
Looking for you in me:

Interpersonal change following psychodrama group-therapy

Thesis

by

Mag.^a Dr.ⁱⁿ Maria-Theresa Barbist

submitted in fulfillment of the requirements of the

“Fachspezifikum - Psychodrama”

to the Institute for Communication in Work-life and Psychotherapy

at the Leopold-Franzens University Innsbruck

Main supervisor: Ao. Univ.-Prof. Dr. Hannes Krall

Innsbruck, September 2009

Abstract

In psychodrama theory dysfunctions in the most relevant relationships to significant others, so called “socio-atomic” disorders, are seen as main trigger for the development of psychological symptoms. According to this assumption, the objective of psychotherapy should be the restitution of damaged or dysfunctional social atoms.

In a pre/post designed outcome study the interpersonal changes following a 10 session psychodrama group-therapy were assessed using two social atom questionnaires (Social Network Inventory - SNI, Moreno Social Atom Projective Test - MSAPT) and the Inventory of Interpersonal Problems (IIP-C) in a sample of outdoor psychotherapy patients with different diagnoses. Additionally, symptom changes were evaluated with the Brief Symptom Inventory (BSI).

The main outcomes show that short-term psychodrama group-therapy is effective in reducing interpersonal problems (effect size: $d=0.43$) and depressive symptoms ($d=0.70$). In the social atom questionnaires minor changes could be observed, including a slight increase of relationships. In case reports the qualitative changes in the social atoms following the therapy process are described.

The results confirm that psychodrama group-therapy is an effective treatment for the reduction of interpersonal problems and is able to facilitate the forming of important relationships. In this study the social atom questionnaires (SNI, MSAPT) proved to be useful tools for the assessment of interpersonal changes following group-therapy.

Keywords: psychodrama group-therapy, outcome research, interpersonal change

Contents

Warm-up	1
1 Introduction	2
1.1 Social atoms and well-being.....	2
1.2 Psychotherapy and interpersonal change.....	5
2 Method.....	8
2.1 Participants.....	8
2.2 Procedure	8
2.3 Instruments	8
2.4 Statistical analysis.....	9
3 Results	11
3.1 Sample.....	11
3.2 Interpersonal change	12
3.2.1 Inventory of Interpersonal Problems (IIP-C)	12
3.2.2 Social Network Inventory (SNI)	13
3.2.3 Moreno Social Atom Projective Test (MSAPT)	17
3.3 Symptom change (Brief Symptom Inventory - BSI).....	20
3.4 Relation of symptom and interpersonal change.....	21
3.5 Case reports	22
3.5.1 Case report - Martina	22
3.5.2 Case report - Aylin	36
4 Discussion.....	47
Acknowledgment	50
Tables	51
Figures	51
References.....	52

Warm-up

In preparation for the psychodrama group sessions we (my co-leader, our trained auxiliary egos and me) start with the reflection on what feelings we therapists are aware of in ourselves. On the basis of our feelings we then start to develop hypotheses on which themes could be present in the following group session and choose warm-ups accordingly. To my surprise, of course not to Moreno's, our themes often are also group themes. With this little exercise I would like to start my thesis.

What are my feelings now, writing this thesis, the final step in my psychotherapy training and just before being a qualified psychodrama therapist? I feel sad to say goodbye to a wonderful world of psychodrama training, to a shielded environment in which I was able to grow without fearing to fall and hurt my knee. I feel eager to share my psychodrama group experiences with you (what I have learned), I feel proud of what we have accomplished surviving the "meshuga" years of training, I feel grateful to our patients who entrusted us with their problems and impressed us with their courage, I feel nervous about what you will think about my work, sometimes I feel tense as always putting too much weight on my shoulders and therefore blocking my spontaneity and creativity.

So what is the theme? It is a farewell, a transition from student to graduate and as always there's the pressure of success. So what is the warm-up? I would choose a warm-up to strengthen my creativity and spontaneity in gathering my little helpers (auxiliary egos) I collected on the way.

There is my swan, gathered at the summer academy in Granada, in my psychodrama directed by Gretl Leutz. So what is the swan telling me (role reversal): "You go girl, you can do it. And if it's too much you just jump on my back and I take you wherever you want to go. I take you to neverland and you can stay there as long as you want." And of course there's Jutta, my psychodrama teacher, telling me (role reversal): "You don't need to fear as much anymore, you got the strength now, to jump and land safely in the water, and you are a good swimmer and a good diver too. So don't worry anymore." There is José, my psycho-dramatic father, just standing there, reaching out his hand, so I can grab it this time, and let him help me to get on my feet again. And of course, there are my psychodramatic siblings, my training group, telling me (role reversal): "If we can do it, so can you. And we will party with you, when you've done it." Well okay, let's start.

1 Introduction

In the theoretical background of psychodrama emotional disturbances are seen as a product of human interaction and are not restricted to intrapsychic phenomena (Z. T. Moreno, 1987). J. L. Moreno (1936) hypothesized that an individual could be diagnosed by his pattern of interpersonal contacts and social bonds. He recognized the importance of analyzing the processes going on in the social atom of individuals as basis for the treatment of so called "socio-atomic" disorders (J. L. Moreno, 1951).

So far, the social atom method has with few exceptions (Petzold, 1985; Verhofstadt-Denève, 2003) not been used in psychotherapy outcome research. However, following Moreno's ideas, a successful psychotherapy should also be able to reduce "socio-atomic" disorders in order to improve the patient's well-being.

In the following chapter Moreno's social atom theory is briefly summarized. Theoretical assumptions and research findings on the relationship between interpersonal problems and psychological well-being are described.

Following the theoretical part, results of a study on the outcome of psychodrama group therapy with patients of an outdoor psychotherapy clinic are presented. Interpersonal changes following the group therapy are described using instruments with different theoretical backgrounds including Moreno's social atom method. Following the quantitative results, the therapy process is described in more detail with two case reports. In the final chapter the results are discussed and implications for further research will be outlined.

1.1 Social atoms and well-being

The social atom theory is a sub-theory of Moreno's general socio-metric theory (Remer, 2001). Moreno established the social atom theory to describe, explain and predict how people develop and maintain long-term interpersonal relationships. The social atom was originally defined by J. L. Moreno (1934) as the smallest nucleus of all individuals with whom a person is related in a most significant manner, constituting negative and positive emotional bonds. Later Moreno (1936; 1939) added an outer nucleus of persons with whom relationships are desired.

Remer (2001) revisited the social atom theory by dividing the social atom into four levels, with the individual at its center. The acquaintance level is the most distant circle from the individual and is composed of all people of whom one is aware. This level does not yet belong to the social atom of

a person. The second level is the collective atom, the first level of the social atom, which includes the groups of persons to which one belongs – e.g. a church congregation, school class or office staff. The next level is the individual atom including relationships that are between minimal and maximal involvements one has in one's life. The inner ring of the social atom is the psychological atom, populated by those persons essential to one's social and psychological well-being.

The criteria defining the specific level a person belongs to or why a person changes levels are shared warm-ups, telic bonds, or role reciprocities. The amount and quality of shared warm-ups, telic bonds and role reciprocities rises from the acquaintance level with no necessity of shared warm-ups to the psychological atom with a high amount of telic bonds and role reciprocities. People enter one's life and leave, their importance is dynamic, shifting over time and situations. However, people in the psychological atom (e.g. best friends, life-partners) are virtually indispensable and irreplaceable by virtue of the number, complexity, uniqueness and interactive aspects of warm-ups shared and the amount and variety of role reciprocities (Remer, 2001).

Relationships can rarely be planned and controlled. However, there are circumstances that can promote reciprocity in warm-ups and role enactments and increases in tele (interpersonal rapport) can be induced. At the collective level the development of relationships can be more easily controlled, as groups are well defined and open to people to join. The groups can provide the base from which to develop further relationships if one is willing to take advantage of those chances. The deeper the level, the more energy is needed to maintain relationships and the more it is necessary that the energy contribution is mutual (Remer, 2001).

Moreno believed that humans are basically social beings, and that psychotherapy is best accomplished in a setting that examines an individual's interaction with his social environment (J. L. Moreno, 1953). Through examination of pathological atoms, Moreno came to the conclusion, that structural patterns of mentally ill persons differ from those of mentally healthy persons (J. L. Moreno, 1940). The objective of psychotherapy is therefore the restitution of damaged or dysfunctional social atoms. Important factors for a healthy social atom were described as follows (J. L. Moreno, 1951): size as it relates to an individual's connection to other social atoms and determines the status in the community; reciprocity, which can be balanced or imbalanced; family relationships and conflict (tele).

Moreno took a subjective, humanistic position to the status of research objects (Kellerman, 1991) and was convinced that social sciences require that their objects be given research status and a

certain degree of scientific authority (J. L. Moreno, 1953). However, Moreno did use some outcome measure in his work as he recommended measuring behavioral change and devised measures e.g. social atoms (Kellerman, 1987).

In a study examining the clinical utility of a specific instrument measuring the social atom (Moreno Social Atom Projective Test; MSAPT), the MSAPT was able to account for approximately 13% to 19% of the variability of the overall symptom load in the Symptom Check List (SCL-90-R). The conflict score was the major predictor of the global symptom load and all of the subscale scores, reciprocity also attaining level of significance (Edwards, 1996).

In the Social Network Inventory (SNI) (Treadwell, Leach, & Stein, 1993) the social atom test was modified by integrating a social network to measure the wished-for principle. The instrument measures closeness and distance for each individual listed, along with a role-reversal dimension evaluating the same. In the validity study (Treadwell et al., 1993) the results showed, that the non-clinical population reported twice as many people as the clinical population, supporting the view that individuals diagnosed with a mental disorder have smaller social networks of significant relationships and fewer support groups than people not diagnosed with a mental disorder (Engelhardt, Feldkamp, & Sader, 1989). Results on closeness and distance measures underline the theory that clinical populations tend to have fewer significant relationships, and that those relationships tend to be more distant, scattered, and non-reciprocal than the relationships of subjects in the non-clinical population.

The importance of social relationships to psychological well-being was also described by psychotherapists outside the psychodrama community. Horowitz (1979) noticed that the overwhelming majority of problems reported by psychotherapy seeking patients were interpersonal in nature. He consequently developed the Inventory of Interpersonal Problems (IIP) to measure difficulties in interpersonal functioning of patients entering psychotherapy (Horowitz, Rosenberg, Baer, Ureno, & Villasenor, 1988). The IIP is inspired by the theory and research of Leary (1957), who described reciprocity and complementary to be important factors of interpersonal relationships. He also developed the Circumplex-Model of interpersonal behavior, describing interpersonal actions with two dimensions: affiliation (hostile vs. friendly behavior) and dominance (dominant vs. submissive behavior). During the last decade, the IIP has become a standard measure in psychotherapy research and one of the most frequently used methods to assess interpersonal problems.

Social support research underlines the importance of healthy social atoms for psychological well-being in describing social ties as a source of psychological resilience (Thoits, 1985). In a study on the relationship of social support and suicide in adolescents, Bearman and Moody (2004) found that friendship environment affects suicidal tendencies for both boys and girls. Suicidal thoughts of female adolescents' were significantly increased by social isolation and friendship patterns in which friends were not friends with each other.

Researchers generally agree that higher levels of social support are associated with lower levels of psychological distress and depression. A common explanation is that social support serves to buffer the effects of negative life events or stress on mental well-being, whereas a loss of support augments the negative effects of such experiences (Cornwell, 2003). As a consequence, strengthening or constructing viable social networks for mentally ill persons should help restore them to healthy mental functioning (Edwards, 1996).

1.2 Psychotherapy and interpersonal change

The theoretical and practical implications of employing social networks as a diagnostic and treatment intervention have been widely accepted. However, only few outcome studies use social networks as outcome variable also due to the lack of reliable clinical instruments. In a study on a psychiatric inpatient sample of elderly depressed people Knill and Egger (2006) found a tendency that a network oriented short-term intervention reduced depression. In a study on the effects of psychodrama group therapy on the psychological well-being of people (N=12) living in an elderly people home Petzold (1985) described that the quality of social atoms could be improved in the majority of the sample (higher number of social atom members, more positive relationships, etc.). Leitner, Liegl, Maertens, Hoefner und Koschier (2008) evaluated the effects of individual psychotherapy on the social networks of patients with different kinds of psychological disorders (N=53) using a self-developed questionnaire (Instrument for the Assessment of Social Networks; Instrumentarium zur Erfassung Sozialer Netzwerke, IESN). The authors observed a significant reduction of network members at post-treatment which was due to a reduction of emotionally distant (12% vs. 8%, $p < .05$) and burdening relationships (28% vs. 19%; $p < .01$). The authors found no significant correlation between the social network variables (total number, closeness-distance and burden-support) and interpersonal problems (IIP).

Unlike the few data on the change of social atoms and social networks through psychotherapy, there is a lot of data available concerning the effects of psychotherapy on interpersonal problems. A meta-analysis on outcome studies indicates that psychotherapy is more effective in improving

symptoms than interpersonal problems (Puschner, Kraft, & Bauer, 2004). In the following some studies focusing on interpersonal change following different kinds of psychotherapy will be briefly summarized.

