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Contents

Participants' Perception of Therapeutic Factors in Psychodrama

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Results from a review of the literature on patient perception of factors in psychotherapy groups are compared to the results of a similar study carried out in psychodrama. A questionnaire was administered to 30 participants of psychodrama in an attempt to assess which specific factors they found most and least helpful. The results show that self-understanding, catharsis, and interpersonal learning were perceived to be most helpful, the order of ranking being very similar to those made by participants of verbal group psychotherapy.

One way to approach the question of what facilitates change in psychodrama is to ask participants what they find most helpful in the psychodramatic experience. Yalom (1970) asked participants of verbal group psychotherapy this question, and found that "group therapy draws its unique potency from its interpersonal and group properties. The agent of change appears to be the group and the intermember influence network" (p. 103). The object of the present study is to compare this finding with the results of a similar study carried out with participants of psychodrama.

Therapeutic Factors in Group Psychotherapy

A wide body of literature has been published on therapeutic factors in group psychotherapy. Until the mid-fifties, the literature consisted mainly of impressionistic accounts by therapists of what they thought

were the important aspects of their own practice. Corsini and Rosenberg (1955) attempted to establish a general classification of such accounts by reviewing 300 articles on group psychotherapy. They found nine major classes of therapeutic factors, which could be subsumed into three broad categories: (1) emotional: acceptance, altruism, and transference; (2) cognitive: spectator therapy, universalization, and intellectualization; (3) actional: reality testing, ventilation, and interaction.

The sixties saw the beginning of systematic research in this area, the most common methodological approach being to ask members of group psychotherapy what aspects they found most helpful in their group experiences (Berzon, Pious, & Parson, 1963; Dickoff & Lakin, 1963). From this research literature, Yalom (1970) abstracted a list of 12 curative factors which he termed: self-understanding (insight), interpersonal learning (both input and output), universality, instillation of hope, altruism, recapitulation of primary family group (family reenactment), catharsis, cohesiveness, identification, guidance, and existential issues. In a study carried out by Yalom, Tinklenberg, and Gilula (1970), a Q-sort was constructed containing 60 items grouped in quintets representing each of the 12 factors. This Q-sort was distributed to 20 "successful, well-educated, middle-socioeconomic-class outpatients," who ranked them in the order of each item's helpfulness. The study showed that "interpersonal learning," together with catharsis, cohesiveness, and insight, were the factors most valued by the subjects.

During the following years, a great number of similar studies were carried out with different types of groups. Such studies, published between 1970 and 1983, are presented along with their outcomes in Table 2. The list of these studies includes 11 references which had already been reviewed by Butler and Fuhriman (1983a).

An analysis of Table 1 indicates that groups and participants while differing considerably all seem to value certain basic mechanisms of change. The factors most highly valued in the majority of studies were: interpersonal learning, catharsis, and self-understanding. As pointed out by Yalom (1970), these factors seem to be universal to all therapy groups.

Therapeutic Factors in Psychodrama Groups

In attempting to ascertain whether the same therapeutic factors are also valued highly by participants of psychodrama, a similar study was carried out, seeking: (1) Those factors perceived by psychodrama participants as the most and the least helpful, and (2) A comparison of the answers to this question with those from participants in verbal group psychotherapy.

Table 1—Therapeutic Factors Valued Most Highly by Therapy Group Members 1970–1983

Author	Type of Group	Population	Sample Size (N)	Factors Valued Most Highly
Yalom, Tinklenberg & Gilula 1970	long-term interactional group therapy	successful neurotic outpatients	20	interpersonal learning input catharsis cohesiveness
Lieberman, Yalom & Miles 1973	short-term encounter group	volunteer students	206	interpersonal learning input universality guidance
Maxmen 1973	short-term interactional group therapy	inpatient with various diagnoses	100	hope cohesiveness altruism
Weiner 1974	short- and long-term group therapy	neurotic outpatients	27	interpersonal learning input & output catharsis insight
Rohrbaugh & Bartels 1975	short- and long-term group therapy	mixed in- and outpatients	72	interpersonal learning input & output catharsis insight
Sherry & Hurley 1976	short-term growth groups	volunteer students	16	interpersonal learning input catharsis interpersonal learning output

(table continues)

Table 1—Continued

Author	Type of Group	Population	Sample Size (N)	Factors Valued Most Highly
Bloch & Reibstein* 1980	long-term interactional group therapy	neurotic outpatients	33	self-understanding self-disclosure interpersonal learning
Butler & Fuhriman 1980	long-term group therapy	psychotics in day-treatment	28	cohesiveness
Butler & Fuhriman 1980	long-term group therapy	neurotic outpatients	68	insight universality interpersonal learning input
Long & Cope 1980	long-term group meetings	felony offenders	12	catharsis cohesiveness interpersonal learning input
Mower 1980	group therapy	neurotic students	25	interpersonal learning input insight universality
Mower 1980	personal growth groups	volunteer students	31	interpersonal learning input insight altruism
Flora-Tostado 1981	group therapy	outpatients	42	catharsis insight hope

Author	Type of Group	Population	Sample Size (N)	Factors Valued Most Highly
Kanas & Barr 1982	short-term supportive group therapy	schizophrenic inpatients		catharsis interpersonal learning
Butler & Fuhriman 1983b	long-term group therapy	high and low functioning outpatients	91	catharsis self understanding interpersonal learning input & output
Leszcz, Yalom & Norden 1983	short-term supportive group therapy	acute inpatients high level	51	interpersonal learning self-understanding
Leszcz, Yalom & Norden 1983	short-term supportive group therapy	chronic inpatients low level	51	catharsis universality altruism
Marcovitz & Smith 1983	short-term psychodynamic group therapy	inpatients with various diagnoses	30	catharsis cohesiveness altruism

*Bloch & Reibstein's (1980) self-understanding corresponds to Yalom's interpersonal learning input (feedback); self-disclosure is the act of revealing personal information to the group. The latter differs from catharsis, which is release of feelings.

