A STUDY OF THE IMPORTANCE OF PSYCHODRAMA
IN THERAPEUTIC TREATMENT FOR
THE HANDICAPPED

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Prospectus

I. Introduction:

A. Drama has always been part of recreational programs for the handicapped. This has been the case as early in history as the Greeks. Their temple complex, which, in addition to a library, and a stadium, also contained a theatre and a sanatorium for the therapeutic treatment of the mentally ill. Ever since, drama activities remained part of recreational programs. Modern therapists have only recently accepted the value of using drama as an important aspect of therapy for the handicapped. Dr. John Moreno, a pioneer in the psychodrama field, substitutes the psychodramatic stage for the psychoanalytic couch. As such, it has been recognized as a new field in therapy, worthy of being studied as a part of the social sciences, and thus, given the title "psychodrama". This topic has appealed to my interest due to its recent acceptance in the world of communication.
B. The direction I intend to follow in this study is that of psychodrama as an important part of therapeutic treatment for the handicapped.

II. Rationale:

A. As mentioned above, psychodrama deals with ways of helping handicapped people learn to interact and communicate with society as normal human beings. From my frequent visits to the Lebanese Association for Mentally Handicapped Children at Quraytem, Mme. Curie street, and the discussions I have had with Miss Hala Hilmi, the coordinator at the center, and who has had special training in the United States on recreational programs for the handicapped, I learned that none of the institutions existing in Beirut include psychodrama in their programs. The reason simply being that they lack experts with specialized training in the field of psychodrama. I find this topic
worthy of being pursued for a senior thesis, since it can be a reliable evidence, for the need of psychodrama as a part of the recreational programs employed in our mental institutions, neighborhood centers, clubs, etc.

B. The tools available for my study are very limited, that is, the literature related to the topic is very minimal. However, I have been able to order some books from the States, among which, two will be very helpful; Psychodrama: Theory and Therapy, ed. by Ira A. Greenberg, and Sociometry, Experimental Method And The Science Of Society, by Jacob Moreno. I was able to get Volume 7 of Sociometry, dated 1944, which contains essays on the psychodramatic method applied to real cases. As for the literature concerning the history, most of the reference will be made to Bill Gearheart's book entitled The Trainable Retarded. The book Therapeutic Recreation Service, by Elliott Avedon contains additional information on the history of mental retardation.
C. My study will be of great help in the future because no student of communication at BUC has ever conducted such a study. In fact, very little is known on the subject of psychodrama here in Lebanon.

D. My hypothesis is as follows: There exists a positive relationship between psychodrama and personality development.

III. Review Of Literature:

The literature on the subject of psychodrama includes many aspects of psychology, such as personality development, group therapy, interaction among individuals, home influences, and environment. Some of the reading is related to creative dramatics; while some is related to the field of sociology, where counseling in the home and school is concerned. Some of these books have already been mentioned in
section B of the rationale. Basically, the literature covers techniques in therapy, such as the use of *poetry, music, dance, dramatic play, improvisations, and cognitive and social development of the child.*

IV. Procedure:

Chapter One: Will define the term "psychodrama", provide a general statement concerning the topic and its significance in 1982. Then, we will proceed with the statement of the hypothesis. Following will be a description of the procedure to be followed in the chapter and that of the remaining chapters. Next, we will provide a brief history of the subject, a review of the literature, and finally, to end the chapter, there will be a summary of Chapter One and an overview of Chapter Two. The remaining chapters will cover the procedure used in this experiment, the interpretation of the results, and recommendation for further research.
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Chapter One

Psychodrama, introduced about fifty years ago in Vienna by Jacob Levi Moreno, remains an important advance in mental therapy since the introduction of psychoanalysis by Sigmund Freud. Although it has not been completely accepted by psychiatrists, many American hospitals apply psychodrama today to cases ranging from alcoholism to schizophrenia. As Torto and Cornyetz state, "In the field of therapy, psychoneuroses and psychoses can be treated successfully by means of the psychodrama. It is even possible for psychodramatic methods to work effectively with cases rejected by Freudians because transference is impossible." In fact many authors describe Moreno as a pioneer in the psychodrama field, since he substituted the psychodramatic stage for the psychoanalytic couch. As such, it has been recognized as a new field in therapy, worthy of being studied "in the fields of medicine, clinical psychology, education, experimental research into


personality, rehabilitation of institutionalized persons, psychiatric social work, and in the study of social units." \(^3\)

With the application of psychodramatic methods, patients undergoing therapeutic treatment now have an advantage of being trained to meet situations in the outside world as normal human beings. "Psychodrama is an action-therapy of the moment with a tremendous potential for the future." \(^4\) As Haskell claims, Moreno's theory is based on, and applicable to, industrial and urban civilizations, "the twentieth century, the here and now." \(^5\)

It is important at this point to define what is meant by psychodrama. Gearheart provides a simple and clear definition of the term; "Psychodrama is acting out real or imaginary situations to provide an opportunity in which the

\(^3\) Torto and Cornyetz. "How To Organize A psychodramatic Unit". Sociometry. Volume 7. (February, 1944.) p. 251.


individual can express emotions and desires that he normally represses. In other words, psychodrama deals with ways of helping people to interact and communicate with society. The benefit of psychodrama extends also to therapeutic purposes, that of the study and treatment of mental problems. The beneficial treatment in dealing with mental problems lies in the subject's ability to experience catharsis through expressing his conflicts and in finding responses to them spontaneously. The application of psychodrama even extends to the treatment of handicapped people, so that they learn to interact and communicate with society as normal human beings.

All the above lead to the concern of this thesis, which is to prove that psychodrama is an important part of therapeutic treatment for the handicapped. The hypothesis of this paper therefore, is as follows: There exists a positive relationship between psychodrama and personality development in handicapped people.

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The procedure to be followed in this study is as such: Chapter One, as has been mentioned at the opening of the chapter, will give a general statement about psychodrama and its significance in our present times. The next step is to provide a definition of psychodrama, and to state the hypothesis. This chapter also will define the procedure to be followed throughout the thesis, then will provide a brief coverage of the history of the subject, a review of the literature, and finally to end the chapter, there will be a summary of Chapter One and an overview of Chapter Two. Chapter Two will continue with the literature, restate the hypothesis, and discuss in detail the formulation of the questionnaires and observations, their distribution, and the problems encountered during the process. Chapter Three will tabulate the results and interpret the findings in tables. Then the results will be compared with the hypothesis and our thesis statement will then be found to be valid or non valid. Chapter Four will review the whole study and offer suggestions for further research.

Following the procedure for Chapter One, a brief history on the subject should be stated at this point. The history
of psychodrama is not as old as one assumes it to be. In fact, it is a very recent topic in terms of it being universally accepted as a method of therapeutic treatment. However, there is a story that the origin of psychodrama can be traced to the late nineteenth century, when Moreno was only four years old and playing in the basement with a group of children. It is said that he organized an "impromptu play", whereby, he took the part of God and the other children played the angels. The play was satisfactory until Moreno fell from his high chair and broke his arm. 8

Some say that psychodrama began in 1908 when Moreno was sixteen years old, and a student of philosophy at the University of Vienna. He began to meet with children in the parks of the city and tell them stories to encourage them to act out their fantasies. 9 (More detailed information on Moreno and his technique is provided in Appendix A.) Whichever date

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is more valid is not the essential point here. What is important is that, at the beginning, Moreno was concerned mostly with the structure of a situation that would get the individual started and get him to act in a role on the spur of the moment. Then, Moreno realized the benefits of such drama for therapeutic purposes, that of the study and treatment of mental problems.

The history of mental illnesses can be traced as far back as ancient times, when it was attributed to evil spirits and patients were disposed of, mostly by death. The recorded history of the mentally retarded and ways of caring for them follows a sequence of development that spans thirty-six centuries. Gearheart states that although unrecorded, mental retardation existed simultaneously with the presence of man on earth.10

We will begin with the Greeks because they were the first to record official references of mental retardation. The laws of Lycurgus, the lawgiver of Sparta, called for the abandonment of "fools" and "idiots", because they were regarded as inhuman creatures unworthy of human compassion.

As such, the mentally retarded were thrown off mountains, 
drowned in rivers, or left to the elements to die. As 
Gearheart puts it, "Extermination was the rule of the day."\textsuperscript{11} 
However, there is also mention in Greek history of incidents, 
whereby, mentally retarded subjects were cared for and treated. 
According to legend, Melampus, the first Greek physician, 
treated the daughters of Proteus, the Greek myth figure, of 
the old man of the sea who knew the past, present, and future, 
but was unwilling to utter prophecies, by having them play a 
game involving running. This game is reported to have cured 
them of the delusion that they were cows. Another reference 
is to Pythagoras, the Greek mathematician and philosopher, 
who urged the use of music in conjunction with gymnastics 
and dancing for the treatment of mental disorders. 
Aesclepiades of Bithynia, a Greek physician practicing in 
Rome, advocated that the treatment of mentally retarded, or 
as Avedon states it, "mentally ill", should be more humane. 
And thus, in 124 A.D., he ordered that the mentally ill in 
his charge be brought out of their dark cells and instead be 
placed in the sunshine. He then provided music and song, as 
well as gentle exercise for them.

\textsuperscript{11} Gearheart. p. 1.
Another proof that the Greeks cared for their mentally retarded can be seen in their temple complex, which, in addition to a library, a stadium, and a theatre, also contained a sanatorium, which housed patients who came from all over the civilized world for treatment.\textsuperscript{12}

In contrast to the Greeks, it was customary for the Romans, especially the elite, to keep handicapped subjects as "fools" and "jesters" for the household's amusement. The Romans were less concerned with individual participation and envisioned the circus and other spectator activities as a means of preventing social disorganization.\textsuperscript{13}

Some form of primitive psychodrama was practiced in ancient China by a famous surgeon called Hua T'o, who introduced, among his methods of recreational therapy, "the sport of five animals", which he recommended for those who engage in sedentary activity during the day, or for older people who are no longer active. The five animals are: the bear, the monkey, the tiger, the stag, and the bird.


