

Chapter 10

RETURN FROM "SPLENDID ISOLATION"

*The Uses of Psychodrama, Sociodrama,
and Drama in the Process of Recovering
from Substance Addiction*

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1 INTRODUCTION

I am a psychodramatist, a Morenoan, who enjoys working in the community in a form of public living-life theatre. I find especially rewarding my work as a trainer, consultant and counselor in the field of alcoholism and other drug addictions.

When I became part of the psychodramatic family, we were a tiny band of believers in a method that was immediately loving and involving, as well as therapeutic, experiential and exciting. Later, it became controversial, then accepted and international. As a philosophy it is cosmic; as a method it is a theatre that heals; as a technique it is an extended family.

2 THEORY AND METHOD

Psychodrama

Psychodrama is the spontaneous enacting of a situation. It aims to discover "truth" through dramatic means. The focus is directly

on role playing: communication through action with insight for protagonist, group members and director. It centers on the individual whose session it is, and a problem or situation of particular interest to him. Its goals are to develop: interpersonal relations; attitudes and behavior by giving insight into their causes and effects; group participation, involvement and interest; spontaneity and creativity; inner conflicts and problems; research in human relations. Psychodrama usually consists of one protagonist, with two to four people playing roles, in front of a group, either for therapy or for demonstrating how problems can be solved.

This chapter will also describe multiple role plays where all the members become role players at the same time in smaller groups. Members are given roles or written role playing assignments; the group plays are acted simultaneously. In the single psychodrama session, an individual may feel that he has been the only person benefiting from the session. But within multiple role play, all members participate.

Psychodrama is a disengagement from ordinary reality; a representation of the natural developmental processes which allow for a new synthesis based on mirroring. Thus we become receptive to novel thought formations and a restructuring of our perceptual world. It is an active, reflective methodology which clarifies the external stress of societal situations; it deals with the interlocking nature of cultural, ethnic, sexual, family and social class problems. Hopefully it begins to develop constructive attitudes to replace the use of alcohol and drugs. That is:

God grant me the serenity to accept the things I cannot change,
the courage to change the things I can; and the wisdom to know
the difference. (*Serenity Prayer*)

Psychodrama as a life training tool can help develop serenity through an action inventory, *catharsis* and life training. The socialization aspects of psychodrama encourage reaching out and interpersonal relationships.

The Social Atom

Each individual has a social atom made up of all people who are important to him (his mother, father, sister, wife, neighbor

bus driver, minister, etc.) and with whom he has a daily, a long-standing, or just a casual relationship. The more effective he is within his social atom, the greater his personal reward.

Sociodrama

Sociodrama uses the same instruments and techniques as psychodrama; whereas psychodrama is concerned with one individual's difficulty in a situation, sociodrama concerns itself with the group problem.

Goals include assisting better intercultural relations; understanding and insight into social behavior; group exploration of a common problem or interesting situation and alternative ways of dealing with it; social research.

Some of the questions dealt with by sociodrama in a substance abuse setting could be: What do you tell a prospective employer about your drug abuse history after you have recovered? How are you going to deal with old friends and acquaintances when returning to the community?

Role Playing

Role playing can be either structured or spontaneous. It differs from psychodrama or sociodrama in that it focuses on the narrower framework of some specific area of life or role function that has to be explored. In general it helps to develop group feeling and understanding through its use of easy pace and informality; to render less threatening everyday situations or persons; to reduce the distance between group and leader (by allowing the director to participate occasionally); to serve as a common frame of reference for people of very different backgrounds.

When you role play, you are putting yourself into another person's *feeling*. When you encourage someone else to role play, you are helping him or her to *be* that other person. How can one human being put himself in the place of another? How can I, if I happen to be a white parole officer, put myself into the role of a black woman applying for a job? If you could do it easily you would not need role playing. If you had no common bond of humanity with the other person, you might not be able to do it. But you *do*. You have had related feelings to those of the person

whose role you are trying to play. The effort and experience of playing that other person can lead to understanding them.

There are differences between forms of role playing. Structured role playing focuses on making the individual proficient in a particular area of his life. Its objectives are to assist: skills such as problem solving, or decision making; procedures such as counseling techniques or job instruction; attitudes related to interpersonal relations such as social or job role expectations; stereotyped roles of behavior commonly encountered in social or work situations.

Although the protagonist is permitted a degree of spontaneity, the session is usually pre-planned to deal only with specific subjects. The auxiliaries are given scripted roles or instructions on how to play the role before the action begins.

Spontaneous role playing focuses on helping the individual understand himself and others better, and on exploring new approaches to deal with problems of human relationships. Its objectives are to encourage: insight into the participants' own behavior and the feelings of others; attitudes related to job, family or social lives; new ways of dealing with problem situations; diagnostic information concerning the style and approaches of participants to certain types of problem situations; experience which may be helpful later, even if the participant is not aware that learning is taking place at the time of the occurrence.

Multiple Role Plays and Role Rotation

In training alcoholism counselors, a large group was broken into groups of four. Each group spontaneously acted how they felt when diagnosed as: (1) the alcoholic; (2) the spouse of the alcoholic; and (3) the employer and counselor. Each role play lasted about fifteen minutes. An observer assigned to each group reported to the larger group. Another variation was to break the group into sets of five: an alcoholic or drug addict, a counselor, a spouse or a significant other (an employer or a representative of the funding agency). After one participant dealt with the problem, the roles were rotated. Role rotation has been used to train union, management and labor in alcoholism grievance situations as well as in teaching hospital administrators, professional per

sonnel, and union employees in alcohol counseling. In addition, other creative expression modalities (such as poetry and "develop an alcoholic pattern person") were used to teach alcoholism counselors how to recognize and handle the problem employee.