Method

Thirty participants of psychodrama were studied, 7 men and 23 women. Their average age was 35 (range 22–57). More than a third of the subjects were professional or semiprofessional, 9 were skilled workers, 4 were students, 2 were housewives and 1 was unemployed. The participants, members of one of the long-term, therapeutic/experiential/didactic groups in Israel, were relatively well-functioning individuals, some of them being clients referred for therapy and others being professionals who came for training. Subjects were chosen from among those who had participated in a group for a minimum of four months, but most of them had had more than one year of psychodrama experience. They were also required to have been protagonists at least once and to evaluate psychodrama in general as helpful (on a rating scale from most to least helpful). The groups were led by experienced practitioners of psychodrama who had been trained in the classical method.

All subjects were asked to complete a therapeutic-factor questionnaire, constructed on the basis of Yalom's (1970) 12 categories and 60 items, by scoring each item on a 5-point scale of helpfulness. The items, which were translated into Hebrew, were presented in random order. The therapeutic-factor questionnaire was utilized because it takes less time to complete than Yalom's Q-sort and could be distributed to a whole group of participants at the same time.

Results

The results of this pilot study showed that self-understanding, catharsis, and interpersonal learning were top-ranked by the subjects.

As can be seen in Table 2, the order of rankings (obtained by combining the mean rank of the five items as rated by 30 subjects) are similar to those found by Yalom (1970). The Rank Order Correlation Coefficient between the two rankings equals 0.84, which implies an overall positive relationship between the present study and Yalom's study. We may therefore conclude that therapeutic factors ranked high in psychodrama do not differ from those found in verbal group psychotherapy.

The highest priority was granted to self-understanding and catharsis. While psychodrama practitioners have generally recognized the value of catharsis, they have for the most part viewed cognitive insight and self-understanding as of relatively little importance. It is therefore of particular interest to note its top rank among the subjects. Interpersonal learning (both input and output) was also valued highly by the subjects and the item ''Learning how I come across to others'' received the highest ranking, indicating the importance of interpersonal feedback in psychodrama.

Table 2—Categories Most Linked to Helpfulness in Psychodrama

Rank order present study	Categories	Rank order Yalom's study
1	Self-understanding (Insight)	4
2	Catharsis	2
3	Interpersonal learning—Input	1
4	Interpersonal learning—Output	5
5	Existential factors	6
6	Group cohesiveness	3
7	Family re-enactment	10
8	Altruism	9
9	Universality	7
10	Instillation of hope	8
11	Identification	12
12	Guidance	11

Despite frequent recapitulations of the primary family experience in psychodrama, family re-enactment as such was not considered very helpful by our subjects. Similarly, the factors altruism (as in the technique of role reversal), universality (as in the phase of sharing), hope (as in some closure scenes), and identification (e.g., with the director), received low rankings.

Finally, guidance was considered least important by the subjects, and the item "Group members telling me what to do" received the lowest ranking, many subjects finding it irrelevant because, in their group, nobody told them what to do.

Conclusions

In considering these results, we must keep in mind that the content of the curative-factor questionnaire utilized in this pilot study is problematic. Authors such as Weiner (1974), Rohrbaugh and Bartels (1975), and Bloch and Reibstein (1980), found Yalom's items biased in his favor (e.g., presenting twice as many available choices in the category of interpersonal learning as in any other single category). They argued that since the items do not represent independent dimensions of helpfulness, they lack some mechanisms that may be important in group psychotherapy. To compensate for this limitation, Bloch and Reibstein (1980) used an open-ended questionnaire in which they asked subjects to describe the most important event in their group meetings and

then assigned these to therapeutic factors according to a manual. However, as can be seen in Table 1, their findings were not very different from those found in other studies.

With the above-mentioned bias of Yalom's items in mind, the questionnaire used in the present study added the following question (to be answered before scoring the items): "Of all the events you have experienced in psychodrama, which was the most significant one for you? Try to remember that event. What helped you in that event?" Subjects answered this question in their own words, using language from the psychodrama vocabulary. For example, some emphasized the importance of "role reversing with a parent," "encountering" a group member, being the "auxiliary ego" in someone's drama, and experiencing an understanding "double." The role of the director was also acknowledged, without specification of his or her most important qualities. The open-ended evaluation of helpfulness seemed to demand more awareness than some subjects were capable of and did not provide much new information beyond that which had been acquired from the 60 items. On the whole, the answers to it were in agreement with the findings reported above.

Despite major differences in the practical application of psychodrama and verbal group psychotherapy, participants in both settings appreciated similar therapeutic factors. These include cognitive insight, emotional abreaction, and interpersonal learning, which seem to be universally considered as mechanisms of change, each one interrelated with the others in a complex manner.

While the idea of evaluating the therapeutic factors of psychodrama from the participant's point of view is a valid one, it is only a first step towards a more comprehensive investigation in this direction. It is hoped that eventually a method of assessing the special characteristics of psychodrama will be invented and employed. Further research on the therapeutic significance of behavioral learning, therapeutic paradoxes, nonspecific healing aids (e.g., placebo), and therapist personality (e.g., charisma) in the psychodramatic process would also supplement the findings of the present study and help deepen our understanding in this area.

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