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EXAMINING ROLES IN CHILDREN'S GROUP THERAPY:  
THE DEVELOPMENT OF A DRAMATURGICAL ROLE INSTRUMENT TO  
MEASURE GROUP PROCESS

A DISSERTATION

submitted by

CRAIG HAEN

In partial fulfillment of the requirements  
for the degree of  
Doctor of Philosophy

LESLEY UNIVERSITY  
November 25, 2013

Lesley University  
Graduate School of Arts & Social Sciences  
Ph.D. In Expressive Therapies Program

DISSERTATION APPROVAL FORM

Student's Name: Craig Haen

Dissertation Title: **EXAMINING ROLES IN CHILDREN'S GROUP THERAPY:  
THE DEVELOPMENT OF A DRAMATURGICAL ROLE INSTRUMENT TO  
MEASURE GROUP PROCESS**

**Approvals**

*In the judgment of the following signatories, this Dissertation meets the academic standards that have been established for the Doctor of Philosophy degree.*

Dissertation Committee Chairperson: Roland Chung 8/30/13  
(date)

Internal Committee Member: Haen 9/25/13  
(date)

External Committee Member: Adh Arant 9-23-13  
(date)

Director of the Ph.D. Program/External Examiner: Michelle Foxical 9/24/13  
(date)

Final approval and acceptance of this dissertation is contingent upon the candidate's submission of the final copy of the dissertation to the Graduate School of Arts and Social Sciences.

I hereby certify that I have read this dissertation prepared under my direction and recommend that it be accepted as fulfilling the dissertation requirement.

Roland Chung  
Dissertation Director

I hereby accept the recommendation of the Dissertation Committee and its Chairperson.

[Signature]  
Dean, Graduate School of Arts and Social Sciences

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SIGNED: \_\_\_\_\_

A handwritten signature in black ink, appearing to be 'A. Ha', written over a horizontal line.

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## ABSTRACT

In this exploratory group process study of two children's psychotherapy groups in an outpatient clinic, group roles were examined through the development of a 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 diagnostic utility, for researchers and therapists, of applying dramaturgical roles to group process.

## CHAPTER 1

### Introduction

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), theatrical metaphors have been used to describe and frame psychotherapy processes. Freud drew upon theatrical texts as a source for many of his theories (Sander, 2001; Walsh, 2013). For example, according to Lothane (2009), the word *scene* appears 792 times in Freud's writing, referring to events occurring both within and outside of treatment.

Since that time, drama had been used as both a framing device for articulating diverse approaches to treatment and as an explicit form of therapeutic intervention. Engaging in the former, Gerson (2001) described couples therapy as a process of illuminating the life-drama of a couple, who perform scenes within treatment that are illustrative of their interactional patterns outside of therapy. She viewed the therapist's roles in relation to these performances as those of witness, director, and protagonist, aiming to disrupt the habitual scenes to create a more compelling, shared narrative so each partner can become a more supportive audience to the other.

When drama is used as a form of intervention, as seen most explicitly in the fields of psychodrama (Fox, 1987; Moreno, 1946), drama therapy (Landy, 1993, 2008), and a group approach known as therapeutic enactment (Keats & Sabharwal, 2008; Westwood, Keats & Wilensky, 2003), it often takes the form of the therapist engaging clients in role play techniques through which they may explore aspects of self or practice new behaviors (Haen & Weil, 2010). According to Brabender and Fallon (2009), role play can serve to

“expose group members to new ways of being in the world and to emancipate themselves from the behaviors associated with encrusted roles” (p. 208).

As a relational art form characterized by engagement, action, and interaction (Lothane, 2009; Walsh-Bowers, 2006; Woodruff, 2008), theatre has rich overlaps with group therapy, where interaction between members is often imbued with conflict, catharsis, and the exploration of interpersonal themes (Jean & Deák, 1976). 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. As such, group development often follows a predictable pattern marked by phases of conflict and resolution (Bakali, Baldwin & Lorentzen, 2009; Wheelan, 1994). 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.

McLeod (1984) noted that, although the majority of groups develop in predictable ways, some progress more idiosyncratically. He asserted that while, from a group process perspective these groups would be considered anomalies, from a drama perspective they are less surprising. When viewed in the context of modern genres of theatre such as the absurd, in which emotional expression is not the primary focus, these groups can be seen as achieving purpose through nonlinear forms of development or through repetition of themes and phases in a cyclical fashion (Garvin, 2001).

McLeod’s paper from 1984 was his only exploration of drama as a framework for understanding group process, and it generated little interest (J. McLeod, personal communication, July 24, 2012). He instead shifted his focus to the narrative framework

of individual therapy, exploring how the stories shared in treatment are both performative and reliant on the therapist as audience and co-creator (McLeod, 2002, 2004). McLeod's original vision remains applicable to groups, however; for as Lothane (2009) pointed out, narratives may or may not contain dialogue, while drama is exclusively composed of both dialogue and action.

Other authors have drawn comparisons between group process and the theatre, though their observations have been less fully articulated than McLeod's (1984) theory. Hindman (1976) described how both therapy and theatre are concerned with human behavior and the "movement toward or avoidance of change" (p. 75). Karterud (1998) characterized the group analyst as a director who aims to open a "healing text" (p. 91) comprised of stories group members tell. In the telling, he theorized, roles are assigned to other members, and life events are re-performed and reinterpreted.

Newman (1999) and Holzman (1999) developed a method of group therapy known as Performance Social Therapy. In their groups, therapeutic dialogue is viewed as essentially performative, with the therapist's goal being to organize the members into a working ensemble (Lacerva, Holzman, Braun, Pearl & Steinberg, 2002). Neuman, Assaf, and Cohen (2012) demonstrated the use of computer-based text analysis to produce a group matrix and analyze conversational motifs by applying the psychotherapy research protocol to a theatrical script.

The Red Well Theater Group is a collective of therapists who perform readings of play scripts as a way to illustrate and teach dynamic group therapy principles (Dluhy & Schulte, 2012). According to Schulte (2010):

The kinship between theater and dynamic group therapy is well established. Each

enterprise relies on dynamic interplay (continuously unfolding, powerful, unpredictable, mutually influencing action and reaction) within a multiperson field to facilitate a combination of goals, including some measure of cathartic relief, subjective truth seeking, and mutual relatedness. Scene structure, ritual, role, spontaneity, improvisation, scripting, and an interpretive perspective are shared features. (p. 147)

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 identified play as a *quadrilogue*, a conversation taking place between the player (or actor), co-actor(s), director, and audience. Sutton-Smith noted that these four roles were fluid, as illustrated by the play interactions of mother and infant in which, for example, the mother might shift from directing the play episode to becoming a co-participant and then a spectator.