After inpatient therapy Liedtke and Geiser (2001) found a higher effect size (pretreatment x follow-up) for the reduction of the global symptom load (SCL-90-R: $d=0.79$) than for the reduction of interpersonal problems (IIP: $d=0.47$). Rumpold, Janecke, Smrekar, Schüssler und Doering (2004) analyzed the treatment outcome two years after referral from an outpatient unit of a psychiatric hospital to individual psychotherapy. The effect sizes were higher for the improvement of psychopathology ($0.54 < d < 0.99$) than for the improvement of interpersonal problems ($0.25 < d < 0.33$).

In a study on the impact of psychoanalytic inpatient treatment (Haase et al., 2008) the authors report high effects (SCL-90-R GSI: $d=1.16$) for the reduction of the global symptom load from admission to discharge followed by a slight decrease at 1-year follow-up ($d=0.80$). On the IIP-C only mild effects were found when comparing the measurements at admission, discharge and follow-up ($d < -0.40$), with exception of the scale "overly competitive" which showed moderate effects (admission x discharge: $d=-0.72$, admission x follow-up: $d=-0.61$). Analyzing the relation between symptom change and interpersonal change, Haase et al. found that those patients whose interpersonal symptoms either worsened or remained noticeable showed no significant symptom relief. The authors conclude that real changes in interpersonal problems are essential for long-term effects of psychotherapy and that interpersonal change requires a longer treatment than the amelioration of symptomatic distress. These findings support the dosage model of Grissom, Lyons and Lutz (2002) whereby the learning of new roles (rehabilitation) requires more time (>27 sessions) than the improvement of symptoms (9-26 sessions).

In contrast to the above mentioned studies no differences between the effects sizes of symptom change and interpersonal change were found in a larger German outpatient psychodrama group therapy study (Tschuschke & Anbeh, 2008), which is in part due to a lower effect size for symptom change. The authors report medium effect sizes for both overall symptom load (SCL-90-R: $d=0.57$) and interpersonal problems (IIP: $d=0.50$).

Interpersonal change is an important outcome variable in psychotherapy research. So far most studies focused on the assessment of interpersonal problems and did not include the evaluation of social atoms. Moreno's social atom concept could be a useful tool to assess interpersonal

changes in more detail. The aim of this study is to describe interpersonal changes following psychodrama group therapy using different measures including Moreno's social atom approach.

The following research questions need to be answered:

1. Do patients report interpersonal changes following psychodrama group therapy?
2. Are the interpersonal changes related to changes in the symptom load?
3. How are the interpersonal changes linked with the therapy process?
4. Is the social atom method a useful tool for the assessment of interpersonal changes?

2 Method

2.1 Participants

Participants were 26 patients of a psychotherapy outpatient unit of the clinic for medical psychology in Innsbruck, Austria. The patients have previously been diagnosed by the psychotherapists of the clinic and were consecutively referred to the in-house psychodrama group therapy. They were treated in four different groups with five to seven group members and 10 psychodrama sessions each. One session lasted for 2.5 hours and took place over the period of five month. The groups were co-led by two psychodrama therapists. In total there were three different female group leaders all of them having at least three years of psychodrama therapy training. The group was supported by two trained auxiliary egos for each group. In total there were six trained auxiliary egos, all of them psychotherapists in training (psychoanalysis or psychodrama).

2.2 Procedure

Prior to the first psychodrama session the participants had a one-to-one interview with one of the group leaders which included some information on the group and the collection of the admission data after the patients gave their informed consent. After the last group session the participants were seen again for a one-on-one interview, giving the possibility to discuss the group process and to collect the discharge data. The group sessions took place between September 2007 and February 2009.

Data on symptom load, interpersonal problems and social relationships were assessed prior to the first group session (t1) and after the last group session (t2).

2.3 Instruments

The *Brief Symptom Inventory* (BSI) (Derogatis & Melisaratos, 1983) is a brief psychological self-report symptom scale covering the past seven days. Both test/retest and internal consistency reliabilities are shown to be very good for the dimensions of the BSI. In the study I used the German version (Franke, 2000). The BSI provides a global severity index, as well as nine dimensional scales namely somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation and psychoticism. There are norms available for the German version; a T-value above 62 indicates an above average symptom load.

The *Inventory of Interpersonal Problems Circumplex Scales* (IIP-C) (Horowitz, Strauss, & Kordy, 2000) is a self-rating scale that captures clinically important aspects of a client's interpersonal functioning. The IIP was developed to describe difficulties in the relationship with other people on the basis of the interpersonal circumplex-model. The interpersonal problems are described with the following eight scales: domineering (PA), vindictive (BC), cold-hearted (DE), socially avoidant (FG), unassured-submissive (HI), exploitable (JK), warm-agreeable (LM) and intrusive (NO). There are norms available for the German version using Stanine values. The Stanine values 4 to 6 represent the average section.

The *Social Network Inventory* (SNI) (Treadwell et al., 1993) allows a comprehensive quantitative assessment of four social atoms: psychological, collective, individual and ideal dream (wished-for). This instrument is designed to plot choices of significant persons, pets, or objects with evaluating Likert scales from 1 (very close) to 7 (very distant) in four quadrants corresponding to each of the social atoms. The following variables can be calculated for each quadrant: number of relationships, ratio of imbalanced relationships concerning closeness/distance evaluation in the own role and the role reversal, and the mean closeness/distance of relationships.

The *Moreno Social Atom Projective Test* (MSAPT) (Edwards, 1996) is a graphical-descriptive method for evaluating a person's social network of significant others (social atom). The MSAPT can be analyzed using the following six variables: Size (total number of network members), conflict (ratio of conflict relationships), reciprocity (ratio of imbalanced relationships), family (ratio of family members), deceased (ratio of deceased persons) and gender (ratio of female persons).

2.4 Statistical analysis

The statistical analysis was conducted with the statistic software SPSS. For the comparison of participants and drop-outs tests for independent samples were used, for the analysis of treatment effects tests for dependent samples.

Whether patients changed sufficiently that the change is unlikely to be due to simple measurement unreliability was evaluated through the calculation of Reliable Change Indices (RCI). The RCI was calculated based on the formula of Jacobson and Truax (1991): $1.96 * SD * \sqrt{2 * (1 - r_{tt})}$. The difference between the follow-up and initial scores has to exceed the RCI to indicate that someone changed reliably. The RCI for the BSI (Global Severity Index, GSI) is 0.20 (SD=0.23, $r_{tt}=0.90$; (Franke, 2000)), the RCI for the IIP-C global score is 0.35 (SD=0.51, $r_{tt}=0.94$; (Schreiber-Willnow, 2000)).

Additionally to the RCI we calculated the percentage of clinically significant change, defined as a change that has taken the person from a score typical of a patient to a score typical of the "normal" population (Jacobson et al., 1984). Clinically significant change was defined as a post-treatment score (t2) in the normal range of the instruments (BSI GSI: T-value < 63 (Franke, 2002); IIP-C: Stanine value 4-6 (Horowitz et al., 2000)).

The effect sizes were calculated using Cohen's d and classified as follows: mild effects are considered to be those up to 0.40, moderate effects are within the range of 0.40-0.80, and strong effects exceed 0.80 (Cohen, 1988).

3 Results

3.1 Sample

Out of the 26 patients, who started group psychotherapy, three participants decided to quit the group after the first sessions resulting in a participation withdrawal rate of 12%. Full data was available for 21 participants (91% of group completers) as two patients refused to fill out the post-treatment questionnaire. Differences between participants (N=21) and drop-outs (N=5; Table 1) were calculated in order to describe a possible selection of patients in the study group.

Table 1 Socio-demographic and clinical characteristics – participants and drop-outs

		Participants N=21		Drop-outs N=5		chi ² /U	df	p
		N	%	N	%			
gender	female	17	81.0	3	60.0	1.00	1	.558 ¹
	male	4	19.0	2	40.0			
age	M (SD)	44.7	(12.5)	42.8	(7.7)			.720
marital status	single	12	57.1	3	60.0	0.14	1	.907
	married ²	6	28.6	1	20.0			
	divorced ²	2	9.5	0	0.0			
	widowed ²	1	4.8	1	20.0			
education	<10y	4	19.0	2	40.0	1.00	1	.558 ¹
	10y+	17	81.0	3	60.0			
nationality	Austrian	21	100.0	5	100.0	-		
migration background	yes	5	23.8	1	20.0	0.03	1	1.000 ¹
work status	working	14	66.7	4	80.0	0.34	1	1.000 ¹
	retired ²	5	23.8	1	10.0			
	student ²	2	9.5	0	0.0			
diagnosis	affective (F3)	14	66.7	2	40.0	1.21	1	.340 ¹
	somatoform ² (F45)	3	14.3	1	20.0			
	others^{2,3}	4	19.0	2	40.0			
GAF	M (SD)	63.3	(6.6)	58.6	(10.8)			.390
BSI GSI	M (SD)	1.34	(0.71)	1.10	(0.94)			.380
IIP-C	M (SD)	1.73	(0.45)	1.54	(0.64)			.461

¹Fisher's Exact Test

²combined for chi²-Test

³participants: eating disorder (F50, N=3), sexual dysfunction (F52, N=1); drop-outs: F50 (N=2)

There are no significant differences ($p > .05$) between participants and drop-outs concerning socio-demographic data, diagnosis and the Global Assessment of Functioning (GAF) level as well as the symptom load and amount of interpersonal problems at pre-treatment (Table 1).

In the following I refer to the participants as the sample of the study. The majority of our sample is female (81%) with an average age of $M=45$ years ($SD=12.5$, range: 24 to 66). The greater part of the sample is in no current partnership being either single (57%), divorced (10%) or widowed (5%). Only six patients (29%) are married. The greater part of the patients (81%) has been to school for 10 or more years. All patients have the Austrian citizenship; however 24% have a migration background. About two third of the patients are working, 10% are students and 24% are retired. The mean GAF is $M=63$ ($SD=6.6$) indicating a low global functioning level. The most common diagnoses are affective disorders (67%) and somatoform disorders (14%). Other disorders include eating disorders ($N=3$) and sexual dysfunctions ($N=1$, Table 1).

3.2 Interpersonal change

The following chapter presents the pre- and post-treatment data of the self-report questionnaires assessing interpersonal change. The results of the IIP-C are presented first, followed by the results of two different instruments assessing pre-to post-changes in the social atom of the patients.

3.2.1 Inventory of Interpersonal Problems (IIP-C)

At pre-treatment the patients report a total IIP-C score of $M=1.73$ ($SD=0.45$; Table 2), which is in the average section ($M+SD$) of the normative sample ($M=1.42$, $SD=0.54$; (Horowitz et al., 2000)). The amount of interpersonal problems reported is similar to the results of a German psychodrama group sample ($M=1.76$) (Tschuschke & Anbeh, 2008).

The highest amount of interpersonal problems at pre-treatment are reported in the scales unassured-submissive ($M=2.30$, $SD=0.85$), warm-agreeable ($M=2.26$, $SD=0.66$) and exploitable ($M=2.08$, $SD=0.68$; Table 2), which is a typical finding in clinical samples (Puschner et al., 2004). Compared to a normative sample (Brähler, Horowitz, Kordy, Schumacher, & Strauß, 1999) the mean scores of the sub-scales unassured-submissive and warm-agreeable are above average ($>M+SD$), whereas all the other subscales range in the average section.

The global score of $M=1.73$ ($SD=0.45$) at pre-treatment (t_1) was significantly (t -Test: $p < .05$) reduced to $M=1.53$ ($SD=0.48$) at post-treatment (t_2 ; Table 2). The reduction of interpersonal problems indicates a moderate effect size of $d=0.43$. On scale level, the scales socially avoidant and unassured-submissive reach significance (t -Test: $p < .05$) with medium effect sizes

($d=0.46/0.42$). By trend also the scale warm-agreeable shows a reduction of interpersonal problems (t-Test: $p<.10$) with a small effect size of $d=0.38$ (Table 2). Compared to the normative sample at t2 the scores of all sub-scales are in the average section (M+SD) (Brähler et al., 1999).

Table 2 Interpersonal problems pre and post treatment (N=21)

	t1		t2		t	df	p	d
total score (MD=1)	1.73	(0.45)	1.53	(0.48)	2.20	19	.040	0.43
domineering (MD=1)	1.03	(0.63)	1.04	(0.67)	-0.14	19	.893	
vindictive (MD=1)	1.18	(0.62)	1.01	(0.59)	1.54	19	.140	
cold-hearted	1.42	(0.85)	1.28	(0.86)	0.93	20	.361	
socially avoidant (MD=1)	1.90	(0.96)	1.48	(0.86)	2.70	19	.014	0.46
unassured-submissive	2.30	(0.85)	1.94	(0.85)	2.61	20	.017	0.42
exploitable (MD=1)	2.08	(0.68)	1.91	(0.70)	1.24	19	.230	
<i>warm-agreeable (MD=1)</i>	2.26	(0.66)	2.06	(0.71)	1.98	19	.062	0.38
intrusive (MD=1)	1.57	(0.70)	1.43	(0.74)	1.28	19	.217	

MD=missing data

Similar results were reported on a German psychodrama group-psychotherapy sample with an effect size for the IIP-C global score of $d=0.50$ and a reduction of interpersonal problems from $M=1.76$ at t1 to $M=1.5$ at t2 (Tschuschke & Anbeh, 2008).

