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Various aspects of psychodrama outcome research are examined, and 23 outcome studies, published between 1952 and 1985, are summarized in tabular form and interpreted as a whole. Although the limitations of these studies are recognized, it is concluded that psychodrama constitutes a valid alternative to other therapeutic approaches, especially in promoting behavior change in adjustment, antisocial, and related disorders.

OUTCOME RESEARCH IN CLASSICAL PSYCHODRAMA

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Practitioners of psychodrama traditionally rely more on clinical experience than on experimental research data when advocating the effectiveness of this method. As a consequence, psychodrama literature mostly includes descriptive rather than empirical studies. Psychodrama is seldom approached with “that combination of hopeful curiosity and scientific skepticism that has served to develop social casework and psychotherapy to their present stages” (Polansky & Harkins, 1969, p. 74). However, as psychodramatists are called upon increasingly to document that what they do is equally or more effective than what is done in other treatment approaches, this situation is slowly changing. According to Kipper (1978), “there is a greater awareness of the need to produce evidence which is less susceptible to subjective interpretations” (p. 6). An indication of this change is the growing number of empirical research studies that have appeared during the last decade. Although Kipper (1978), in an overview of psychodrama research until 1971, included only 14 studies, Schramski and Feldman (1984) in their abstract of outcome research until 1983, were able to collect not less than 200 studies.¹

The purpose of the present article is to review those outcome studies that apply to "classical" psychodrama and that adhere to a sufficiently rigorous research design.

Classical psychodrama refers to a method of group 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 drama, fantasies, dreams, preparations for future risk-taking situations, or simply unrehearsed expressions of mental states in the here and now. These scenes approximate real-life situations or are externalizations of mental processes from within. If required, other parts may be taken by group members or by inanimate objects. Multiple 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.

Sufficient research designs include only experimental and quasi-experimental designs according to definitions given by Campbell and Stanley (1966). Briefly, experimental designs require random or matched assignments of subjects to treatment and control groups. Quasi-experimental designs are similar to these, but lack random assignment to treatment conditions.

Table 1 presents a summary of 23 such outcome studies published between 1952 and 1985.²

The findings of these studies are decidedly more complex than here indicated. Not only are they often difficult to interpret in terms of effectiveness, but additional variables, such as group composition, subject activity, therapist behavior, therapeutic process and context, which were not accounted for, also influenced outcome. Information available from Table 1 restricts the present discussion to the following variables: time of treatment, subject population, and outcome measures.

TABLE 1
Summary of Psychodrama Outcome Research Studies

Author	Time	Population n	Experimental Conditions	Outcome Measures	Findings
Harrow 1952	25 weeks	psychiatric inpatients 20	PD vs. control E	Rorschach, Make- a-Picture Test, Role-Taking Ass.	PD effective on enhancing adjust- ment and specific role-taking skills
Jones & Peters 1952	15 weeks	chronic psychiatric inpatients 23	PD vs. control Q	Rorschach, Draw- a-Man, Porteus's Maze, Mirror- Tracing, Gardner Behavior Chart	PD effective in influencing some aspects of behavior
Daly 1961	6 months	psychiatric inpatients n=?	PD vs. control Q	Fergus-Falls L-M Behavior Rating Scale	PD effective in increasing posi- tive behavior
Dean, et al 1965	3 days	psychiatric hospital staff 15	PD vs. control Q	Sundland Social Self Questionnaire	PD effective in promoting self attitude and group perception of self
Slawson 1965	2 years	psychiatric inpatients 54	PD vs. control E	MMPI	PD not effective in promoting personality change
Herman 1968	10 weeks	male students 24	PD vs. control Q	Behavioral Criteria	PD effective in improving general appropriateness of behavior
Newman & Hall 1971	12 weeks	socially dysfunctioning students 10	PD vs. control Q	Hildreth Feeling & Attitude Scale Zung Depression Scale, Inferred Meaning Test, Satisfaction Checklist	PD effective in treating social dysfunctioning disorders
Logan 1971	16 weeks	undergraduate black students 6	PD vs. control Q	Rosenzweig Picture- Frustration Test	PD effective in reducing aggression against environment
Lieberman et al 1973	12 weeks	volunteer undergraduate students 170	PD vs. 9 group therapies & control E	wide variety of measures, third-party outcome assessment	PD effective in influencing attitudes, some "causalities" reported
Shearon 1975	10 weeks	fourth grade students 36	PD vs. reality- & bibliothera- py & control E	Self-Esteem & Inventory Florida Key	PD not effective in improving self-esteem more than other groups
Schönke 1975	6 weeks	teacher students 24	PD vs. control E	Self Evaluation Manifest Anxiety Test, Freiburger Personality Inv.	PD effective as socialization therapy

(continued)

