



PSYCHODRAMA AND DRAMA THERAPY: A COMPARISON

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In therapy, as in all human activity, drama is both inevitable and necessary. It is inevitable because, during the human life-cycle, people are constantly confronted with dramatic changes and it is necessary because all transitions occur as a result of more or less dramatic experiences-in-action. Thus, it is not surprising that drama has been used for centuries both within the theatre and in various healing rituals to reflect on life. Today, drama is the common source of inspiration for both psychodrama and drama therapy. Basing their philosophies on the fact that life itself is dramatic and that the artistic use of drama within the theatre makes much psychological sense, these modern approaches to therapy have made use of techniques such as role playing, impersonation, enactment and improvisation for the purpose of helping people to deal with various aspects of their lives.

However, though psychodrama and drama therapy are based on a common source, they are not identical. Precisely because of their great similarities, they are frequently confused with one another and with similar creative action methods. The purpose of the present paper is to clearly delineate the actual differences between psychodrama and drama therapy. Such a delineation has become increasingly important not only because of the recent growth in scope and in number of practitioners in both approaches, but also because of the simple fact that presumptive employers, academic investigators, students, teachers and clients need to have at least a preliminary idea of the actual discrepancies between psychodrama and drama therapy before they choose one instead of the other. Furthermore, within the present-day atmosphere of psy-

chotherapy integration, commonly agreed upon boundaries of theory and technique would facilitate non-dogmatic discussion among eclectic practitioners around agreed-upon basic concepts regarding the areas or patient populations in which each can contribute to a multidimensional approach to psychotherapy.

After a brief review of history and a discussion of the various definitions, psychodrama and drama therapy will be compared from the point of view of theory, practice, target population and therapist functions, with conclusions summarized in a comparative overview. The comparison is based on a careful review of the literature, extensive personal experience in both approaches and interviews carried out with a small but representative sample of practitioners from both approaches.

History

Psychodrama was founded by Jacob Levy Moreno in the early 1920s as a theatre experiment based on spontaneous improvisations (Blatner & Blatner, 1988; Marineau, 1989). Having observed how professional actors and children who were engaged in role playing exercises felt remarkably revealed by these, Moreno became intrigued by the therapeutic potentials and social implications of a completely spontaneous theatre—one without a written manuscript and without a separation between actors and audience. However, as psychodrama became a more clinical form of group psychotherapy, it slowly turned away from experimental theatre and, though initially used in a general sense to refer to a variety of role playing activities, it

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became a more specific and structured psychotherapy method, with its first professional society founded in 1942.

During the 1960s, around the same time as psychodrama became a more structured form of group psychotherapy, drama therapy rediscovered the therapeutic potentials of improvisational and spontaneous theatre. Focusing again on the aesthetic qualities of drama and on the various influences of Brecht, Stanislavsky, Grotowski and Artaud, the early drama therapists remained within the frameworks of experimental theatre. Many started out by helping hospitalized mental patients, prisoners and students to put on conventional plays that depicted relevant emotional and/or social issues. Recognizing the sometimes subtle but dramatic changes that occurred in the participants as a result of this work, they attempted to apply their techniques to new populations and transfer them to other settings in which the techniques were further modified and expanded to suit various special developmental (Johnson, 1982) and expressive needs. The influences of the British approach to "remedial drama" (Jennings, 1973), various forms of creative dramatics (Spolin, 1973; Way, 1969), the human potential movement and educational theatre schools in the United States finally combined to build a more specific drama therapy approach (Emunah, 1994; Jennings, 1987; Landy, 1994a; Petitti, 1992; Schattner & Courtney, 1981), which emerged as a new profession with its own national society in 1979, almost 40 years after its psychodramatic forerunner and counterpart.

Both societies are today members of the same National Coalition of Arts Therapies Associations (NCATA) in the U.S. and there are several common international events in which practitioners from both meet and exchange experiences.