Schechner (1988) used these same roles in a play research framework, identifying six templates through which play could be analyzed. He suggested that the position researchers take in relationship to the play influences the level of understanding. Later, Schechner (2006) extended the performance quadrilogue into broader roles of *sourcer*, *producer*, *performer*, and *partaker*. These roles overlap with the five elements identified by Moreno (1946) as core to psychodrama: *protagonist*, *auxiliary player*, *director*, *audience*, and *stage*. In her work identifying assessment structures to frame play observation, Chazan (2002) distinguished between *directorial play*, in which the child

guides and instructs, and *narrator play*, in which the child is outside the action, commenting upon it.

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 clearly needed to determine ways in which dramaturgical analysis can serve therapists in better understanding group process. This paper will present an exploratory study conducted with two outpatient children's psychotherapy groups that introduces a dramaturgical tool for studying group process. 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, rather than as an *a priori* focus. The results from the pilot study informed the research questions for the present study, which uses quantitative approaches to data gathering and analysis.

The literature review will discuss the current state of children's psychotherapy research, define group process, and summarize previous attempts to study this phenomenon. The literature review will also present a rationale for applying a dramaturgical framework to understanding roles played in group psychotherapy sessions. Key to this review is fleshing out a working definition of the construct of role, a term that has to date been ambiguously defined in the literature.

## CHAPTER 2

### Literature Review

Two decades ago, Kazdin, Bass, Ayers, and Rodgers (1990) surveyed the existing literature on child and adolescent psychotherapy and concluded that a wide gulf existed between empirical research, which was largely conducted in academic clinics and laboratory settings, and clinical practice in the “real world.” They reported that research did not focus enough on the kinds of treatments (including play therapy and psychodynamic approaches) being practiced widely, nor did it illuminate those factors (such as patient, family, and therapist characteristics, and variables related to the treatment process) that served to influence outcomes. They also noted that research on child and adolescent treatment was limited when compared with research focused on adult psychotherapy.

Unfortunately, little has shifted in the 20 years since Kazdin and colleagues (1990) published their review. Child and adolescent research still lags behind adult research in terms of quantity and sophistication (Cunningham, Ollendick & Jensen, 2012; Kazdin & Weisz, 2011). Similarly, research on Cognitive Behavioral Therapy (CBT) remains the most ubiquitous, to the exclusion of other treatment modalities, while outcome studies far exceed those focused on process (Kelley, Bickman & Norwood, 2010; Kivlighan, 2008). These shortcomings have led to a time period in the field that Midgley (2004) characterized as one of both “uncertainty and opportunity” (p. 91).

Research on group therapy with children and adolescents is a representative subset of the youth literature described above, in that it lags behind adult group therapy research (LaTurno Hines & Fields, 2002; Shechtman & Yanov, 2001) and focuses

primarily on structured CBT or psychoeducational approaches with very specific and limited goals for members (Schamess, Streider & Connors, 1997; Stewart & Christner, 2007). As such, these studies seek to answer the question “What type of treatment is effective with what children under what conditions in what type of setting?” (Hoag & Burlingame, 1997). The findings, therefore, offer narrowly generalizable information that has often not been replicated and therefore has limited utility to practitioners seeking to understand the factors that undergird effective groupwork.

Nevertheless, Hoag and Burlingame (1997), in a meta-analysis of 56 child and adolescent group therapy studies published between 1974 and 1997, calculated an effect size of .61 using Cohen’s *d*. This effect is considered moderate to large in behavioral science research (Cohen, 1988) and is comparable to the effect sizes generated in similar meta-analyses of adult groups. Subsequent meta-analytic and narrative reviews have similarly concluded that group therapy is an effective modality for young people, in both psychoeducational and psychotherapeutic formats (Gerrity & DeLucia-Waack, 2007; Prout & Prout, 1998; Ritschel, 2011).

The enduring disparities in the research landscape are not surprising. As Freeman and Mathison (2009) and Kellett (2010) noted, children are widely considered a vulnerable population whose ability to provide informed consent is questioned. Therefore, institutional review boards scrutinize research projects involving young people more carefully, and obtaining informed consent is a two-step process that involves seeking both parental consent and youth assent (Fried, 2012; Sunwolf, 2012). Further, the developmental fluctuations characteristic of childhood and adolescence complicate research with this age group, as individuals are in a state of continual forward motion



(Kazak et al., 2010), particularly during adolescence when physical and neuromaturation occur at a rate comparable only to infant development (Sturman & Moghaddam, 2011). Kazdin and Weisz (1998) speculated that comorbidity is more likely to be overlooked in young patients for this reason.

As Augustyniak, Brooks, Rinaldo, Bogner, and Hodges (2009) pointed out, developmental psychopathology literature stresses that even children with the same diagnosis may have differing developmental risk histories, making the establishment of effective control groups difficult and complicating both internal and external validity. In general, there are more factors that are “free to vary” with children and adolescents, especially in terms of family dynamics and characteristics (Steele & Roberts, 2003). Hombeck, Devine, Wasserman, Schellinger, and Tuminello (2012) stressed the importance of developmental level to therapy process. They criticized studies that homogenize children and adolescents into one group, stressing that differential intervention may be necessary even among adolescents of different ages, depending on the young person’s developmental stage.

Because of these limitations, the gap between research and practice endures, as researchers largely fail to capture the dynamic properties of clinical work while therapists largely fail to incorporate the findings of empirical studies (Fonagy, 2003; Kazdin, 2007a; Kazdin & Weisz, 2011). An example of this fissure was Kleinberg’s (2012) recently published book *The Wiley-Blackwell Handbook of Group Psychotherapy*, which contained not a single chapter on group research among its 800 pages, and only one chapter that substantively discussed research as it relates to clinical work. Many authors have called for increased psychotherapy process research as a means of redressing this

disconnect (Kazdin, 2007a; Llewelyn & Hardy, 2001; Stockton, 2010) and linking the wisdom and experience of clinical work with the logic and precision of science (Fonagy, 2009; Greene, 2003; Midgley, 2004).

Practice-based evidence obtained from process research may serve to capture the subtleties of psychotherapy that are often misrepresented by or excluded from the aggregate data of outcome studies (Greene, 2012b; McDermott, 2005; Roth & Fonagy, 2005). For example, approximately 30-40% of child and adolescent patients fail to respond to CBT intervention in clinical trials (Shirk, Jungbluth & Karver, 2012). However, little research has focused on attempting to understand what delineates this large population of outliers from their more responsive peers. As Barlow (2010) asserted, understanding individual patient variability, particularly in the area of clinical deterioration, is an ethical priority that paradoxically stands in contrast to attempts to identify evidence-supported treatments. Roback (2000) criticized the dearth of such studies in the group therapy literature. He urged for further research that examines how interaction between members, and between members and leaders, connects to negative outcomes.