TABLE 1 Continued

Rosenthal 1976	2 weeks	university students 44	PD vs. control E	P-0 Inv., I-E Locus of Control Scale, Multiple Affect Checklist	PD not effective in increasing self-actualization or internal locus of control
Girshick 1977	8 weeks	high school students 38	PD vs. Verbal Discussion & control E	Torrance Test of Creative Thinking	PD not effective in increasing expressiveness or related academic achievement
Hall 1977	6 weeks	female nursing students	weekend PD. vs. spaced PD & control E	Symptom Rating Multiple Affect Checklist, Hill Interaction Matrix	PD effective in reducing anxiety, depression and distress
Pisano 1978	10 weeks	counselor students 49	PD vs. scene-fix. group & control Q	Semantic Diff. Scale measuring attitudes towards super- vision	PD effective in improving attitude toward supervision and relationships
Zimkowski 1978	1 weekend	volunteers 30	PD vs. control Q	16 Personality Factor Question- naire, Behavior Change Index	PD not effective in changing personality or behavior
Schmidt 1978	4 weeks	university students 110	triadic PD vs. group therapy & control E	P-0 Inv., Frei- burger Persona- lity Inv., Gordon Persona- lity Inv., Rosenzweig Picture- Frustration Test, Defence-Mechanism Inventory, etc.	PD effective in improving psychological stability
Petzold 1979	1 year	old people 40	PD vs. control Q	Social Atom	PD effective in improving the quality and quan- tity of social relations
Wood et al 1979	4 weeks	alcohol abusers 110	PD vs. small group therapy Q	Comrey Person. Scale, Short MMPI, State-Trait Anxiety Invent., A-State Scale	PD effective in increasing activity, trust and emotional stability
Miller 1980	10 weeks	counselor students 23	PD vs. encounter group Q	Personal Orientation Dimension	PD effective in developing creativity and self-actualization
White et al 1982	19 weeks	child-abusing women 31	PD vs. control E	California P.I., I-E Locus of Control Scale, Mother-Child Relationship Evaluation	PD effective in improving self- acceptance, self- control, responsi- bility and socialization

(continued)

TABLE 1 Continued

Schramski et al 1984a	8 weeks	male correctional residents 66	PD vs. value cla- rification, anger therapy, decision making & control Q	Corr. Inst. Environmental Scale, Hopkins Symptom Check- list, Group Environment Scale	PD effective in reducing symptoms and improving behavior
Carpenter & Sandberg 1985	12 weeks	delinquent adolescents 7	PD vs. control Q	Jesness Invent., I-E Locus of Control Scale, High School Personality Questionnaire	PD effective in improving ego strength, socialization and extroversion

TIME OF TREATMENT

It is generally assumed that time is an important factor in psychotherapy outcome research. Insufficient exposure to treatment is often a reason given to explain negative treatment results. However, in agreement with recent findings on short-term and time-limited psychotherapy, the present review suggests that long exposure to psychodrama seems to be a relatively unimportant factor influencing outcome. Though many studies included comparatively short exposures to psychodrama (about 10 weeks), they still were able to produce some positive results.

Hall (1977) compared the difference between an intensive weekend psychodrama experience and six spaced (once-a-week) sessions. In the study, 54 female nursing students were randomly assigned to the weekend group, the spaced-psychodrama group, or to the control group. Both the weekend and the spaced-session group continued for 18 hours. The results indicated that although the intensive-weekend group significantly reduced feelings of anxiety, depression, and distress, no significant effects were noted for the spaced-session group.

SUBJECT POPULATION

Who are the so-called suitable patients who are amenable to the standard therapeutic techniques of psychodrama? At one

end of the spectrum are those who claim that psychodrama is the treatment of choice for all mental disorders. At the other end of the spectrum are those who feel that psychodrama is helpful only for specific persons, namely, those who are able to enter into the complex and taxic psychic rituals of the psychodramatic setup. Considering the results of the outcome studies presented here, we still have incomplete empirical evidence to determine who is suitable for psychodrama therapy and who is not.

The subjects of the above studies can be roughly divided into three groups, according to the period of time in which the research was carried out. Before the seventies, psychiatric inpatients and staff were investigated. During the seventies, volunteer students were included, and after the seventies, various groups of conduct disorders were studied. Tentatively, this may indicate some efforts by practitioners to find suitable applications for psychodrama during different time periods. It seems as if the effort was to use psychodrama first focused on the very disturbed, then on the normal, and finally on the behaviorally disturbed.

From the point of view of age, psychodrama was evaluated when applied to the young and to the old. Shearon (1975), who studied the effectiveness of psychodrama on fourth grade students, found that this approach was no more effective than reality therapy and bibliotherapy in improving the self-esteem of these youngsters. However, Petzold (1979) found that most of his senior participants had improved their social relations as a result of a year of psychodrama.