Videotape and Therapeutic Motion Pictures

These have been employed to learn more about skill training and development, and also to understand the way things were in the past. For example: one scene was about what it was like to be the first person in the bar at 7:30 A.M.; another concerned projected job interviews. A two-hour session with one individual, who wanted the group to know who he really was and who wanted to find his identity, was videotaped. He edited this down to a fifteen minute representation of the man he wanted people to meet—a sort of action resumé. In another setting, we used videotape as a series of fifteen minute "my dramas": individuals acted out family scenes, past and future. These dramas were watched by the group who then criticized or agreed with what had been done.

PSYCHODRAMA & THEATRE

SOME DIFFERENCES

PSYCHODRAMA	THEATRE
Objectification of Problem	Reflection of Problem
Goal to free audience	Goal to capture audience
Explore alternatives that exist	Show that alternatives do exist
Discard cultural conserve for creative alternatives	Impose cultural conserve
Spontaneous	Structured
Participating Audience	Observing Audience
Concentration on development of multiple role repertoire and expansion of ability to play <i>many</i> roles well	Concentration on development of the personification and understanding of <i>one</i> particular role well
See through the role of the self to the player	See through the self of the player to the role
Spontaneous creation of present	Frozen creation of the past
Imagination creates sets	Pre-designed, physical sets
Re-enacted	Acted

(Chart continues)

PSYCHODRAMA	THEATRE
Feedback and sharing	No feedback or sharing
Brings self to play self (or resistance by self to play self)	Brings self to play another
Reverses roles with other actors	Strong identification with own role
Unlimited stage movement	Structured and limited stage movement
Audience permitted to create alternatives to observed enactment	Audience only observes cultural conserve created by others
Director must be spontaneous and responsive to "surprise" within the drama	Director can be slow and deliberate until enactment appeals to his sense of correctness
Director maintains direct contact with audience for feedback and can change or improve drama as it proceeds	Director acts in isolation from audience and faces only rejection or acceptance at time of final presentation when revision is not possible
Freedom of actor to choose between many roles and select the one(s) to keep according to what sensitivity the role brings to the person	Imposed role. Only choice is what kind of sensitivity to bring to the role
Focus on "What <i>we</i> are letting happen in life"	Focus on "What's happening in life if we would only let it"
Supportive doubling for actor	Role played alone with no doubles
Emphasis on "we"	Emphasis on "they"
Emphasis on seeing the <i>person</i> in the role	Emphasis on seeing the <i>role</i>

3 OVERVIEW IN THE FIELD OF ALCOHOLISM

Alcoholism

Marty Mann, as Executive Director of the National Council on Alcoholism, has put forward three concepts:

- (1) Alcoholism is a disease and the alcoholic a sick person.
- (2) The alcoholic can be helped and is worth helping.
- (3) Alcoholism is a public health problem, therefore a public responsibility.

Alcoholism is a disturbance of behavior with many determinants, social, psychological and physiochemical.¹ It is also an addiction: there is not only an emotional dependence on the drug but also a physiological one as well. This accounts, at least partly, for the craving to resume drinking when the blood level of alcohol begins to fall.

Drug Addiction

Drug addiction is a "state in which a person has lost the power of self-control with reference to a drug and abuses the drug to such an extent that the person or society is harmed."² Himmelsbach and Small have included three distinct, but related, phenomena: (1) tolerance; (2) physical dependence; and (3) habituation.³ As Razor states:

The drug addict tries to reconcile his basic instinctual urges with the demands of reality through the use of an addicting drug. To reverse the process of addiction, the addict must marshal all his psychic energy on the side of his ego in abstaining from the use of narcotics, and reconcile his basic instinctual needs with the demands of reality.⁴

Dual Addiction

The statistics on the use of drugs-other-than-alcohol by women alcoholics echoes the national trend of women taking more psychoactive drugs than men. Dual addiction increases the problem because the substance abuser constantly blames one of the addictions and can use the "other" as a cop-out. An example of dual addiction is the housewife addict who started on Valium because of her "nerves" while, at the same time, having a serious drinking problem. She will use Valium or Librium to steady her hands early in the morning because she knows that "if you drink early in the morning you're an alcoholic." So she takes the pills until about 5

P.M. and then begins to drink. It is much harder to treat the dual-addicted woman as she will often slip back into taking the drugs after she stops drinking and say, "Well, at least I don't drink." Of course, she maintains no sobriety on the mental level but fools herself that she is indeed "sober." She will eventually slip back into drinking. She may be hard to reach because the use of sedative drugs is sometimes difficult to detect.

Aims of Treatment

Crises which cause alcoholics to come for help are varied. Most do so because of a family crisis. The husband of a woman who has a drinking problem for years has run through a gamut of reactions. He has denied and protested, felt rage, humiliation, guilt, and has often threatened to dissolve the marriage. Sometimes he is driven by concern for the children, their neglect, social ostracism, or an outright threat to remove them from her. With an unmarried alcoholic woman, it may be a response to the despair and anger of significant others in her life, like parents or siblings. Another set of crises is medical. Women with alcoholic problems are more likely to appear in physician's offices with medical and emotional symptoms. For women who are working, there are job pressures: some will quit work and go home to drink; if they are the sole support of their families there is a deep need for help.