\textsuperscript{13} Avedon. p. 6.
According to Hua T'o, whenever one feels ill, he should imitate the movements of one of these animals. ¹⁴

As we proceed in history into the Middle Ages, we find that public opinion on the mentally retarded shifted far to the opposite direction. They were, in some areas, "regarded as sacred creatures meriting reverence and even worship. In some areas, they were court fools and jesters, earning the protection and patronage of royalty." ¹⁵

However, the first hope of cure for the handicapped, to an extent, came with Christianity, but the greatest development occurred in the late eighteenth and early nineteenth centuries. The treatment for the handicapped was, then, universally recognized through: Philippe Pinel's encouragement of recreative activity for treatment purposes, the scientific method of instruction for deaf-mutes by Pereire, education of the visually handicapped and blind by Braille, and the first scientific individualized educational approach to treating the problem of mental retardation by Itard.

¹⁴ Avedon. p. 7.

As for the need of institutionalization for the care of mentally handicapped subjects, it was not recognized by society until the middle and late nineteenth century. In the 1840's, both private and public institutions sprang up, mainly in Europe. The United States in 1848 established its first institution, exclusively for the care and education of the retarded. In Germany, special classes were set up for the mentally retarded in 1870, for the purposes of returning these pupils to regular classes. The development of treatment procedures continued, so that by 1913, a vast number of published reports on activities for mentally retarded patients were reported. Since then up to the present, psychodramatic techniques are being included in many hospitals and institutions programs for therapeutic purposes, especially in the United States, France and England.

Here in Lebanon, some psychodramatic techniques are applied in the existing institutions for the mentally handicapped; that of St. Luke's center in Beit Mery and The Lebanese Association For The Mentally Handicapped at Quraytem, Ras Beirut area, but not to a fully developed stage as it ought to be. More details of the centers will be given in

16 Gearheart, pp. 3-8.
Chapter Two. This lack in development is due to the non-existent experts in this country in the field of psychodrama.

Through this thesis we hope to prove the need for strengthening the psychodramatic methods being applied in our institutions today, so as to help our handicapped children to interact with our present society more and more.

Before we proceed with a review of the literature on the subject, it would be beneficial, at this point, to provide a few definitions. What is meant by mental retardation? There is no single universally accepted definition that describes the term. In the United States the term is referred to as "mental retardation", "mental subnormality", "mental deficiency", "mental defective", and "mentally handicapped". In England the term "feeblemindedness" is used. In Russia, France, and the Scandinavian countries it is "oligophrenia". The World Health Organization recommends "subnormality", while some psychiatric and medical journals use "amentia". 17

As for the term "handicapped", it is a combination of four words; hand-in-the-cap. The origins of the word are

17 Gearheart, p. 20.
not clearly traced, but one theory traces it to the middle of the fourteenth century, and links it to the act of begging.\textsuperscript{18}

The term "therapeutic recreational services", first appeared in literature around 1957 to describe the treatment given within a special setting for disabled subjects who could not handle the recreational facilities offered to the community at large. From the mid-sixties on, the term came to be used to distinguish those who have special needs, regardless of their limitation. Recreation means a network of activities that have potential recreative value.\textsuperscript{19}

It is appropriate, at this point, to review some literature related to our topic; the essence of psychodrama. Sylvie Mansour's article in the quarterly bulletin issued by the Lebanese Association For The Mentally Handicapped serves as an introductory description of the way in which parents react to having mentally retarded or handicapped child to

\textsuperscript{18} Avedon. p. 21.

\textsuperscript{19} Avedon. pp. 21-22.
bring up. She points out the mistakes that parents make, at this point towards their child, by either keeping him at home, or sending him to a regular school, which in the end, has grave consequences on the child. Sylvie states that the critical moment for parents of a handicapped child is accepting the truth about their child being mentally retarded. The next step for such parents is to mourn their child's situation. For some parents this mourning will never end. Parents of mentally retarded children should learn to accept the reality that the best solution for their child is to attend a special school as early as possible, even though, the choice of special schools is limited in our country. Such schools do not rush the child to follow a set program, and are beneficial for the development of the child's intellectual and personality capacities.²⁰

In this same bulletin Tchalenko, suggests in her article entitled Acting As Therapy, that acting is essential

as well as therapeutic for the mentally retarded child.

Acting is good for mentally retarded children. As they do not speak or sing or play a musical instrument well enough to illustrate a role, they really have to act. And they like it and learn a lot through it. They have to develop imagination to personify their role to overcome their little manners caused by their condition. 21

She then mentions how children are "sincere and naive", and that once they are given a role which they understand, they will, "live it truly and don't pretend. And this is therapy, it is also artistic. A child who could carry his role through a play and rid himself of his mannerisms for sometime, gains a lot for his personality". 22 With this statement Tchalenko supports the thesis statement of this study.

Another interesting book relating to a somewhat detailed review of the birth and development of psychodrama is that edited by Ira A. Greenberg and entitled Psychodrama. It consists of a collection of essays by different writers on


22 Tchalenko. p. 15.
the whole field of psychodrama. More reference will be made to the information in this book as we proceed with the following chapters.

A detailed reference to the various benefits of psychodrama is written by Moreno himself in *Sociometry*, a journal of inter-personal relations. Although the journal is not recent, the information it contains is very interesting, even for our present time. In the essay entitled "Psychodrama And Therapeutic Motion Pictures", Moreno explains that his criteria for measuring whether a dramatic presentation is therapeutic or not "depends upon whether or not it is capable of producing catharsis in special types of audiences, or whether it is capable of warming up each member of audiences to a better integration of the culture in which he holds membership." He then refers to the incident in Shakespeare's *Othello*, when Othello kills Desdomona, as bound to produce in some audiences the opposite of catharsis, perhaps anxiety and frustration. If Shakespeare's work were to be presented as a psychodramatic
session, then it must be in the following form which Moreno describes:

What we need is a Shakespeare who undergoes creative revolution in relationship to himself and to his characters; for instance, to Hamlet. Dr. Shakespeare sits in his office. The door opens, a man comes in and says: "I am Hamlet, Prince of Denmark. Night after night I hear my dead father's voice and I see his head looking at me but what he says leaves me confused. Possibly he wants me to king of Denmark." "Let's find out," says Shakespeare. "Let's," says Hamlet. And they enter the therapeutic theatre and begin to work. 23

Shakespeare is present to help direct Hamlet to the proper path for attaining catharsis.

There is another essay in the same journal entitled "A Case Of Paranoia Treated Through Psychodrama" 24, a

23 Jacob Levi Moreno. "Psychodrama And Therapeutic Motion Pictures". Sociometry, Volume 7. (February, 1944), pp. 231-244.

detailed step by step report of how Moreno treated a girl of twenty-three suffering from a severe case of paranoia by the aid of psychodrama. The full report of the case is provided in Appendix B.

In a more recent text on creative dramatics, Move, there is a chapter on psychodrama and its benefits in helping children rid themselves of any hang-ups.

If the kids are feeling free, the ideas which come will be their own—about things close to their own needs...They really have a very great need to express things which are real to their own experiences not to ours. 25

When children experience free improvisations without bad outbursts then it means they are learning true life.

"They are coping. Not becoming self-indulgent, or fearful, or incompetent. But self-reliant and brave." 26


26 Bronwen. p. 69.
A review of psychodramatic techniques and their application in counseling is provided in the book *Counseling and Learning Through Small-Group Discussion*, by Helen Driver. Role-playing, leadership, multiple counseling, and organization of therapeutic sessions are some of the points defined in detail form in the text. However, due to the procedure followed in this study, more detailed reference to this text will be made in Chapter Two.

To sum up Chapter One; Psychodrama is a term invented by Moreno to describe a therapeutic technique which encourages improvisation as a means of self-expression. In reality some form of psychodrama existed as early in history as the Greeks. However, universal recognition of this new therapy did not occur until recently, with scientific advances. More and more recognition is building up every year and the benefit of psychodrama has extended to the treatment of mentally and physically handicapped people. And this is the concern of our study: That there exists a positive relationship between psychodrama and personality development in handicapped people.
In Chapter Two of this study we will continue with more review of the literature related to our topic, explaining the procedure used in the study: structuring and distribution of questionnaires, the choice of respondents, and the problems encountered during the process.
Chapter Two

As mentioned in Chapter One, this chapter will proceed with additional reference to the literature related to the topic of psychodrama. The first reference will be made to Ira Greenberg's book entitled *Psychodrama*. In a chapter on Moreno, Greenberg offers a brief description of the term psychodrama in a passage under the heading "Personality Theory Through Psychodrama".

Basically, psychodrama is nothing more than a grand extension of the clinical interview. The main difference between them is that instead of the patient being in a one-to-one relationship with the psychotherapist, he finds himself removed from the privacy of the consulting room and placed in a position where he is given opportunity to act out and thus experience various aspects of his problems in a larger-than-life dimension. In this process, the patient becomes the protagonist of the drama that he creates and may, while under the direction of the psychotherapist (the "producer" of this private drama), interact with other "actors." These "actors" play the roles of the "important others:" people who in normal life make up the environment of the patient's own world and are a part of the particular problem he brings to the therapy session. 27

Therefore, the nature of Moreno's theory of psychodrama, "is a tension-reduction type psychology. His theory is based on the dynamic forces of spontaneity and creativity, as well as on the concept of psychic configurations which includes insight through perceptual restructuring."\(^\text{28}\) As such, Greenberg has, with great simplicity, summarized the core of the theory of psychodrama.

It would be interesting at this point to provide a few samples of Moreno's own reference to the definition and benefits of his theory of psychodrama. He first claims that the term drama was inherited from the Greeks, who used it to mean action, or a thing done, "Psychodrama can be defined, therefore, as the science which explores the truth by dramatic methods."\(^\text{29}\) Moreno adds, that the psychodramatic method relies on five main instruments; "the stage, the subject or patient, the director, the staff of therapeutic aides or auxiliary egos, and the audience."\(^\text{30}\) He gave the


\(^{30}\) Jacob Moreno. Sociometry. (1951), p. 103.
stage the primary position because, as he claims, "it provides the patient with a living space which is multi-dimensional and flexible to the maximum."\textsuperscript{31} The patient or subject occupy the second position. This type of actor differs from the normal stage actor in the sense that the latter has a role imposed upon him by a playwright, whereas the former has to be allowed complete freedom of expression, basically self-expression. As for the third instrument which is the director, three functions are involved: producer, to transform every clue into dramatic action; therapist, to keep the session under efficient psychological control; and the analyst, to direct evaluations. The fourth instrument is the staff of auxiliary egos, who serve dual functions. "They are extensions of the director, exploratory and therapeutic, but they are also extensions of the patient, portraying the actual or imagined personae of their life drama."\textsuperscript{32} The final instrument, the audience, also serves dual purposes. The audience may either help the patient actor in their responses or be helped by watching their situation portrayed by other actors. As to

\begin{itemize}
\item \textsuperscript{31} Jacob Moreno. \textit{Sociometry}. (1951), p. 103.
\item \textsuperscript{32} Jacob Moreno. \textit{Sociometry}. (1951), p. 104.
\end{itemize}
the benefits of psychodrama, Moreno states, "In our time the social and mental sciences aim at a similar accomplishment as religion once attained. Mankind's masses suffer from social and mental unrest. Catharsis will probably come again from instruments which combine universality of method with great practicality. One of the most promising methods developed in the last twenty-five years and fulfilling these demands is the psychodramatic method." If Moreno was writing this essay today, his last sentence would differ as such, "One of the most promising methods developed in the last fifty-five years and fulfilling these demands is the psychodramatic method."

