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This study investigates psychodrama participants' perception of therapeutic factors with a new questionnaire constructed on the basis of six categories: emotional abreaction (EA), interpersonal relationship (IP), cognitive insight (CI), behavioral learning (BL), therapist qualities (TQ), and nonspecific healing aids (NS). The 60-item questionnaire was administered to 40 participants of psychodrama in an attempt to assess which specific events they found most helpful. This same questionnaire was also given to a control group of 42 persons without any previous experience in psychotherapy who were asked what they ideally would find helpful in psychotherapy. The results show that EA and CI were perceived as most helpful by the psychodrama group, whereas the control group found NS most helpful. These results suggest that participants of psychodrama and verbal group psychotherapy appreciate similar therapeutic factors, which is in agreement with most earlier research in this area.

PSYCHODRAMA PARTICIPANTS' PERCEPTION OF THERAPEUTIC FACTORS

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What do people find helpful in psychodrama? According to an earlier study (Kellermann, 1985), insight, catharsis, and interpersonal learning were perceived to be most helpful. These three therapeutic factors seem to be universally preferred also by participants in various group psychotherapies when evaluated with the measurement instrument constructed by Yalom (1970; 1975). However, critics of Yalom's measurement instrument, for example Weiner (1974), argue that Yalom's 60 items lack some events that may be important and overemphasize others that may be less important (e.g., interpersonal learning). Thus the consistent results reported in earlier studies may be the product of a biased measurement instrument rather than an indication of actual perceptions.

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The purpose of this study is to further investigate psychodrama participants' perception of therapeutic factors. This time, however, we will use a different (and, we hope, a more comprehensive) measurement instrument than the one used before. The new measurement instrument will be described in terms of six broad categories that are extracted from the literature on therapeutic factors.

SURVEY OF THE LITERATURE ON THERAPEUTIC FACTORS

A *therapeutic factor* may be simply defined as an element that causes a therapeutic effect. Thus therapeutic factors are "agents of change," "curative elements," or "growth mechanisms" that contribute to a positive outcome of psychotherapy. Such factors are of course closely related to processes within the patient and to interventions of the therapist, producing complex data and suggesting a variety of factors that influence the outcome, each by itself or all of them together.

In spite of this complexity, therapists from various schools have emphasized those "basic" factors that they believed were most effective in psychotherapy. For example, Gendlin (1964) observed that major personality change involves some sort of intensive feeling process in the patient, and that change most often occurs in the context of an ongoing personal relationship. Psychoanalysts emphasized "insight," which is the "*sine qua non* of the psychoanalytic process" (Blum, 1980, p. 66). Existential psychotherapists emphasized the exploration of issues such as the meaning of life, freedom, responsibility, and death. Person-centered psychotherapists found that therapist qualities, especially positive regard, accurate empathy, and congruence, were of crucial importance (Truax & Carkhuff, 1967). Behavior therapists argued that all therapeutic change should be understood within the conceptual framework of learning through reward and punishment. According to Milton Erickson and his followers, none of the above factors is more

important than the therapeutic paradoxes that the therapist invokes to create a change of the second degree. Finally, many therapists observed the significant influence of what Wolberg (1977) called "non-specific" or "extra-therapeutic" healing aids. These mechanisms are called nonspecific because they occur not only in psychotherapy, but also in nonprofessional relationships, or "by themselves," as in the placebo effect.

Although the above psychotherapists emphasized one specific therapeutic factor, others have tried to present a list of several factors that are important in psychotherapy and that may be conceptualized as "common denominators" of various psychotherapeutic approaches. For example, Frank (1961) suggested that psychotherapy provides new opportunities for learning at both cognitive and experiential levels, enhances hope of relief, provides success experiences, helps to overcome alienation from fellows, arouses emotions, and provides new information and alternative solutions about the "cause" of a problem. Sundberg and Tyler (1962) suggested that psychotherapy strengthens the patient's motivation to do the right thing, reduces emotional pressure by facilitating catharsis, releases the potential for growth, changes habits, modifies the cognitive structure, gives self-knowledge, and facilitates interpersonal relations. Marmor (1962) suggested that psychotherapy releases tension through catharsis, provides cognitive learning, operant conditioning, and opportunities for identification with the therapist, and that psychotherapy gives an experience of repeated reality testing. Finally, Lazarus (1973), in his multimodal system of "Basic Id," suggested seven interactive modalities that influence change: behavior, affect, sensation, imagery, cognition, interpersonal relations, and drugs.