Using the reliable change index ($RCI=0.35$) 4 patients (20%) show a reliable reduction of interpersonal problems (difference $t2-t1 > 0.35$). For the calculation of clinical significant change, I used the normal range defined by the Stanine values 4-6. Before treatment 11 patients (55%; missing data $N=1$) reported above average scores on the IIP-C, at t2 the global scores of 9 patients remained above average (45%).

3.2.2 Social Network Inventory (SNI)

Case study: For a better understanding of the method I would like to present the SNI results at pre- and post-treatment for a 38-year old male group member Albert (Table 3). The horizontal line in the center of the table represents the evaluation of closeness in the own role (e.g. How close am I to my mother?), the vertical line the evaluation in the role-reversal (How close does my mother think she is to me?).

Albert names six important relationships to persons in the psychological quadrant. Three of them are balanced, concerning closeness/distance evaluations (father, sister, wife), three relationships are imbalanced in the way that Albert evaluates the relationships to his sons and his mother as

more distant in the own role than in the role reversal. In the collective quadrant Albert names three important groups he is a member in, namely his work, his church and a sports group. In these groups Albert has friendships with eight colleagues. In the ideal dream quadrant Albert wishes to be closer to his wife (from 3 to 2) and also in the role reversal he wants her to feel closer to him (from 3 to 1). Albert also wishes to have a friendship with one person he does not know yet.

Table 3 SNI Albert_t1

t1		psychological						role-reversal	collective								
psychological								7									collective
								6						work - church			
			father - sister					5				sport					
			mother					4									
					wife			3									
					sons (2)			2									
								1									
own role	7	6	5	4	3	2	1	SELF	1	2	3	4	5	6	7	own role	
individual								1		wife						ideal dream	
								2		unknown friend							
								3									
								4									
			colleagues (6) ♂ (2) ♀					5									
								6									
								7									
	individual						role-reversal	ideal dream									

After the group therapy Albert evaluates his social network again (Table 4). There are changes in all four quadrants. In the psychological quadrant Albert now names two friends and one colleague. This change could be interpreted as a positive development in the way that Albert was able to make friends who are now important for him (variable: number of relationships), however Albert no longer names his sister as a significant other.

In the collective quadrant Albert evaluates the relationships to the groups sport, church and work as closer compared to pre-treatment and adds the therapy group to this quadrant. All these changes indicate an improvement of this quadrant as the number of groups was raised (variable: number of relationships) and there is more closeness to the previously existing groups (variable: closeness/distance). In the individual quadrant Albert names 8 colleagues whom he evaluates as closer to him (from 5 to 4 in both evaluations), also an indicator for positive changes. In the ideal dream quadrant Albert still wishes to have a closer relationship to his wife (2/2) which is now balanced (variable: ratio of imbalanced relationships) and to an unknown friend (2/2).

Table 4 SNI Albert_t2

t2	psychological							role-reversal	collective							
psychological								7								collective
								6								
								5								
		father - mother	friend G ♀ - friend M ♂ - colleague M ♂					4			work - sport - church					
				wife				3								
				sons (2)				2			therapy group					
								1								
own role	7	6	5	4	3	2	1	SELF	1	2	3	4	5	6	7	own role
individual								1							ideal dream	
								2		wife - unknown friend						
								3								
				colleagues (7) ♂ (1) ♀				4								
								5								
								6								
								7								
	individual							role-reversal	ideal dream							

Following the case study the quantitative results of the SNI for the whole sample and each variable are presented:

Number of Relationships: At pre-treatment the sample reports an average of M=9 significant relationships (SD=3.5) in the psychological quadrant. On average M=2 groups (SD=1.1) are named

(collective quadrant), with M=3 close relationships (SD=3.1) to group members (individual quadrant). In the dream quadrant an average of M=6 relationships are desired (SD=4.3; Table 5). The standard deviations in the collective, individual and dream quadrants indicate a high amount of interpersonal differences in the number of close relationships.

Table 5 Social network inventory at pre and post treatment (N=20)

		t1		t2		p ¹
		M	SD	M	SD	
N relationships	psychological	9.35	(3.54)	9.70	(4.45)	.570
	collective	1.60	(1.14)	2.00	(1.17)	.173
	<i>individual</i>	2.85	(3.10)	4.50	(4.11)	.056
	dream	5.85	(4.25)	4.45	(3.87)	.203
% imbalance of relationships	psychological	0.32	(0.23)	0.28	(0.24)	.233
	collective	0.33	(0.42)	0.35	(0.43)	.918
	individual	0.16	(0.25)	0.13	(0.24)	.574
	dream	0.04	(0.13)	0.12	(0.27)	.340
closeness/distance						
psychological	self	2.45	(0.97)	2.71	(1.02)	.243
	role-reversal (MD=2)	2.29	(0.85)	2.57	(0.90)	.163
<i>collective (MD=3)</i>	<i>self</i>	3.46	(1.79)	2.70	(1.13)	.101
	role-reversal	3.53	(1.62)	3.08	(1.37)	.332
individual(MD=5)	self	2.45	(1.08)	2.60	(1.12)	.528
	role-reversal	2.64	(1.28)	2.56	(1.00)	.906
dream (MD=2)	self	1.64	(0.62)	1.54	(0.77)	.334
	role-reversal	1.60	(0.60)	1.97	(1.26)	.344

¹Wilcoxon-Test

Compared to a clinical sample of a long-term residential psychiatric facility (Treadwell et al., 1993), this sample reports more relationships in the psychological quadrant (M=9/5, SD=3.5/1.8). The number of groups and significant relationships to group members in our sample is similar to the scores of the psychiatric sample (groups: M=2/2, SD=1.1/1.3; group members: M=3/3, SD=3.1/3.1). The number of wished-for relationships reported in our sample is higher than in the psychiatric sample (M=6/4, SD=4.3/2.8). Compared to a non-clinical sample of full-time undergraduate university students (Treadwell et al., 1993) this sample reports as much significant relationships in the psychological quadrant as the students (M=9, SD=3.1), a lower number of

groups (students: M=3, SD=1.9), significant relationships to group members (students: M=7, SD=2.7) and wished-for relationships (students: M=7, SD=2.5).

The number of relationships reported in the four quadrants show no significant differences from pre- to post-treatment (Wilcoxon-Test: $p>.05$; Table 5). The reported number of significant relationships to group members shows a trend towards an increase at post-treatment (pre-treatment: M=3, SD=3.1; post-treatment: M=5, SD=4.1; $p<.10$).

Ratio of imbalanced relationships: At pre-treatment the highest amount of imbalanced relationships (% of total relationships in the quadrant) is reported in the psychological and collective quadrant (32% and 33%). The lowest amount of imbalanced relationships can be found in the dream quadrant (4%). In the individual quadrant 16% of the relationships were described as imbalanced (Table 5). Similar to the number of relationships high interpersonal differences were found. There are no significant differences between pre- and post-treatment (Wilcoxon-Test: $p>.05$; Table 5) with regard to the number of imbalanced relationships in the four quadrants.

Closeness-distance of relationships: At pre-treatment the scores on closeness and distance to significant others reveal, that our sample reports significantly (Wilcoxon-Test: $p<.01$) more closeness in the wished-for relationships (M=1.6, SD=0.6) than in the actual relationships (e.g. psychological quadrant: M=2.5, SD=1.0). Comparing pre- and post-treatment scores there are no significant differences in the closeness-distance evaluations in the psychological, individual and dream quadrant (Wilcoxon-Test: $p>.05$). However, a trend towards a closer evaluation of relationships to significant groups can be observed in the collective quadrant (Wilcoxon-Test: $p=.10$).

Therapy group members as significant others: At post-treatment seven participants (35%) name the psychodrama therapy group as a significant group for them in the collective quadrant. In the individual quadrant four participants (20%) mention therapy group members as significant others.

3.2.3 Moreno Social Atom Projective Test (MSAPT)

Case study: For a better understanding of the results the social atom of one group member is described below before presenting the quantitative results of the whole sample. Figure 1 shows the MSAPT results at pre-treatment of Tamara, a 35-year old female participant. Tamara describes six close relationships (variable: number of relationships) to mostly family members (variable: family ratio 5/6). The only close person outside the family is her partner M. Tamara

describes three relationships with positive effects on her and two with either negative or ambivalent effects (variable: % conflicted relationships 2/6).

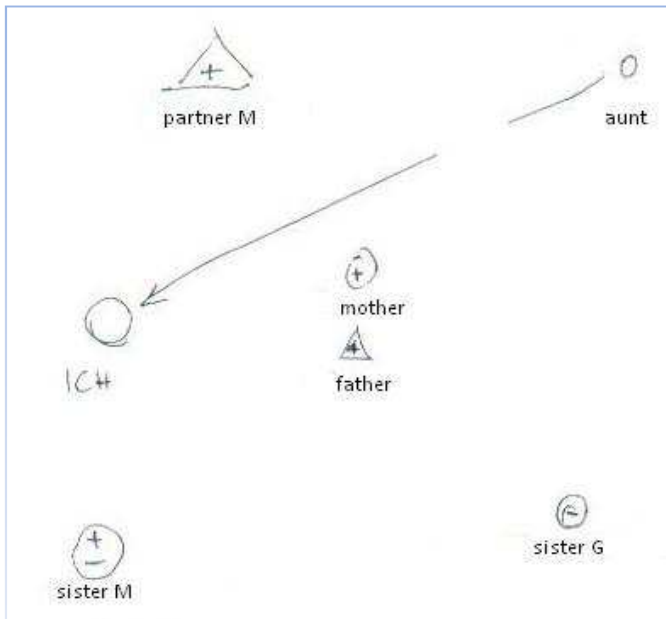


Figure 1 MSAPT Tamara_t1

The relationship to her aunt is imbalanced, insofar as to her perception her aunt gives her more in the relationship than she can give back (variable: % imbalanced relationships, 1/6). There are no deceased persons in the social atom of Tamara (variable: % deceased persons, 0/6), the ratio of female members is 4/6 (variable: % female). As an important qualitative result, Tamara draws herself on the outside of her social atom which could indicate that she feels like an outsider in her own social relationships.

The social atom of Tamara at post-treatment is presented in Figure 2.

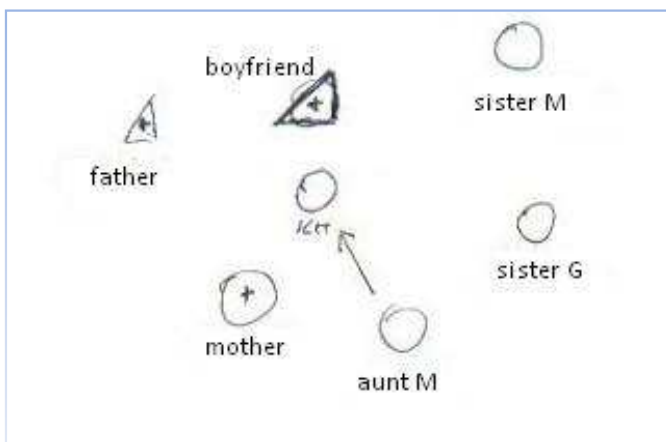


Figure 2 MSAPT Tamara_t2

At post-treatment Tamara still describes six close relationships and one imbalanced relationship in her social atom indicating no changes in these variables since pre-treatment. However, the percentage of conflicted relationship was reduced from 2/6 to 0/6. From a qualitative perspective Tamara sees herself now in the center of her social atom, and no longer as an outsider.

Quantitative results: At pre-treatment the sample has an average number of M=10 network members with high interpersonal differences (SD=4.8). From the total number of relationships 19% are conflicted and 37% imbalanced. About two third of the significant others are family members, 9% are deceased and 57% female.

At post-treatment the average number of network members is M=9 significant others with high interpersonal differences. This result could indicate a decrease of network members, however, the differences are not significant (Wilcoxon-Test: $p > .05$; Table 5). Also the other variables of the MSAPT show no significant differences (Wilcoxon-Test: $p > .05$) between pre- and post-treatment. The analysis of the mean scores for the imbalanced relationships points towards a reduction from 37% to 30%.

Table 6 MSAPT at pre and post treatment (N=21)

	t1		t2		p ¹
	M	SD	M	SD	
N network members	10.24	(4.84)	9.14	(3.60)	.150
% conflicted relationships	0.19	(0.16)	0.21	(0.23)	.816
% imbalanced relationships	0.37	(0.25)	0.30	(0.25)	.500
% family members	0.62	(0.21)	0.65	(0.22)	.393
% deceased	0.09	(0.11)	0.11	(0.14)	.451
% female	0.57	(0.14)	0.55	(0.14)	.382

¹Wilcoxon-Test

Lacking data for clinical samples our results will be compared to the network size from a sample of US graduate students (N=113) (Edwards, 1996). Compared to the students (students: M=13.5, SD=0.32; t-Test: $p < .05$) this sample reports significantly fewer network members and a significantly higher ratio of conflicted relationships (students: M=0.11, SD=0.11; t-Test: $p < .05$). The ratio of family members is similar to those of the students (students: M=0.59, SD=0.24), the ratio of imbalanced relationships is somewhat higher in our sample at pre-treatment but not at post-treatment (students: M=0.32, SD=0.30), the ratio of deceased persons is similar to those of

the students (students: M=0.08, SD=0.10), the same is true for the gender ratio (students: M=0.55, SD=0.14).