Definition

The term "psychodrama," from the Greek "psyche" (soul/spirit) and "drama" (action), means presenting the soul in action. Classical, protagonist-centered psychodrama is today seen as

a method of psychotherapy in which clients are encouraged to continue and complete their actions through dramatization, role playing and dramatic self-presentation. Both verbal and nonverbal communications are utilized. A number of scenes are enacted depicting, for example, memories of specific happenings in the

past, unfinished situations, inner dramas, fantasies, dreams, preparations for future risk-taking situations or unrehearsed expressions of mental states in the here and now. These scenes either approximate real-life situations or are externalizations of more or less imaginary inner mental processes. If required, other roles may be taken by group members or by inanimate objects (e.g., the "empty chair"). Many techniques are employed, such as role reversal, doubling, mirroring, concretizing, maximizing and soliloquy. Usually the phases of warm-up, action, working through, closure and sharing can be identified, with a post-session processing session following (Kellermann, 1992, p. 20)

Although psychodrama is usually practiced in a group setting, its techniques can be used also within individual, family, couple, network or milieu therapy and, with various modifications, as a method for exploring social conflicts ("sociodrama"). As so defined, psychodrama should be clearly differentiated from general role playing, sociometry, group psychotherapy, encounter groups and other related forms of action approaches, including drama therapy.

Drama therapy, or "dramatherapy" as it is written in the UK, is more difficult to define in a concise manner, succinctly expressed by McNiff (1986) who noted, "I know what is not psychodrama, but sometimes I do not know what is drama therapy" (cited in Petitti, 1992, p. 42). An obvious reason for this difficulty in defining drama therapy is its emphasis on spontaneity, creativity and play which, by necessity, leaves a lot of freedom for experimentation and change. However, it seems that drama therapy lately also has evolved into a more systematic and carefully controlled approach for exploring emotional issues through dramatic action (Emunah, 1994). Vaguely describing drama therapy as an extension of the natural play of children (Langley, 1983), Johnson (1984) stated that the term "drama therapy" should be more specifically used for "those approaches which stress the appreciation of creative theater as a medium for self-expression and playful group interaction and which base their techniques on improvisation and theater exercises" (p. 105). Most practitioners probably agree that drama therapy refers to the utilization of dramatic methods in group situations, usually for the general purposes of promoting healing intrinsic to theatre art, developing skills of improvisation and cre-

ative thinking, expanding the repertoire of roles with the inclusion of body movement and other aesthetic dimensions. From a technical point of view, drama therapists use a wide range of exercises built on music, movement, sound, mime, physical relaxation, narratives, guided daydreaming, imagery and play. Often, various stage props, such as dolls, masks, costumes, make-up and inanimate objects, are used as imaginary stimulation for dramatization of stories and myths, detailed improvisation of situations or the enactment and exploration of classical (e.g., Greek or Shakespearean) texts. Role playing sessions may become imaginary journeys on themes that are preconstructed or created on the spot by the participants. Much emphasis is put on the ritual realm of healing ceremonies and on various cultural modes of expression. Throughout, drama therapy is process- rather than outcome-oriented, progressing through various stages. But there is generally no final play performed in front of an audience.

A main controversy within and between both psychodrama and drama therapy concerns the delineation of art and of psychotherapy. Though prominent practitioners of both camps firmly state that their approach is a form of art and not a method of psychotherapy, others maintain the opposite view. Bentley's (1977) discussion of the connections (and distinctions) between drama as therapy and drama as entertainment is still highly relevant. This controversy is most outspoken within drama therapy, in which Jennings (1990) and Langley (1983) seemed to pull toward the artistic side of the dichotomy, stating that drama therapy is an "art form" (albeit with therapeutic potential). Jennings (1990, p. 9) and Johnson (1984) pulled toward the other side, stating that "drama therapy, like the other creative arts therapies (art, music and dance), is the application of a creative medium to psychotherapy" (p. 105). Jennings' (1986) categorization of three different approaches or "modes" of drama therapy—creative/expressive, task centered and psychotherapeutic/insight-oriented—is another way of looking at this controversy. Similarly, Landy's (1994b) recent prediction of three possible scenarios for the future of drama therapy—one as a part of theatre, the second as a part of psychology and the third as part of the expressive/creative arts therapists—indicates the ambivalence of drama therapists regarding which club to join. Within psychodrama, Moreno (1972) refused to separate art and therapy from the very beginning, characterizing psychodrama variously as a theology, a political system, a science and/or as a way of life,

thus making it impossible for anyone to compartmentalize psychodrama into a specific field.