The majority of subjects included in psychodrama outcome research were volunteer students. Although it is impossible to generalize from these nonclinical groups to patient groups, we may conclude from this review that student populations often benefited from participating in psychodrama, improving in, for example, socialization, self-actualization and psychological stability.

Studies that were carried out on certain patient categories also produced promising results, especially regarding various

aspects of behavioral adjustment. Wood, Del Nuovo, Bucky, Schein, and Michalik (1979) attempted to determine the efficacy of psychodrama in promoting personal adjustment among alcohol abusers. After four weekly 3-hour psychodrama sessions, subjects reported increased activity, trust, and emotional stability. Schramski, Feldman, Harvey, and Holiman (1984) studied the effectiveness of psychodrama with adult correctional residents. They found that psychodrama was more effective than a nontreatment control group in improving behavior toward the environment. White, Rosenblatt, Love, and Little (1982) evaluated the effect of a community-based project including psychodrama in the treatment of child-abusing mothers. Results showed that psychodrama was effective in positively modifying the attitudes of these mothers through increasing their self-acceptance, self-control, responsibility, and socialization. Carpenter and Sandberg (1985) found that psychodrama was effective in improving ego strength and in developing socialization skills in a small group of delinquent adolescents. Finally, Newman and Hall (1971) succeeded in treating socially dysfunctioning college students with psychodrama. These studies taken together give tentative support for the use of psychodrama with adjustment, antisocial, and related disorders.

Studies on psychiatric inpatients were carried out by Harrow (1952), Jones and Peters (1952), Daly (1961), and Slawson (1965). Although the first three studies were successful in changing various aspects of the behavior of these patients, the last study was unsuccessful in promoting personality change.

OUTCOME MEASURES

A wide variety of outcome measures was used in the psychodrama outcome studies presented here. As there is no universally agreed-upon statement of its therapeutic objectives, psychodrama was assumed to influence dependent variables

such as personality, locus of control, symptoms, attitudes, and overt behavior. A mixture of formal and informal, direct and indirect, objective and projective, and clinical and statistical methods of assessment was used to measure these variables.

With regard to personality, many studies used personality inventories such as the MMPI, the FPI, the POD, or the 16PFQ. Studies using the MMPI (Slawson, 1965; Wood et al., 1979) showed no significant differences on any of the 10 subscales. However the German Freiburger Personality Inventory, which was used by Schönke (1975) and Schmidt (1978), produced more positive results. Two studies using the Personal Orientation Inventory gave mixed results (Miller, 1980; Rosenthal, 1976), and the 16 Personality Factor Questionnaire indicated no significant change in any of the dimensions (Zimkowski, 1978). On the basis of these findings, the claim that psychodrama produces personality change cannot be verified.

With regard to locus of control, a number of studies used Rotter's (1966) Internal-External Locus of Control Scale (Carpenter & Sandberg, 1985; Rosenthal, 1976; White et al., 1982), with mixed results. However, Rosenzweig's (1947) Picture-Frustration Test, which measures subjects' aggression against the environment, gave more uniformly positive results. For example, Logan (1971) found that Black undergraduate students who participated in psychodrama decreased their aggression scores more than a nontreatment control group. Finally, studies by Herman (1968), Newman and Hall (1971), and Pisano (1978) indicate the value of psychodrama in improving attitudes and behavior toward others.

Most of the studies that used some form of symptom rating, such as Hall (1977), Schmidt (1978), and Schramski et al., (1984), showed successful results.

When considering the findings of these studies and when discussing the suitability of various outcome measures, it is important to note that Moreno (1965) found a personality test such as the MMPI "utterly useless in assessing psychodrama experience" (p. 533). Instead he specifically recommended

measuring behavioral changes, which is very much in agreement with the findings of the present review. However, the tests that were specifically designed by Moreno and his students to measure psychodrama, such as spontaneity and creativity tests, role tests, social atoms, and other action tests, are almost nonexistent in the literature of experimental research.

CONCLUSION

I hope that I have been able to produce at least some empirical evidence to support the use of psychodrama as an effective psychotherapy method. Although the above studies are so limited in scope that any generalization of their findings must be very tenuous, they do indicate that psychodrama is a valid alternative to other therapeutic approaches, primarily in promoting behavior change with adjustment, antisocial, and related disorders.

The fact that research in psychodrama to this date has had little impact on clinical practice should not discourage future attempts to substantiate its effects by scientific means.

NOTES

1. In Kipper (1978), 6 of the 14 studies applied to psychodrama, whereas the rest investigated the use of single psychodramatic techniques. In Schramski and Feldman (1984), 39 of the 200 studies applied to psychodrama, whereas the rest applied to related action methods.

2. Due credit should be given to Schramski and Feldman (1984), to whom I am indebted for providing information about 20 of the studies included here.

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