### **Process Research**

Wallerstein (2001) identified four broad generational phases through which psychotherapy research has evolved, beginning with simple retrospective studies and moving toward increasing methodological sophistication and repeated, long-term outcome measurement. The fourth generation began in earnest in the 1970s with the introduction of audio and video recording of sessions. In these studies, researchers started to capture what transpired during therapy sessions, and to code and analyze this

data. This process-focused research was exploratory in nature, oriented to the discovery and understanding of clinical phenomena (Midgley, 2004). Initially, process researchers attended primarily to what happened during a treatment session, but soon this focus widened to reflect an interest in how change is produced, or the *change process* (Orlinsky, Rønnestad & Willutzki, 2004; Pachankis & Goldfried, 2007). As such, process researchers studied how change is “brought about...through the interaction of what factors in the patient, in the therapist and the therapy, and in the patient’s evolving life situation” (Wallerstein, 2001, p. 244).

By seeking to intensively examine the trajectory of a course of treatment, from the micro-moments during a single session to the gradual unfolding of dynamics and relationship over time, process research “allows one to study what *actually* happens in therapy, rather than what people *say* happens ” (Midgley, 2004, p. 101). By focusing on therapeutic interaction, process research challenges the predominant notion that the therapy endeavor is uni-directional, dependent solely on what the therapist does. This limited paradigm ignores the importance of both what the patient brings into the room and how he or she engages (Llewelyn & Hardy, 2001; Orlinsky, 2009).

Despite its potential benefits, process research is conducted far less often than efficacy and effectiveness studies due to its labor intensive nature (Moreland, Fetterman, Flagg & Swanenburg, 2010). As Greene (2000) noted, process studies lack the concrete structure that outcome studies possess. There is currently no identified “gold standard” for designing process research as exists for randomized controlled trials (RCTs). Similarly, there is less incentive for such research due to the continued privileging of outcome studies and the perceived limited generalizability of process findings, many of

which are qualitative in nature (Burlingame, Fuhriman & Johnson, 2004; Pachankis & Goldfried, 2007; Wampold & Weinberger, 2012). Citing the lack of precise theories of change as an additional obstacle, Soldz (2000) declared, “Process research is virtually unfindable at this point” (p. 228).

The result is that, while researchers can identify effective treatment modalities and can point to approaches that are causally related to clinical outcomes for young people, they cannot yet reliably identify *why* these treatments lead to change (Burlingame, Fuhriman et al., 2004; Kazdin, 2009; Piper, Ogrodniczuk, Joyce & Weideman, 2010). Barber (2009) emphasized that even if a clinician is using an evidence-based treatment, it does not mean that he or she understands what is mutative about the therapy. He wrote:

It is conceivable that patients change because of (1) something that was done but the therapist didn't think much of it, (2) therapists not thoroughly doing something that they thought they did, or (3) the fact that techniques outside of their chosen modality were included. In addition, sometimes it might be a combination of both the intended and unintended interventions that induces change. (p. 7)

Process data is fundamentally different from the kind of data generated by RCTs. However, inherent to the Evidence-Based Practice in Psychology (EBPP) position, articulated by the American Psychological Association's Presidential Task Force on Evidence-Based Practice, is the belief that all research serves to increase understanding of change processes and to enhance practice. The Task Force adopted a pluralistic perspective, asserting the importance of varying types of psychotherapy research,

including process studies, as well as clinical experience and expertise (APA Task Force, 2006).

Qualitative process research can contribute to the formulation of theories that can later be tested quantitatively. As Ollendick and King (2012) pointed out, by seeking to identify the active ingredients of therapy, process research ultimately can serve to improve outcomes. They wrote:

Surprisingly, process research might be closer to basic behavioral analysis than typical clinical trial research. In the latter, the impact of complex stimuli (whole treatments) on distal responses (symptom change) is evaluated. In contrast, process research attempts to break down therapy into relatively small units, then examine their contingent association with variations in responses, including both proximal (same session) and distal outcomes (post-treatment). (p. 472)

By capturing how events during therapy stimulate responses both in session and outside of it, process research may also serve to re-contextualize commonly accepted assumptions about mechanisms of change. For example, Eye Movement Desensitization and Reprocessing (EMDR), categorized as a “probably efficacious” treatment by the Evidence Supported Therapy movement (Chambless et al., 1998), was originally speculated to produce change by connecting left and right hemispheric neural processes that had become disconnected by traumatic exposure (Shapiro, 1995). However, more recent research has supported the idea that the change agents in EMDR are more closely related to the use of exposure within the treatment (Follette & Beitz, 2003). Similarly, process studies of CBT suggested that it is not the changing of cognitions, as founder Aaron Beck believed, that produces change within this approach (Kazdin, 2007b; Stice,

Rohde, Seeley & Gau, 2010). Instead, it may well be underlying psychodynamic elements of the therapy process (Shedler, 2010) or, in a group therapy context, “pantheoretical dynamic processes occurring at the interpersonal or group level” (Greene, 2000, p. 24).

The current lack of understanding of mechanisms of change is particularly relevant to group therapy research (Burlingame, Strauss & Joyce, 2013). As is noted below, there have been countless studies that have sought to identify therapeutic factors in groups, but very little corresponding literature that examines how therapists might maximize the benefits of these factors (Scheidlinger, 1997). In Kazdin and Weisz’s (2011) words, “The treatment-outcome research literature is particularly strong in describing intervention procedures but weak in helping therapists build a warm, empathic relationship and a strong working alliance with the children and families who receive the interventions” (p. 563). In group modalities, even if two patients with the same diagnosis benefit from the same therapy, it cannot be assumed that they are responding to the same components of the treatment package (Dattilio, Edwards & Fishman, 2010; Greene, 2012a). However, because more than one patient in group therapy receives the same treatment at the same time and under the same conditions, groups offer a unique opportunity to begin to understand differential responses to intervention (Greene, 2012a; Lorentzen, Høglend, Martinsen & Ringdal, 2011).

### **Process-Outcome Studies**

Wallerstein (2001) noted that outcome studies and process studies are often separated in the literature; however, he asserted that outcome and process are “necessarily interlocked” (p. 244), and that researchers cannot focus on one without

acknowledging the other. To this end, several theorists have advocated the necessity of process research that combines qualitative and quantitative approaches (Greene, 2003; Haug, Strauss, Gallas & Kordy, 2008; Llewelyn & Hardy, 2001). In these studies, an attempt is made to identify mechanisms of change within the group process and connect these mechanisms to member outcomes (Elliott, 2010).