Having so far focused mainly on the theoretical aspect of the psychodramatic method it is necessary to refer at this stage, to the application of the theory into real practice. As such, reference will be made here to Helen Driver's book entitled *Counseling and Learning Through Small-Group Discussion*, dated 1958. Although the book may appear to be quite old for this study, it happens to be one of the few books found in our libraries on the subject of psychodrama

which contains examples of the psychodramatic method applied to case studies. Appendix C contains three detailed examples of cases and sessions, whereby the psychodramatic method was applied. The first example refers to effective role-playing in college counseling. The second recounts a session on alcoholism. And the third is an actual illustration from a Moreno Workshop.

Helen Driver defines psychodrama as, "The enactment of a life situation which holds emotional meaning and conflict for the central character."\(^{34}\) The reason for providing an additional definition of the term, eventhough a few have already been stated in Chapter One, is to prove, for the last time, that all writers on the subject of psychodrama are in agreement concerning the definition of the Moreno theory. As to the treatment of the mentally ill, Driver strongly agrees with Dr. Maxwell Jones' report on the progress of the social psychiatry movement in The Therapeutic Community. Dr. Jones and his associates experimented for nine years with psychoanalytic treatment on various patients. After this

period of experimentation they came out with the conclusion that, psychoanalytic treatment was not the remedy to the social rehabilitation of neurotic and psychotic patients. The following is an excerpt from Dr. Jones' report on some implications for the treatment of the mentally ill and for guidance and mental health programs focused on preventive mental hygiene.

We believe that too little use is made of educational methods in psychiatric hospitals. Our use of daily discussion groups with the entire patient population, documentary films, psychodramas, etc., represent an attempt to develop such methods; the main principle involved is that social problems and real life situations are either raised in discussion or acted out in psychodramas... To take the patient population repeatedly through this type of discussion and acting out of real life situations does possibly give them a new perception of such situations and so may alter behavior patterns; this new awareness may prove helpful in dealing with the patient's own problems. The awareness may not amount to actual insight, but the very process of acting out or verbalizing of feelings and attitudes gives definition to them, and in so doing, modifies them. 35

In other words, psychodrama is beneficial to counseling and

therapeutic to patients suffering from mental illnesses. It is necessary to clarify a certain point here. Psychodrama should not be expected to cure mental illnesses that are the result of cerebral damage, however, psychodrama is helpful to patients suffering from such misfortunes by encouraging free self expression, and allowing the patient to feel he is an important member to society just as any normal person. Psychodrama serves as a cure when patients suffer from mental disorders, such as depressions, catatonia, paranoia, etc. It would be interesting to quote Dr. Moreno on his description of the reasons why Mary, (the subject of the paranoid case treated by Dr. Moreno through psychodrama. It would be more helpful to the reader to refer to Appendix B before reading the following passage,) suffered from paranoia.

Mary is like a dramatist who wants to write a play with a historical subject-matter. But there are some differences between her and a regular dramatist. She does not write anything. It is as if she wants to write and produce the drama at the same time. But a closer analysis reveals that she wants to produce it without writing it. She is also different from a producer...He would try to get a cast of actors, and would transfer to them the plot and characters he has in mind. But Mary, besides being the dramatist and
producer, wants also to be the plot, and all the parts... She is determined to stage her John-production wherever she is. She suffers from a realization paranoia. 36

The review of the literature related to this study will end with reference to Bernice Carlson's and David Ginglend's book, *Play Activities For The Retarded Child*. The reason for ending the review section with this book is due to the information the authors provide concerning the benefits of acting, which serves as a direct support to the hypothesis of this study. According to Carlson and Ginglend, almost all experiences can be acted out. Retarded children, just like normal children, enjoy playing house and imitating clowns, cowboys, or other characters that they see on television. The difference, however, is that retarded children do not instinctively imitate characters, they have to be taught how to use their imaginations and need constant encouragement to do so. As such, the authors claim that, "this type of play should begin in the home with mother and child pretending

that they are two mothers feeding or dressing the doll-child or father and son pretending they are driving a car, and so on...It helps him to develop his speech, express his emotions, and to move about."\textsuperscript{37} They add, that this type of play should not be limited only to the home but extended to the classroom. "In fact, informal and imaginative play should be included in any kind of play program for retarded children as it may do more than any kind of play to help a young retarded child develop socially, mentally, emotionally and physically."\textsuperscript{38}

This final statement summarizes the review of the literature provided in this chapter, and thus, leads to the re-statement of the hypothesis; there exists a positive relationship between psychodrama and personality development in handicapped people.

As for the procedure to be followed until the end of the chapter, it will be as follows: the next step will be to provide a description of the centers for the handicapped to be included in the research for this study. Then will follow


\textsuperscript{38} Carlson and Ginglend, pp. 28-29.
a description of the formulation of the questionnaires, their distribution, and the problems encountered during the process. Chapter Two will end with a summary and an overview of Chapter Three.

The Lebanese Association For The Mentally Handicapped (LAMH), and the St. Luke's center, were the two centers for the handicapped, on which an important part of the research for this study was to be focussed. The original plan was to visit both centers regularly for a period of one month, with the intention of examining the program activities offered to the children in each center, and to plan a few psychodrama sessions with the children, so as to test their response to the experience. It was possible to visit the LAMH center at Mme. Curie street, during the months of April and May 1982, but the reports of the visits are no longer available, due to being lost during this summer's war. As such, the reports will not be included in this study, and the little time available for the completion of the thesis rules out the possibility of planning new observations. As to the St. Luke's center, the first visit was planned for the last week in May, but naturally was cancelled, since the political
situation was beginning to become unstable. Then, when the war broke out, it became impossible to get anywhere. Even at the present time, during the period that this study is being completed, it is not possible to reach the Beit Mery area, the center's location, for two reasons. The first is that the researcher is not in possession of identity card, nor passport, due to having requested for a residence permit. And thus, as is the case, persons found without Identification papers are in great trouble. The second reason is the very little time available for the completion of this study, the deadline is exactly one week. However, it is possible to visit the LAMH center because of its nearby location. As such, this center will form the basic part of the research for this paper.

At this point it is appropriate to proceed with the description of the LAMH center and the program it offers to the children. As has been mentioned earlier, the center is situated in Mme. Curie street, Ras Beirut area. Frequent discussions have been conducted with Miss Hala Hilmi, who prefers the title of co-ordinator when describing her duty at the center, but in reality, she is the director. Miss
Hilmi has been very patient and encouraging, not to mention her being extremely helpful. She and the rest of the staff working at the center have succeeded in making the physical environment of the school a clean and lively one, with a very warm surrounding. The walls of the interior of the school are brightly decorated with pictures and different forms of art work all made by the children. Miss Hilmi and the staff are very friendly, and manage to keep smiles on the faces of those around them, especially with the children.

As to the program the center offers to the children, it is very organized and does not differ much from that offered to children attending regular nurseries or kindergartens. The instructors' specialized training varies in the fields of psychology, social work, occupational therapy, and language. The children are divided into two groups: the Day Center aimed for children with ages ranging from four years to thirteen years; the Training Center for older students with ages fifteen to twenty-four.

It would more helpful to describe each center alone, with a brief definition of the general schedule for each group.
The Day Center, as mentioned in the previous paragraph, is intended for the younger children. In this center, the goal is to teach the children the basic requirements that would help them become more receptive to later learning. These requirements are clearly defined in the program's schedule for the center, which will be provided in detail in Chapter Three. However, due to the purpose of this chapter, the program's activities will be noted briefly. The schedule resumes every day with the "morning song", which serves as a warm-up for the children. This is followed by the attendance call, intended to teach the children to respond to their names. Then, the instructors divide the children into four groups, with one instructor responsible for a group. Each group concentrates on a certain activity. One group is concerned with the attempt at very basic language and math. Another is responsible for concentration activities intended to improve eye-hand coordination. One is concerned with teaching higher level requirements, such as preparing the children for paper work. And the fourth group is intended for the pull-out of individuals from each group, that is in need for special attention and guidance. The children all
pass through these four groups, it is a rotating procedure. The benefits of having such groups is for the instructor to be able to work more efficiently with a small group of children, thus avoiding the usual interruptions that normally occur in big groups. In the afternoon, after the recess, the program resumes with different activities of daily living, through which the child is taught self-help skills, such, toilet training, grooming, etc. At times, physical education and art activities are included in the program, depending on whether or not, volunteers or trained personnel are available to teach it to the children.

As for the Training Center, it has been mentioned earlier that it is aimed for the older students. The goal of this center is vocational. It offers the students activities based on handwork, which the student may use as his vocation once he leaves the center. The Student is also taught the concept of money, the concept of time, and how to hold a responsibility, such as dusting, washing dishes, opening the windows in the morning and closing them at the
end of the day. The students in this center are also taught activities of daily living, in addition to learning to write their names, memorizing their telephone numbers, etc. The items of handwork taught to the students are; macramé, basic sewing, doormat making, and carpentry. Once a week the center offers its students a session in art, in home economics, and physical education. The program's schedule for the Training Center will be listed in detail form in Chapter Three.

The informal discussions with Miss Hilmī proved that the LAMH center is in need of specialized training, not only in the field of psychodrama, but also in other areas, such as, music, dance, story-telling, art, and physical education. She mentioned that every time the center plans on a certain improvement, "something happens", and in many cases it has been the cause of war. As to the therapeutic recreational activities included, or ought to be included, in the program, Miss Hilmī explained that they have tried many things, like music, dance, physical education, and story-telling, but never for a prolonged period of time. The reasons being, once again, the lack of experts in such fields. The activities were offered by volunteers, who, on one hand, were not very
specialized in the work, while on the other, they eventually had to leave the center, and thus, the activity was abandoned completely. As to the topic of psychodrama, Miss Hilmi was very encouraging, and showed a lot of enthusiasm. She claimed that she would be interested in seeing the method applied at her center. She also wishes this study to succeed in introducing the field of psychodrama in Lebanon. She also agrees that not many people have heard of psychodrama, but it would help to start somewhere, and make sure there are experts in the field.