The aims of therapy are not only total and complete sobriety, but a better functioning in all areas of life: to free the person from his fixed and destructive role, and to help him develop his potential—a move away from the egocentricity of addiction to a social sense and towards an ability to relate and share with others. As Cohen states:

"I am impressed how readily longstanding psychopaths and sociopaths become conformists and Establishment types when they are rid of their addiction, either in a therapeutic community or a maintenance program. Apparently we have been observing the addict's life style and calling him psychopathic when, in fact, it was

his way to survive in a chaotic world. The psychiatric sick role may not be appropriate or useful for a number of alcoholics and addicts."⁵

*Natural Child*⁶

Alcoholics never had a 'childhood' that they enjoyed. They always lived the role of an adult on the outside with childish wants on the inside. When they get sober and drug free, unless they can have joy in their reality, they will not stay sober. During the first six months of my sobriety, I felt a newness and discovery like that of a newborn child (not a re-discovery but a new discovery). I was afraid that when it wore off I would slip back. Psychodrama really helped retain that sense of discovery until I found what I wanted to be and was not bored. You can never be an observer in psychodrama, even if you are resisting — you are simply being a participant who is playing the game of not participating. Psychodrama can appeal to the 'natural child,' the spontaneous child who says 'how wonderful and new everything is,' as opposed to the negative child who says 'I want what I want when I want it'.

It is appropriate here to mention the use of unusual co-therapists. In addition to patients becoming co-therapists, the Weiner-Fox group and the Kaufman-Weiner group employed a Yorkshire Terrier, Chadwick Chips, whose warm body supplied acceptance and rejection, whom patients could touch or yell at, and who also played the missing or lost animal in sessions set in the past. Youngsters (like Robert and Kim Bruce, Jonathan Moreno) and children from the age of four have acted as auxiliaries for adults, or as specialists on children's problems. Puppets and other creative forms such as dance, poetry, and art were also used.

Psychodrama should be employed early in the treatment of drug abuse, before the alcoholic can build up resistances. When the individual is in detox, he feels terrible. That is the best time to act — while he is feeling remorse, guilt, and is physically ill. The moment he starts feeling better physically, he begins to think, "Everything isn't so bad, I don't really have to do anything about

my drinking." Psychodrama hits the individual at a gut level, a visual and physical level. The most effective treatment is in a group setting in the first throes of recovery. When the alcoholic is told at this stage to be honest with himself, he is usually willing as he is already "unzipped."

Psychodrama releases a sense of joy. It permits the feeling of childlike wonder, and it helps others by letting them see that joy. This joy is a key to lasting sobriety because it provides something to look forward to. It says, "Tomorrow I can have another whack at it." It touches off that wellspring that you must know you have in order to survive—that hope that keeps you going.

Children of Alcoholics

Psychodrama is beneficial in working with children of alcoholics. It helps them see and feel the alcoholic's deep sense of isolation, loneliness and feelings of inadequacy. Reversing roles with their own parents helps them "get inside" that person and their role. So often the children of alcoholics have themselves become isolated through the constant rejection by the alcoholic parent; and the preoccupation of the nonalcoholic parent with the alcoholic causes a double rejection. Sessions can be a relief for them, a place to go to be heard, to get support. Psychodrama also helps the therapist or counselor to understand the dynamics within the family and to aid the family explore their attitudes and values. It can show who steps outside the family value system (by occupation, marriage, etc.); predictable patterns of closeness and distance within the family and what the clusters of relationships will tend to be; who people are and in what way this is related to others; the boundaries that patterns within the family or family relationships will have.

Teenage Drinking

In a group at Resolve in New Jersey, teenage and adult drinking were examined in many sessions. Although the teenager might identify and understand the parent's drinking problems, he would choose to run away for the purposes of survival—then get caught—be sent home to live with the parents—then run

away—then get caught. The question, of course, is: Who is the victim?

Two problems in recovery for teenage alcoholics are peer pressure and a sense of deprivation. The teenager feels emotionally deprived, less of a person, unable to have "fun." Psychodrama with teenagers is a good tool to release their sense of creativity and spontaneity: to help them recover their "envisioned loss" of "excitement;" and to become self-starting—to teach them how to have fun without a chemical starter.

Sexuality/Gender Identification

According to Silber⁷ many alcoholics have confused gender identification, which leads to problems with sexuality. The guilt feelings of alcoholism can be dealt with in the group setting. Through verbalization in an atmosphere of suspended judgment, a *catharsis* is possible and "oneness within our individuality"⁸ is experienced. In the Weiner-Fox group, we concentrated on individual choices for alternate life styles and a free choice of sexuality (lesbian, homosexual, heterosexual, bisexual). Various self-help groups were used at this time and the focus was on acquiring spontaneous living skills in the chosen role.

The alcoholic often becomes sexually active as an attempt to be in touch with some point of reality: trying to prove one's identity through another person. This often results in enormous guilt hangovers. Psychodrama can be useful in helping the alcoholic accept himself and assess how much of his conduct was a manifestation of the disease. Through role playing sessions we can uncover more meaningful choices of role and self identity, and we create a new world, a new reality.