Leitner et al. (2008) observed a similar effect of psychotherapy on the social networks of patients in a individual setting using the IESN. The authors described a significant reduction of network members at post-treatment which was due to a reduction of emotionally distant (12% vs. 8%, $p<.05$) and burdening relationships (28% vs. 19%; $p<.01$).

3.3 Symptom change (Brief Symptom Inventory - BSI)

Our sample reports an average Global Severity Index (GSI) of M=1.34 (SD=0.71) in the Brief Symptom Inventory at t1, which indicates a highly above average symptom load. On scale level, the sample shows the highest symptom load in the scales obsessive-compulsive (M=1.74, SD=1.01), depression (1.70, SD=0.98) and interpersonal sensitivity (M=1.63, SD=0.86). The lowest symptom load was reported in the scale phobic anxiety (M=0.78, SD=0.86; Table 7), however the symptom load in all BSI scales is above average at t1 (Franke, 2000). The general symptom load of the sample is far above average (T-value: M=72.3, SD=9.6).

Table 7 Psychological burden (BSI) pre and post treatment (N=21)

	t1		t2		t	df	p	d
<i>GSI</i>	1.34	(0.71)	1.11	(0.72)	2.02	20	.058	0.32
somatization	1.00	(1.04)	0.94	(0.97)	0.67	20	.519	
<i>obsessive-compulsive</i>	1.74	(1.01)	1.44	(1.05)	1.78	20	.090	0.29
interpersonal sensitivity	1.63	(0.86)	1.39	(0.96)	1.20	20	.246	
depression	1.70	(0.98)	1.08	(0.77)	3.19	20	.005	0.70
anxiety	1.42	(0.94)	1.23	(0.95)	1.18	20	.251	
hostility	1.32	(0.65)	1.05	(0.84)	1.56	20	.134	
phobic anxiety	0.78	(0.86)	0.79	(0.86)	-0.11	20	.918	
paranoid ideation	1.46	(0.92)	1.33	(0.95)	0.74	20	.467	
psychotizism	1.06	(0.74)	0.92	(0.77)	0.88	20	.391	

The symptom load was by trend reduced at t2 (M=1.11, SD=0.72; t-Test: $p<.10$). The effect size of $d=0.32$ indicates a small effect (Table 7). The comparison of pre- and post-treatment scores indicates a highly significant reduction of depressive symptoms (t-Test: $p<.01$) with a strong effect size of $d=0.70$ (Table 7). By trend a symptom reduction could also be reached in the scale obsessive-compulsive (t-Test: $p<.10$), the effect size of $d=0.29$ indicates a small effect. In the other scales no significant differences could be found between the symptom load at t1 and t2 (t-Test:

p>.05). The general symptom load (GSI) at t2 is still above average (T-value: M=67.6, SD=12.5), the same is true for the sub-scales scores (Franke, 2000).

Compared to the symptom load of the psychodrama-group psychotherapy sample of Tschuschke and Anbeh (2008) (SCL-90-R GSI t1: M=1.03; t2: M=0.72) our sample shows a higher symptom load at pre and post-treatment. The average symptom load of their sample at t1 is equivalent to the symptom load of our sample at t2. Our sample shows a higher effect size for the depression scale (d=0.70 vs. d=0.53), but lower effect sizes and fewer significant differences respectively in the other scales.

The comparison of the general symptom load (BSI GSI) at pre- and post-treatment on individual level shows that 14 patients reported a reduced symptom load (67%) and seven patients reported a higher symptom load (33%). The average symptom change was M=0.22 (SD=0.51). Using the reliable change index for this scale (RCI=0.20) when comparing t1 and t2 scores, 57% of the sample (N=12) show a reliable reduction (diff > RCI) of the overall symptom load. For the calculation of the clinical significant change, I used the normal range defined as T-value below 63. Before the group therapy four patients (15%) reached an average BSI GSI score, after the therapy six patients (29%) reported an average symptom load.

3.4 Relation of symptom and interpersonal change

To analyze whether the interpersonal changes are related to changes of the psychological symptom load the symptom load of the group with reliable interpersonal change (IIP-C diff t1_t2 > RCI; N=4) is compared to the group with no reliable interpersonal change (IIP-C diff t1_t2 < RCI; N=16; Table 8).

Table 8 IIP-C change groups and symptom change (N=20)

	IIP-C diff > RCI (N=4)		IIP-C diff < RCI (N=16)		U-Test p
BSI GSI t1	1.46	(0.86)	1.29	(0.71)	.892
BSI GSI t2	0.81	(0.87)	1.24	(0.69)	.290
BSI GSI diff t1_t2	0.65	(0.24)	0.05	(0.42)	.007

The group with statistically significant interpersonal change showed a significant (U-Test: p<.01) better symptom improvement (BSI GSI diff t1_t2: M=0.65, SD=0.24) than the group with no significant interpersonal change (BSI GSI diff t1_t2: M=0.05, SD=0.42). All four patients with reliable improvements in the IIP-C also show reliable improvements in the BSI GSI (RCI). There are

no group differences concerning the symptom load at pre- and post-treatment. These results conform to the findings reported by Haase et al. (2008) for a psychodynamic inpatient treatment outcome. The two patient groups, whose interpersonal problems either worsened or remained unchanged but within the field of noticeable symptoms, showed no statistically significant symptom improvement at post-treatment.

3.5 Case reports

Therapy processes have more facets than can possibly be described in numbers. In the following chapter the group process of two participants will be described in more detail based on the group session protocols. Additionally observations from the individual pre- and post-sessions will be presented.

Two participants with different outcomes based on the quantitative data were selected for the case reports. One participant (Aylin) shows reliable improvements based on the RCI cut-off in both symptom (BSI GSI) and interpersonal variables (IIP-C), the other (Martina) does not show any changes in both variables. The two therapy processes will be compared to each other in order to gain more insight into how changes are likely to occur.

3.5.1 Case report - Martina

Pre-treatment assessment: Martina is a 24-year old woman, living at her parents' house in a village not far from Innsbruck. At the moment she is working temporary at a travel agency after spending the last couple of years in Italy. She had to leave Italy because of serious money issues and has to pay back a credit at the moment.

Martina was referred to the group by a colleague who is a specialist for eating disorders. Martina has suffered from bulimia nervosa since high-school. Before her eating problems started, she was a professional gymnastic athletic. She could not deal with the weight gain after quitting the sport and therefore started to regulate her weight with vomiting. She underwent several treatments, including a long-term individual therapy with improvements of her symptoms for a short time.

As reasons for her current problems she names the end of the relationship with her Italian boyfriend and her unhappiness with staying in Tyrol. She was enjoying the Italian life style, and wants to go back very badly. She does not see any reason for her being in therapy at the moment. She took the appointment at the clinic because her mother insisted. Now she is willing to take part in a group therapy. She refuses to enter individual therapy, because she does not want to be the center of attention. In the interview prior to the first group session Martina is asked to name

five roles, she plays in her life, and she names the following: listener for everybody, accurate, the problem child, weeper and one who is talked to in a dumb way. And the therapist tries to describe her first impressions of Martina with the following roles: attractive, shy, independent, self-critical and lonely. As therapy goals Martina wants to act differently in conflicts, not always harming herself. She wants to learn alternatives to vomiting, and she wants to feel calmer.

At pre-treatment, Martina shows a highly above average Global Severity Index score in the Brief Symptom Inventory (BSI GSI: T-value=80) indicating a very high symptom load. All scales with the exception of the scale somatization are above average. The highest scores are in the scales depression, psychotizism (both T-score=80) and interpersonal sensitivity (T-score=77). In the IIP-C Martina shows above average scores in the scales warm-agreeable (Stanine=8) and unassured-submissive (Stanine=7). In the Social Network Inventory (Table 9) Martina names three important relationships in the psychological quadrant, two of them qualified as imbalanced (mother and ex-boyfriend).

Table 9 SNI Martina_t1

t1	psychological							role-reversal	collective								
psychological							ex-boyfriend	7									collective
								6									
								5									
								4									
						mother		3		work							
								2									
							friend M ♀	1									
own role	7	6	5	4	3	2	1	SELF	1	2	3	4	5	6	7	own role	
individual								1	perfect man children (3)							ideal dream	
						colleague		2									
								3			father						
								4									
								5									
								6									
								7									
	individual							role-reversal	ideal dream								

She feels very close to her ex-boyfriend (horizontal line = 1) whereas in the role-reversal she thinks that her ex-boyfriend feels very distant to her (vertical line = 7). Also in the relationship with her mother she feels closer to her mother (2) than she thinks that her mother feels towards her (3). Martina names one important group (work) in the collective quadrant, and one colleague she has an important relationship with in the individual quadrant. In the ideal dream quadrant she wishes to have a perfect husband and three children all of them very close to her (1/1).

In the Social Atom Projective Test Martina names 10 important relationships. Only five relationships have a positive effect on her, three relationships are negative (ex-boyfriend, father, sister S) and two ambivalent (mother and sister L). Four relationships are imbalanced, in the way that she is receiving more than she is giving from her friend M and her mother, and giving more than she is receiving from her sister L and her friend D. Martina draws herself on the side of her social atom which could indicate that she feels like an outsider in her own social atom. Martina has much more significant relationships to women (N=8) than to men (N=2). Both relationships to men (father and ex-boyfriend) are negative.

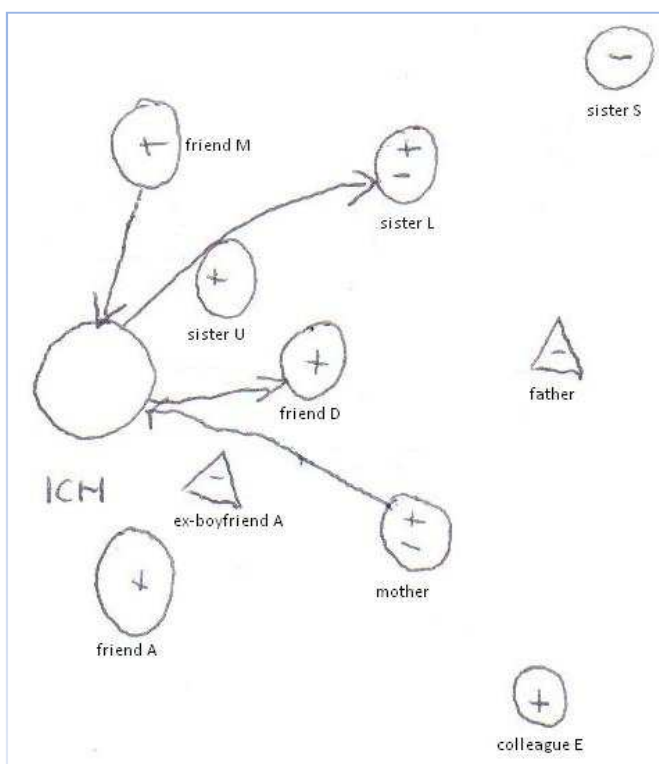


Figure 3 MSAPT Martina_t1

Preliminary hypotheses: After the first contact and reviewing the psychological test results the therapists develop the following preliminary hypotheses:

- *The psychological symptoms Martina developed could be linked to her outsider position in the social atom and the high percentage of negative, ambivalent and imbalanced relationships. Martina only describes negative relationships to men (father and boyfriend) which could indicate a problematic relationship pattern. The eating disorder including the necessity to be thinner could be linked to her desire to be liked by men. In the group therapy a goal should be to reduce negative, ambivalent and imbalanced relationships and to move Martina's place more in the center of her relationships in order for her to have the feeling of being supported.*
- *The current high amount of psychological burden could have been triggered through several life-events at the same time: the break-up of a difficult relationship and the moving back home from a foreign country. Martina uses her old coping role to handle the situation in becoming sick again, using the binge eating and vomiting to cope with inner tensions. A treatment goal should be to help her develop alternative coping strategies.*
- *Martina decides to join the group rather than individual therapy because she does not want to be the center of attention. Perhaps she does not want to be the only one with problems, an outsider again. In the group there is the possibility to experience that she is not the only one with problems and that therefore she can develop a sense of belonging.*

Therapy process: The group Martina participates in is a mixed group with two male and six female group members. In the first group session we focus on the "getting to know each other" through presenting the staff and group rules as well as learning each other's names through a name play. After this warm-up all group members are invited to talk about their goals for the group therapy. Martina says that she does not really know what her therapy goals are, but that she has suffered from bulimia since high-school. She adds that she has moved from Italy to Austria recently and that she has not been able to end things properly there.

We then start to introduce role plays by inviting the group members to present themselves out of another role. Martina presents herself as her female friend M, whom we know from the SNI to be the closest person to her. As friend M she says: "I have known Martina for a very long time and I am really glad that she is back from Italy now. Martina is a reliable and punctual person, a good babysitter; she would have become the godmother of my child if she had been here. She is a really great girl even without a boyfriend."