Another person interviewed on the subject was Dr. David Malarki, a professor at the American University of Beirut. Dr. Malarki was scheduled to teach a course on psychodrama at the AUB in the spring of 1981, but the course was deleted due to only three students enrolling for the course. He responded to the idea of this study with the same enthusiasm and encouragement as Miss Hilmi. Dr. Malarki had prepared a list of book titles that would be of help. He agreed that psychodrama aids in the personality development of the handicapped child, because self-expression is difficult for him due to some form of defect; acting minimizes this difficulty. The interview ended with Dr. Malarki admitting
that the appointment for the interview made over the phone the night before, had inspired him to plan a lecture on psychodrama. An additional note was made, that he would certainly like to see the method of psychodrama introduced in this country.

Following the procedure for this chapter, the description of the questionnaires should be made at this point. For attaining a detailed tabulation of results, and due to this topic, in which a lot of psychology is involved, three sets of questionnaires were formulated; one directed to the parents of handicapped children, one to the instructors at the centers for the handicapped, and the third, simply a form to be filled out by the researcher during the observations. The samples of the questionnaires are provided in Appendix D. The questionnaires were checked by Dr. Laila Khoury, a professor of mathematics at the Beirut University College. The goal of the parents' questionnaire is to introduce the definition of psychodrama, explain the aim of the study, and to obtain information concerning their child's interests, motivations, and spontaneity to role-playing, whether they encourage acting in the home environment, and finally to check if they
would support the idea of applying psychodrama in their child's school program. As to the goal of the instructos' questionnaire, it is to obtain professional information about the school's program and extra activities. The third questionnaire, as stated earlier, is the observation questionnaire, intended for keeping an organized check on the observation reports, and for simplifying the tabulation. The estimated population to be studied was, in the initial plan, a hundred. However, changes had to occur and the sample had to be reduced to as many individuals as able to locate. With the difficulty of reaching the St. Luke's center, the distribution of the questionnaires will now be restricted to the LAMH center.

This leads to the problems encountered and which imposed many changes in the initial research plan. As mentioned earlier in the chapter, the St. Luke's center had to be cancelled from the research plan. Thus, the research is now limited to a small sample of thirty-eight children, the total number of students at the LAMH center. However, there is another problem involved. Since this study should be completed by the 5th of November, it makes it necessary to extract fifteen
children from the sample, because the Training Center classes resume on the 15th of November, and these fifteen children belong to the center. As such, the sample to be studied is now the twenty-three children from the Day Center. This limitation imposes the change of making this study a pilot study instead. Because of such constricting circumstances, the results will have to be accepted as valid.

To sum up Chapter Two; more reference to the literature on the topic has been provided, with the intention of proving that there is a need for psychodrama along with other educational methods in psychiatric hospitals and institutions. The same idea was pointed out from the interviews with Miss Hilmi and Dr. Malarki. And finally, a detailed description was made of the problems that occurred, and imposed some changes in the initial research plan.

Chapter Three will proceed with a detailed definition of the programs’ schedules for both the Day Center and the Training Center, followed by the interpretation and tabulation of the results obtained from the questionnaires, and then, will state the conclusion reached in this research.
Chapter Three

This chapter consists of three main parts; a close examination of the program activities offered to the children at the LAMH center, the tabulation of the results obtained from the parents' and instructors' questionnaires, and the conclusion reached through the research.

As mentioned in Chapter Two, this chapter will first proceed with the program schedule for the Day Center. For simplification and clarity, the activities will be listed in schedule form.

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00</td>
<td>Free-play. (Moving, puzzles, play with beads, etc., intended to keep children busy until attendance is complete.)</td>
</tr>
<tr>
<td>8:15</td>
<td>Morning song and attendance. (The song acts as a warm-up for the children, and serves as a group activity. The attendance call teaches the children to respond to their names.)</td>
</tr>
<tr>
<td>8:30</td>
<td>Children divide into four groups of work. Group one - Concentration activities and basic concepts. (such as, puzzles, stamping pictures, etc., intended</td>
</tr>
</tbody>
</table>
for eye-hand coordination.)

Group two - Program at a higher level; preparation for paper work, such as, drawing a straight line.

Group three - Language and math. (Teaching the very basis of both. In language, the ABC is taught, in math it is to distinguish between differences in distance and sizes of objects.)

Group four - Is the individual pull-out of each group. (Giving the child an individual session with the instructor, whereby, the child is helped in whatever activity he is lagging.)

10:00 Break, to give the children a light snack.

10:15 Recess. (Allowing the children to play as they wish. If weather permits, the children are allowed to play outdoors.)

11:45 Different activities of daily
living, which are self-help skills. (such as, toilet training, grooming, shoe lace tying, etc.)

12:00 Lunch break and free play.

1:45 Quiet activities. (such as, story-telling, games, and slide projections.)

The above schedule has been clearly outlined and does not require further elaboration. However, it cannot pass unnoticed that the program lacks in role-playing, music, song, and dance. Since the reasons for having this lack have already been mentioned in Chapter Two, it will not be necessary to mention them again. But it should be kept in mind, at this point, that the children have not been exposed to acting as a therapeutic treatment.

The schedule for the Training Center runs as follows:

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00</td>
<td>Home responsibilities. (Dusting, opening the windows, arranging the games and books, etc.)</td>
</tr>
<tr>
<td>8:20</td>
<td>Physical education.</td>
</tr>
<tr>
<td>8:30</td>
<td>Divide the children into different groups. (These groups are functional academic in skills, teaching the</td>
</tr>
</tbody>
</table>
children the handling of money, the concept of time and color, writing of personal name, address and telephone number, and activities of daily living.

10:00  Recess. Light snack is provided.
10:45  Handicraft workshops. (carpentry, doormat making, macrame, etc.)
12:00  Break.
12:10  Handicraft workshops.
1:30   Responsibilities before leaving. (Washing dishes, closing the windows, and so on.)

Once a week, art, home economics, and physical education sessions are included in the program. From the schedule, it is clear that the core of this program is the simple handicraft workshops. This is naturally expected when the aim of the center is to give the children a vocation that would enable them to become working members of society. Also in this program, role-playing, music, song, and dance are lacking. The same reason applies to this case, the unavailability of trained personnel or volunteers to offer.
these activities to the children.

It is possible to assume, at this point, after having examined both programs, that, psychodrama, if included in the program, would be more of an experiment at first, because the children at the center have not been exposed to acting. However, it is not yet the time to reach conclusions, before proceeding with the results obtained from the questionnaires.

Before providing the tabulation of the results, a few points should be given as to the manner in which the questionnaires were distributed and collected. Both, the parents' and instructors' questionnaires were put in Miss Hilmis' charge. She helped in getting the instructors to respond to their set of questionnaires, and herself filled out the parents' questionnaires on their behalf. This had to occur because of the little available time. However, Miss Hilmis is constantly in contact with the parents, and proved to be not such a difficult task.

From the instructors' questionnaires, ten were responded to. Nine respondents were the staff members working at the LAMH center, and the tenth respondent was a volunteer, who
has been helping at the center for two years, and whom, Miss Hilmi suggested, is able to respond to the questionnaire as the rest of the staff. As such, the total sample of respondents for the instructors's questionnaires is ten. It is appropriate to proceed, then, with the tabulation of the results obtained from these respondents.

Beginning with the instructors' questionnaires, questions one to five inquire into basic background information about the respondent. Out of the total sample, 20 per cent of the instructors range between the ages twenty to twenty-two years, 10 per cent between twenty-three to twenty-five years, 20 per cent between ages twenty-six to twenty-eight, 40 per cent between thirty-two to thirty-four, and 10 per cent in the age group forty-one and above. The majority of the instructors are females, constituting 90 per cent of the sample, compared to the male 10 per cent. The results indicate that 60 per cent of the respondents work full-time, 20 per cent part-time, and 20 per cent volunteers. Out of the sample, 10 per cent have been working with the handicapped children for less than a year, 50 per cent for two to four years, 30 per cent for five to seven years, and 10 per cent chose not
not to respond to the question. Question five inquires into the reasons why the instructors chose to work in a school for the handicapped, more than one response may be checked. The results are as follows: 50 per cent are working with the handicapped because it is their profession; 10 per cent for humane reasons; 50 per cent find the work interesting; 10 per cent for gaining experience; and under others, 10 per cent wrote that it is a rewarding career, while another 10 per cent got involved because they liked the children's spirits.

From question six on the information sought becomes more specific. In response to question six, 70 per cent have received education on treatment and care for the handicapped, while 30 per cent have not. Out of the 60 per cent who responded to question six, only 33.3 per cent received their education in Lebanon, as compared to 66.6 per cent who got their education on the treatment and care for the handicapped abroad.

Question eight begins with the inquiry directly related to the topic of this study. The results were that, 80 per cent had some knowledge about psychodrama. As to how they
would rate their knowledge on the subject, 50 per cent out of the 80 per cent that know about the topic rated their knowledge moderate, 37.5 out of the 80 per cent rated low, and 12.5 rated very low.

The aim of question ten is to find out the source from which their knowledge on the topic of psychodrama was obtained. As such, a list of possible sources is provided in the question, and the respondent may respond to more than one. The results were as follows: 30 per cent were introduced to the topic through a special course on psychodrama; 40 per cent from a slight mention of the subject in a psychology course; 30 per cent from books chosen on the subject; 10 per cent from magazines; 20 per cent from teacher or teachers; 40 per cent from friends; and under others, 10 per cent stated from a conference. None received their knowledge from an encyclopedia.

Question eleven refers back to the program offered at the school, simply to pave the way for questions fourteen to eighteen. Out of the total sample, 90 per cent agree that their program is lacking in certain aspects, while 10 per cent strongly agree. Automatically, question twelve requests
a check of the activities that are lacking. Here, too, more than one activity may be checked. The results were: 20 per cent checked song, 60 per cent checked dance, 100 per cent checked acting, 40 per cent story-telling, 20 per cent art, 20 per cent reading, 20 per cent writing, 10 per cent handcraft, 20 per cent group discussion, 20 per cent playing a musical instrument. In fact all the activities were checked, but for reasons of validity, only the ones with high percentages ought to be considered, such as, acting, dance, and story-telling. Almost the same activities that were seen to be lacking from the program schedules at the beginning of this chapter.