Without a clear definition of what we mean by the ambiguous terms art and psychotherapy, the above semantic discussion becomes meaningless. Obviously, art does not convey simply aesthetics, and psychotherapy is certainly not just psychological treatment (Szasz, 1974). As the Jungian psychodramatist Barz (1994) pointed out, "Good therapy must always—among other things—also be good theatre. And good theatre is always archetypical, liberating both the individual and the social components of the person" (p. 12). Therefore, instead of characterizing psychodrama and drama therapy simply as art and/or as psychotherapy, it would, of course, be more constructive to try to delineate their respective aims, purposes and underlying basic philosophies.

Viewed from this perspective, we have found that there is a fundamental difference between psychodrama and drama therapy. It seems that whereas in psychodrama the "soul" (psyche) is the aim and the "action" (drama) is the means, the opposite is true for drama therapy in which drama itself (as pure art) is the aim and the psyche is the means (of expression). This is much more than a purely semantic difference; it is a difference in basic philosophy.

Theory

Most psychodramatists refer to the classical formulations of J. L. Moreno (1972) when asked to provide a rationale for their work. "Psychodrama's scientific roots are buried deep in Moreno's philosophies of spontaneity, creativity, the moment, and theories of role and interaction" (Yablonsky & Enneis, 1956, p. 149). Moreno's theories on role taking and role playing, spontaneity-creativity, sociometry, social atom, tele and catharsis are clearly indispensable for any understanding of psychodrama. However, though these theories may explain many clinical situations, some practitioners feel that they fail to provide a sufficiently uniform and comprehensive theoretical structure for psychodrama. They prefer, therefore, to justify their practice with the help of theories adapted from psychodynamic, social, behavioral or humanistic psychology. Others feel most comfortable within an integrative framework that tries to join together the best of two or more separate approaches into one broad multimodal conceptual framework. There has lately been a number of important contributions to the theory of psychodrama as clinical role playing (Kip-

per, 1986), strategic family therapy (Williams, 1989) and inspirational technique (Holmes & Karp, 1991), and from the point of view of its therapeutic aspects (Kellermann, 1992), object relations theory (Holmes, 1992) and innovations in theory and practice (Holmes, Karp & Watson, 1994), to mention just a few of the recent books written in English.

Drama therapy presently lacks a systematic, coherent theory of its own and most practitioners seem to use techniques without any firm theoretical basis. Unlike psychodrama, "drama therapy does not refer to a specific theory or technique generated by one person" (Johnson, 1984, p. 107). Moreover, when talking to drama therapists, many seem to be decidedly anti-theoretical, having a clear preference for spontaneous action, play and the expression of feelings at the expense of critical questioning and theory building. This attitude is in great contrast to some of the founders of drama therapy (e.g., Sue Jennings) who are prolific writers contributing much to its theoretical development. Apart from the obvious early literature by Artaud, Brecht and Stanislavsky, contemporary handbooks of drama therapy have been written by Chesner (1994), Emunah (1994) and by Grainger (1990) who explained the roots of drama therapy from the point of view of rituals (Scheff, 1979) and personal construct theory (Kelly, 1955). Landy (1994a) explained both the roots of drama therapy and offered the theoretical positions in the field. Landy's (1993) book on the meaning of role in drama therapy and in everyday life stands out as the main recent contribution to this growing knowledge. Although much work remains to be done in the field of theory building, there has lately been an encouraging development of quality textbooks in drama therapy theory (e.g., Chesner, 1995; Gersie, 1995; Mitchell, 1995).