When group process is successfully connected to outcomes the literature moves closer to answering a more expansive question: “How is the inner world of the group related to patients’ psychological states at the end of treatment?” (Greene, 2003, p. 132). Such research may suggest ways in which process-oriented interventions may be used to enhance the effectiveness of even the most rigidly structured of manualized group approaches for young people (Kazdin & Weisz, 2011; Letendre & Wayne, 2008; Peled & Perel, 2012). As mentioned earlier, process research can also be used to hone in on specific aspects of an empirical study to better understand the data within the context of a group and its members. These findings have the value of informing theory that can contribute to the formation of further guidelines for effective group practice, regardless of modality (Burlingame, Fuhriman et al., 2004). The following example illustrates one way in which this transpired.

Dishion, McCord, and Poulin (1999) conducted a study of the Adolescent Transitions Program in which 119 youth, identified as high risk for delinquency, were randomly assigned to one of four treatment conditions: one with a cognitive-behavioral parent focus, one with a cognitive-behavioral peer focus, one with a combined parent and teen focus, and one control group in which the teens were offered educational materials but their process was self-directed. The researchers noted a robust iatrogenic effect of

increased delinquency and smoking after three months for those youth designated to the adolescent groups, an effect that remained present at the one-year and three-year follow-up points. In order to understand this phenomenon, and after systematically ruling out factors such as differences in youth self-reports and bias in teacher reports, the researchers returned to the session videotapes. In coding them, they noted that the older, more delinquent peers commanded greater attention within the groups.

The authors concluded that groups with delinquent youth should also be composed of those with prosocial tendencies in order to avoid what they referred to as “deviancy training” (Dishion et al., 1999, p. 755). Their findings have become common knowledge among those working with adolescents in groups—that these groups are most effective when group composition includes members who balance the deviant sub-group, mitigating the effect of positive reinforcement for undesirable behaviors. This understanding has been applied to bolstering effectiveness in psychotherapy groups and to appreciating the potentially damaging consequences for youth in group-living, institutional settings such as hospital units, residential programs, and prisons (Gifford-Smith, Dodge, Dishion & McCord, 2005). Similarly, the findings connect to recent neuroscience research that demonstrated that the presence of peers served to increase risky behavior and prime reward-related brain regions in adolescents, even when those peers didn’t interact directly with the young person (Chein, Albert, O’Brien, Uckert & Steinberg, 2010).

### **Common Factors**

Kelley and colleagues (2010), reflecting the position of EBPP outlined by the APA Task Force (2006), recently asserted that outcome research for youth should begin



not with choosing a specific treatment and validating it for a population, but instead with focusing on the patient. Their recommendation aligns with Orlinsky, Grawe, and Park's (1994) assertion that "the quality of the client's participation in treatment stands out as the most important determinant of outcome" (p. 361). Such patient-focused research aims to identify and study *common factors*, or mechanisms of change. These factors are elements present in most approaches regardless of treatment model or therapist orientation (Messer & Wampold, 2002; Paquin, Kivlighan & Drogosz, 2013). The notion of common factors in group therapy was first proposed by Frank (1961), who posited that most types of therapy were equally effective because they shared similar agents of change.

In Kazdin's (2007a) words, "The study of mechanisms of treatment is probably the best short-term and long-term investment for improving clinical practice and patient care" (p. 202). By focusing on common factors, Foehl (2010) suggested that research may provide a middle ground on which differing theoretical orientations can be situated in a dialogue allowing for multiple perspectives. For example, Defife and Hilsenroth (2011) identified three common factors—fostering realistic and positive expectancies, role preparation for therapy, and collaborative goal setting—that have reliably correlated with clinical change in adult treatment. They discussed practice implications for bolstering these factors in the initial stages of treatment.

A common factors approach in group therapy research aligns with the establishment of practice guidelines such as those created by the American Group Psychotherapy Association (AGPA; Bernard, 2008). According to Burlingame and Beecher (2008), "Instead of being diagnostically focused, the AGPA guidelines address

format considerations linked to successful group practice” (p. 1199). These factors include patient and leader characteristics, structural elements, formal change theory (therapist theoretical orientation), and small group processes. Similar to the role preparation for individual treatment identified above, Burlingame, Fuhriman et al. (2004) reported that, of the common structural process components of group, pre-group preparation had the strongest connection to outcomes.

### **Group Process**

Strauss, Burlingame, and Bormann (2008) defined small group process as comprised of those elements that occur during the group that are independent of the verbal content. These elements include both observable dimensions (such as group member behavior or the quality of interactions between members) and inferred dimensions (such as each member’s internalized experience of cohesion and climate within the group; Piper et al., 2010). While Corey, Corey and Corey (2010) described group process as that which:

consists of all the elements basic to the unfolding of a group from the time it begins to its termination. This includes dynamics such as the norms that govern a group, the level of cohesion in the group, how trust is generated, how resistance is manifested, how conflict emerges and is dealt with, the forces that bring about healing, intermember reactions, and the various stages in a group’s development.

(p. 7)

Greene (2012a) summed up group process as “all that precedes outcome that affects and effects therapeutic change” (p. 480). Brown (2003) emphasized that processes occur at both the micro level (through interactions between two or more members in a group) and

the macro level (through group-as-a-whole phenomenon), and that researchers must examine both in order to capture the group in all its complexity.

Kozlowski (2012) characterized three types of group process components: *contextual* (top-down phenomena that originate at the higher-order group or organizational level and influence the individual level), *emergent* (bottom-up phenomena that originate at the individual level of group member characteristics and are shaped through group member interactions, but which exert influence at the group level; examples include cohesion and team decision making); *multilevel* (phenomena that originate and exist simultaneously on individual and group levels, and mutually influence one another). An example of the latter is self-regulation, which is theorized as both an individual and group phenomenon (Sassenberg & Wolpin, 2008). Another is group affect, which is defined as arising from both the affective context of the group and individual members' affective styles and expression (Barsade & Gibson, 2012).

Beck and Lewis (2000), acknowledging these multiple levels, proposed the following definition for group therapy process research:

Process research on group psychotherapy is the study of the group-as-a-whole system and changes in its development, the interactions within the patient and therapist subsystems, the patient and patient (dyadic or subgroup) subsystems, the therapist and therapist subsystem if there are coleaders, and the way each of the subsystems interacts with and is influenced by the group as a whole. The goal of process research is to identify the change processes in the interactions within and between these systems. (p. 8)

While many progressive models have been proposed to capture the flow of group process, most authors agree that groups are multilayered and highly complex by nature (Beck & Lewis, 2000; Haug et al., 2008; Ward, 2006). McDermott (2005) described psychotherapy groups as going through ongoing cycles of action, reflection, and further action, from which meaning emerges. For this reason, she characterized the group process itself as research in action. Doel (2006) described therapy groups as progressing through “not so much a series of steps and stages as a sense of emerging ‘groupness,’ the erratic development of shared meanings and understandings” (p. 23). Whereas Wotton (2012) drew an analogy between music and group process, both of which she identified as self-organizing yet emergent and unpredictable.