Questions thirteen probes into the reasons for this lack in the program; more than one response may be checked. As such, 100 per cent checked lack of specialized trainees, 80 per cent checked financial reasons, and 90 per cent for lack of space within the school's compound. It is evident here that almost the entire sample agrees to these three reasons.

Question fourteen asks directly if acting is given enough importance in the program. Out of the 50 per cent who
responded to this question, 80 per cent disagree, and 20 per cent strongly disagree.

Question fifteen is the question directly supporting the hypothesis of the study. The question is whether or not they believe that acting aids in personality development. To this question, 100 per cent responded with a yes.

Out of the 50 per cent who responded to question sixteen, as to how they would rate the children's enthusiasm to improvisational drama, 20 per cent checked high, and 80 per cent rated moderate.

Question seventeen is also related to the goal of this study, which is whether they would promote the application of psychodrama to the school's educational program. Here, again 100 per cent responded yes.

Question eighteen focuses on a broad plan for the future. It inquires as to whether it would be beneficial to plan special classes of psychodrama outside of the schools for the handicapped. The total sample agrees; 40 per cent strongly agree, while 60 per cent agree.

With this ends the tabulation of the results obtained from the instructors' questionnaires, and the procedure will
follow with the tabulation of the results obtained from the parents' questionnaires. The conclusion for the above questionnaire will be provided at the end of the chapter.

Miss Hilmî managed to respond to twenty questionnaires on behalf of the parents. This is accepted because the center and the parents are always in close contact. There was no other alternative, as has been mentioned before, because time was running short. The tabulation of results of the twenty parents' questionnaires will follow.

The total sample consists of twenty respondents. The first three questions are background information about the child. For the age grouping, 40 per cent of the total children range between ages nine to eleven, 10 per cent between twelve to fourteen years, 25 per cent between fifteen to seventeen, 15 per cent range between the ages eighteen to twenty, and 10 per cent twenty-one years and above. As for the sex of the child; 60 per cent are males, and 40 per cent females. The amount of time the children have been attending the school is as follows: 50 per cent have been attending the school for three to four years; 45 per cent between five to six years; 5 per cent between seven to eight years.
Questions four and five provide some information about the parents, concerning their awareness of what their child is being taught at school. Question four asks whether the parents keep contact with their child's instructors. Out of the twenty parents, 85 per cent keep in constant touch with the instructors at the school, 10 per cent awaits parents' meetings, and 5 per cent only contact the instructors when needed. In response to question five, 80 per cent of the parents are aware of the educational program offered to their child at the school, and 20 per cent are aware of the program, but not in detail.

Question six asks for a check of the activities which are included in the school's program. Song was checked by 75 per cent of the respondents, 25 per cent checked dance, 40 per cent checked story-telling, 20 per cent checked acting, 90 per cent for art, 40 percent for reading, 70 per cent for writing, 80 per cent checked handicraft, 65 per cent for group discussion, 15 per cent for playing a musical instrument, and under others, 15 per cent stated grooming. Following with question seven, 100 per cent are satisfied with what their child is receiving at school.
Question eight attempts to examine in what activities the child shows more interest at home. Out of the twenty, 40 per cent checked dance, 40 per cent for song, 25 per cent checked story-telling, 35 per cent checked acting, 60 per cent for art, 15 per cent checked reading, 35 per cent for writing, 50 per cent for handicraft, 15 per cent for group discussion, and 5 per cent for playing musical instruments. Under others, 15 per cent wrote puzzles and group games, while 5 per cent wrote outdoor activities. From the total sample, 5 per cent chose not to respond to this question.

Question nine asks if parents believe the program offers excellent opportunities for their child. In response, 95 per cent believe that it does, and 5 per cent believe it does not.

Out of the twenty respondents, the results for question ten, 90 per cent agree that certain activities in the program need to be developed, while 10 per cent are indifferent. But to question eleven, 95 per cent checked yes to whether the child has improved since he or she first attended the school. Question twelve follows eleven, it asks for a check of the aspects in which the improvement in their child was noticed;
80 per cent checked in personality development, 20 per cent checked physical coordination, 40 per cent checked ability to solve problems, 75 per cent checked interaction with others, 50 per cent checked freedom in self-expression, and 65 per cent checked awareness of people and objects in his or her environment.

Question thirteen to sixteen are concerned with the subject of improvisation. For question thirteen, 60 per cent responded yes to whether their child enjoyed improvisation, as compared to the 15 per cent who checked no, 15 per cent stated that it would be interesting, 5 per cent claimed they did not know, and 5 per cent admitted that their child is not acquainted with improvisation. Of the total sample, 55 per cent for question fourteen, checked yes to whether their child imitates people at home, while 45 per cent stated no. For those 45 per cent, Carlson's and Ginglend's statement in Chapter Two about how handicapped children need to be taught to act, because most of the handicapped children are unable to do it instinctively, might explain the no response.

Question fifteen is a continuation of fourteen, and requests the checking of the personalities that their child imitates.
Personalities of parents was checked by 35 per cent of the respondents, none checked siblings, 55 per cent checked instructors, 40 per cent checked for characters on television, and 30 per cent checked characters that child invents. As to question sixteen, only 35 per cent of the parents encourage acting in the home environment, as compared to the 55 per cent who don't, whereas, 5 per cent are indifferent, and 15 per cent chose not to respond to the question.

Question seventeen is directly related to the aim of this study. Asked whether the parents would like to see psychodrama applied in their child's school program, 95 per cent responded yes, while only 5 per cent were indifferent.

For question eighteen, 95 per cent would like to see a documentary on this new therapeutic method, with a 5 per cent responding to indifferent.

The total sample agrees to question nineteen, that they would support the application of psychodrama to the school's program for the handicapped.

And finally with question twenty, 90 per cent checked yes they would like to know more about psychodrama, and only 10 per cent were indifferent.
From the results obtained through the questionnaires, it is evident that acting, role-playing, improvisational drama, or imaginative play, which ever term is used to describe the activity, does not exist in its full capacity as a therapeutic treatment for the handicapped. The evidence to support this statement is, clearly, the 100 per cent agreement of the instructors, in response to question twelve in the instructors' questionnaire, that acting, among other activities, is lacking in the program. But a close look at Table 1 on the following page, will prove that not any other activity received the full 100 per cent response.

Another evidence supporting the aim of this study is found in the instructors' response to the question, do they believe acting aids in the child's personality development, the total sample stated yes. Still a third support is the total sample of instructors promoting the idea of applying psychodramatic techniques to the school's educational program, and to set up special classes of psychodrama out of the school.

The evidence obtained from the parents' questionnaires, and which support the goal of this paper, summarized very
TABLE 1

TABULATED RESPONSES OF INSTRUCTORS TO QUESTION NUMBER TWELVE IN INSTRUCTORS' QUESTIONNAIRE CONCERNING THE ACTIVITIES THAT ARE LACKING IN THE SCHOOL'S PROGRAM

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>SONG</td>
<td>20 per cent</td>
</tr>
<tr>
<td>DANCE</td>
<td>60 per cent</td>
</tr>
<tr>
<td>ACTING</td>
<td>100 per cent</td>
</tr>
<tr>
<td>STORY-TELLING</td>
<td>40 per cent</td>
</tr>
<tr>
<td>ART</td>
<td>20 per cent</td>
</tr>
<tr>
<td>READING</td>
<td>20 per cent</td>
</tr>
<tr>
<td>WRITING</td>
<td>20 per cent</td>
</tr>
<tr>
<td>HANDICRAFT</td>
<td>10 per cent</td>
</tr>
<tr>
<td>GROUP DISCUSSION</td>
<td>20 per cent</td>
</tr>
<tr>
<td>PLAYING MUSICAL INSTRUMENTS</td>
<td>20 per cent</td>
</tr>
</tbody>
</table>

Clearly, in Table 2 on the following page, that 60 per cent of the children enjoy improvisation. Another evidence
TABLE 2

PARENTS' RESPONSES TO QUESTIONS THIRTEEN, FOURTEEN, AND SIXTEEN IN PARENTS' QUESTIONNAIRE.

<table>
<thead>
<tr>
<th>QUESTION 13</th>
<th>QUESTION 14</th>
<th>QUESTION 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your child enjoy improvisation?</td>
<td>At home, does your child imitate people?</td>
<td>Do you encourage acting in your home environment?</td>
</tr>
<tr>
<td><strong>YES</strong></td>
<td><strong>55 per cent</strong></td>
<td><strong>35 per cent</strong></td>
</tr>
<tr>
<td><strong>NO</strong></td>
<td><strong>45 per cent</strong></td>
<td><strong>55 per cent</strong></td>
</tr>
</tbody>
</table>

Directly supporting the hypothesis of this study is that 95 per cent of the parents stated that they would like to see the method of psychodrama applied to their child's school program.

To sum up the results obtained in this research; there exists a need for psychodrama in school's program for hand-
icapped children. Such children are not being offered enough exposure to therapeutic methods, such as to that of psychodrama. And finally, the fact that, the majority of the population examined, support the application of psychodrama to the existing schools' programs for the handicapped. It can be assumed that psychodrama will attain a good reception by the Lebanese society.

This chapter has provided the program schedules for the Day Center and the Training Center in full detail. It then described the questionnaires, tabulated the results, and provided a concluding statement.

Chapter Four, the final chapter in this study, will present a general statement of the entire paper, and will provide suggestions for further research.
Chapter Four

Chapter One of this study provided a description of how psychodrama is a term invented by Jacob Levi Moreno to describe a therapeutic technique which encourages improvisation as a means of self-expression. The history of psychodrama can be traced back as early in time as the Greeks, who have recorded cases whereby mentally retarded subjects were cared for and treated. However, universal recognition of this new therapy did not occur until recently, with scientific advances. As such, is presently considered an efficient therapeutic technique with benefits for being extended to the treatment of mentally and physically handicapped people. The texts that were referred to, mostly in this chapter, were: The Trainable Retarded by Bill Gearheart, from which most of the history on the subject was obtained; Elliott Avedon's book, Therapeutic Recreation Service, was referred to mainly for the definition of terms; and Sociometry, a journal of inter-personal relations Volume 7 dated 1944, from which most of the reference to Jacob Moreno was made.