Practice

From a practical perspective, psychodrama and drama therapy may be compared with one another from the point of view of their different employment of (a) imagination and reality, (b) cognitive integration and processing, (c) individual focusing and (d) the use of specific techniques.

First, although both approaches deliberately activate the imagination of participants through the employment of various as-if maneuvers, drama therapy remains largely in this realm whereas psychodrama touches upon both reality and surplus reality during the course of one session. Drama itself is, of course,

metaphorical action and, indeed, most material presented in both approaches have symbolic meaning. The use of imagination helps people disclose private parts of themselves that they would not confront directly. Thus, dramatic distancing (Jennings, 1990; Landy, 1983) and "as-if" (Kellermann, 1992) paradoxically give a feeling of safety because it is only a game while at the same time bringing people closer to themselves and revealing unconscious material spontaneously in action. In the words of Emunah (1994), "The scenes in drama therapy are not necessarily directly related to people's real life experiences. Rather, drama therapy utilizes far more improvisation of fictional scenes, capitalizing on the notion that to play and to pretend enables a sense of freedom and permission, and promotes expression and self revelation, albeit obliquely" (p. 18).

Whereas in psychodrama, such a focus on imaginary material, presented in a freely associative manner, is either used in the beginning phase of the classical process or in the separate forms of surrealistic, symbolic, or "dream-reenactment" procedures, in drama therapy it is the actual substance of action. Subsequently, participants in psychodrama are encouraged to reenact a scene from their actual lives that they suddenly remembered as a result of their imaginary experience whereas drama therapists often discourage such identification with a metaphor. A reason for this reluctance to connect imagination with reality was explained in the following manner, "We believe that the metaphor is the treatment itself and we do not think that we can find out what is hiding behind the metaphor in only one session, a process matter to be done by the participants themselves." According to Jennings (1990, p. 20), this difference is due to the fact that psychodrama generally emphasizes personal emotional involvement whereas drama therapy emphasizes dramatical distancing (Landy, 1983)—a polarity resembling the opposing viewpoints of Stanislavsky who emphasized involvement and Brecht who emphasized distance. Though such a polarization may have a certain heuristic value, we feel that it is highly simplified and suggest that any dramatic approach to therapy must include both involvement and distance, both imaginary and real phenomena, and that the aim should be not to choose one instead of the other, but to find a proper balance between them.

Second, though both approaches put a lot of emphasis on emotional experience, psychodramatists seem to encourage much more cognitive integration than drama therapists do. This may be done, for ex-

ample, through action-insight, verbalization, processing and direct or indirect *analysis* of the material expressed. Contrarywise, some drama therapists minimize cognitive reflection as much as possible. When asked about this sometimes complete absence of emphasis on understanding, one drama therapist simply stated that "there is no need for it! All required understanding comes from the dramatization itself." Although this might not be standard practice for all drama therapists (cf., Landy's [1993] phase of "reflection upon the role play, integrating roles to create a functional life system, and social modeling"), it seems that whereas in drama therapy the expression has value in itself, psychodrama emphasizes the importance of connecting experiences with awareness. Perhaps this was exaggerated in Chesner's (1994) observation that "dramatherapy may take place under cover of relative darkness while psychodrama tends to shine a torch of conscious awareness into the dark recesses of the psyche" (p. 129).

Third, though both approaches deal with issues that concern the entire group, individual issues are less emphasized in drama therapy than in psychodrama. Individual issues are pursued in psychodrama through the choice and re-enactments of one *protagonist*, the central figure who is usually absent in drama therapy. In drama therapy, all group members associate with the presented issue and transform it into a common story, play or myth that they can all participate in.