Scenes

May I now ask you to be the audience spectator and join in the following scenes:

1. A handsome young black man of 24 has been released from Rikers Island. His life has changed. As he dresses, he is full of his new knowledge, gleaned from talk therapy and group therapy. He has been taught a skill, and his education was completed while in

jail. He owes some money to the pushers, but with his new job he knows he can handle that. He struts down the steps of his project, sees four of his stoned friends approaching him and greets them with, "Hey man, how ya doin'?" He wants to help them get rehabilitated, so he begins to talk. They "jive" him and offer him a "roach." He says "No," and they place one in his back pocket (he doesn't feel this). Police come over and the group scatters. He does not, because he has "nothing to hide." The police tell him to spread-eagle against the wall and they find the roach in his back pocket. His smile changes to astonishment and beads of perspiration appear on his forehead. He is speechless.

2. Imagine now a man 5'1", enthusiastic and open, secure in his newfound sobriety at a treatment center, telling about his wife and what he expects to be their first encounter since he has stopped drinking. He is participating in an exit test, designed to see whether he is ready to leave or not. Instead of asking him to tell us what his wife is like (since he has a voice that is barely audible), we ask him to *show us* his wife. In portraying her: he jumps on the table and stands very tall and, in a voice that could be heard outside the room, "she" introduces herself. She is an aggressive and controlling woman. When I ask "her" whether her husband is coming home today, she says "yes" with a sneer. The discussion that followed was about family support. By making an empty chair first his wife, then mother, then daughter, each man could make the most important statement he had to make without the fear of retaliation.

3. A well lit room in Washington, D.C., fairly large with high ceilings. There are three men in the front of the room. One smiles and begins to address the whole group. They each in turn talk about their alcoholism. We end by saying the Serenity Prayer and break for coffee. One of the women comes up to me in tears. I put my arm around her and she cries, "What is this, therapy?" I answer "maybe." She says, "Do you know what you've done to me? I've always hated alcoholics and now I know they are OK. This isn't like the movies or a play, there isn't any fade-out. I have to be involved with them there for two days and work on my feelings and prejudice." As you may have guessed, this was not a

play. It was a role played Alcoholics Anonymous session in a training program to teach employees how to understand and treat alcoholism.

These are but three scenes that developed into role training sessions. There really are not typical sessions, since each person is different. Some can be called recipe sessions. They deal with the area of detoxification, shame, and D.T.'s and are aimed at helping a person toward recovery. They may be geared toward care: to who you are and what you can do; to skills and survival; to alternate problem solving tools; to learning to take care of body needs; to teaching what alcoholism is; and to developing better choices in people, places and things. Sociodrama, role playing, situation tests, and laughter scenes (how to have fun though sober), are particularly effective. So is working with families and employers to help them understand substance abuse and how they can begin effective work on it.

4 DESCRIPTION OF GROUPS

The Weiner-Fox Group

Formed in the early 1950's, this group was a model of the use of psychodrama techniques. It was an upper middle-income group of various backgrounds and ages. Their common denominator was alcoholism or polydrugism. There were also spouse groups, and we would have joint meeting seminars or workshops. The warm-up was informal, and members could choose to attend one of three group sessions: didactic, education sessions on alcoholism; group therapy; or psychodrama. Most often they attended all groups and A.A. meetings as well.

Role reversal, future projection, doubling and mirroring were used. Sessions involved violence, family problems, decision making as to whether or not one was an alcoholic, whether to take Antabuse, go to A.A., Recovery, Weight Watchers or self-help groups exploring drinking, slips, personal inventories and Twelve Step skills.⁹ Although the primary focus was therapy, it also became a group that was educational and informational.

Sessions on sexual explorations would often clarify the process

of a loving relationship – not only by getting to the “root” of the feeling but also by supplying a support system in the acceptance of loving relationships. It was a family life education system for both the extended family and the substance abuser. Several members of the group became a traveling theatre known as “The Group of the Here and Now Players.” They traveled to hospitals and schools to educate, and to explore the problems of alcoholism as a prevention and as a teaching modality, through action and sociodrama.

Phoenix House and Interim House

Working in a halfway house and a therapeutic community permitted the use of role rotation, multiple role plays, psychodramatic shock and all inclusive psychodrama. Because there was continued twenty-four hour knowledge about participants, sessions produced *catharsis*, new directions for living, life style changes and understanding of human identity. The total community would become involved, including staff. Here, and at Roosevelt Hospital, we concentrated on developing leadership skills in a life of sobriety and counselor training. As Weisman states:

In discussing the respect in which the treatment of alcoholism and drug addiction are similar, one may well begin with the treating person rather than with the treated. They certainly experience similar frustrations in their attempts to be of help. Manipulation, lying, dishonesty, abuse, even assault are often problems in treatment in both groups of patients, and the treating persons must be trained in ways that transcend the traditional curriculum of the health professional.¹⁰

Roles, role relationships, expectations and enactments could be demonstrated, retained and understood. Both structured and unstructured sessions involved decision making as to whether to go home, whether it was possible to change life situations or, simply, how to live with other individuals. They involved religion, drinking, taking drugs and independence. Poetry, music and movement were high peak experiences. The warm-ups included games and structure (paper bags, photomontage or the Cup

techniques) and sociometric families, male-female relationships, or discussion topics on trust, love, belonging or how to deal with new experiences; learning how to laugh and play; how to feel comfortable.