Martina struggles a lot in order to tell us something positive about her indicating a very negative self-image. The personality traits Martina, in the role of her friend M, focuses on

are achievement-oriented. It could mean that Martina has to make a lot of effort to be liked, and is afraid not to be liked just the way she is. In mentioning her ex-boyfriend Martina communicates a very traditional picture of women being good when they have a boyfriend. She is very much in need of reassurance from men perhaps because she did not get enough or the adequate form of attention from her father.

The group theme of the first session is to show something of oneself, to “come out or to remain in the closet”. Martina was able to show emotions in feeling sad about the missed opportunity to be a godmother. She was able to show how much she suffered from the end of the relationship in some way. She is very honest about her eating disorder as well as about her insecurities concerning treatment goals. If Martina shows her feelings for a moment she then tries to control them very fast and distances her from herself and the group.

In the second session we ask the group members to tell us about how they left after the last session, how they were feeling in the meantime and how they were feeling now. Martina states that she was feeling very nervous last time, and was also skeptical about the other group members. She then addresses one group member (Martin) who shared that he had a lot of trouble accepting himself and tells him that he is okay the way he is. In the meantime it was everyday's work. Her mother asked her about the group and she answered that she was bound to secrecy. She feels like everybody is having blinders in the family, that you are not allowed to have anything in your head. She is happy to be in the group today, but also tired and hungry.

Martin, a 48-year old patient with adiposity and a drinking problem becomes an important group member for Martina perhaps being a father figure for her.

We feel that all group members were exhausted and needed nurturing at the moment. For this reason we choose to propose a group play on an island.

Martina chooses to be a receptionist at the hotel on the island. In the play she has a lot of conflicts with the hotel manager (Martin) who demands a lot from her. In the role feedback, she tells us, that she felt quite good in her role with the exception of the conflicts with the hotel manager. She likes being nice to people and doing what she's good at - speaking other languages. In the evaluation at the end of the session Martina says that she feels animated.

Being a receptionist is a role Martina knows very well and also knows she is good at, a secure role for her. At the beginning Martina tells us that she is tired and hungry. However, Martina does not choose the role of a tourist to be able to relax for a moment but chooses to work, to be productive and also in control maybe. She tries to be accepted by the others in taking a lot of effort. She especially tries to please Martin (the hotel manager) although Martin is taking her in and barring her from talking with the others. Only after a long time of tolerating the hotel manager (Martin) Martina leaves the situation.

In the third group session Martina tells us that she has a very bad body feeling and that she tries to distract herself from it. She is not able to bring the effort she should in work. She feels nervous about being the maid of honor at her friend's wedding. And she is also jealous about the wedding.

She offers her theme for a protagonist play, but another group member (Michael) with the theme "Why do I panic when I enter a group" is chosen as protagonist. Michael stages a scene from his childhood, where his father forbids him to go out and play with the other kids. Martina does not play a role but says that she is very moved about everybody helping the protagonist to stage his play.

Martin decides to leave the group after this session. Martina wishes him to be able to change himself, not for anybody else but for himself. In the last round Martina says that she feels good in the group because she can be herself here, and she does not have to pretend to be anybody else.

From the distance Martina is able to adequately label psychological processes e.g. giving Martin support. She is very sensible and reflective if she is not dealing with her own feelings but the feelings from others. In quitting the group, Martin abandons Martina like her father abandoned her.

In the fourth group session Martina shares that she is feeling tired from the work week and looking forward to the weekend. She was thinking about important scenes from her life after the last protagonist play and her father came into her mind. Her father is very absent, not reachable for her and also easily annoyed and aggressive. However, Martina does not present this scene for a protagonist play but plays the role of an auxiliary ego in the play of a group member on the theme "Do I have a right to live". In the role of the aunt G Martina sees how the protagonist is being suffocated by her mother and is offering her a place where she could move freely. To the protagonist she says: "You are allowed to leave, your mother will not feel any better if you were

to stay.” In the role feedback she says that she was happy that the auxiliary ego existed although it was hard for her to play the role.

Martina has troubles changing the perspective and entering a caring, motherly role. This could indicate that Martina herself did not have a mother who was able to support her in noticing her own needs and also feelings.

After the play we ask the other group members whose themes were not chosen how they were feeling. One group member feels sad and excluded. Martina follows the invitation to double her and says: “I always have to be nice in order to be liked.”

In the role of the double Martina is able to talk about feelings, when she is not talking about herself.

At the final round Martina shares that she knows the role of being a sandwich child she saw in today’s protagonist play, getting fewer affection than her siblings. She also felt that today it was quieter in the group, as Martin is not here anymore.

Martina shares more about her feelings today, telling us about her jealousy towards her sisters, perhaps also a reason for the negative or ambivalent relationships she has with two of her sisters. Her role in the family is to be the problem child; her way of getting attention in the family is to produce symptoms, to get into trouble. However, she is not getting what she wants nor needs that way.

As only group member Martina brings up Martin, in a way also telling us that she misses him perhaps. However, she is not able to tell us how she feels.

In the fifth group session Martina shares that she did not want to come today, that she had a lot going on in organizing the wedding-eve party for her friend which was a success. In two days there will be the wedding.

The wedding of her friend has a high psychological impact on Martina. Perhaps she did not want to come today because she does not want to be seen suffering. She builds up a safety wall around herself, is more distant. She does not want to express her feelings, tries to pull them away.

We offer to discuss the leave of Martin again. Martina says that it does not bother her. That she had a lot of farewells when leaving Italy and that she was “hard-boiled” now. She also says that

she does not believe that he left for the reason he said (financial issues) and that we are still a good group without him. Martina is chosen to be the protagonist today with her theme: "Why don't I feel good in my own skin?" She chooses body parts and sensations for her play which are assigned to group members. Martina changes into the roles and tells a message for Martina in every role:

Nose: "I am what I am and I want to be supported."

Abdomen: "I feel quite good, but Martina always wants me to be smaller. I am too big for her, I am not ok for her, but I want her to accept me."

Pinching: "I don't know why I am here; don't know who sent me, and what is my purpose?"

Left foot/right foot: "Sometimes I am okay, sometimes I am not okay. I want to be accepted."

Agitation: "I am a foreign part, do not belong here. I should not always be sent away."

Head: "I have lost the control. The voice now has the control."

Voice: "I am bad, powerful and I do not stop until I have a counterpart voice, a nice voice."

In the role feedback the antagonists share the following with Martina:

Abdomen: "I felt quite good, between the legs I felt good."

Nose: "I felt beautiful, but I did not like being squeezed. A lot of body parts were missing and I was at the wrong place."

Head: "I wished the voice had gone."

Voice: "I did not feel accepted, and I did not feel powerful."

Legs: "We did not understand why we were not accepted."

Agitation: "I was feeling good, felt more like vitality."

Pinching: "I could go."

The antagonists share a different perception in the roles than Martina's messages would have suggested. Martina expresses existential wishes and needs, e.g. acceptance. This could indicate that Martina's needs of being accepted and also to have a mirror for her feelings were not adequately met in her childhood.

Sharing: In the sharing a lot of group members say that they also have a voice in their head criticizing their body. They share that they know how it feels to have a bad body sensation, and not being able to accept oneself. One group member says that she cannot stop eating if she has troubles. One group member says that she did not go to the public swimming pool because of her body for a long time and that her Italian father criticized her body a lot. The only male group member does not understand Martina's insecurities because he thinks that she is so pretty. Also others cannot understand why she should have such difficulties being thin and beautiful.

Martina really comes out of the closet and shows us how she feels about herself. She shows us how much she is suffering from not feeling comfortable in her body, how she is losing control, how the voice of self-critic gets more power over her and how she is struggling with accepting herself. Martina gets support from the other group members during the sharing, but also misunderstanding especially from the only male group member. This could be a repetition of Martina's experiences in her family, of not being understood especially by her father.

For the sixth session Martina excuses herself due to alleged personal reasons.

Martina regulates closeness/distance by not showing up. She opened up in the last group, perhaps more than she thought she would. Perhaps she is feeling vulnerable and shielding her by not showing up. Her absence could also be a reaction of being misunderstood in the last session by some group members. Her coping strategy is to be absent, not to go in contact. Martina has a very powerful role in the group, her absence is very present for the group members and also the therapists and also provokes feelings of guilt.

In the seventh session Martina tells us that her friend had a beautiful wedding, that her protagonist play was good for her. She had not thought that something could come out from the play. Especially the message of the feet, which wanted to be accepted, she kept in mind. Martina is very distant and easily aggressive. She does not explain her absence of the last session.

In today's protagonist play Martina plays the older sister of the protagonist. In the role-feedback she states that she was completely identified with the protagonist. Also being a sandwich child she knows exactly how the protagonist was feeling. She was not able to identify with her role, the older sister.

Martina has difficulties to role reverse with the role of the older sister. She blocks, does not want to allow herself to be in contact with her feelings.

In the second half of this session we try to find inner helpers for all the group members, as the level of neediness of all group members is very high. Martina chooses her friend D to be her inner helper. In her role she says: "Let all your doubts go, your dissatisfaction. You are good the way you are. I love you."

Martina has come a long way since her first playing the role of her friend M. In today's role play she is able to accept herself for being the way she is. She is able to create an inner helper.

In the eighth session Martina tells us that she went out the last weekend, and that she drank too much and had a hangover. Her mother bitched about her drinking much. In the past Martina provoked her mother just to get her attention.

In today's role play Martina is chosen to be the double of the protagonist. As the double Martina says that she wants her father to apologize to the mother. And says to the father: "How could you do that, why did you abandon us?"

Martina has no difficulties to get into the role of the double, a role similar to her own role. She is able to express anger towards the father. The first time Martina allows herself to be in contact with her feelings in the role play.

In the sharing Martina says that she was very much identified with the protagonist. That her father also cannot tell her that he likes her. She felt helpless and disappointed.

At the end of the session, Martina shares that she takes today's role play with her. In an indirect way she was able to tell her father a few things. She can only let off steam with her oldest sister, where an open communication is possible.

In the ninth session we reflect on what has happened in the group so far and which themes remained untouched. Martina says that she profited from the therapy, and is thinking about starting individual therapy. She feels a little bit crazy because she is in need of therapy.

Martina shows some insight into her illness or needs. She allows herself to feel her needs and wants to get help. She wants to start individual therapy now, which she refused before the start of the group.

In today's protagonist play Martina plays the adult version of the protagonist. She says to the child version of the protagonist: "You did well, you know how to swim very well and you have enough air." And to the father: "Just leave." In the feedbacks she says that she liked the role and the play.

Martina shows further developments as she is able to get into the role of the protagonist very well and is able to set boundaries towards the father.

In the final session Martina is late for group. She says that she has a lot of work and wasn't able to get away on time. Otherwise she is feeling good, went out a lot.

Martina is distant again and does not show her feelings in regard to the ending of the group.

In today's play Martina plays a woman who is pushing herself to the front of the line in the supermarket. The protagonist tries to get to the cashier but all the others are pushing. In the role feedback Martina says that the protagonist is an easy victim as she is not pushing back.

Martina plays the role of the pushing person very well knows how to defend herself with her body.

After the play Martina tells us about an aggressive outbreak she had after she has been insulted from other football fans of being a slut. She has pushed the fan onto a table and in that way picked a fight. She was thinking a lot about what happened that day and why she lost control. She is afraid to lose control again. She had an anger outbreak also with her mother and harmed herself afterwards.

The loss of control also was a present theme in her protagonist play. Martina shows great deficits in the ability to regulate feelings. The only feeling Martina is able to express is anger or aggression. She either directs her aggression towards herself or towards others.

Martina decides to make a play on this theme of anger management or regulation of feelings. She develops a picture where the anger runs towards her and over her. The anger is very threatening. She then installs a guard with a sensor which turns automatically on.

Martina's feelings have to stay outside, are banned. The anger in the play also stands for all her other feelings.

In the feedback Martina says that it is good to be able to stop the anger, but she would prefer to be able to control it better and to direct it at the right persons.

Martina still wants to be in charge, to be in control of her feelings. She does not want to give them space. Her goal is to be able to direct her anger towards the right persons, perhaps her father.

At the final round Martina says that the therapy was good for her although she was reluctant to come today. She always left the group with something more. She is now better able to change perspectives and is reflecting more about herself.

Like Martina we therapists were very successful in denying today's theme of farewell and feeling sad about the end of the group. Like Martina we worked a lot, keeping us busy and blocking our feelings.

In the last sessions Martina was more and more nervous and agitated in the sessions. As the only male group member was not present at the last group session Martina was more open and talked more about her difficult relationship with her father. Through the therapy process Martina switched a lot from being completely absent (e.g. playing with her mobile like a sullen child) and being very much involved and present. Her behavior in the group could reflect her role in the family, trying to get more attention by acting out.

Post-treatment assessment: At post-treatment, the global symptom load (BSI GSI) remains unchanged above average; also the sub-scales are above average. The highest scores are in the scales hostility, psychotizism and interpersonal sensitivity (T-score=80). Although the depression score was slightly reduced from a T-value of 80 to 76 the hostility score increased from a T-value of 69 to 80. In the IIP-C Martina shows above average scores in the scale intrusive (Stanine=8). The values for the previously above average scales (warm-agreeable and unassured-submissive) are now in the average section.