To sum up, therapeutic factors are complex and multifaceted. Nevertheless, it seems possible, without too much simplification, to reduce the therapeutic factors mentioned in the literature to the following six broad categories:

- (1) *emotional abreaction* (catharsis, release of stored-up feelings, expression of affect)

- (2) *interpersonal relationship* (giving and taking between people, learning through being together, group cohesion, and group-specific processes)
- (3) *cognitive insight* (self-understanding, awareness of thoughts, feelings, and behavior, perceptual restructuring, understanding causes)
- (4) *behavioral learning* (learning new behavior through reward and punishment, operant conditioning, desensitization, assertiveness training)
- (5) *therapist qualities* (competence, personality, empathy, congruence, therapist-related processes)
- (6) *nonspecific healing aids* (global therapeutic factors, paradoxes, existential issues, integration, actualization, working through, hope)

Assuming that these six categories represent a comprehensive summary of existing therapeutic factors (from therapists' point of view), it will be the purpose of this study to investigate which of them is perceived as more or less helpful by various clients. The term *helpful* is defined here in the broadest possible way, so as to include all varieties of positive evaluations of therapeutic factors, such as the importance, the meaningfulness, and the effectiveness of various events.

METHOD

DESIGN

A questionnaire was constructed and distributed to two groups of subjects: one group who had experience in psychodrama and one control group who had no personal experience in any psychotherapy. The control group was matched on variables, such as sex, education, and general attitude toward psychotherapy. Responses of the psychodrama group represented the main finding, whereas the control group was added only as a check against possible invalidation of inferences from the questionnaire. The control group was introduced in order to control for general preconceptions about helpfulness in

psychotherapy and responses from this group were assumed to differ from the psychodrama group.

CONSTRUCTING THE QUESTIONNAIRE

From the literature on therapeutic change in psychotherapy as well as from the literature on patient perception of therapeutic factors in group psychotherapy (Kellermann, 1985), six categories were described and assumed to be inclusive; emotional abreaction (EA), interpersonal relationship (IP), cognitive insight (CI), behavioral learning (BL), therapist qualities (TQ), and nonspecific healing aids (NS). For each one of these categories, 10 items were written to convey a phenomenological manifestation of each category. In order to make the questionnaire comparable to earlier studies, some of the high-ranked items from Yalom (1975) were also included. Thus a total of 60 items were collected to cover divergent aspects of helpfulness in the psychotherapeutic process.¹ These items were translated into Hebrew and edited in accordance with the guidelines of Edwards (1957).

Ten experienced clinicians (psychologists and social workers) examined the items for content validity. Each item was written on a card and given to these judges who were asked, on the basis of short conceptual definitions of the six categories, to match each item with one category. In this process, items with poor correspondence were discarded or rewritten. After several such matchings, all except one category (NS), reached complete agreement as to its corresponding items. In spite of the reduced content validity of NS, statements from this category were retained in the questionnaire because of their assumed relevance for the area of investigation. It was argued that a questionnaire that did not include such important issues as therapeutic paradoxes, integration, and working through would be too narrow in scope. Thus although this category admittedly is vague, it is included to permit examination of processes advocated by numerous theorists.

SUBJECTS

(1) *Psychodrama group.* A total of 40 persons who had all been protagonists (focal patients) themselves and who participated in two didactic psychodrama workshops led by Mrs. Zerka T. Moreno in Israel were questioned. They included 34 women and 6 men, with an average age of 39 (range 23-67). The occupations of these participants varied: 17 teachers, 16 mental health professionals, and 7 students. Although they came to the workshop in order to learn about psychodrama, the actual work done during the workshop was experiential, giving the participants a genuine experience of classical, protagonist-centered psychodrama used to solve emotional problems through role playing. Most of the subjects had previous experience with psychodrama: 14 more than two years, 7 one to two years, 13 with less than a year. But 6 subjects were without any previous experience (thus basing their judgment only on the present workshop).