The South Oaks Foundation Experience

Bailey House is the alcoholism component of South Oaks Psychiatric Center. Hope House is their drug addiction treatment component. There is also an alcohol counselor training program. A six-month program of "on-the-spot training," weekly seminars and experiential sessions was designed for the entire staff, visitors, and patients. At other times, the alcoholic group reversed role and participated in discussions with visitors, staff, family and employers in dramatic interaction—environmental theatre at its best. We developed specific psychodrama techniques called Set-A-Scene or The Scene Shop. These would be situation tests of ten or fifteen minutes. They showed the impact of alcoholism in different phases of living, the alcoholic trying to live with the non-alcoholic, and scenes of perceptions. They often included costumes and masks. When the frustration test was incorporated in such scenes, the group chose to call the session "flashback and change." These were scenes of frustration, loss, mishandled moments or tragedies. They were first enacted as they actually were, and then acted as they could be, or as they were going to be. This kind of training produced the following findings: (1) Patients and staff preferred sociodramas (from which multi-psychodrama sessions grew and became an inclusive sharing experience) rather than a psychodrama session with one person who often experienced himself as a victim. (2) Psychodrama sessions in small groups were preferred to those in large groups. (3) Psychodramatic doubling on the spot (either in therapy sessions, interviews, around the dining room table or in family visits) produced almost immediate relearning, when the double acted either as a coach or as a burlesque. (4) Boasting was a favorite warm-up and was helpful to the therapist to discover whether or not, in ten boasts, the words "I am not drinking" or "I am sober today" were part of a new identity. (5) Sessions involving skill development and accep-

tance of human identity were most helpful. (6) Psychodrama could be used in detox as an educational, supportive, fear releasing technique.

5 SUMMARY

Psychodrama offers the possibility of fulfillment not permitted in the actual life of the individual. His lack of acceptance by mother or father can be lived through not only by acting in the role, but also by spontaneously presenting himself. Through centering on spontaneous actions, the individual learns to deal with unforeseen situations and to be productive in the session. There is a carry-over to all dimensions of living: he reacts to reality and not to distorted reality.

Psychodrama is particularly effective in substance abuse. It deepens the relation to the self and the other by providing an exchange of roles; a person does not remain what he was before, either in playing a role or becoming a member of a particular group. It gives an opportunity for demands of life in action: it provides insight and also rehearsal for living as well as therapeutic acting out. It leads to freedom from repressed hostilities and extortions because nonverbal memories and actions can be acted out. The remembered past is entirely present and may often create a psychodramatic shock. But by dealing with the "here and now" instead of the "now and then," we provide a time and space for all sorts of emotions in social interactions and struggles. It puts the individual in control of his own life by offering options, behavior modulation and role understanding. It encourages taking charge of rather than coping out on life. It develops spontaneity and creativity. Most important, it can train an individual in what is expected of him in different social settings. It provides an understanding of his fellow man. He learns how to feel him as well as understand him.

All men are born to create
 No one shall have power
 who does not create
 No one shall have more power
 than he creates

You shall learn to create
You shall learn
to create me.¹¹

APPENDIX

A variety of psychodrama techniques are used in substance abuse treatment groups, including the following:

- Audience Analyst* — A person in the group serves as audience analyst: as an observer to feed back to all participants his feelings regarding the audience reaction to the enactment.
- Auto Drama* — One person plays both or many roles in a given situation. He increases his flexibility by acting as himself and, a short time later, as his father. This technique is particularly useful in broadening the protagonist's perspective and ability to respond in new ways.
- Auxiliary Chair* — Using the chair as an auxiliary ego provides a number of roles without the embarrassment that may occur in shy or inhibited individuals. The chair has legs, arms, a back and can be moved about to represent the action of an individual or animal. It allows, in the absence of auxiliary egos, for unlimited auxiliaries to be presented in the form of different chairs. It is also less destructible than a human being and can be hit without fear of retaliation or injury.
- Blackout* — This is used when the area being explored is extremely painful for the protagonist (causing the scenario to become labored or slow), or is a problem which elicits shame or extreme shyness in front of the group. All the lights are shut off so that the group can no longer see the protagonist. This allows for the involvement of the group while respecting the need for solitude.
- Cartoon-O-Drama* — The group clips cartoons or messages from newspapers or magazines and acts them out. Or, very often with the use of water colors or felt pens, the group or individual will make a gigantic cartoon and can go as "mad" as possible, using all their zaniness.
- Circle Warm-Up* — The group sits in a circle. Each person thinks

of something about himself that he likes; then thinks of another person he knows who likes the same thing about himself. He turns to the person next to him and talks about himself as if he were that person.

Coaching — Someone stands behind the subject and coaches him, telling him what to do in the situation. The audience may also act as coaches. On occasion, the protagonist is instructed to play the enactment not the way he feels it, but to play it according to the coach's instructions.

Comfort Circle — People from the group surround the protagonist to give him love and understanding—verbally and nonverbally. This is particularly useful after a scene of grief or despair. There is a great deal of hugging, kissing, and physical contact—real humanness.

Crib Scene — Volunteers take part as themselves as infants: they curl up on the floor as babies, taking a nap or a rest. "Mommies" and "Daddies" from other members of the group go around and check on their babies and give them lots of loving, tuck them in, pat them, make sure they are happy. The participant recaptures, or gains anew, vital parts of himself when he experiences or re-experiences universal love as a totally relaxed infant. It also offers training in accepting warmth and comfort.