Drama therapy techniques are viewed by psychodramatists as initiations to sessions, as stimulating warm-ups for the entire group to catalyze creative processes (Blatner & Blatner, 1988; Chesner, 1994). "The graded series of exercises extends the 'warm-up' through many sessions and at the same time strengthens protagonists' egos, which help prepare them for deeper, more insight-oriented work (i.e., psychodrama)" (Blatner in Emunah, 1994, p. vii). Indeed, drama therapy exercises have been included in the vast collection of warm-up exercises that contemporary psychodramatists use in their groups (most notably Blatner, Sternberg, Garcia, Fox & Leveton, according to Emunah, 1994, p. 19). If an entire session deals with the exploration of one of these exercises, without focusing on an individual protagonist, it is called "group-centered" or "theme-centered" psychodrama, sometimes developed into a sociodrama (Sternberg & Garcia, 1989), the exploration of common social roles and conflicts. Drama therapy remains in this universal realm for the entire session,

searching for archetypal experiences. For example, when Jennings (1990) brought a Greek play, such as *Antigone*, to her drama therapy group for exploration, she intentionally did not focus on any individual real-life situation, but on the universal father-daughter and sister relations in a distanced scenario and the participants agreed not to interpret anything in relation to their own families. This would, of course, be very unlikely within classical, protagonist-centered psychodrama.

Another example is their different uses of masks. In drama therapy, masks are usually explored from a more aesthetic and non-psychological perspective; participants learn to prepare them, try them out, play with them in various roles and finally talk about how they felt doing all this. In psychodrama, participants may start out doing the same, but, at one point, or another, the psychodramatist will start asking highly personal, individual questions of the participants about their masks and the "persona" they put on in their daily lives. They may ask, "Who are *you* behind this mask?" And, "Who is behind that one? What is the most private part that you cannot share with anyone? Who are you most ashamed of? Why? Can you tell him or her? Why not? What would happen if you did? Would you like to try? Let's do it now! Show us! . . ." And later, "Would you consider taking off your mask—have a different one?" Some psychodramatists would also take the opportunity to explore some of the interpersonal aspects of such a group-masquerade, asking the participants to explore for whom they put on their masks, how they want other people to see them and how they actually feel toward one another, leading the group into a sociometric exploration. Thus, while in psychodrama questions are often asked in a direct, confrontative but hopefully sensitive manner, drama therapy lets the participants deal with the same issues in a more subtle and indirect manner, leaving much of the actual individual processing to the participants themselves.

Fourth, psychodrama and drama therapy use specific dramatic techniques very differently. There is not only a general difference in the use of such instruments as scene setting, putting actors in role, enactment and sharing, but also in the therapeutic employments of role reversal, doubling, soliloquy, mirroring and concretization. Although in psychodrama, these techniques are used to advance some kind of intra- and/or interpersonal working through of issues and problems raised during the session through catharsis, action-insight, interpersonal or behavioral

learning, drama therapy is much less focused and structured in the uses of such specific techniques, generally emphasizing expression in itself as the main medium.

A suitable illustration of this difference is the technique of the "empty chair," which is used frequently in both approaches. In drama therapy, a mother who reveals that she has difficulties with her adolescent son may be asked to imagine that her son is sitting in front of her and that she is talking to him. She may express and reveal whatever pent-up feelings she has kept in toward her son when talking to the empty chair and that would complete the work of the drama therapist. A psychodramatist would probably continue the session, putting an auxiliary (representing the absent person) on the empty chair, suggest role reversal and doubling to work through and resolve the often complicated relations between adolescents and their parents, thus hoping to clarify and untangle some of the inner representations and actual perceptions one has of the other.

Target Population

One possible consequence of the above differences is that drama therapy and psychodrama may be suitable for different target populations. Some practitioners from both camps claim that their method is the treatment of choice for all mental disorders whereas others state that their method can be helpful only for specific populations, most of which cannot even be labeled with psychiatric diagnoses. As empirical outcome research has been consistently neglected in both psychodrama and drama therapy, there is yet no conclusive evidence behind any of the above claims. Because of limited scope and reliability, the more than 200 empirical research reports that have been published on actional role play methods (Schramski & Feldman, 1984) are insufficient to objectively substantiate their therapeutic effects.