The reason for including only those subjects who had been protagonists themselves was that it is obviously impossible for someone to evaluate something that he or she knows nothing about from personal experience. Eleven subjects had been protagonists more than five times, 12 had been protagonists from two to five times, and 17 subjects had been protagonists once.

Expecting subjects with favorable attitudes toward psychodrama to be in a better position to assess helpfulness than those with negative attitudes, subjects were further required to evaluate psychodrama in general as helpful. Most of the subjects (90%) responded that psychodrama was at least partially helpful.

These subjects were assumed to be a representative sample of a "non-psychiatric" psychodrama participant population, able to rate helpfulness because of sufficient experience and because of their positive attitude toward the benefit of psychodrama. Generalization would be specifically targeted to

this group, rather than extending the findings to various psychiatric patient populations.

(2) *Control group.* A total of 42 subjects without previous experience of psychodrama or any other psychotherapy filled out a therapeutic factor questionnaire. This questionnaire was identical to the one given to the psychodrama group except for the instruction that asked the subjects to evaluate what they ideally would find helpful in an imaginary situation in which they were in need of psychological help.

The control group was composed to approximate, as much as possible, the psychodrama group with matching variables such as sex, academic background, and general attitude toward the helpfulness of psychotherapy. The group included 33 women and 9 men. A total of 32 subjects were university students, 3 were teachers, and 9 were professionals working outside the mental health establishment. The control group was younger than the psychodrama group with an average age of 24 (range 18-34).

These subjects were assumed to simulate a nonpsychiatric academic population, able to rate ideal helpfulness because of sufficient intelligence and positive attitude toward the helpfulness of psychotherapy.

INTERNAL CONSISTENCY OF SCALES

Cronbach's alpha computed for the psychodrama group revealed satisfactory scale consistencies (EA = .88; IP = .77; CI = .88; BL = .81; TQ = .85; NS = .87).

PROCEDURE AND DATA ANALYSIS

In order to obtain maximum cooperation, the therapeutic factor questionnaire was administered under highly permissive, anonymous conditions. Subjects filled out the questionnaire by scoring the 60 items (presented in random order) on a 5-point scale of helpfulness, from *very helpful* to *unhelpful*. To

score the scale, response options were credited 5 to 0 from the favorable to the unfavorable end and the means for each category were computed. The order of rankings of therapeutic factors in both groups were compared with Spearman's r , and the difference of means was determined by analysis of variance (ANOVA). Analysis of covariance was computed in order to remove the extraneous influence of age on the between-group variance.

RESULTS

The main finding of this study indicates that the categories of emotional abreaction, cognitive insight, and interpersonal relationship are considered most helpful by the psychodrama group participants. In comparison, the control group ranks the categories of nonspecific healing aids, cognitive insight, and emotional abreaction most highly. The order of rankings between both groups, calculated by Spearman Rank Correlation Coefficient, is moderately high ($r = .37$; $p = \text{NS}$).

A one-way analysis of variance was used to further analyze data. Table 1 presents the means, standard deviations, F -values and significance levels from this analysis.

Results indicate that significant differences in between-group variance were found for the categories of behavioral learning, emotional abreaction, and nonspecific healing aids. For the other three categories, differences in between-group variance were not significant.

In order to test if the found differences in between-group variance were due to differences in age, an analysis of covariance was made with age as a covariate. This showed that even when making both groups equal with respect to age, the differences in between-group variance were maintained for the above-mentioned three categories.

No significant differences ($p > .05$) were found between subjects who differed in sex and occupation.