Cup — This is used for groups of four to six. The cup may symbolize alcohol, sobriety, family, or any theme or institution to be discussed. The cup is passed around the small group(s) four times. The first time each member holds the cup in contemplation in silence, places into it his own feelings, attitudes, concerns, beliefs and disbeliefs (about the topic the cup symbolizes). At the second pass, each does something to the cup that symbolizes his own attitude, concern, fear, anxiety or acceptance of it. (Some people may drink from it, crumple it, tear it open petal-fashion, sit on it, etc.) The third pass is again in silence to re-evaluate one's concepts and try to think of one's own ability to change and develop. The fourth time the cup is placed in the center while each person in turn shares what the experience meant to him.

Double — This is an auxiliary ego who stands behind, or beside, the subject and verbalizes his inner feelings and thoughts. It

helps an individual overcome a block and enter a formerly resisted area, or to verbalize some of the feelings he does not feel free enough to verbalize. Once the protagonist has identified his feelings, the auxiliary ego may ask him such questions as "Why am I feeling this way?" or "Why am I resisting so hard?" (The double should make movements and gestures and use his body in the same way the protagonist does.)

Ego Building — A member faces the group to hear them discuss him honestly — all the *positive* aspects of himself. The director must stop the discussion once he feels the audience has "run dry," and ascertain how the recipient feels (as well as how the group feels having said what they did). As many of the group as desire should be given the same opportunity.

Family in Crisis (or Living Together) — The question of returning home or to family court, separation, violence, drinking, child abuse, spouse abuse or financial indebtedness can be presented and role played in a concrete fashion through the following format: (1) the group on their own develop either a videotape role play or audiotape role play; (2) they present it to the group; (3) they have a shared, guided group interaction afterward.

Future Projection — The protagonist chooses a specific time and place in the future and acts out what he thinks will be happening to him at that time, first playing all the roles and then interacting with auxiliaries. It may be the best future, the worst future, the real future or as many futures until there is clarification.

First Experience — Developed by Ladeira, Weiner and Gottlieb, this focuses on first memories or contact with an alcoholic person, and how that experience has affected us. *Exercise 1*: Get in contact with the first word associated with alcoholism. Was it positive or negative? Were there any distinct physical characteristics? Focus on an image of an alcoholic in your mind and draw a diagram or picture that represents your idea of the alcoholic. Choose a partner and explain this picture. *Exercise 2*: Participants sit in a circle and close their eyes to relax. They recall their first drinking experience. When they are ready they share this information with the rest of the group.

Genogram — A sociometric chart of an individual's expanded

family tree, this is a multi-generational history which emphasizes birth order, marriages, divorce, separations, sex, religions, occupations, deaths and communicational patterns within the family over several generations.

Genodrama — As developed by Barclay-Weiner, the protagonist chooses auxiliaries to play the parts of important family members (what a person's ancestors or progeny might be like). He then assigns characteristics to each auxiliary and interacts with them, either one at a time or simultaneously. At times he is permitted to say anything he wants to them and they are not permitted to respond. This relieves the individual of pent up rage and hostility, or permits him to say things he might not have had the opportunity to say while the person was within his social atom.

Group Role Reversal — The group counts off by ones and twos. All ones take a particular role (the alcoholic) and all twos take another role (the counselor). They have a dialogue for about five minutes. Then they "reverse roles," and the number twos become the alcoholic and the number ones become the counselors.

Magic Shop — Developed by Weiner, this is a diagnostic projective technique, often used as a warm-up with reluctant groups since it feels more like fun than reality. It is a place, feeling or dream that exists in the microcosm of the group. It is developed by individuals who project out loud what their "Magic Shop" would be like and what they would be like as the shopkeeper. The purchaser is encouraged to seek out something of value for himself and to leave, in a transaction or barter with the shopkeeper, those things of value he no longer can use.

Make a Person — Developed by Weiner, Drucker and Massi, the protagonist visits the "People Bank" which contains every imaginable physical and emotional characteristic which might be needed to construct a human being—eyes, smiles, frowns, good feelings, bad feelings, courage, shyness, etc. The protagonist chooses specific characteristics that he wants to construct the ideal person. It affords a feeling of safety since no definite positive or negative qualities have to be attributed to anyone

chosen. It also readily involves the highly negative person and brings out alternatives.

Mirror — An auxiliary ego (the director or a group member) plays the role of an individual as the individual appeared to him, imitating his actions, responses and manners. This gives the individual the opportunity to "observe himself," somewhat like looking in a mirror. It helps objectivity in evaluating behavior and making a constructive change.

Mirror of the Self — The protagonist looks into an actual mirror and asks himself what he wants to do in a given situation, then takes the role of the face in the mirror and answers himself. (This is particularly helpful with individuals who talk in terms of "If I do this, then Mary or Sam will . . . I would like to . . . But the kids will . . .") It is also useful in separating oneself from "the caretaking of others" pattern because the process demands staying with yourself (one step removed), and demonstrates how much we use others as an excuse to prevent our own self-fulfillment.

Monodrama — Referred to as the self-presentation technique. The role player enacts all the roles in the scene; thus he conveys his impressions and may gain insight into playing all roles in an interaction. He discloses how others see his behavior, and the reasons why he received the reactions he did. When the role player shifts from one role to another, he is instructed to change his actions and mannerisms to fit the role of the other person. This technique is useful in broadening perspectives and increasing spontaneity.

Multiple Role Playing — The multiple role play post-enactment process is characterized by the following sequence: (1) A data round-up where each role playing group is asked to state the outcome of the role play (usually tallied on a blackboard as each group reports). (2) Questions such as: What decision was made? Were role players more or less satisfied than at the start? (3) A report from each group as to the reasons and/or the rationale for the outcome. (4) A class discussion in which the varying outcomes and their supporting reasons are compared and contrasted.