Due to its complexity, some authors have criticized studies that attempt to capture group process through static measures that do not focus on continuous, multidirectional variables (Amunátegui & Dowd, 2006; Berdahl & Henry, 2005; Kivlighan, Coleman & Anderson, 2000). The issue of how best to capture these processes through structured observation has been an ongoing focus for group process researchers. In their landmark book, Beck and Lewis (2000) identified 11 systems for analyzing the psychotherapy group process: the Group Emotionality Rating System (GERS), Hill Interaction Matrix (HIM), the Member-Leader Scoring System (MLSS or Mann), the Group Development Process Analysis Measures (GDM), the Psychodynamic Work and Object Rating System (PWORS), the Individual Group Member Interpersonal Process Scale (IGIPS), the Psychological Space Coding System (PSCS), the Negotiation of Therapy Agenda (NOTA), the Strategies of Telling and Talking (STT), the System for Analyzing Verbal Interaction (SAVI), and the Structural Analysis of Social Behavior (SASB). Few of these

systems have been applied in multiple studies of group therapy, and none have been used in a peer-reviewed study of child and adolescent groups.

More recently, researchers have approached the study of group process from the perspective of chaos theory and complex adaptive systems. These studies have applied mathematical principles and theories of *bifurcations*, *loops*, and *attractors* in an attempt to capture the nonlinear, self-organizing, multidimensional properties of groups (Amunátegui & Dowd, 2006; Torres Rivera, 2004; Wheelan & Williams, 2003). Others have experimented with using visual methods to track and display group process (Brown, Downie & Shum, 2012).

### **The Landscape of Group Therapy Process Research**

Group therapy process research is itself embedded within the larger field of group dynamics, which began as early as the 1930s with the experimental studies of Lewin, Lippitt, and White (Hackman, 2012; Moreland & Levine, 2009) and reached its zenith in the 1950s with the development by Bales of the Interaction Process Analysis system (Brabender & Fallon, 2009; Kelly, 2000). These early social science empirical studies focused primarily on processes in task groups (Kastner & Ray, 2000), eventually shifting focus from groups in laboratory settings to naturally occurring groups in the world at large. This shift prompted an era known as the “Golden Age of Group Dynamics” (Anderson & Wheelan, 2005).

The study of dynamics within group psychotherapy is thought to have been catalyzed by the United States army, who advocated for the potential of brief group therapy for treating soldiers in the 1940s; the first group therapy studies subsequently emerged in the 1950s (Magen & Mangiardi, 2005). Among the first proponents was

Moreno (1935, 1946, 1960), the founder of psychodrama, who had been developing an early form of group since 1910 while attending medical school in Austria (Hare, 1986), and who coined the term *group therapy* in 1932 (Burlingame & Baldwin, 2011). Moreno called his approach to studying group dynamics *sociometry*, while those who followed Bales used the moniker *small group research* (Hare, 1986). According to Hackman (2012), these early studies rarely were able to establish strong cause-effect relationships between variables, a problem that led to an eventual focus on mediators and moderators that continues today.

Research related to small- and large-group dynamics grew exponentially in the intervening years with increased publications emanating from diverse nonclinical fields such as social and sports psychology, organizational development, academia, and political science (Randsley de Moura, Leader, Pelletier & Abrams, 2008). There has, unfortunately, been little carry-over from these branches of research to the group therapy literature (Berdahl & Henry, 2005; Brabender & Fallon, 2009; Moreland & Levine, 2009). For example, Kivlighan (2008) reported that group climate has been demonstrated to be an important mediating variable between leader actions and group outcomes in studies of sports teams, business task groups, and exercise classes. These findings have largely not been embraced by nor incorporated into psychotherapy studies. Kivlighan's own research on adolescent groups (Kivlighan & Tarrant, 2001) is an exception.

### **Curative Factors**

Group therapy process research can be traced back to early attempts to articulate curative or therapeutic factors within groups. Corsini and Rosenberg's (1955) classification is generally recognized as the seminal work in this area. These authors

distilled 300 articles on group therapy into a list of three therapeutic factors (*intellectual*, *emotional*, and *actional*), each consisting of three items. Their system spawned a burgeoning interest in understanding change agents in group from the perspective of clients, leading to the most widely regarded list of 11 curative factors in group, developed by Yalom (1975).

Countless studies followed that asked group members in various settings, of various diagnostic classifications, and at various stages of group development to rate the relative importance of Yalom's (1975) list of factors to their group therapy experience, either through the use of questionnaires or Q-Sort methods (Corder, Whiteside & Haizlip, 1981; Kivlighan et al., 2000). Greene (2000) criticized these studies on methodological grounds, noting that "asking group members what was helpful is not the same as discovering actual therapeutic processes in the group" (pp. 40-41). Further, he noted that the results of these studies have largely been inconsistent and therefore difficult to synthesize.

Others have suggested that Yalom's curative factors are vaguely defined—with areas of considerable overlap—and may be difficult to reliably differentiate (MacNair-Semands, Ogrodniczuk & Joyce, 2010; Scheidlinger, 2007), and that while these factors are widely considered group-level phenomena, they are often measured at the individual level (Kivlighan, Miles & Paquin, 2010). Further, by using simple rank orders, research may fail to illuminate within-group differences, giving the impression that all members of a group find the same therapeutic factors valuable (Kivlighan et al., 2000) or that the importance of these factors remains constant over time (Kivlighan et al., 2010).

## **Group Development**

By contrast, Yalom (1975) posited that the importance of each therapeutic factor may change as the group progresses. Many researchers have taken up the task of defining how groups develop through predictable stages, resulting in a plethora of models to capture group development. Chidambaram and Bostrom (1996) in their survey of these models distinguished between those that are sequential and nonsequential in nature, further categorizing the sequential models as either progressive or cyclical, and the non-sequential ones as either time-based or structure-based. They separated models that were process-oriented (largely used in the study of psychotherapy groups) from those that were outcome-oriented (largely used in the study of task or work groups). They emphasized that most models consider the beginning and ending of the group as critical developmental periods between which occur various crisis points that the group must negotiate to move from one stage or phase to the next.

