



Examining roles in children's group therapy: Applying a dramaturgical role instrument to group process



Craig Haen, Ph.D., RDT, CGP, LCAT, FAGPA ^{a,b,*}

^a Expressive Therapies Ph.D. Program, Lesley University, Cambridge, MA, USA

^b Drama Therapy Program, New York University, New York, NY, USA

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ABSTRACT

In this group process study of two children's verbal psychotherapy groups in an outpatient clinic, group roles were examined through the development and application of a novel dramaturgical coding instrument and the use of trained raters to analyze videotaped scenes of interaction. Exploratory data analysis was conducted that compared individual members within groups, group-level data between groups, and members who showed clinical change with those who did not. The results suggest the potential utility, for researchers and therapists, of applying dramaturgical roles to group process.

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Since the early days of psychoanalysis, a discipline in which it is common to read about the *psychoanalytic stage* and the *theatre of the mind* (McDougall, 1985; Nuetzel, 1999; Ringstrom, 2007; Walsh, 2013), theatrical metaphors have been used to describe and frame psychotherapy processes. As a relational art form characterized by engagement, action, and interaction (Lothane, 2009; Woodruff, 2008), theater has rich overlaps with group therapy, where interaction between members is often imbued with conflict, catharsis, and the exploration of interpersonal themes. Despite the similarities, McLeod (1984) was among the only theorists to explicate the parallels between group process and drama. He noted how groups unfold like the plot of a play as members gradually reveal themselves to, and become entangled with, one another. This development is facilitated by the leader who, in McLeod's framework, functions as a director by fostering the expression of plot and characterization within the group.

In addition to aiding in the development of group theory, drama has been used by researchers as a framework for understanding children's play behaviors. Sutton-Smith (1979) characterized play and all other expressive forms as performances that occur before real or imagined audience members. He described this interaction as a *quadrilogue*, a conversation taking place between the player (or actor), co-actor(s), director, and audience. Given the parallels between group process, drama and play, it seems reasonable that dramaturgy could provide a useful framework for analyzing

interactions and behavior during children's group therapy sessions. However, more research is needed to determine ways in which dramaturgical analysis might inform therapists about group process.

This paper presents an exploratory study conducted with two outpatient children's verbal psychotherapy groups that introduces a dramaturgical instrument for studying group process. The study aligns with theorists who have charged drama therapists with the tasks of making advances that contribute to the wider mental health field (Johnson, 1999) and using quantitative methods in research (Jones, 2012). The concept of group process as drama initially emerged during qualitative data analysis of a pilot study on the interaction patterns of improvers and non-improvers in a children's group (Haen, 2013). The results from the pilot informed the research questions for the present study, which used quantitative approaches to data gathering and analysis.

Defining role

In its original theatrical usage, role evolved out of the words *roll*, *rolle*, and *rowle*, referring to sheets of parchment attached to a wooden roller, which contained the actor's written script (Sarbin & Allen, 1968). The term has been applied widely in clinical and research contexts, particularly within the domain of social psychology where roles have been examined from functional, structural, symbolic interactionist, organizational, and cognitive perspectives (Benne & Sheats, 1948; Hare, 2003; Mennecke & Bradley, 1998; Mumford, Campion, & Morgeson, 2006; Rossem & Vermande, 2004; Saleh, Lazonder, & DeJong, 2007). As Gergen (1990) pointed out, each role theory has applied the term to different phenomena, which has led to confusion.

* Permanent address: 510 North Broadway, White Plains, NY 10606, USA.
Tel.: +1 917 439 7892.

E-mail address: CraigHaen@gmail.com

Biddle (1986) attempted to differentiate the varying definitions by classifying terminology based on whether it was used to refer to a set of characteristic behaviors (role), a social part to be played (social position), or a script for social interaction (role expectation). Hare and Hare (2001) similarly synthesized these perspectives into a single construct. Their definition is one of the most integrative and operationalized of those offered in the literature. They proposed that role refers to a set of behaviors guided by “a form of social contract, whether implicit or explicit, that links an individual’s position (status) in a group with expectations about associated behaviors, such as rights and duties. A role is inherently interactional; that is, a role has meaning only in the context of other roles” (Hare & Hare, 2001, p. 92).

Group roles

Group roles provide an opportunity to connect concepts drawn from theater to group research. Though the group therapy literature is rife with discussion of roles, they have thus far been only a minor focus of empirical research, resulting in a widely varied and expansive list of potential roles that members play (Moxnes, 1999). While roles are described in the literature as either formal (consisting of a more clearly outlined set of expected behaviors) or informal (arising during the process of interaction and thus less clear in terms of expectancies), psychotherapy groups have only two formal roles: therapist/group leader and patient/group member (Hare, 1994). A wide variety of informal group roles have been identified and described in clinical literature (see, for example, Dunphy, 1968; Gemmill & Kraus, 1988; Harris, 1996; MacKenzie, 1990; Moreno, 1960; Redl, 1942; Sandahl, 2011).