Nonverbal Role Playing — Situations are enacted completely

nonverbally. This technique is especially effective when the subject expresses himself verbally, or is excessively talkative in the session, or where the director feels there is a need for the person to get more physically involved.

One Word Circle — Each group member gives one word which explains how he is reacting at this moment. This is a good warm-up technique. It gets individuals in touch with each other both physically and emotionally by having them stand with arms around each other in the circle and experience how the other person is feeling.

Playback, Tape-O-Drama or Replay — These are forms of structured role playing. The action is either taped or video recorded; people may watch themselves in action, and in some cases set up scenes in psycho-soap opera style; or reality testing situations—playing them back and evaluating what happened.

Power Game — In this structured technique, each person in the group writes his or her name on a piece of paper. The names are placed in a hat, and the person whose name is drawn is given absolute power over the group for an arbitrary length of time: to request or do whatever he chooses, with cooperation of the group being part of the contract. This exercise is useful for individuals unwilling to take responsibility, and for making clear self-limitations which individuals employ in self-denial.

Pressure Circle — The protagonist is encircled by other members of the group who grasp arms and hands, and pressure the protagonist in the middle—trying to keep him there—not letting him escape. He then tries to break out from the circle by any method he sees fit. He may name his particular pressures as he experiences them in life, or they may be “the” nebulous pressure. If the individual finds this kind of interaction difficult with people, chairs may be used to symbolize the same pressure circle, and he gets rid of them in any way he wishes. A variation is the *Plunging In Circle* where the protagonist throws himself spontaneously into a circle of people representing the physical equivalent of his inner feelings.

Problem Clinic — This provides time for some introspection, as well as some perception of dilemmas and attitudes; and can act

as an icebreaker. It is more successful in a large than a small group. Everyone reverses roles with his immediate supervisor and assumes his role; then chooses one, two or three other people in the room and sits down with them (either on the floor or around a table) and gives the following instructions: "We want you to imagine that this is a problem clinic where you have come to talk about the man you have sent to this workshop (in other words, yourself as seen through your supervisor's eyes). Explain what you would like him to obtain from the workshop and what you think your relationship with him is now. Discuss any problems he may have." Allow this to go for about fifteen minutes. Then each person tells his experience or asks the group to share the experience as they understand it. Typically the reports will indicate problem areas needing further role play. The original role playing therefore advances more easily into a psychodrama experience.

Progression Game — Developed by Ladeira, Weiner and Gottlieb, this is used to prepare patients for re-entry into the community from a hospitalized setting. On the premise that by purchasing alcohol a person also obtains illusions as to what he thinks will accompany that drink, this technique is set in a liquor store. The buyer makes purchases not with money, but with cards that represent items necessary for maintaining his present lifestyle. Roles are: Buyer, Seller and Rationalizer. The protagonist is then put into the following scenes which were chosen for their pressure value on the newly recovered alcoholic. *Scene one: The Homecoming.* The family prepares for the return of the alcoholic from his first hospitalization. After a few moments of interaction, the alcoholic walks in. Roles are: Alcoholic, Spouse, Oldest child, Youngest child. *Scene two: The Do Drop Inn.* The alcoholic's favorite "haunt" where he expects profuse congratulations from his former drinking buddies for returning on the scene sober. Instead, he unexpectedly receives indifference, ridicule and rejection from those he thought were his friends. He begins to experience the role shock that accompanies a major change in lifestyle. Roles are: Alcoholic, Bartender, Bar Fly, Drinking Buddies, Visitor. *Scene three: The Job Interview.*

The boss's office in the second week of the alcoholic employees' return from the hospital. Roles are: Supervisor, Alcoholic.

Projection — The protagonist enacts the situation as he would ideally like it to be, showing us how he would "wish" people would act, or things would be in the situation. This acts as a positive *catharsis*.

Psychodrama Dolls — People in the group have also made their own psychodrama dolls. The reverse of having a baby doll, we have "Mommy Dolls" and "Daddy Dolls;" a modern day voodoo doll was also developed by Weiner in conjunction with Gil Shay of the Fashion Institute of Technology.

Psychomime — A guest lecturer (Jacqueline Rouard, International Institute of Mime, New York City) at our alcoholic counselor training group mimed a woman's struggle as to whether or not to drink; in her silent enactment she poured her drink away and received applause from the group. She had the group break into smaller units and mime being at a party and being offered a drink. The following reactions ensued: people came to the director to report "she doesn't know what she is doing;" some left angry; others refused to take a drink in the enactment; some decided not to go to the party; some asked for a nonalcoholic drink; some liked being tested; some saw only one alternative.

Recorder Technique — The group greet each other nonverbally in their chosen manner (shaking hands, hugging, ignoring, etc.) for two or three minutes. Everyone chooses one other person (again nonverbally) with whom they feel they can communicate. The pairs sit down in a comfortable place in the room. The partners count off clockwise in ones and twos. All the number ones tell the number twos what they wish them to know about themselves (no longer than five minutes). The number twos act as silent recorders and observe the number ones' movements, tones of voice, overall presentation. At the end of the five minutes, we ask who would like to see themselves as they appeared in the other person's eyes. The number twos show the group what they think the number ones are like, mirroring them. This technique is not only a good warm-up and fun, and

informative for the members of the group, but provides an abundance of material for the director to work with in the role playing session that follows.