In Chapter Two the review of literature was continued, but the reference was more to the practical application of the method to case studies, in contrast to the review in Chapter
One, which was basically the theory of psychodrama. Here the reference was mainly to Ira Greenberg's book entitled *Psychodrama: Theory and Therapy*, from which statements were provided concerning the benefits of the psychodramatic method in counseling procedures, and therapeutic benefits to mental illnesses. Many references were made in this chapter to Moreno's writing on the subject of psychodrama, mainly those obtained from *Sociometry: The Science of Society*, written by Moreno himself. The book *Counseling and Learning and Learning Through Small-Group Discussion*, written by Helen Driver contains many case studies on which psychodrama was applied with therapeutic intentions. The first two examples provided in Appendix C were obtained from this book.

The chapter then provided a description of the centers for the handicapped to be included in the research plan, the interviews conducted with Miss Hala Hilmi and Dr. Malarki, and a brief summary of the problems encountered during the research period.

Chapter Three provided a detailed description of the two program activities offered at the LAMH center for the
handicapped. Then the tabulation of the results obtained from
the questionnaires was made followed by the interpretation
of the results in a concluding statement.

If this study should be conducted once more, then the
suggestions are numerous. The first suggestion is that a
large sample should be sought for the research plan. Since
this study was forced to minimize its sample, it can
act as the future researcher's pilot study. Second
suggestion, is to plan observations of the children in
advance, and to keep them on a regular basis. Yet, another
suggestion is to make sure there is a possibility that
the researcher can plan a number of psychodrama sessions with
a group of children, the results of such an experience
would be extremely helpful for the research part of the study.

Literature might pose a problem, therefore the researcher
should plan ahead of time the amount of reference to be
made to the literature.

In fact this study should be developed further. It
has many potentials if only circumstances were not so
restricting.
The following are suggested for further reading into the subject of this study. Margaret Humphries Callihan's book entitled *Cotton Candy And Carousels*, is a beautiful book consisting of Margaret's personal account of the year she taught a class of sixteen mentally retarded children at the Opportunity School. It begins with the first day of registration and ends with the summer vacation. This book is suggested to those who like quick reading. Another book that would be helpful to those interested in play activities for retarded children, is *Play Activities For The Retarded Child*, by Bernice Carlson and David Ginglend, which offers a wide range of activities. Moving to a more educational aspect, Kathryn Barnard and Marcene Powell's book entitled *Teaching The Mentally Retarded Child*, which offers various methods that may simplify ways of teaching a mentally retarded child.

This paper has attempted to prove that psychodrama aids in the personality development of handicapped children. And that this method should be included in school programs for the handicapped.
HILLIOGRAPHY


Where are your articles?
J.L. Moreno And The Origins of Psychodrama

By
Walt Anderson

Jacob Levi Moreno was born in Bucharest, Rumania, on May 20, 1892, the son of Nissim Moreno and Pauline Wolf Moreno, who had married her husband at the age of 15. The family was of the sephardic Jewish community, but Moreno had received little formal religious training beyond the traditional rituals of circumcision and Bar-Mitzvah. He recalls having gone to a bible school when he was four...At any rate, religion has been an important part of Moreno's thinking throughout his life, particularly during his years in Austria, and it was influential in his group psychotherapy work. As early as 1908 he founded, with a small group of friends, a society called the "religion of the encounter."

The family moved to Vienna when Moreno was four, and by the time he was 12 he had decided to become a doctor. He studied mathematics and philosophy at the university of Vienna from 1910 until 1912, when he entered that university's Medical School.

While a medical student in Vienna, Moreno began to formulate the ideas which would in time lead to the development of his therapeutic system. Those were the years when he often
spent his afternoons in the gardens of Vienna, telling improvised stories to groups of children—and observing the natural form which evolved in the process, as his listeners arranged themselves in concentric circles.

Thus, some time before he was himself a practicing psychiatrist, Moreno had formulated ideas strongly opposed to the Freudian prohibition against the "acting out" of neurotic drives, and in general favoring expression over repression.

For a little over a year, Moreno was with the research staff of the Psychiatric Clinic of Vienna University, and during this time he had some personal contact with Freud, whose psychoanalytic theories at the time were just beginning to attain international recognition.

A year or two later, while still a medical student, Moreno became involved in the project which he considers to have been the real beginning of group psychotherapy: the organizing of weekly discussion meetings among small groups of prostitutes in the Am Spittelberg district of Vienna. He has written that in those meetings he was struck by four basic considerations which became the cornerstones of group psychotherapy: the autonomy of the group, the presence of group structure, the problem of collectivity, and the problem of anonymity.
Moreno received his M.D. degree in 1917, about a year before the end of World War I and the collapse of the Austro-Hungarian monarchy.

He practiced psychiatry in Vienna and the neighboring community of Voslau from 1919 until 1925, and also founded a monthly literary and philosophical publication, Daimon, to which Martin Buber became a contributing editor. During this period, nine books were published anonymously.

In Der Koenigsroman, Moreno recounts the first "official" psychodramatic session, an attempt in 1921, to channel some of the uncertainties and frustrations of a group of Austrians into a spontaneous production. The location was a theatre, the Komedian Haus, and the only pieces of stage properties in use there were a large thronelike armchair and a gilded crown. Moreno describes the experiment as follows:

It was an attempt to treat and purge the audience from a disease, a pathological cultural syndrome which the participants shared. Postwar Vienna was seething with revolt. It had no stable government, no emperor, no king, no leader...Austria was restless, in search of a new soul. But, psychodramatically speaking, I had a cast and I had a play. The audience was my cast...The natural theme of the plot was the search of a new order of things, to test everyone in the audience who aspired to leadership, and perhaps to find a saviour. Each according to his
role, politicians, ministers, writers, soldiers, physicians and lawyers, they all were invited by me to step upon the stage, to sit on the throne and to act like a king, unprepared and before an unprepared audience. The audience was the jury. But it must have been a very difficult test: nobody passed it. When the show came to an end none was found worthy of being a king, and the world remained leaderless. The Viennese press the next morning was greatly disturbed about the incident.

The next step in the evolution of psychodrama was the founding, in 1921, of Das Stegreiftheater, the Spontaneity Theatre. For several years this theatre group, a center for the creative activities of many radical young artists, entertained the Viennese with dramatic productions which were improvised spontaneously upon the stage. This kind of action took many forms; one was the Living Newspaper, in which recent happenings—sometimes local incidents, sometimes developments in world politics—were spontaneously dramatized. Das Stegreif-theatre was significant not only as a laboratory for the development of psychodramatic techniques, but also as a forerunner of modern improvisational theatre.

Moreno regards 1923 as the year when his main orientation turned from religious and philosophical to scientific in the modern sense. By this time he was working on an invention, a
machine for recording and playback of sound on steel discs, which he patented in 1924 and brought to America in 1925. His interest in this form of technology led to later experiments with the recording and playback of therapist-patient interview sessions.

He decided to remain in the United States, began medical practice in New York and was eventually naturalized as an American citizen. He immediately set out to introduce psychodrama into the mental health professions and into American culture in general. He began psychodramatic work with children at the Plymouth Institute in Brooklyn and also became involved with the Mental Hygiene Clinic at Mt. Sinai Hospital. In 1929 he began the first regular program of large-scale "open" psychodrama in America: the Impromptu Group Theatre in Carnegie Hall, where sessions were held three times a week.

If the period prior to 1925 was the time when most of the ideas of Moreno's system were beginning to take form, then the longer period stretching from the time of his arrival in the United States through the 1930's and 1940's was the time when psychodrama and sociometry developed into the forms in which we know them today and, also, it was the time when the greatest effort was expended on introducing them into the medical
and academic communities.

APPENDIX B
(A Case of Paranoia Treated Through Psychodrama)

By

Jacob Levi Moreno

The family of Mary, a girl of 23, applied for her admission to the sanatorium. It was with this very request that the dilemma began. Her two sisters explained that Mary would never come voluntarily. Three years ago she had met a young man, a certain John, at a Christmas party. She had been with him a few minutes, and never spoke of him until she became ill. She never saw him again, except as an apparition. She had fallen ill with influenza when John returned to her mind. Immediately after her recovery she began searching for John. She sought for information concerning his address, she made trips to the village in which she hoped to find him, all in vain. Finally she was brought home by the police. Mary was sent to one mental hospital after another. She was non-cooperative, ran away persistently trying to find John, wandering from one place to another. Repeated interviews with members of the family enabled me to piece together Mary's psychological history.

The problem was to start a therapeutic relationship to Mary. The first step had to be carefully planned, as it would determine the entire course of treatment. She did not consider herself sick, but reacted with physical violence to the efforts of her family to talk John out of her mind. After a preliminary
conference with members of my staff a plan of strategy was made up. I advised the family to change its attitude towards Mary, to cooperate in her search for John, and to bring her news, a few days later, that they had found an old friend of John's, whose home in Beacon, New York, John had recently visited. Mary thereupon started immediately for the sanitarium. After a short token resistance her sisters agreed to accompany her.

I started the treatment by putting myself and the staff in a difficult situation. My working hypothesis, based on Mary's psychological history, was as follows: John had never existed. Even if he did, Mary knew little of his real person. What she knew of him was largely the product of her own imagination. The claim that John was in Beacon was not entirely a deception; he could be there as well as anywhere else. In addition, I had a method, the psychodrama, by means of which I could produce John.

**First interview**

Everything worked according to plan. When Mary arrived she entered my office and as anticipated, reversed the technique of psychiatric interview. "I'm Mary, are you Dr. M?-Where is John?" According to "plan" there was a Western Union telegram
on my desk: "Have to appear before the draftboard tomorrow will come within few days" signed "John." I passed the telegram to her. Mary read it and said: "Isn't it wonderful?" Her sisters smiled in unison. This won us two days to work out a situation. According to plan I introduced Mary to a "friend of John's," an auxiliary ego, William, and to Jane, a "friend of John's mother." Mary feverishly asked questions about John and his family, looked at the telegram again somewhat suspiciously, then asked for John's address. We had expected this question and had the address ready. According to plan, William suggested that she write a letter to John immediately, announcing her arrival in Beacon, and to tell him not to delay his coming.

A correspondence developed between Mary and John which, from the point of view of an outsider looked fictitious. Psychodramatically speaking, there was nothing fictitious about it. The auxiliary ego assigned to the task of being a good friend of John's helped her at one time to write her own letter to John, and also to receive the kind of letter she expected from him. This was accomplished by a subtle interviewing of what she wanted John to write her. By this two-way technique William succeeded to be an auxiliary ego to both Mary and John. John
was a fictitious person to us, but to Mary he was real. The task of the auxiliary ego was to identify himself with Mary to such a degree that he knew what she wanted, and to suggest moves in advance of her own request. This increased her faith in the reality of her fiction and in our honesty.