It is our experience that drama therapy and psychodrama can be suitable only for people who are able to enter into the exhausting psychic rituals of a dramatic setting. The ability, for example, to participate in the imaginary process of role playing without losing touch with outer reality seems to be a minimal requirement in both approaches. For example, people who are too mentally rigid, introverted and unspontaneous, usually will have great difficulties in such groups. This may be somewhat surprising as they are

the very people who would have most to gain from drama and who are often referred to nonverbal approaches because of their difficulties to make progress in verbal therapy.

Both psychodrama and drama therapy have shown potential applications in certain client populations and within various settings, either by themselves or as adjuncts to the more traditional approaches to therapy. Though it would be impossible to mention all settings where these approaches could be applied, the most common are probably psychiatric hospitals (Emunah, 1983; Polansky & Harkins, 1969), outpatient clinics, prisons, schools, universities, old age homes and in personnel management. Drama therapists have recently documented their work with clinical studies of a great variety of patients, including acute or chronic inpatients, various groups of outpatients, children and adolescents, addicts, the eating disordered, post traumatic stress disordered, personality disordered and survivors of sexual abuse (Gersie, 1995; Jennings, 1995; Mitchell, 1995; Winn, 1994).

Clearly, most of the main target populations are similar, but some groups seem to be more suitable to one approach than the other. For example, drama therapy may be the treatment of choice for certain disorders first evident in infancy, childhood and adolescence, including some developmental disorders, mental retardation, autism and conduct disorders in which communication is more nonverbal. Drama therapy also seems suitable for those with learning disabilities (Chesner, 1995) and with physically handicapped people (Irwin, 1979) within a rehabilitation and occupational therapy framework. With some of these populations, drama therapy can be more flexibly adjusted than psychodrama to suit various levels of communication and awareness with the possible use of simple drama exercises such as movement and play. On the other hand, psychodrama is probably indicated for alcoholics and drug addicts who need a more direct and confrontational approach to psychotherapy, apart from the expressive focus.

Paradoxically, psychodrama may be viewed as more suitable for people who are both more healthy and more ill than participants in drama therapy. From the point of view of psychopathology, protagonists may be more severely ill in various psychiatric disorders, but more healthy in certain mental functions including ego strength and ordinary sensory perception. For example, the use of "representational" role

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Paradoxically, psychodrama may be viewed as more suitable for people who are both more healthy and more ill than participants in drama therapy. From the point of view of psychopathology, protagonists may be more severely ill in various psychiatric disorders, but more healthy in certain mental functions including ego strength and ordinary sensory perception. For example, the use of "representational" role

reversal (Kellermann, 1994), doubling and mirroring is impossible with a group of chronic psychiatric inpatients and mentally retarded children. The ability to participate in psychodrama is not only dependent on a certain degree of intellectual, imaginary, emotional and interpersonal functioning, but also on role taking and role playing skills, which are insufficiently developed in many persons. Furthermore, protagonists must be able to experience surges of feelings without a loss of impulse control, have at least some capacity to establish interpersonal relations, have a minimal tolerance for anxiety and frustration, some psychological-mindedness and a capacity for adaptive regression in the service of the ego (Kellermann, 1992, p. 23). In the final analysis, psychodrama seems to be especially suitable for some of the conditions that are not normally attributable to a mental disorder, but that are nevertheless a focus of treatment, to speak in the language of DSM-IV. Such conditions would include various relational problems within and outside the family, phase of life circumstances and uncomplicated bereavements that may be the results of developmental, traumatic or transitional crises rather than a developmental deficiency.