MacKenzie (1981) suggested that group roles are “critical organizational axes” (p. 123) that are necessary to furthering the group’s growth and development. Hare (1999, 2003) proposed that while members bring to group certain ways of being based on past experience—roles in which they tend to get cast or which are part of their repertoire—group roles are nevertheless uniquely constructed depending on the members and the context.

Dramaturgical roles

Hare (2009a, 2009b) proposed that, in addition to formal and informal roles, groups also contain a third type of role: dramaturgical. Drawing on his work analyzing social interactions (Hare & Blumberg, 1988), he defined these roles as representative of the structure of social dramas that play out among members in the group. As such, Hare (1992) used terms endemic to the theater to describe them: protagonist, antagonist, auxiliary, audience member, director, producer, and playwright.

Hare and Hare (2001) noted that roles were considered static in social psychology group studies until the 1990s when researchers began to adapt from psychodrama the concept of individuals playing multiple roles within groups. Like the roles described by Sutton-Smith (1979) in children’s play, dramaturgical roles are thought to have a fluid quality, “likely to shift as a new image or theme becomes the focus of discussion or action of the group moves to a new phase in problem solving or development” (Hare, 1994, p. 445). Hare (2000b, 2009a) viewed dramaturgical roles as being enacted by different group members at different moments during the life of the group.

In the dramaturgical view, group process can be understood in terms of a series of scenes that occur in which one member becomes the focal point, or protagonist, while other members may become either auxiliary players who interact with the protagonist or audience members who watch the interaction. Hare (1994) speculated that group members are less aware of shifts in dramaturgical roles

than they might be of changes in other informal roles. Because dramaturgical roles are rooted in interaction, they can be analyzed behaviorally in terms of what the actor is doing (Hare, 1973/2009a).

To date, there has been little research on dramaturgical roles in group psychotherapy, despite some existing dramaturgical coding schemes that analyze motivations, conflicts, objectives, behavioral tactics, emotions, and subtexts (Saldaña, 2009). Soldz, Budman, and Demby (1992) trained raters to identify the *main actor* of a group, the most verbal member who received the majority of the attention. They hypothesized that being the main actor connected to attaining greater benefit from treatment. In their study, two trained raters viewed segments of 15 sessions of outpatient therapy groups for young adults ($N=89$) who were primarily anxious and depressed. These sessions were coded using a version of the Vanderbilt Psychotherapy Process Scale (VPPS) adapted for groups. Contrary to expectations, Soldz and colleagues found that patients who played the main actor only a few times in the group benefitted more than those who played this role habitually.

The authors later abandoned their theory, citing the results of a previous study in which they found that those who played the main actor frequently were also the most psychiatrically impaired, according to pre-treatment assessment measures. Being the main actor did not show a statistically significant correlation with outcome measures, though it did correlate with patient self-reports of benefits resulting from the group (Soldz, Budman, Demby, & Feldstein, 1990). The principal investigator concluded that patients who played the main actor used this role primarily to fulfill narcissistic needs by talking about themselves (Soldz, 2000).

While the protagonist role may not correlate with change in the way that the researchers initially thought, there is preliminary evidence to suggest that the distribution of roles within a group may have a relationship to progress. In examining videotapes of the process of work groups comprised of twenty 10- and 11-year-old students from three schools tasked with science-related group projects, Maloney (2007) identified actions and speech acts of group members. From a list of 23 types of actions, nine role types were identified. Each was assigned a positive or negative valence based on how they served the group’s task progression. Role patterns were then examined across groups as they related to success on the academic task.

Among the researcher’s findings, the most successful group was one in which roles were more evenly distributed among members so that the most positive roles were not limited to just one member but taken on by several. In this group, the conversation was characterized as more nuanced and complex, with a deeper and more detailed exploration of evidence. Arguments were co-constructed by members, and consensus was sought at the end of discussion. In the second most successful group, the process was similar, but the roles were less evenly distributed, with fewer members playing multiple roles in the process.

Mayerson (2000) examined group-as-a-whole phenomena within five Play Activity Groups in an afterschool program ($n=17$ children; $n=6$ facilitators). In this retrospective exploratory study, participants were asked to discuss moments when they felt like all members of the group were playing together. The researcher found that a prime characteristic of these moments was a sense of fluid roles, in that roles shifted among members as well as leaders, who sometimes described having lost their sense of being an adult and instead engaging with the children as team players. The study participants also reported a greater sense of play space, role exchange, and positive interactions within “safe group configurations” (p. 141).

The study of dramaturgical roles shows promise for understanding group process in children’s psychotherapy groups. Dramaturgical roles are necessarily concerned with social interaction, as they can only occur in the context of other, corresponding

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