Robot Each assumes the position of a robot (arms folded across chest, body stiff, eyes closed). They have no feelings and can only follow instructions. The director instructs them to take small, shuffling steps forward and backward and, if bumping into another robot, change direction immediately; gradually they go in different directions (sideways, in a circle, moving faster and faster); then halt. Standing still, they are asked to realize that they want to be alive...feel the space around them, enjoy this space...explore their physical being and experience how their body feels...then to move around the room and if they bump into another person to shake hands...to shake as many hands as they can find...then to become more expansive and give each person they meet a hug...get as many hugs as they can from as many people as they can. To then open their eyes and look at where they are. Usually a great deal of laughter and sense of feeling alive pervades the room.

Role Reversal — Exchanging of roles where A takes the role of B and B takes the role of A, allows each a look at the other person's point of view. Distortions of perception regarding the other person's role may be exposed, dealt with and corrected. This and the mirror technique are most effective in teaching change of attitudes and behavior.

Role Rotation — This is similar to the single role play. When a number of persons rotate in one role, they tend to be more willing to participate in role playing. It is particularly effective for teaching the techniques related to various forms of interview involving discipline, grievance handling and communications. In writing a role play, the following points should be kept in mind: relevance to the trainee; comprehensibility; identifiability; role maneuverability; focus; conflict. Some of the areas that could be structured are: attempts to deny the problem, efforts to escape, how to seek outside help, loss of self-worth, and feelings of failure.

Self presentation -- The subject plays the roles of all the impor-

tant people in the situation he presents. This is a most useful technique when in a one-to-one relationship with a protagonist. He can become his own auxiliary ego, leaving you free to be him or remain out of the action.

Silent Auxiliary Ego — Activities are suggested by gesture rather than by speech, similar to pantomime. Advantages are support, help for the uncooperative patient, and restoration of mental vitality.

Situation Test — Three people from the audience volunteer to leave the room for a few minutes and return to react to predetermined situations (set up in their absence). After the three have retired, the group think of a situation that might be of interest to all and could test the spontaneity of those people not in the room. The excluded individuals are brought into the room one at a time and put into the predetermined situation. Afterwards, the group and the protagonist discuss the different reactions and responses. This reveals the preparatory reactions of behavior, and the spontaneity reaction when behavior is undetermined in advance.

Social Atom Technique — The protagonist sets up and names chairs to represent the important others in his social atom — or parts of himself. He sits in each chair and plays these different parts (or chooses people from the group to represent these people, or different parts of himself and has them sit in respective chairs and respond). The protagonist places the chairs in proper relationship to himself as he sees them. He may show where he would ideally like them to be. He can tell each person what he wants them to know, but does not have the opportunity or the courage to tell them in reality.

Soliloquy — This is an aside from the action in which the role player expresses his covert feelings about the situation, such as "I feel nervous." It may either be a part of the enactment in a continuous flow, or the action may be stopped while the subject expresses his feelings.

Surplus Reality — This is an over-emphasis technique. To increase the impact of a given enactment, people are asked to overplay various roles. This increases tensions which were part of the original situation, and enables the participants to let them-

selves go and become more aware of interpersonal relations.

Telephone Therapy Technique — Sometimes in the middle of a psychodrama session, when individuals need to speak to significant others who were not present, we phone them, let the conversation take place, and role play it afterwards.

What I Like About Me — This is used in small groups (4-6 people each) or subgroups of this size in a larger group. Each person in the group goes around in turn and states: What I like about myself (no more than two, no less than one). What I want to change about myself or what I don't like (same number as above). What I like, or react positively to, in the person to my right (or, all relate to one person in the group until all have been talked about).

FOOTNOTES

1. Robert W. Razor, "Drug Addiction: An Acting Out Problem," in *Acting Out*, eds. Lawrence Abt and Stuart Weisman (New York: Grune & Stratton, 1963).
2. V. H. Vogl, H. Isbell, and K. W. Chapman, "Present Status of Narcotic Addiction with Particular Reference to Medical Indications and Comparative Addiction Liability of the Newer and Older Analgesic Drugs," *J.A.M.A.* 138 (1948).
3. C. K. Himmelsbach and L. F. Small, "Clinical Studies of Drug Addiction," *Public Health Report Supplement* (1937): 125.
4. Razor, "Drug Addiction," p. 110.
5. Sidney Cohen, unpublished paper on health care professionals and their training in the treatment of the alcoholic and drug addict.
6. These sections are the joint effort of Marilyn Middleton, protagonist and alcoholism counselor, and Hannah B. Weiner, Director, Center for Experiential Learning. The quoted passage is the personal statement of Ms. Middleton.
7. A. Silber, "Psychotherapy with Alcoholics," *Journal of Nervous and Mental Disorders* 129 (1959): 447-85.
8. D. A. Hofrichter, "The Experience of Community in the Psychodramatic Technique of Sharing: An Existential-Phenomenological Investigation," *Group Psychotherapy and Psychodrama* 26, no. 304 (1973): 88-100.
9. One of the steps is the A. A. program, where members try to help other alcoholics take steps toward sobriety.
10. Maxwell N. Weisman, "Treatment of Alcoholism and Drug Abuse," unpublished paper, 1973.
11. Jacob L. Moreno, *Who Shall Survive?*, 2d ed. (New York: Beacon, 1953).