Theory of Procedure

The theory of procedure I had established so far was as follows: Let us begin the treatment with a support of Mary's efforts, using a procedure called psychodramatic realization technique—John exists, he loves Mary as much as she loves him. By the correspondence we had established a relationship to a fictitious John in order to give her a means of communication with the real John. The real John was hard to produce, but the fictitious John was completely under our control. We could have him drafted or fall in love with someone else. We could influence Mary via the correspondence. We could stop the correspondence at will. Finally, we could let John die. From the point of view of a control experiment this procedure was ideal. John was like a character in a drama, directed entirely by us. Such fictitious persons are often necessary in the process of therapeutic confirmation of the psychotic world. This con-
firmation of a delusion or hallucination is of course highly experimental. The problem was: how soon will Mary begin to doubt? As we postponed John's arrival continuously, always by new detours, we worked ourselves out of one dilemma, only to get into a new one.

First session

Mary presented a special problem. There are types of patients who need highly individualized treatment. It is often dangerous to take patients of her type prematurely into the theatre and without adequate motivation. Motivation is individually determined and in Mary's case play-acting or "pretending" would have been out of tune with her intentions. Mary was prepared by a letter from John. He wrote: "William can tell you much about my people; I want you to like them." According to plan we took Mary into the theatre soon after she received the letter, to put a scene on for her, showing her how John's people lived. She sat in as a spectator watching William acting in the role of John's father and Jane as John's mother. But Mary interrupted them to show us how John had acted when she met him. We had anticipated that her meeting with John would be psychodramatized and had prepared ourselves carefully
for this possibility. She chose William to represent John but when it came to actual production she presented three versions of the meeting, indicating her uncertainty of what actually occurred. In the first version she met him at a Christmas party. She saw him there only at a distance in a group, but did not speak to him. In the second version she met him in a drugstore and had a talk with him. In the third version she saw a man she knew he was John, although she did not see his face, but only his back and profile. William's portrayal of John was sharply criticized by Mary. His voice was too high and effeminate. His posture was not like John's. He, John, would never have come so close to her, he knew how to treat a lady. The conversation was not spiritual enough. "There was a strong flow of feeling between him and me. He never spoke a word. Right now I feel him. I know where he is and he knows where I am." At this point the director suggested that she herself should take the part of John. She did and gave us a portrayal of her experience—the real voice of John, how he walked, what he said and how he said it. As we experimented with the three versions, it became evident that she had never seen John's face in full view, only his profile and back, at a distance of about
7 to 8 feet. But she had heard his voice in the absence of his body, and spoke to him when in fever from a gripe. She felt his presence many times in the past three years. Walking through Main Street "on the stage" she knew that John was in a red automobile, riding by. She received orders to expect him and to wait for him at a moving picture house at 7 p.m. As Mary portrayed John, the auxiliary ego William attempted to imitate her enactment of John step by step, under her guidance. Many situations were dedicated to this task until she was satisfied.

This session did not end with an "analysis!" Mary was not interested in analysis, either of herself or of anyone else. She was interested in action, in meeting John as rapidly as possible. And so the session ended with a "future" projection of John's arrival. It is good psychodrama not to end a session with a "letdown" for the patient, but with a high point.

There are certain types of patients whose production on the stage can be analyzed after every scene in their presence. But there are patients like Mary who would not accept analysis because they do not accept treatment.
Second Session

This session was requested by Mary. She stepped up on the stage and said: "I received a letter from John, saying: 'There is one person I would like to meet—that is your father.' I have the feeling that John must be in the house somewhere, in one of the rooms on the top floor. He may be here in the audience." She looked at William and said: "you take the part of John. I wish my father were here, but he is dead. He passed away when I was five and a half. Would you take the part of my father?" she asked a physician in the audience.

She tried to help the doctor to enact the role of her father, but she hardly remembered the way he moved around, how he spoke, how he looked. She accepted the portrayal which the doctor gave of her father uncritically, although according to information received from other sources, it was incorrect. The situation occurred at the time of her father's death.

Then she dramatized various personages of her cultural atom, and it became evident that the lineage of "Johns," male and female, went back into her early childhood. Our query, "Who was the first John and how was he conceived?" remained only partly answered.
Our conclusion was that she had a deep memory and clear vision of the products of her own imagination, such as John and kindred experiences, but a poor memory and a weak attachment to people she had actually met or lived with. The portrayals of her mother and sisters given in later sessions were weak and inaccurate. She had always lived along two tracks of experience, but the world of imagination prevailed and pushed the world of actual events into the background.

Third Session

Mary's anxiety was growing, John was drafted and the day of reunion was constantly deferred. When she heard over the radio that many soldiers were married by proxy, she wrote to John suggesting a proxy wedding. He wrote back a cheerful letter and named William as his substitute. A wedding ceremony was given, according to plan, in the therapeutic theatre. Mary was a beautiful and tearful bride. She kissed William, promising him eternal loyalty. Thus Mary and John became man and wife.

The outstanding thing about the wedding was the absolute realization-value it had for Mary. She was married to John from then on, the climax of her relation to John was reached. The days following the session her anxiety about the coming of
John decreased. It seemed as if the wedding had been the beginning of a gradual detachment from John and a new period in her psychotic development.

The psychodramatic treatment of Mary can be divided into three phases: the period of realization, the period of replacement, and the period of clarification. The mask of John changed gradually, taking on William's features. Before Mary knew it, John changed into a new John. He was really William, but she did not realize it. Now when she met William in the dining room after sessions, he acted like John with a changed mask. The auxiliary ego was then able to exercise, via this reversal of role-taking, a growing influence over Mary. And with this gradual process we leave the period of realization and enter the period of replacement.

Period Of Replacement

First Session

Mary had become attached to William more than would seem permissible for a married woman. She asked him repeatedly whether he was married and if not, whether he would contemplate marriage. She invited him for walks and picture shows. The time had come to let John die. The shift from John, the
hallucinated lover, to William, the auxiliary ego lover, was
definitely established. John's death would give an official
imprint to her freedom. Accordingly, a session took place in
the theatre, during which the formal announcement of John's
death was made. Mary went into hysterics, insisted on mourning
for John and was unapproachable for weeks.

In this new period, the treatment techniques had to be
altered. As the mask of John changed, the masks of John's
parents were bound to change. They took the form of William's
mother and father. The mask of Mary herself turned into
different Mary, Mary number 3. An auxiliary ego portrayed various
versions of Mary, who was a spectator looking at herself.
Gradually Mary became ready to enter the period of clarification.

Period Of Clarification

First Session

The climax of the treatment came when I confronted Mary,
in the presence of her sisters and members of the staff, with
the first particle of the truth. She was given a small dose.
Just as we developed her auxiliary world first in small, then
in larger doses, the procedure was now reversed. We reduced
that world gradually by small doses first, contemplating
greater revelations later on. Her relationship to William and other members of the staff was soundly established and we re-enacted before her eyes a scene depicting her arrival at the sanitarium. John was shown as alive and a friend of William's and myself, but he refused to come to meet Mary because he hardly knew her. Only under great pressure he conceded to start the correspondence with Mary. In the midst of this act Mary jumped up and tried to hit me. This brought about an upheaval, her own sisters and the staff members coming to my defense. Mary finally apologized for her misdemeanor. This followed by a series of sessions, each breaking up more and more of the fictitious foundation upon which our treatment had been based.

Final Session

According to plan, a young man who was attracted to Mary and had given her persistent attention before she fell ill, was invited to take part in her psychodramatic work. A shift of her affections from William to him began to take place. In his role-taking he was easily divided into reality and fantasy-playing and was a witty co-respondent to both parts in Mary, her self-component and the John-component. The circle of treatment was closing up. The shift from a hallucinated character, John, to
an auxiliary ego, William, was the first step. The later shift, from an auxiliary ego to an individual in the community whom Mary had found and chosen herself was the second step. Around this new inter-personal nucleus her future began to take practical form on the stage, showing the return to her family and to employment.

Mary left the sanitarium soon after this session. Her interest in the auxiliary ego gradually faded out. She still lives in two dramatis personae, but one does not hamper the other, and she has found a partner whose two dramatis personae complement hers fairly well.

APPENDIX C
(An example of effective role-playing in college counseling)

John was referred to the counseling center toward the end of a semester for low grades. Mrs. W, the counselor, knew that John was a brilliant student from his high school record and college entrance tests.

In the first interview John admitted he didn't care if he failed, he had no desire to stay in college. In the second interview John said frankly he was trying to get even with his father who had forced him toward high grades all through school. It was a case of rebellion against a parent-of cutting off one's nose to spite the face.

In the third conference Mrs. W suggested role-playing. Two scenes were enacted: John took the part of a father in two different situations, while Mrs. W played the child. The first consisted of the father and his crippled, mentally handicapped child. In this scene John was sympathetic and loving toward the son. A discussion followed this scene concerning the problem faced by parents with handicapped children. The second situation consisted of a farmer with a husky son who was very lazy. The crops were going to rack and ruin because of the son's neglect of his duties. John, as the father became very angry, reprimanded his son and warned him that
if he didn't change his ways he would never be worth anything. In the tirade John said, "I'm saying this for your own good—it's because I love you that I'm telling you!" At that point he stopped short, changed expression and exclaimed, "My gosh—that's just what my father said to me!" The discussion that followed included an analysis by John of the way he felt as the two different fathers. He realized that failing his college subjects to get even with his father was no solution to the problem of the conflict with him. New insight and emotional acceptance of his folly in flunking brought a changed attitude: determination to make up his work resulted in passing grades and succeeding semester he received an A—average.

Although John continued to see the counselor occasionally regarding other college adjustment problems, the conflict with his father dissolved without further counseling. Mrs. W believed the role-playing was the significant learning in the case and that the counseling process was immeasurably shortened by it.