The most commonly cited model of group development, in both clinical and nonclinical literature, is Tuckman's framework, which was derived from a synthesis of models for therapy, training, natural, and laboratory groups (Hare, 1973/2009). Tuckman's original stages of development were *forming*, *storming*, *norming*, and *performing* (Bonebright, 2010), to which he added a fifth stage of *adjourning* in 1977 (Tuckman & Jensen, 1977/2010). Other popular models include those proposed by Bennis and Shepard (1956) and Wheelan (1994). Although studies of group development have been criticized for overreliance on groups in laboratory conditions and for generalizing conclusions obtained from relatively small samples, it is now widely accepted that most groups progress through predictable stages over time (Berdahl & Henry, 2005; Beck & Lewis, 2000; Wheelan, Davidson & Tilin, 2003). Studies of group



development have led to an increased appreciation of the importance of time and temporal patterns in group process research (Ballard, Tschan & Waller, 2008; Greene, 2000) and the way group process factors may grow or shrink in their presentation and importance during the life of the group (Bakali et al., 2009).

### **Group Therapy with Children and Adolescents**

Recently, mental health problems were identified as one of the prime barriers to learning in American schools (Bloom, 2010; Bostick & Anderson, 2009). It is estimated that at least 20% of all young people exhibit symptoms indicative of developmental, emotional, or behavioral disturbances (Shechtman, 2004), and that about 15 million children in the United States meet the criteria for a mental health diagnosis (Kazak et al., 2010). Group therapy is an ideal format of service delivery for children and adolescents as it is syntonetic with their natural inclination to gather in groups (Akos, Hamm, Mack & Dunaway, 2007) and can offer more opportunities for corrective experiences than are available in individual therapy (Harpine, 2010). It is also believed that children's interpersonal dynamics find expression more quickly in group sessions than in individual treatment due to the presence of same-aged peers (Barratt & Kerman, 2001).

While there is a dearth of group therapy research that focuses on children and adolescents, many authors have nevertheless argued that it is inappropriate to assume that findings from adult research can simply be translated to young people (Shechtman, 2004; Sheppard, 2008; Shirk, Karver & Brown, 2011). For this reason, group theorists have outlined differential models of group development for children and adolescents. Garland, Jones, and Kolodny (1965) developed a five-stage model for the development of children's groups, proposing that these groups progress through stages of *pre-affiliation*,

*power and control, intimacy, differentiation, and termination.* Dies (2000), highlighting the adolescent developmental need for autonomy, proposed that groups of teens evolve in the following fashion: *initial relatedness; testing the limits; resolving authority issues; working on self; moving on.*

Neither of these models was rigorously tested, and most existing studies of child and adolescent group development are anecdotal in nature (Shambaugh, 1996). Some theorists, like Sugar (1993), believe that the same phenomena exist in child and adolescent groups as have been identified in adult groups, but that their expression is more behavioral in nature, owing to the propensity of children for action over words. In a recent retrospective, qualitative case study, Thompson (2011) analyzed a short-term (18-session) school-based verbal and play therapy group for four child witnesses of domestic violence with an emphasis on tracking stages of group development. The researcher found that the group proceeded through similar stages as those identified in the literature on adult groups, but concluded that the expression of these stages was more action- and play-based. Further research is needed to determine whether unique developmental models are necessary for child and adolescent groups or whether adaptation of adult models is sufficient.

### **Process Research in Group Psychotherapy for Children and Adolescents**

The most extensive research to date in the area of child and adolescent group process has been conducted by Israeli psychologist Shechtman, whose groups of study occur primarily within schools. With colleagues, she has examined, among other things, children's perceptions of therapeutic factors in groups (Shechtman & Gluk, 2005), the connection of interpersonal bonding between members and with the therapist to outcomes

(Shechtman & Katz, 2007), the relationship of attachment style to outcomes (Shechtman & Dvir, 2006; Shechtman & Rybko, 2004), and the frequency and effectiveness of different types of interpersonal behaviors in children's groups (Shechtman & Yanov, 2001).

Notable findings include:

- Attachment style was the most promising indicator of child and adolescent success in group.
- Bonding with the therapist in groups was a significant predictor of outcomes for youth, in contrast to adult groups where bonding with other members is robustly predictive of outcomes (Burlingame, Fuhriman et al., 2004).
- Relationship climate was the most frequently valued therapeutic factor by child group members, except for aggressive boys who valued it least (which contrasts the study below by Nickerson and Coleman, 2006).
- Emotional expression occurred frequently, while insight did not.
- Therapist theoretical orientation had a direct influence on member behavior (Shechtman, 2007).

One of Shechtman's more intriguing findings, which contrasts the large literature base on CBT groups, is that children with learning disabilities benefitted more academically and adjustment-wise from a humanistic approach that focused primarily on group process over content and skill acquisition. The patterns of member behavior differed in these two modalities (Shechtman & Pastor, 2005). In the humanistic groups, members displayed less resistance and greater frequency of affective exploration and insight.

In a recent empirical study, Shechtman and Leightentritt (2010) evaluated the potential relationship between therapeutic factors, process variables, and outcomes in humanistic school-based groups. Their complex dual-model, three-tiered study is unprecedented in the literature in its assessment of numerous variables across 40 treatment groups ( $N = 266$ ) of 10- to 18-year-olds. Progress was made on all outcomes as a result of treatment, and the researchers controlled for change due to normal development. In the child model, bonding, group functioning, and therapeutic change had the strongest associations with reduced anxiety and aggression and increased social competence. In the therapist model, group functioning was found to mediate between therapist verbal behavior and outcomes of aggression and social competence.

These results, which would benefit from replication, suggest that therapists should focus on facilitating bonding with and between members, as well as active engagement in group process—for which the author suggested creative arts therapy approaches—including cognitive and affective exploration, while relying less on insight, which did not correlate to change. The findings align with a meta-analysis of process variables and outcomes in youth treatment conducted by Karver, Handelsman, Fields, and Bickman (2006), in which the therapeutic relationship was found to have strong to moderate effects on treatment outcomes. Unfortunately, the authors did not delineate whether the studies reviewed were of individual or group therapy, an oversight that reflects a presumption that both modalities operate in the same fashion. This lack of distinction continues to be noted in many reviews of psychotherapy outcomes (Johnson, 2008).

### **Other Notable Group Process Studies**

Nickerson and Coleman (2006) conducted a mixed-method study of cognitive behavioral anger-coping groups with emotionally disturbed grade school children ( $N = 5$ ) targeting social information processing and problem-solving. Process components were measured through self-reports administered pre-, mid-, and post-intervention, and trained ratings of videotaped sessions. Outcomes were obtained from multiple reporters (students, parents, and teachers) through quantitative measures as well as qualitative interviews with parents and students post-intervention.

