has established criteria for certification as a practitioner (1982). To be eligible for the certification examination (written and on-site), the applicants must have (a) completed 780 hours of training from an accredited psychodrama training institute, (b) had one year of supervised experience, and (c) have a master's degree or acceptable equivalent in the

field of mental health. The board has also established requirements for persons seeking certification as trainers and educators of psychodrama. Naturally the requirements for this certification level are based on higher educational, experiential, and training requirements.

The American Society of Group Psychotherapy and Psychodrama (ASGPP), established in 1942, is the general membership organization for psychodramatists. It has a code of ethics and standards of practice that members are expected to follow. However, membership in the ASGPP is not an endorsement of professional competence. The ASGPP encourages broad membership from clients to students. There are no educational or training requirements necessary for membership.

The Federation of Trainers and Training Programs in Psychodrama was established in 1975 for persons who are trainers in psychodrama. Only individuals certified by the American Board of Examiners in Psychodrama Sociometry, and Group Psychotherapy are eligible for membership. It is a consortium of trainers and training institutes which meets yearly to discuss innovations and issues in training. The federation also has a code of ethics and standards of practice for trainers in psychodrama, sociometry, and group psychotherapy. Continuing education and quality control are important issues for the professional associations, and emphasis is placed on a continual interface between present and emerging knowledge.

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