TABLE 1
Ranking of Therapeutic Factors

Categories	PSYCHODRAMA n=40		CONTROL n=42		F	p
	Mean	SD	Mean	SD		
Emotional Abreaction	33.57	11.3	29.26	8.8	3.68	p<.05
Cognitive Insight	31.80	11.3	29.90	9.2	0.69	NS
Interpersonal Relationship	26.72	9.2	25.85	8.8	0.18	NS
Non-specific Healing Aids	26.20	11.5	30.64	8.5	3.95	p<.05
Therapist Qualities	22.82	11.5	19.92	8.4	1.69	NS
Behavioral Learning	21.67	9.2	27.73	8.5	9.54	p<.01

When considering individual items, those items that reflected emotional abreaction were considered most helpful by the psychodrama group (Table 2).

DISCUSSION

The above findings, although limited by sample size, lend support to the view that participants in psychodrama find emotional, cognitive, and interpersonal experiences most helpful. These findings are not only consistent with an earlier study (Kellermann, 1985), but also with many previous studies investigating various forms of verbal group psychotherapy (e.g., Yalom, 1970).

However, one cannot help feeling somewhat uneasy about the consistency of these findings and wonder whether they are produced by anything other than specific perceptions of helpfulness. Very little has been done to investigate how much suggestion, expectancy, cognitive dissonance, or any other extraneous variable influences these consistent findings. Control groups have not been used, as far as I know, to control for these influences. The present study attempted, with the use of a control group, to test how much commonsense evaluation influences participants' responses to a therapeutic factor questionnaire.

TABLE 2

10 Items Receiving the Highest Score from the Psychodrama Group

-
1. Emotional reliving and expressing feelings from the past. (EA)
 2. Believing in the therapy method. (NS)
 3. Sharing the worlds of others and they sharing my world. (IP)
 4. Seeing things differently, as in a new light. (CI)
 5. Expressing feelings vocally, verbally, and bodily. (EA)
 6. Letting out stored-up feelings. (EA)
 7. Blowing off steam. (EA)
 8. Releasing emotional tensions which were closed up within me for a long time. (EA)
 9. Expressing pain from a traumatic happening in the past. (EA)
 10. Recognizing something which I had known all along but this time it "clicked" and I thought "Aha!" (CI)
-

Analyzing data with Spearman's r indicated that commonsense evaluation has little influence on participants' responses. However, ANOVA did not produce significant between-group differences for all categories. Thus it is still unclear how much commonsense evaluations influence studies such as this.

When looking at the findings of ANOVA more closely, we observe that only three of six categories were responded to differently by the psychodrama group as compared with the control group. The most significant difference was evident in BL, which suggests that this category has an unimportant place in the therapeutic process of psychodrama, while being much more appreciated by the commonsense view. By contrast, EA was evaluated significantly higher by the psychodrama group who based their evaluations on personal experience with catharsis. The appreciation of catharsis by participants in psychodrama has been discussed by Kellermann (1984).

When taking the vagueness of NS into consideration, it is not surprising to find that it was evaluated higher by the control group than by the psychodrama group. For the other three categories, IP, CI, and TQ, it seems both groups evaluated them similarly and personal experience had little effect on their rankings. These findings call for further research on the assumption that the categories EA, B, and NS are evaluated less on the basis of common sense and more from personal experience than IP, CI, and TQ.

In order to further control for contextual influences that are very powerful in studies such as this using subjective reports (Lieberman, 1983), investigations may take place at various times during therapy, in various places, and with various therapists. Findings of such studies could later be correlated with findings from studies on the process and outcome of psychotherapy.

The therapeutic factor questionnaire that was used here for the first time needs further validation in order for its results to be interpreted with confidence. This could be done by distributing it not only to various groups of people without any previous experience of psychotherapy but also to groups of patients who have participated in various forms of psychotherapy and comparing the results. Clearly, other evaluation methods, such as qualitative interviewing and evaluation through observation would supplement studies using the therapeutic factor questionnaire.

Although there are limitations to how much can be learned from self-reports, it is my belief that they have an intrinsic value in themselves. According to participants in psychodrama, emotional abreaction is more helpful than behavioral learning.

NOTE

1. A list of the 60 items can be obtained from the author at the following address: 5 Mapu Street, Jerusalem I-94 183, Israel.

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