The social network shows (Table 10) changes in all quadrants with the exception of the individual quadrant. Her ex-boyfriend is now an almost again boyfriend. In her own role she evaluates the relationship a little bit more distant (from 1 to 2), in his role she evaluates the relationship a lot closer (from 7 to 4). Her friend M remains the closest relationship (both times 1/1) and the relationship to her mother remains imbalanced. In contrast to pre-treatment Martina evaluates the relationship in the role-reversal as more distant than in her own role. Her father and her four sisters enter the social network as well as two female friends. The relationships are more or less distant, however balanced with the exception of the sister A. She feels closer to her sister A than she thinks her sister feels towards her.

In the collective quadrant the work group is now a balanced relationship (2/2). In the individual quadrant there is one colleague she has in important relationship with (2/2) with no changes since pre-treatment.

The ideal dream quadrant changed a lot. She now wishes her father to be closer to her (from 4 to 2) and her ex-boyfriend very close (at 1/1). At pre-treatment her father was at 3/3 in the wished for relationships and there was a perfect husband and three children at 1/1.

Table 10 SNI Martina_t2

t2	psychological							role-reversal	collective							
psychological								7								collective
	sister S							6								
		sister A						5								
			father		Ex almost again boyfriend			4								
				sister L	mother			3								
					sister U friends (2) ♀			2		work						
							friend M ♀	1								
own role	7	6	5	4	3	2	1	SELF	1	2	3	4	5	6	7	own role
individual								1	boyfriend						ideal dream	
						colleague		2		father						
								3								
								4								
								5								
								6								
								7								
	individual							role-reversal	ideal dream							

The social atom test (Figure 4) also shows changes from pre- to post-treatment. Martina draws herself in a bigger circle and in the center of the social atom. There is one new member in the social atom, friend S. There are three imbalanced relationships, in which Martina is giving more to her ex-boyfriend and receiving more from her mother and her friend M. At pre-treatment there were four imbalanced relationships. She now describes the formerly imbalanced relationships to her sister L and to her friend D as balanced. The relationship to her (ex)-boyfriend was formerly balanced and is now imbalanced as Martina is giving him more than receiving. The relationship to her sister S remains negative, and there are five ambivalent relationships, to two sisters, her friend S, her father and her boyfriend. At pre-treatment the relationships to her father and her boyfriend were negative. The formerly ambivalent relationship to her mother is now positive. In

summary, there have been some positive changes in the social atom of Martina, especially her being now in the center of her social atom and also in adding one friend to her social atom. However, Martina still describes a lot of socio-atomic disorders with a high percentage of ambivalent or negative relationship and imbalanced relationships.

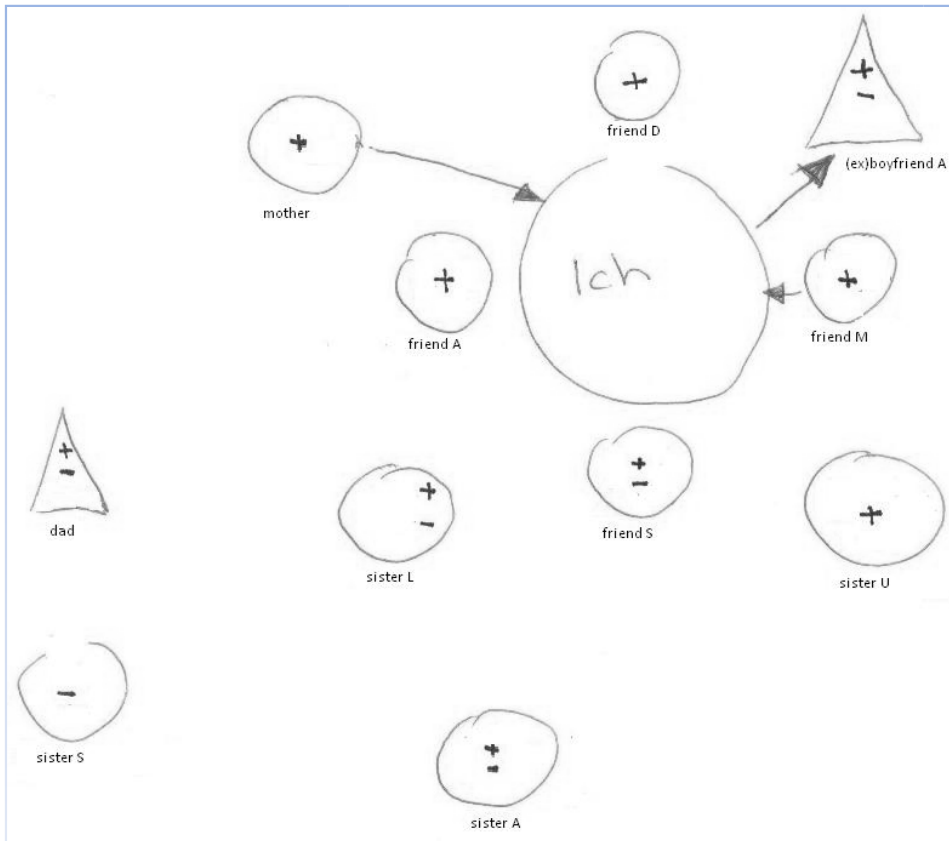


Figure 4 MSAPT Martina_t2

3.5.2 Case report - Aylin

Pre-treatment assessment: Aylin is a 38-year old woman born in Turkey but living in Austria since childhood. She has three children and is separated from her husband. Aylin describes the relationship with her husband, an Austrian, as very violent. He left her a few months ago to be with another woman. Although Aylin speaks German fluently she has a strong accent. She was referred to the trauma section of our clinic from the psychiatry where she was treated as an inpatient after a suicide attempt a month earlier. The individual therapist at our clinic referred her to the psychodrama group as Aylin could not afford an individual therapy and there was a waiting list for a therapy place. During the inpatient treatment she was successfully medicated with antidepressants and neuroleptics.

At the individual session prior to the first group session Aylin describes the reasons for her problems as follows: She says that her childhood was very difficult with an alcoholic father who was beating her and her mother. She describes that she suffered not only from physical but also from sexual abuse and still is feeling guilty somehow. The five roles which she believes describe her best are: the one who is always feeling guilty, the one who enjoys helping others, the one who is not helping herself, the one who is abandoned, the amicable one. The five roles the therapist chooses to describe her are: the open one, the one who is positively connecting with others, the tired one, the strong woman, the one who has suffered a lot, the passionate/fiery one. As goals for the therapy Aylin says that she wants to stand on her own feet, she wants to be more self-confident and happy.

At pre-treatment, Aylin shows an above average general symptom load in the BSI GSI (T-value =80). All scales are highly above average with six scales showing a T-value of 80 (anxiety, paranoid ideation, psychotizism, somatization, obsessive-compulsive). In the IIP-C Aylin shows highly above average scores in the scale cold-hearted (Stanine=9).

In the Social Network Inventory (Table 11) Aylin names very close relationships to her sons, mother, dog and a female friend (1/1); and a very distant relationship to her daughter (5/5). She does not have relationships with important groups or members of groups. In the ideal dream quadrant she wishes to have very close relationships not only to her sons, dog and mother but also to her daughter.

Table 11 SNI Aylin_t1

t1	psychological							role-reversal	collective							
psychological								7								collective
								6								
			daughter					5								
								4								
								3								
								2								
							sons D+H mother dog friend ♀	1	-							
own role	7	6	5	4	3	2	1	SELF	1	2	3	4	5	6	7	own role
individual							-	1	mother sons D+H daughter dog							ideal dream
								2								
								3								
								4								
								5								
								6								
								7								
	individual							role-reversal	ideal dream							

In the Social Atom Projective Test (Figure 5) Aylin draws herself on the side of her social atom. She describes the relationships to her sons as imbalanced in the way that her sons give her more than she can give them.

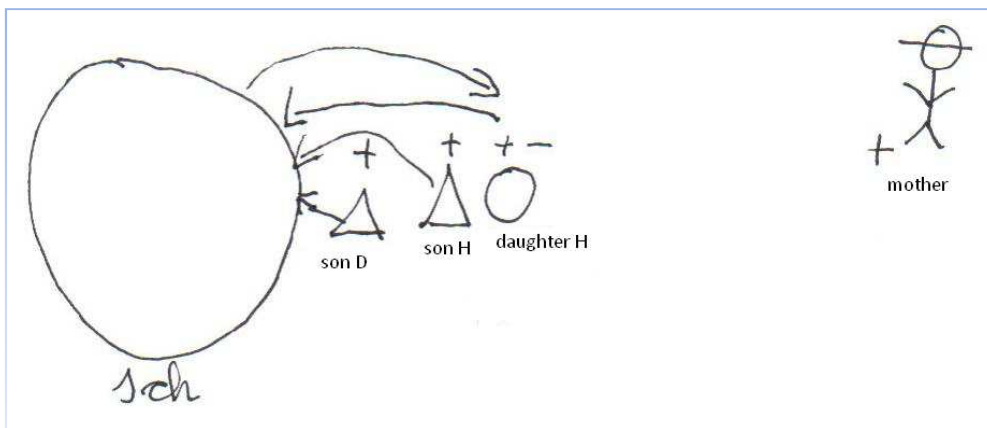


Figure 5 MSAPT Aylin_t1

However, the relationships to her sons and her deceased mother are positive, whereas the relationship to her daughter is ambivalent. The fact that Aylin only has her children as living members in her social atom describes a lack of close relationships.

Preliminary hypotheses: The current extremely high symptom load could be related to the break-up from her marriage and the ongoing conflicts with her husband about financial issues. Her social isolation could be regarded as typical for women in violent relationships. Due to the ongoing physical, sexual and also emotional abuse since her childhood serious structural deficits or role deficits can be expected. Aylin describes great deficits in the development and maintenance of stable and positive relationships and also in the regulation of her feelings. The relationship to her husband can be described as depending. Her suicide attempt could have been a signal for her helplessness.

Therapy process: The group Aylin participates in is a female group with seven group members. We decided to make this group a female group as most of the participants had suffered from some kind of abuse through fathers or partners. We therefore tried to make the group environment as safe as possible for the women.

In the first group session we start with the introduction, presentation of staff and group rules. Afterwards we invite the group to participate in some socio-metric exercises including family status and background. Aylin shares with the group that she is separated from her husband but not yet divorced.

Subsequently every group member chooses one cloth that represents current feelings. Aylin chooses a dark blue one, and explains that she would have preferred a black one because black is her favorite color and also the color of grief. Black is the color of her childhood.

Right from the start there is a big difference between Aylin's non-verbal communication and her stories. From the outside perspective Aylin appears to be a lively, funny person, whereas she describes a very dark side of her and serious traumatizations without any emotional involvement. She is separating her feelings from the stories; as a result the group experiences strong feelings of hopelessness, sadness and anger. This coping strategy could be linked to a dissociative disorder.

We then invite the group members to share their therapy goals with us and each other. Aylin tells us that she has experienced a lot of bad things in her life. Her father was an alcoholic and beat

her. He also called her dumb. She took refuge in her marriage, but her husband beat her too and raped her. She now wants to be independent and does not want to take refuge in another man's arms. She also wants to be more self-secure.

Aylin describes how depending the relationship to her husband was, him being her rescuer from her violent father. After the break-up from her marriage she is now completely alone and doomed to be independent without ever having learned how to do so. Her stories have a paralyzing and overwhelming effect on the group, and leave a feeling of being in a black hole. She mentions unrealistic goals for the therapy.

At the end of this session the group members make a picture with their cloths and Aylin interprets the picture as follows: "It's like a stairway that leads upwards."



Figure 6 Picture of group work

Aylin's interpretation of the picture could be an expression of hope that change is coming, that things will be better for her. However, in her universe there is only heaven or hell, nothing in between.

In the second session we decide to do the kick-off with a resource-oriented exercise given that the opening round in the last group was very burdening for the whole group. Every group member tries to find a safe place for themselves.

Aylin chooses to be on an island (Hawaii) with her kids. We then stage her secure place with the help of the other group members. Aylin is sitting in a canvas chair at the beach. There are also her three kids, a palm tree, a coconut and water. Aylin enjoys being on the beach and hearing her kids

play. She feels relaxed and calm. In the role of the palm tree Aylin says to herself: "Finally, be happy and take care of yourself."

Aylin needs her children in order to stabilize herself, also in her secure place. She indicated this dependence in her social atom, where she had the perception that her sons gave her more in their relationship with her than she could give them. In the role of the palm tree Aylin shows how far away she is from being able to realize what she needs at the moment. In a rather demanding way she tells herself to be happy, a very unrealistic way to reach this goal.

In the final round of the session we ask the participants how they have felt since the last group session. Aylin tells us that she was doing fine in the past two weeks. That she is more autonomous and is demanding more from her husband. „He should suffer too“. She is taking care of herself but she has a lot of anger in herself.

Aylin names her anger towards her husband and also her revenge fantasies.

In the third session Aylin chooses a colorful bright cloth to represent her current feelings. She tells us that she is doing fine. That she articulated her anger towards her husband and that she has stopped the divorce because her husband should pay more money for her and the kids. Her husband went out when he was having the kids, which made her furious. She wants to improve really soon.

Aylin describes unrealistic wishes concerning her coping of her disease. She gives a fragmented impression of herself, talking about disconnected things.