The authors found an increase in positive group climate over time and high member attraction throughout. They speculated that the treatment produced positive behavioral changes but due to the small sample size did not evaluate significance. Despite its limitations (including the choice of an outcome measure that was not temporally specific enough and lack of a control group), this study provides a beginning template for incorporating process measures into the traditional outcome studies conducted on children's groups, and is notable in focusing on the importance of process variables in CBT groups.

**Mediating variables.** A small number of studies have focused on mediating variables in child and adolescent group therapy. Mediators are independent variables or treatment components that serve to either impact or predict the relationship between treatment and outcome (Greene, 2012b). Mediators are potentially, though not necessarily, the mechanisms through which change occurs (Kazdin, 2007a; Weisz, Ng, Rutt, Lau & Masland, 2013). They shift during the course of therapy and, in turn, help to explain outcome variance (Johansson & Høglend, 2007). As such, they can aid researchers in specifying mutative elements within treatment. To date, few mediators

have been successfully identified and replicated in studies of child and adolescent psychotherapy (Weisz et al., 2013).

Following up on an earlier, unpublished study in which they factor analyzed adolescent responses to the Group Climate Questionnaire, Kivlighan and Tarrant (2001) sought to determine if group climate was a reliable mediating variable between leader relationship and group member outcomes with multiproblem adolescents ( $n = 233$  adolescents,  $n = 41$  group leaders) in a manualized, 8-session group therapy intervention. Following each session, therapists completed a normed measure of therapist intentions while adolescents completed a measure of group climate, as well as an outcome measure at the end of treatment. The data were analyzed using a multifactor path analysis, and four significant interrelationships were discovered. A therapist focus on promoting a safe atmosphere in the group and an avoidance of focusing on individual members both correlated with increased member engagement in the group climate, which related to members perceiving the group as more beneficial. Similarly, a group leader focus on structure had a significant relationship with decreased conflict and distance in the group climate, which related to members perceiving a positive relationship with the therapist (which, consequently, correlated with group attendance rates).

In addition to the above results, in which group climate mediated between therapist intentions and client outcome, Kivlighan and Tarrant (2001) also found a direct relationship between therapists' promotion of a safe atmosphere in the group and the adolescents' positive relationship with the leader. An attempt to conduct individual therapy in group was inversely related to how members felt about the leader. This unique study provides direction for group leaders seeking to foster engagement in adolescent

groups and also supports the idea that the group leader's prime job, even in semi-structured approaches, is to focus on creating a therapeutic group climate. This leader task seems to supersede attempting to form alliances with individual members. From a research standpoint, the authors also concluded that dynamic measures of group climate serve as better predictors than one-time measures.

Using the data from the above study, Kivlighan, London, and Miles (2012) sought to understand how group size and leadership structure related to adolescent group member perception of treatment benefits and relationship with the leader. They compared whether groups led by one leader were preferable to those co-facilitated by two leaders as these differences related to outcomes. They also examined how increasing group size impacted various outcomes, and whether the number of leaders might serve to moderate the effect. They found that adolescents reported greater benefit from co-led groups than from groups with a single leader. Moreover, as group size increased, so did avoidance and a negative perception of the group; whereas in co-led groups, the presence of a second leader helped to mitigate these effects so that members experienced an increased positive feeling toward the group and decreased avoidance as the number of members increased. The results suggest that a co-leader can help to attend to more group members and pick up on material that a single leader might miss as groups get larger.

One final study is included here, as it is exemplary of new directions for group process-outcome research with children and adolescents. Augustyniak et al. (2009) advocated that models focused on diagnostic status alone are limited in their generalizability without due attention given to the other patient factors that contribute to progress and decline. The authors explored emotional regulation as a mediating variable,

piloting a measure of this domain as part of their evaluation of a psychoeducational group intervention with 110 children ( $n = 73$  treatment,  $n = 37$  control) across 13 schools. They examined the association between results on the emotional regulation measure and internalizing and externalizing subscales of two established, normed measures of youth behavior, finding a robust inverse relationship between cognitive regulation and maladjustment. The authors suggested that emotional regulation may serve as a reliable mediator of outcomes in adolescent groups, and that focus on this dimension may enhance existing group approaches in schools. In addition, by seeking to identify new underlying common factors that may mediate treatment outcomes across diagnoses, they have expanded the existing vision of outcome-focused research.

### **The Creative Arts Therapies**

One of the aforementioned recommendations of Kazdin and colleagues (1990) was that researchers increasingly focus on approaches that are widely used by child and adolescent therapists. Among these underrepresented modalities are the creative arts therapies, which have a long history in child and adolescent treatment (Karkou, 2010). It has been suggested by numerous authors that arts-based approaches may have particular efficacy in group therapy by promoting group cohesion (Kymissis, Christenson, Swanson & Orłowski, 1996; Malekoff, 2011; Newsome, Henderson & Veach, 2005), which is considered fundamental to all other treatment benefits that emerge from groups with young people (Akos et al., 2007; Harpine, 2010; Kivlighan & Tarrant, 2001; Shechtman & Katz, 2007). These approaches are also speculated to accelerate change by fostering empathy and insight (Shechtman, 2007; Veach & Gladding, 2007), allowing for increased emotional expression without flooding (Greaves, Camic, Maltby, Richardson & Mylläri,



2012; Haen, 2005), and creating the conditions that allow members to engage interpersonally in the here-and-now (Aigen, 1997; Haen & Weil, 2010; Moon, 2010). Per the qualitative research of Moneta and Rousseau (2008), creative arts therapy groups may also provide an ideal venue (particularly in performance-based modalities) for the stimulation and assessment of emotional regulation strategies.

### **Creative Arts Therapy Group Process Research with Children and Adolescents**

Few studies within the creative arts therapy canon have focused on group process, despite the fact that many creative arts therapists conduct their work within the context of groups (Davies & Richards, 2002; Haen & Wittig, 2010; Moon, 2010). However, those that have been conducted reflect a desire to identify process components unique to creative arts therapy groups. These studies have included comparisons of patient and therapist ratings of therapeutic factors between creative arts therapy and verbal therapy groups (Goldberg, McNeil & Binder, 1988; Kellermann, 1987; Strauss, 2004); the development and validation of structured systems for observing and coding group process (Johnson, Sandel & Eicher, 1983; Johnson, Sandel & Bruno, 1984; Sandel & Johnson, 1983, 1996; Schmais & Diaz-Salazar, 1998); an examination of helping and hindering factors in creative arts therapy groups (Dokter, 2010); a consideration of whether arts media can serve as reliable diagnostic indicators of group dynamics (Rubin & Rosenblum, 1977); a consideration of the relationship between verbal and art-making processes in groups (Skaife, 2011).