(An example of a psychodramatic session on alcoholism)

One of the members of a discussion therapy group in a mental hospital asked the leader for a discussion on alcoholism. Although she claimed that she was not, and had never been an alcoholic, she was extremely interested in the subject. Not satisfied with the one session in which the leader gave an informational talk followed by free discussion of alcoholism, Lou requested that another session be used for the subject. In this session the leader queried Lou concerning her deep interest in alcoholism and Lou admitted that drinking always got her into trouble. This paved the way for a psychodrama. Lou described a situation wherein she and her friend Belle were in a tavern drinking. She said Belle was being ruined by drink: the more she drank the more depressed she got, and then she carried on with men. The leader volunteered to play the role of Belle and the stage was set up at one end of the room. Sample dialogue follows:

Lou: Belle, you've had enough to drink, you know it only makes you feel worse.

Belle: Aw come on, let's have one more, I couldn't feel worse.
than I do now. Waiter, bring us another round and make mine a double.

Lou: Listen, kid, you've been doing this every night, and you drink in the day, too—you know why you lost that job.

Belle: If you are my good friend, you'd get looping with me—that's the only way I can forget how bad I feel.

Lou: Listen, Belle, it's because I am your pal that I want to give you some good advice. I'm dead serious—what you need is a treatment to get over wanting to drink. When you don't drink you are a swell gal—you could make a lot of yourself if you'd quit the booze. Now I know just the place for you to go, and I can help you get there. They have a wonderful treatment and after a month you won't want to go near any liquor. How about it?

Belle: Let's have another drink, I feel awful. Just one more.

Lou: You get feeling worse with every one—you know that. How about my proposition—let me help get you in (names
the mental hospital), it's the best thing you can do. You'd like it up there, everyone is so nice and they have dances, entertainments—lots of fun.

Belle: Don't be silly, that's a nut factory—I'm not nuts.

Lou: That's not true. Lots of alcoholics and people who aren't nuts go there for all kinds of treatment, it's a swell place.

In the discussion which followed this short psychodrama Lou told more about her friend and the group asked Lou if she had quit drinking—she had sounded like a very good salesman for AA. Lou became very serious, recounting all the times she had got in trouble because of drinking. She said she had almost talked herself into being a teetotaler in the psychodrama. The leader described her reaction to Lou in the psychodrama; she was impressed with the description of the mental hospital. The discussion turned to the hospital and its good features, including treatment for alcoholics.

Helen I. Driver, pp. 117-118.
(An illustration of a true psychodrama from a Moreno Workshop)

A young man from the audience volunteered to present his personal problem in the psychodrama: he admitted he was depressed, confused, and wanted help. After questioning the young man (Len) to bring out biographic information, Dr. Moreno suggested that Len think of a specific episode in his life which was disturbing to him. Len said he could think of one and started to tell it. Dr. Moreno stopped him, saying it would be better to act it out. Len was asked to name the characters and helped to select members of the audience for the parts: his mother, and step-father whom he called George. Dr. Moreno quizzed Len regarding the time and place of the scene, helping him to set up the stage to indicate the kitchen, door to the bathroom, etc. Then Len was given a few minutes backstage with the two role-players to brief them on their actions. Meanwhile Dr. Moreno explained psychodramatic procedures to the audience of forty people. He said that this scene would probably be one of many in Len's life which held
elements of the conflict which made him unhappy and maladjusted at the present time.

This proved to be the case, for six episodes in Len's life were enacted over a period of one and one-half hours. In each episode Len structured the scene and played the central role. The six scenes were:

1. The fight between Len and his step-father prior to attending the church supper.
2. His feeling of panic and bad dreams last night.
3. His meeting with real father.
4. The break-up with his fiancée.
5. His fiancée's flunking out of college.
6. A future assignment as clergyman in a small town.

The director's activity in this client-centered psychodrama included a variety of highly skilled techniques. During the various scenes the director questioned, exhorted, and forced a full emotional playout by Len. Dr. Moreno succeeded in probing for hidden feelings and motives: Len was able to gain catharsis through re-living the painful episodes. The use of trained assistants was an important feature of the psychodrama.

APPENDIX D
INSTRUCTORS' QUESTIONNAIRE

1. Age
   a. Less than 19
   b. 20 - 22
   c. 23 - 25
   d. 26 - 28
   e. 29 - 31
   f. 32 - 34
   g. 35 - 37
   h. 38 - 40
   i. 41 and above

2. Sex
   Male ___________ Female ___________

3. (Check right choice) Are you a
   ___ Full time instructor
   ___ Part-timer
   ___ Volunteer

4. Check span of time you have been working with handicapped children.
   ___ Less than a year
   ___ 2 - 4 years
   ___ 5 - 7 years
   ___ 8 - 10 years
   ___ 11 years and above

5. Your reasons for working in a school for the handicapped.
   ___ It is your profession
   ___ For humane reasons
   ___ You find it interesting
   ___ For gaining experience
   ___ Others (state below)
6. Have you had any education on the treatment and care for the handicapped?
   Yes __
   No   __

7. If yes to the above, then please state where you have received this education.
   ____________________________________________

8. Have you any knowledge on the topic of psychodrama?
   Yes   __
   No    __

9. If yes to the above, then how would you rate your knowledge on the subject?
   __ Very high
   __ High
   __ Moderate
   __ Low
   __ Very low

10. From the sources listed below check that from which you have attained your knowledge on psychodrama.
    __ From a special course on psychodrama
    __ Slight mention of the subject from a course in psychology
    __ From books chosen on the subject
    __ From magazines
    __ From an encyclopedia
    __ From teacher/teachers
    __ From friends
    __ Others (state below)
11. The educational program offered presently at the school is lacking in certain aspects.
   ___ Strongly agree
   ___ Agree
   ___ Indifferent
   ___ Disagree
   ___ Strongly disagree

12. If you agree to the above, then check the activities from those listed below which are lacking.
   a. Song
   b. Dance
   c. Acting
   d. Story-telling
   e. Art (drawing, painting)
   f. Reading
   g. Writing
   h. Handicraft
   i. Group discussion
   j. Playing musical instruments
   k. Others (state below)

13. Check the reason for having this lack in the program.
   ___ Lack of specialized trainees
   ___ Financial reasons
   ___ Lack of space within the school's compound
   ___ Limited material that is essential for these activities
   ___ Lack of interest from those responsible
   ___ Others (state below)
14. Acting is given enough importance in the school's program.

   ____ Strongly agree
   ____ Agree
   ____ Indifferent
   ____ Disagree
   ____ Strongly Disagree

15. Do you believe that acting aids in the child's personality development?

   Yes ______
   No ______

16. How would you rate the children's enthusiasm to improvisational drama?

   ____ Very high
   ____ High
   ____ Moderate
   ____ Low
   ____ Very low

17. Would you promote the application of psychodramatic techniques to the school's educational program?

   Yes ______
   No ______

18. It would be beneficial to plan special classes of psychodrama outside of the schools for the handicapped.

   ____ Strongly agree
   ____ Agree
   ____ Indifferent
   ____ Disagree
   ____ Strongly disagree
PARENT'S QUESTIONNAIRE

NOTE - This questionnaire is part of a research study with the aim of promoting the application of psychodramatic techniques in an educational program offered to the handicapped children in both, a special class offering psychodrama, and in our existing schools for the handicapped.

Psychodrama is a new method in therapy for the handicapped, with great potential for helping them interact and communicate with society. The benefit of this method lies in the subject's ability to experience catharsis through acting out his conflicts and in finding responses to them spontaneously.

1. Age of child
   a. 3 - 5
   b. 6 - 8
   c. 9 - 11
   d. 12 - 14
   e. 15 - 17
   f. 18 - 20

2. Sex of child
   Male ——— Female ———

3. Check the number of years your child has been attending the school.
   a. 1 - 2 years
   b. 3 - 4 years
   c. 5 - 6 years
   d. 7 - 8 years
   e. 9 and above
4. Are you constantly in contact with the instructors at the school?
   Yes →
   No  →

5. Are you aware of the educational program offered to your child at school?
   Yes →
   No  →

6. If yes to the above, then check the activities from those listed below which are included in the program.
   a. Song
   b. Dance
   c. Story-telling
   d. Acting
   e. Art (Drawing, painting)
   f. Reading
   g. Writing
   h. Handicraft
   i. Group discussion
   j. Playing musical instruments
   k. Others (state below)

7. Are you satisfied with what your child is receiving at school?
   Yes →
   No  →
8. Which of the following activities does your child prefer more than others?
   a. Song
   b. Dance
   c. Story-telling
   d. Acting
   e. Art (Drawing, painting)
   f. Reading
   g. Writing
   h. Handicraft
   i. Group discussion
   j. Playing musical instruments
   k. Others (state below)

9. The educational program offers excellent opportunities for the child.
   —— Strongly agree
   —— Agree
   —— Indifferent
   —— Disagree
   —— Strongly disagree

10. Certain activities need to be developed.
    —— Strongly agree
    —— Agree
    —— Indifferent
    —— Disagree
    —— Strongly disagree

11. Your child has improved since he/she first attended the school.
    Yes
    No
12. If yes to the above, then check in what aspects you have noticed this improvement in your child.

   a. In personality development
   b. In physical coordination
   c. Ability to solve problems
   d. Interaction with others
   e. Freedom in self-expression
   f. Awareness of people and objects in his/her environment.

13. Does your child enjoy improvisation?
   Yes ____________
   No ____________

14. At home, does your child imitate people?
   Yes ____________
   No ____________

15. If yes to the above, then he imitates
   Parents
   Siblings
   Peers
   Instructors at school
   Characters on television
   Characters that he/she invent
   Others (state below)

16. Do you encourage acting in your home environment?
   Yes ____________
   No ____________
17. Psychodrama encourages self-expression, imagination, and personality development, then would you like to see this method applied in your child's school?

   Yes ———
   No ———

18. Would you like to see a documentary on this new therapeutic method?

   Yes ———
   No ———

19. Would you, as a parent, support the application of psychodrama to the program offered in our existing schools for the handicapped?

   Yes ———
   No ———

20. Would you like to know more about psychodrama?

   Yes ———
   No ———
OBSERVATION QUESTIONNAIRE

1. Name of school
   
2. Number of observation
   
3. Total number of children
   
4. Number of children in each age group
   
   - 3 - 5 years
   - 6 - 9 years
   - 10 - 12 years
   - 13 - 15 years
   - 16 and above

5. Follow up of program

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<tr>
<th>TIME</th>
<th>ACTIVITY</th>
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6. Which activity do the children seem to enjoy most?

7. Is acting encouraged?

8. Are the instructors well trained?

9. Do they employ any psychodramatic techniques in improvisations?

10. How do the children react to the instructors?

11. Is the atmosphere around the school a happy one?

12. How do the children respond to group play?

13. Comments about the whole observation.