Most non-clinical psychodramatists and drama therapists shun diagnoses. Psychiatric disorders, they say, are a product of social forces that operate upon people in a self-fulfilling manner, and people who are labeled and treated as if they were disturbed, increasingly become more disturbed and later permanently adopt the role of mentally ill. Such practitioners do not have a conception of health, normality or pathology; diagnosis is therefore irrelevant and unnecessary. Their kind of work is not "therapy" in the medical sense of the word, but an emotional experience within the framework of developmental play. This experience may or may not make people more balanced, more happy, less neurotic or more aware of themselves. In any case, the goal is not to produce a "cure," but simply to become as creative, spontaneous and expressive as possible within the boundaries of each individual's personal limitations. By definition, the discrepancy between this activity (whether we call it drama therapy or psychodrama) and play in general is almost nonexistent.

The goals of clinical psychodramatists and drama therapists are generally more specific. Participants in these approaches want to get rid of symptoms, handle difficult situations better, get through their mourning, let out pent-up anger, remember and work through

forgotten traumatic experiences from the past and/or gain in personal self-esteem. Discussion and disagreement between clinical and non-clinical uses of drama prevail across camps.

Therapist Functions

Though some of the roles and functions of psychodramatists and drama therapists overlap, others are slightly different or incompatible. Both approaches demand extensive personal and professional experience and usually attract people with great extraversion, spontaneous enthusiasm and histrionic inventiveness. Clearly, anyone working within a dramatic approach must have sufficient flexibility to permit rapid changes of mode to meet variable individual and group needs on the spur of the moment.

Psychodramatists fulfil four interrelated and highly complex tasks. First, as analysts, they are responsible for making themselves fully aware of the protagonist's condition. This includes understanding both personal and interpersonal phenomena in order to attribute meaning to emotional experiences. Second, as producers, psychodramatists are theatre directors translating the material presented into action that is emotionally stimulating and aesthetically pleasant. Third, as therapists, they are agents of change who influence their protagonists in ways that facilitate healing. Fourth, as group leaders, they foster a constructive work group climate that facilitates the development of a supportive social network. The overlapping and interlacing of these various roles form the basis of the psychodramatist's professional identity (Kellermann, 1992).

Drama therapists function mostly as theatre producers, including the roles of dramaturg, artist, leaders of ritual and teachers of drama. Many practitioners bring with them unique experiences from the fields of art, acting, occupational and expressive therapy, social work, anthropology, nursing, special education, psychology and creative drama to put a very individualized touch to their (varied) drama therapist role-perception. They are usually familiarized with artistic media of expression and put a lot of emphasis on aesthetic qualities. Emunah (1989) observed that "the fact that drama therapy students enter the program with a strong background in theatre further contributes to the high aesthetic level of the scenes" (p. 30).

Both psychodramatists and drama therapists refuse to be lumped together with others of their kind. Many

of them are essentially individualists, non-joiners and charismatic figures with a personalized style of their own. But their kinship with other practitioners is real enough. Like psychotherapists, they try to understand and help people who suffer from emotional distress and, like dramatists, they share a fascination with action and have developed an aesthetic, romantic and sometimes escapist approach to life and nature.

Concluding Comparison

Jenning's (1973) comparison of psychodrama and drama therapy along two continuous lines depicting both of them in terms of more or less therapeutic depth and symbolic distance (Davies, 1975) seems still to be largely valid. Putting both approaches on the same continuum, we would add that drama therapy, as it is practiced today, is oriented specifically toward creative-expressive learning of roles whereas psychodrama is oriented more toward experiential learning, including specific working through of emotional, cognitive, interpersonal, behavioral and non-specific issues. Some of the other differences are presented in the comparative overview in Table 1.

It seems to us that because of the explicit focus on distancing and the frequent use of metaphors, drama therapy stays more on the surface of material (which does not necessarily mean that it is more "superficial") and makes it "safer" than the psychodramatic approach of deep penetration of the soul. As a result, both cuisines are more easily digested by different diners. Blatner and Blatner (1988) correctly pointed out that "in some settings the 'psycho-' or the '-drama' have unpleasant or misleading connotations (p. 7), and "drama therapy complements psychodrama for those who are not ready to directly address the emotionally loaded issues in their real lives" (Blatner in Emunah, 1994, p. vii). Thus, although drama therapy may be perceived as more stimulating, entertaining and "fun" in some educational settings, psychodrama is not so easily accepted in such settings because of the personal self-disclosure required.