We then decide to do a group play with the theme "oasis of well-being". Every group member can choose what she wants to do in the oasis. Aylin decides that she wants to get a massage. With another group member Aylin gets a massage from one of the trained auxiliary egos and enjoys it very much. After the play she says that she wants to take a vacation in a wellness hotel with her kids.

Aylin has a great need of care and is able to ask for it in the group play. She is enjoying the attention she is getting from the auxiliary ego. However, she is not able to reflect the experience on a deeper level.

In the fourth session Aylin describes her feelings as follows: "I would like to lie in a grave and be shoveled in. I am completely exhausted and powerless. I do not want to fight anymore. It is so exhausting to keep the mask on." We invite the group to look for inner helpers and play them. Aylin is not able to find an inner helper.

Aylin is able to reflect and share the two separated images she is experiencing. The one who is active, lively, funny she describes as her mask, the black, dark side as her wounded victim role including complete hopelessness and death wishes.

For the fifth session Aylin excuses herself.

The absence of Aylin leads to guilt feelings and also anxiety. However, it is very positive that Aylin is able to excuse herself for the session and that she is following the group rules. Today's group theme is aggression and „how do I get the place that I need?“

In the sixth session Aylin explains that she was not feeling good the last time. She feels like being stuck in a hole. The crying of another group member touched her very much. In the meantime her 18-year old daughter was submitted to psychiatry because of her drug addiction which was a very big strain for her. Also her boss and a friend died in an accident recently.

Aylin shares extreme life-events with high impacts on her but without any emotional involvement. The group again is experiencing the split emotions, a breathtaking feeling. We decide to offer to work on Aylin's resources in order to stabilize her.

Aylin stages her birthday party in the psychiatry. She got a birthday cake and a present from her friends there. In the role of her friend she says to herself: "Take care of you also for the sake of the kids. If you are doing well your kids will do too. First you have to take care of you".

In the role of her friend Aylin is able to be much more caring towards herself than in the previous role of the palm tree. She also gets into the role better and is more authentic.

In the seventh session Aylin tells us that she was feeling very bad last time and all the time since. Her father received inpatient care because of gastric cancer. He was expelled from the clinic and now has to be taken care of at home. She does not want to be responsible for her father. It is too much for her anyway. She wanted to give her boss her notice but her boss did not accept it. Her doctor told her to call in sick but she did not do it. She wants to get strength from today's group.

In today's protagonist play on the theme "letting go of the past" (picture of a bottle filled with some kind of broth) Aylin does not play a role. Afterwards however she shares that as an alternative way to deal with the bottle she would throw the bottle out of the window. At the end of the session Aylin says that she is very tired and also angry.

Through the illness of her father Aylin is confronted with the perpetrator again and no longer safe. She is not able to set boundaries and to shield herself. Perhaps the break-up with her husband is the reason she now goes back to her father. Her feedback on the play shows a very aggressive and also destructive way of dealing with conflicts. Her coping strategies being very basic, following the motto: "Out of sight, out of mind".

In the eighth session Aylin says that she is not feeling well, still in the black hole. She did not quit work because she wanted to help her boss. She now takes care of her father to whom she does not have any kind of relationship. In the New Year she wishes herself more money, the courage to quit her job and search another one.

Aylin was not able to distance herself from her father. She stays in the role of the victim somehow searching for the closeness to the perpetrator.

In today's protagonist play on the relationship of one group member and her alcoholic husband the protagonist chooses to stage her feelings. Aylin is chosen to play the role of resignation with the message "I cannot do it anymore". All feelings are very close to the protagonist and suffocate her. There is one feeling missing, the anger which allows the protagonist to break free and distance her from the other feelings.

In the role feedback Aylin shares that the role was very burdening but also powerful. As resignation she was able to control the thoughts of the protagonist, also suicidal thoughts.

As resignation Aylin is able to experience some sort of power and control. This is a very positive experience for her, normally being completely powerless and out of control. Aylin was able to take on the role very well.

In the sharing Aylin says that sometimes she is not able to feel anger too. At the end of the session Aylin feels a bit relieved.

Aylin talks about her difficulties to experience feelings and the hopelessness of being overwhelmed by her feelings. In this phase Aylin shows a lot more insight into her inner world than at the beginning of the group. She appears very congruent and authentic.

In the ninth session Aylin tells us that a Christmas miracle happened and everything is alright now. Somehow she managed to get out of the dark hole and is now able to say “no”. She wishes that life would go on like that.

To set boundaries, to say no, was also the theme of the last play. Aylin was able to transfer her experiences in the play to her outer stage.

In today’s protagonist play on the theme “Why do I stay at home and do not go out if I want to?” on the depending relationship of one group member with her alcoholic boyfriend Aylin is chosen for the role of a friend of the protagonist who is waiting for her to show up but does not really believe that she would come.

In the role feedback Aylin shares that in the role of the friend she did not understand the hesitation of the protagonist to show up.

Aylin was able to change into a role quite opposite to her own. She was able to change perspective, an ability that has improved since the first group sessions. She is also chosen to play a friend, an indicator for her acceptance in the group.

In the sharing Aylin says that she knows this hesitation, “and then she is sitting at home and waiting for him to come”.

Aylin is able to reflect on the play and to relate it to her own situation.

In the final group session Aylin tells us that she looks into the future since New Year’s Eve and that she is doing fine. She was on a ball with a friend of hers and laughed at her ex-husband and his girlfriend which was good for her. She danced a lot and felt alive. She adds that she is sad that the group is over now and she wishes to stay in contact with the other group members.

Aylin has a lot of resources, however in the crisis they get lost.

In the final group play with the theme “fairy’s farewell party” Aylin plays an elf. She dances with Mister “Sumsemann”, a German fairy figure. In the role feedback Aylin shares that she enjoyed the dancing very much.

In a final discussion round about having a different cultural background Aylin tells us that her ex-husband tried to stop her from being a Turkish woman. Now she is in contact with her Turkish culture again.

Through the group therapy Aylin was able to look into herself and reflect on her situation. However, it was difficult for her not to be in the center of attention. Then she reacted angry and shut herself off. Aylin appears much younger than her actual age, also playing with being the seductress. Her close relationship with her mother, which she indicated in the social atom was never a theme in the group therapy. Also the problems with her ill father and her drug addicted daughter just vanished after Christmas.

Post-treatment assessment: At the individual session following the last group session Aylin shares that she has found an individual therapy place outside the hospital. She is still taking her psychotropic medications and struggling but more self-confident and has opened up to other people including men. She names the following roles describing her now: the shy one, the wild one, the good mother, the go-getter. The therapist describes her with the following roles: the dancer, the despaired, the one who enjoys a gift like a child, the fighter, the one laughing with the others.

Her global symptom load in the BSI was significantly reduced but remains far above average (GSI: T-value=80) and also the subscales are above average with exception of the scale interpersonal sensitivity which is in the average section now. In the IIP-C two scales are above average: cold hearted (Stanine=8) and vindictive (Stanine=9). The global score was reduced statistically significant, remains however far above average (Stanine=9).

In the social network new relationships were added to the old ones. In the psychological quadrant Aylin added her parents and sisters and also five friends. Her daughter is much closer to her now than she was before the therapy (1/1). She added in the collective quadrant work and the therapy group as important groups and in the individual quadrant four friends. In the ideal dream quadrant her sons and daughter are still very close (1/1) and now also her friend S. She also added her mother in this quadrant in a distant relationship however. All relationships are balanced.

Table 12 SNI Aylin_t2

t2	psychological							role-reversal	collective									
psychological	mother							7										collective
	father							6										
								5										
				sisters F+D friend ♀				4			work							
					friends ♀ (2)			3										
						friend ♀		2										
							friend S ♀ daughter sons H+D	1	therapy									
own role	7	6	5	4	3	2	1	SELF	1	2	3	4	5	6	7	own role		
individual								1	friend S ♀ daughter sons H+D								ideal dream	
						friends ♀ (4)		2										
								3										
								4										
								5										
								6										
								7								mother		
	individual							role-reversal	ideal dream									

In the social atom Aylin puts herself in the center of her social atom with the significant others around her. She added her friend S and her sisters to the social atom. The relationships to her deceased mother, her daughter and her sisters remain imbalanced. The relationships to her sons are balanced now. The relationship to her daughter is still ambivalent however her daughter is now closer to her indicating a positive development.

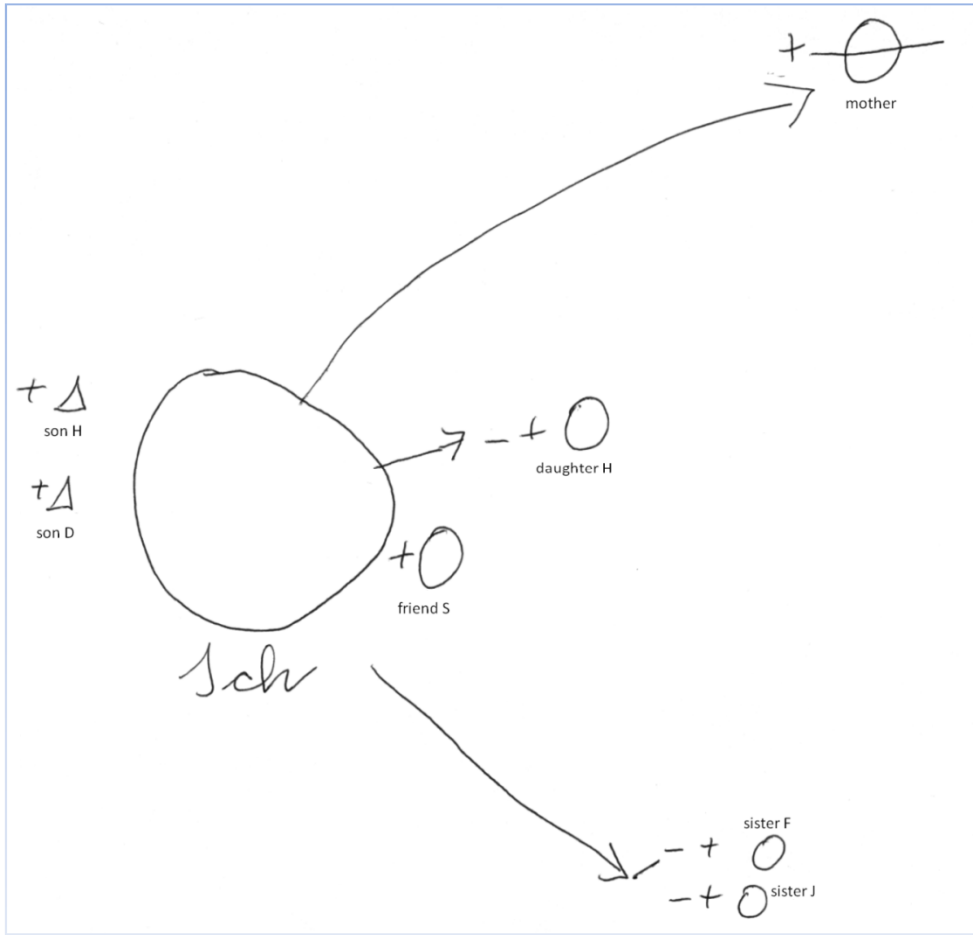


Figure 7 MSAPT Aylin_t2

4 Discussion

The primary goal of this work was to describe interpersonal changes following psychodrama group therapy with different instruments including the social atom method. In the final chapter the research questions which were laid out at the beginning of the thesis are discussed.

1. Is there a reduction of interpersonal problems and socio-atomic disorders following psychodrama group therapy?

The results of the presented study showed that a short-term psychodrama group therapy is able to reduce interpersonal problems with a medium effect size (IIP-C: $d=0.43$). Similar effect sizes were found in a German outcome study on psychodrama group-therapy (Tschuschke & Anbeh, 2008) with the difference that the patients had more sessions with 62% of the sample having more than 20 sessions.

The results of the Social Network Inventory (SNI) indicate some minor changes in the social atom of the group participants including a trend towards an increase of significant relationships to members of groups and to more closeness to significant groups. This is a small but nevertheless important change as the pre-treatment results of our sample supported prior findings (Treadwell et al., 1993) that people with a mental disorder have smaller social networks of significant relationships and fewer support groups. The naming of the therapy group and therapy group members in the social network showed that the therapy group can provide a base from which further relationships can be developed.

The results of the Moreno Social Atom Projective Test (MSAPT) at pre-treatment indicate that our sample has fewer significant relationships in the social atom and a higher ratio of conflicted relationship. This result supports Moreno's theoretical assumptions on the socio-atomic disorders of persons with mental disorders in regard to the size of the social atom and the conflict factor (J. L. Moreno, 1951). At post-treatment there were no significant changes in the social atom of the group participants on a quantitative level which could be due to the small sample size and also to the short-term character of the group therapy. As has been discussed previously interpersonal change requires a higher treatment dose (Haase et al., 2008) and the learning of new roles requires more time, in numbers more than 26 sessions (Grissom et al., 2002). It is possible that with longer group duration the interpersonal changes would also be reflected in the social atom. The qualitative analysis of the MSAPT in two case reports showed important changes of the social

atoms also after 10 sessions. Especially the analysis of the place the participant gives himself or herself in the social atom in relation to his/her significant others showed that the group participants moved from the outside of their social atom into the center of their social atom. This finding could indicate that psychodrama group-therapy is effective in supporting the patients to perceive themselves as leading actors in their social atoms being “in the middle of the stage” and not merely having a supporting role in their own life.