Discussion

Naturally, any comparison of methods that are continually changing is a difficult task. Being based on spontaneity-creativity, psychodrama and drama therapy defy clear boundaries and operational definitions. As a result, any comparison quickly becomes erratic and/or obsolete, as eloquently pointed out by

Table 1
Comparative Overview of Psychodrama and
Drama Therapy

	Psychodrama	Drama Therapy
Definition	group psychotherapy psyche (aim) drama (means)	expressive art therapy drama (aim) psyche (means)
Theory	J. L. Moreno and others spontaneity-creativity role; sociometry social psychology object relation theory behavioral learning	no one "founder" theatre theory anthropology and ritual role and play theory Expression Jungian psychology
Aims	therapeutic self-awareness involvement	aesthetic expression distance
Therapeutic factors	catharsis tele action-insight as-if magic	play improvisation distancing rituals group work
Practice	clear structure imagination and reality cognitive integration focus on individual specific techniques	unclear structure imagination, myth no processing focus on group no specific techniques
Target population	conflicts life crises psychological-minded	developmental deficiencies handicapped, retarded
Therapist functions	analyst, producer therapist, group leader	dramaturg, teacher artist, shaman

Jennings (1990) who said that "no dramatherapy treatise can be definitive for more than a blink of a gazelle's eye" (p. 26). This is, of course, true also of the present work. The fact that practitioners who call themselves psychodramatists or drama therapists cannot accept others who claim the same titles, does not make the situation easier. Clearly, as both approaches are practiced differently in various places around the world, a comparison such as the present one is at best a plausible view of the moment.

One characteristic indication of this ambiguity is that drama therapists view psychodrama as a part of drama therapy whereas the opposite is true for psychodramatists. As many drama therapists use psychodramatic techniques as a follow-up when indicated and many psychodramatists use drama therapy techniques as a warm-up, the question of which approach is a part of the other becomes meaningless. Moreover,

“group-centered” psychodrama, an approach that is more or less similar to drama therapy, has been used for years with people who are unsuitable or unmotivated to participate in protagonist-centered psychodrama. Finally, there are few drama therapy methods that were not experimentally used within the Moreno Institute under a variety of such names as “bibliodrama,” “axiodrama,” or spontaneity training. Prominent drama therapists, such as Landy (1994a), recognize that psychodrama provided drama therapists with both a theoretical source and a series of techniques. “That psychodrama has been a fundamental part of the work of most drama therapists goes without saying” (Emunah, 1994, p. 19). Thus, both methods may be viewed as different branches of one and the same tree; both developed from the works of J. L. Moreno, “the grandfather of all action therapies” (Johnson, 1991, p. 1).

Instead of discussing which approach is a part of the other, it is more important to highlight some of the characteristic frustrations that some practitioners feel regarding the shortcomings of their own approach. For example, some drama therapists feel that by staying only within the symbolic realm, though momentarily exciting, will keep participants from “anchoring” their experiences in actual (outer or inner) reality. On the other hand, some psychodramatists feel that by using specific cognitive distance techniques (such as mirroring) too frequently, though momentarily thought-provoking, will keep participants from acting spontaneously, improvising freely and exploring unknown territory. Thus, it appears that each approach may have something to offer the other in terms of complementarity, as Blatner suggested in his Foreword to Emunah (1994). It is our view, however, that practitioners working within such an integrative model of “psycho-drama-therapy” should be able to clearly differentiate between one and the other from the point of view of theory, practice, therapist functions and therapeutic factors and to be able to specify what works best for whom within what setting. It is our hope that the present work will make this job of differentiation a little bit easier.

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