2. Are the interpersonal changes related to changes in the symptom load?

The psychodrama group-therapy was very successful in reducing depressive symptoms in a highly depressive sample. The effect size of $d=0.70$ indicates a strong effect similar to the results of a large German psychodrama group outcome study (Tschuschke & Anbeh, 2008). The reduction of the general symptom load only showed a small effect ($d=0.32$) and is lower than the effect size reported in the German study (Tschuschke & Anbeh, 2008). This could be due to the shorter therapy duration.

The interpersonal changes were significantly linked with changes in the global symptom load. Those participants who achieved a reliable reduction of interpersonal problems also showed a significant reduction of symptoms after treatment. Our results confirm the results of prior studies (Haase et al., 2008) where interpersonal change was found to be a precondition for symptom change.

There are several limitations to the study due to the small resources available. As there is no control group, the treatment effects could be influenced by other factors outside the psychodrama group. It would also have been interesting to know more about the long-term effects of the psychodrama group through a follow-up assessment. A larger sample would have brought more evidence for the effectiveness of the treatment.

3. How are the interpersonal changes linked with the therapy process?

The case reports demonstrate how complex therapy processes in a group are. Although one case report reflected a participant with good outcome and the other a participant with “bad” outcome the qualitative analysis showed that both participants were able to profit from the group therapy in some way. In the first case report the group therapy was perhaps too short for the improvement of symptoms or interpersonal problems, however, the participant was able to be motivated to engage in further therapy and gain insight into her interpersonal problems. In the

second case report the quantitative data indicate a positive outcome, however, the qualitative analysis suggest that the symptom improvement following the “Christmas miracle” could be very possibly not lasting for a long time. In both cases the quantitative results did not necessarily conform to the qualitative analysis, indicating the limitations of the quantitative research approach in psychotherapy.

In both case reports the patients were able to learn new roles, confronted themselves with their interpersonal problems and reflected on their own part in these conflicts. The interpersonal changes are very likely linked with the growing ability to change perspectives and to change into different roles. The creation of a safe place in the group was perceived to be healing by both patients. Further studies will be needed to evaluate direct links between therapy processes and the treatment outcome. The evaluation of specific treatment methods as proposed by Verhoefstadt-Denève (2003) could bring more insight into the specific effects of interventions.

4. Is the social atom method a useful tool for the assessment of interpersonal changes?

In this thesis two different instruments measuring the social atom were used. The Social Network Inventory is the more sophisticated one including role reversals for every significant other with a much longer answering time. The Likert-scales for evaluating the closeness/distance to significant others allow the quantification of this variable and therefore a quantitative analysis not only of the number of relationships but also of the closeness. However, the length of the questionnaire and the complexity overburdens some patients, especially those with a low ability to concentrate. Some patients are not able to role reverse and therefore are overstrained by the questionnaire. A further limitation of the SNI is the more or less unclear criteria for the different quadrants. Some patients named the same person twice, once in the psychological quadrant and once in the individual quadrant. The MSAPT is a much shorter instrument and was easier to be applied. The graphic output of the MSAPT is a useful tool to get an overview of the patients’ relationships and socio-atomic disorders. As could be shown in the case reports, the MSAPT is very sensitive to interpersonal changes when analyzed in a qualitative way. In further studies the reliability and validity of the social atom methods should be evaluated with larger samples. Both the SNI and MSAPT proved to be instruments assessing important information on the social networks of the patients. However, the SNI is more adapted for a quantitative analysis. For the analysis of the MSAPT a qualitative approach is recommended including the assessment of the position of the “protagonist” in his or her social atom.

Acknowledgment

A lot of “significant others” contributed to this work. First of all, I want to thank the group participants. Your courage and faith made this work possible and inspired me, not only as your group leader and researcher but also as a “mensch”.

I want to thank Jutta Fürst for the most inspiring training as well as for her everlasting belief in us and the method. Special thanks for leading my first group with me. Jutta gave me the security and faith I needed to go on.

I want to thank the other co-leaders, Birgit Teufelberger and Susanne Jäger. Special thanks to Birgit without her the groups at our clinic would not exist. We therapists were supported by the great work of our trained auxiliary egos, Veronika Pöschl-Arch and Birgit Teufelberger (again), Conny Gruber and Marianna Burcsik, Veronika Hernegger and Martina Geroldinger. Thanks to all of you.

Thanks to Hannes Krall for his assistance to give birth to this thesis and for encouraging me to write about more than just numbers and statistics. I also want to give a big “thank you” to Eva Huber for helping me with the literature jungle, to my brother Johannes for checking my English, to Veronika Pöschl-Arch for finding all my typos and to my parents, Waltraud and Hermann, for their support.

I want to dedicate this work to Matthias, who stood by me as my partner and best friend in these exhausting years of psychodrama training. Looking for you in me made me a better version of myself.

Tables

Table 1 Socio-demographic and clinical characteristics – participants and drop-outs.....	11
Table 2 Interpersonal problems pre and post treatment (N=21)	13
Table 3 SNI Albert_t1	14
Table 4 SNI Albert_t2	15
Table 5 Social network inventory at pre and post treatment (N=20).....	16
Table 6 MSAPT at pre and post treatment (N=21).....	19
Table 7 Psychological burden (BSI) pre and post treatment (N=21).....	20
Table 8 IIP-C change groups and symptom change (N=20)	21
Table 9 SNI Martina_t1	23
Table 10 SNI Martina_t2	34
Table 11 SNI Aylin_t1	37
Table 12 SNI Aylin_t2	45

Figures

Figure 1 MSAPT Tamara_t1.....	18
Figure 2 MSAPT Tamara_t2.....	18
Figure 3 MSAPT Martina_t1	24
Figure 4 MSAPT Martina_t2	35
Figure 5 MSAPT Aylin_t1	37
Figure 6 Picture of group work.....	39
Figure 7 MSAPT Aylin_t2.....	46

References

- Bearman, P.S., & Moody, J. (2004). Suicide and Friendships Among American Adolescents. *American Journal of Public Health, 94*(1), 89-95.
- Brähler, E., Horowitz, L.M., Kordy, H., Schumacher, J., & Strauß, B. (1999). Zur Validierung der Inventars zur Erfassung Interpersoneller Probleme-Ergebnisse einer Repräsentativbefragung in Ost- und Westdeutschland [Validation of the Inventory of Interpersonal Problems-Results from a representative survey in East and West Germany]. *Psychotherapie, Psychosomatik, Medizinische Psychologie, 49*, 422-431.
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Cornwell, B. (2003). The Dynamic Properties of Social Support: Decay, Growth, and Staticity, and Their Effects on Adolescent Depression. *Social Forces, 81*(3), 953-978.
- Derogatis, L.R., & Melisaratos, N. (1983). The Brief Symptom Inventory: an introductory report. *Psychol Med, 13*(3), 595-605.
- Edwards, J. (1996). Examining the clinical utility of the Moreno social atom projective test. *Journal of Group Psychotherapy, Psychodrama & Sociometry, 49*(2), 51.
- Engelhardt, A., Feldkamp, F., & Sader, M. (1989). The social atom: An environmental supportive system. *International Journal of Small Group Research, 5*(1), 47-63.
- Franke, G.H. (2000). Brief Symptom Inventory von L. R. Derogatis (Kurzform der SCL-90-R) - Deutsche Version. Göttingen: Beltz Test GmbH.
- Franke, G.H. (2002). SCL-90-R Sympom-Checkliste von L.R. Derogatis - Deutsche Version (2nd ed.). Göttingen: Beltz Test GmbH.
- Grissom, G.R., Lyons, J.S., & Lutz, W. (2002). Standing on the shoulders of a giant: Development of an outcome management system based on the dose model and phase model of psychotherapy. *Psychotherapy Research, 12*, 397-412.
- Haase, M., Frommer, J., Franke, G.H., Hoffmann, T., Schulze-Muetzel, J., Jäger, S., et al. (2008). From symptom relief to interpersonal change: treatment outcome and effectiveness in inpatient psychotherapy. *Psychotherapy Research, 18*(5), 615-624.
- Horowitz, L.M. (1979). On the cognitive structure of interpersonal problems treated in psychotherapy. *J Consult Clin Psychol, 47*(1), 5-15.
- Horowitz, L.M., Rosenberg, S.E., Baer, B.A., Ureno, G., & Villasenor, V.S. (1988). Inventory of interpersonal problems: psychometric properties and clinical applications. *J Consult Clin Psychol, 56*(6), 885-892.
- Horowitz, L.M., Strauss, B., & Kordy, H. (2000). Inventar zur Erfassung interpersoneller Probleme (IIP-D) (2nd ed.). Weinheim: Beltz.
- Jacobson, N.S., Follette, W.C., Revenstorf, D., Baucom, D.H., Hahlweg, K., & Margolin, G. (1984). Variability in outcome and clinical significance of behavioral marital therapy: a reanalysis of outcome data. *J Consult Clin Psychol, 52*(4), 497-504.
- Jacobson, N.S., & Truax, P. (1991). Clinical significance: a statistical approach to defining meaningful change in psychotherapy research. *J Consult Clin Psychol, 59*(1), 12-19.
- Kellerman, P.F. (1987). Outcome research in classical psychodrama. *Small Group Behaviour, 18*(4), 459-469.
- Kellerman, P.F. (1991). An essay on the metascience of psychodrama. *Journal of group psychotherapy, psychodrama and sociometry, 44*(1), 19-32.
- Knill, M., & Egger, J.W. (2006). Soziale Netzwerke und sozialer Rückhalt als protektive Faktoren gegen Suizid und Depression im Alter. *Psychologische Medizin, 17*(4), 4-16.
- Leary, T. (1957). *Interpersonal diagnosis of personality: A functional theory and methodology for personality evaluation*. New York: Ronald Press.

- Leitner, A., Liegl, G., Maertens, M., Hoefner, C., & Koschier, A. (2008). Die Veraenderung sozialer Netzwerke durch Einzelpsychotherapie aus Patientinnensicht. Zur Erprobung eines Erhebungsinstruments. *Psychologische Medizin*, 19(4), 17-26.
- Liedtke, R., & Geiser, F. (2001). Veränderungen interpersonalen Probleme während und zwei Jahre nach stationärer Psychotherapie. *Gruppenpsychotherapie und Gruppendynamik*, 37, 214-228.
- Moreno, J.L. (1934). *Who shall survive? A new approach to the problem of human interrelations*. Washington, DC: Nervous and Mental Disease Publishing.
- Moreno, J.L. (1936). Organization of the social atom. *Sociometric Review*, 10-13.
- Moreno, J.L. (1939). *Psychodramatic shock therapy: A sociometric approach to the problem of mental disorders*. Beacon, NY: Beacon House.
- Moreno, J.L. (1940). Psychodramatic treatment of marriage problems. *Sociometry*(3), 1-23.
- Moreno, J.L. (1951). *Sociometry, experimental method and the science of society*. Ambler, PA: Beacon House.
- Moreno, J.L. (1953). *Who shall survive? Foundation of sociometry, group psychotherapy and psychodrama*. Beacon, NY: Beacon House.
- Moreno, Z.T. (1987). Psychodrama, role theory and the concept of the social atom. In J. Zeig (Ed.), *The evolution of psychotherapy*. New York: Brunner/Mazel.
- Petzold, H. (1985). *Psychodrama-Therapie: Theorie, Methoden und Anwendung in der Arbeit mit alten Menschen* (2nd ed.). Paderborn: Junfermann.
- Puschner, B., Kraft, S., & Bauer, S. (2004). Interpersonal Problems and Outcome in Outpatient Psychotherapy: Findings From a Long-Term Longitudinal Study in Germany. *Journal of Personality Assessment*, 83(3), 223-234.
- Remer, R. (2001). Social Atom Theory Revisited. *International Journal of Action Methods*, 54(2), 74.
- Rumpold, G., Janecke, N., Smrekar, U., Schussler, G., & Doering, S. (2004). [Predictors of successful psychotherapy referral in a psychotherapy outpatient clinic and subsequent psychotherapeutic outcome]. *Z Psychosom Med Psychother*, 50(2), 171-189.
- Schreiber-Willnow, K. (2000). *Körper-, Selbst- und Gruppenerleben in der stationären Konzentrativen Bewegungstherapie*. Gießen: Psychosozial-Verlag.
- Thoits, P.A. (1985). Social support and psychological well-being: theoretical possibilities. In I.G. Sarason & B.R. Sarason (Eds.), *Social support: Theory, research, and applications*. The Netherlands: Martinus Nijhoff.
- Treadwell, T.W., Leach, E., & Stein, S. (1993). The Social Networks Inventory: A Diagnostic Instrument Measuring Interpersonal Relationships. *Small Group Research*, 24(2), 155-178.
- Tschuschke, V., & Anbeh, T. (2008). *Ambulante Gruppenpsychotherapie*. Stuttgart: Schattauer.
- Verhofstadt-Denève, L.M.F. (2003). The psychodramatic "Social atom method": Dialogical self in dialectical action. *Journal of Constructivist Psychology*, 16(2), 183.