There are few studies of creative arts therapy groups with children and adolescents that include process dynamics as part of their foci. However, the following research represents a promising shift. Aigen (1997) conducted a qualitative study

through videotaped observations of a music therapy group for four adolescents on the autistic spectrum over the course of a year. Using a grounded theory approach, he examined sessions identified by the leaders as pivotal to the group's development. Among his findings was the importance of the physical aspects of each group members' presentation in the group, both their physical way of being and the characteristic ways in which they initiated and sustained physical contact with the leaders and other members. He speculated that attending to these behaviors, including the ways members shift roles during the course of a group, might enhance understanding of group dynamics while serving to represent group process factors such as cohesion (e.g., singing in unison or attuning to other members' patterns of rhythm).

Kastner and May (2009), in a quasi-experimental, within-group single-case design, evaluated the impact of action-based psychodrama techniques on the climate and disruptive behaviors of a group of seven middle school students. While their data showed trends toward action techniques increasing cohesion and decreasing avoidance in this small group, the results were not statistically significant, likely due to the small sample size. Their study, which alternated sessions with and without action techniques in the same group, did not adequately control for the impact of time. Ideally, as group members remain in a well-functioning group, their cohesion should increase and their avoidance decrease as the group progresses. However, this study represents an initial venture into understanding the impact of creative arts therapy interventions on group process.

Stuart and Tuason (2008) studied a 10-week expressive arts therapy prevention approach designed to increase confidence and self-awareness in 6 inner-city, African

American girls in an afterschool program. The group members completed pre- and post-session evaluations designed by the researchers, which contained Likert scales as well as open-ended questions about their perceptions of group process (including their ability to discuss their true feelings, their sense of satisfaction with the topics and leader interventions, and their assessment of each session's helpfulness). These were used to triangulate the leader's impressions and group notes of what occurred during the session. This study is notable for its inclusion of member reflections on group process, which parallels the overarching treatment goal of developing a sense of 'voice' in these early adolescent girls. Data from group members suggested an increased openness of members over time, as well as a high sense of satisfaction with the group and its leaders. Trends in the data also suggested differential responses to different arts modalities, though this was not contextualized fully by the authors.

### **Drama Therapy**

Hougham (2012) noted that there are very few writings in the drama therapy field that explore group process in depth, despite the affinity between theatre and group psychotherapy. Johnson (1999) challenged drama therapists to make advances that might contribute to the wider mental health field in order to secure the standing of drama therapy as a profession. More recently, Jones (2012) discussed the need for drama therapy researchers to move beyond more pervasive qualitative approaches toward increased use of quantitative methods.

Group roles provide an opportunity to connect concepts drawn from theatre to group research. Though the child and adolescent group therapy literature is rife with discussion of roles (Aronson, 2012; Pojman, 2012; Thomson, 2011), 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). Furthermore, Mayerson (2000) asserted that attending to changes in play themes and roles within children's group therapy is an ideal route to understanding both group process and the phases of group development. The sections that follow will examine the concept of group roles, providing a rationale for applying dramaturgical analysis in group process research.

### **Group Roles**

While roles are referred to throughout the group therapy literature, most information related to this construct emanated from social psychology (MacKenzie, 1990). This branch of psychology was dominated in the 1930s through 1960s by structural metaphors (Gergen, 1990). It is in this context that functional role theory first appeared and remained the primary theory until the 1970s. Within functional role theory, a role is conceived of as part of a social system that is shaped by norms and expectations (Biddle, 1986). Roles within a functional framework are seen as related to one's position or status, and are largely confined to formal roles such as jobs, offices, and familial roles (Sarbin & Allen, 1968).

Near the end of this period, role playing was introduced as an approach to clinical treatment, largely due to the efforts of Moreno (1935) in developing psychodrama and Kelly (1955) in developing fixed-role therapy. Interest in both approaches paved the way for symbolic interactionism, a branch of social psychology concerned with the world as composed of symbols (Gergen, 1990). Mead (1932) was a key figure of this movement, introducing concepts of gesture, imitation, and role taking. He wrote about the *generalized other* as an audience that evaluates the actor. In the symbolic interaction

perspective, roles were reflective of social norms, but also of contextual demands and evolving understandings of a given situation, adding an interpersonal element to functional role theory (Biddle, 1986). For symbolic interactionists, society was necessarily engaged with the person, and the two created and recreated one another through interaction (Stryker & Statham, 1985). Moreno's (1935, 1961) role theory saw a similar development, moving from a functional perspective on role to an expanded one that distinguished between *psychodramatic roles*, representative of individual, psychological dimensions, and *social roles*, representative of interpersonal exchange.

Symbolic interactionism led to the development of the dramaturgical perspective in social psychology (Gergen, 1990). Sarbin (1954) was among the first to explore dramaturgy in the first edition of the *Handbook of Social Psychology*, where he wrote about *role enactment*, *role-taking*, and *role involvement*. In the late 1950s and early 1960s, Goffman became a significant figure in developing the dramaturgical perspective and influencing future research, as did Berne and Turner (Gergen, 1990).

### **The Dramaturgical Perspective**

Dramaturgical analysis is rooted in the assumption that human beings are all potential performers (Crow, 1988) and that human behavior is, at its essence, dramatic (Brissett & Edgley, 2009). As such, the self is seen as constructed through social interaction, and this interaction is viewed as fundamental to understanding the meaning of an event (Sarbin, 1982). Because social interaction is believed to be performed or "staged" (Hare, 2009), the interacting dyad or group is considered the appropriate unit of analysis, rather than the individual person (Sarbin, 2003). The dramaturgical perspective is thus a relational one (Brissett & Edgley, 2009).

Hare (2009) identified three branches of dramaturgy, each corresponding to a key theorist's writing: Burke's (1945) *dramatism*, Turner's (1987) analysis of social dramas, and Goffman's (1956) dramaturgical analysis. Each perspective will be briefly summarized, with the work of Turner and Goffman given the greatest attention. Then, a summary of the dramaturgical perspective and its research applications will be provided.

Burke (1945) derived his theory of dramatism in part from the writing of William Shakespeare. He framed social behavior and communication as an *act*, and identified four elements necessary for analyzing each act: the agent (communicator), scene (context), agency (means), and purpose or goal (Hare, 2009; Harré, 1977). Dramatism has had the most pervasive influence in the fields of communication and rhetoric studies (O'Keefe, 1978).

Turner (1987), an anthropologist, studied large-group interactions, focusing on societal conflicts as the unit of study. He referred to these conflicts as *social dramas*, and postulated that each passed through the following four phases: *breach*, *crisis*, *redressive action*, and *reintegration* (Turner, 1987). Turner was particularly interested in rituals from the redressive phase that were used to resolve the conflict (Hare, 2009; Turner, 1987). These cultural performances were thought to both imitate and assign meaning to the social drama. In this sense, Turner viewed them as mimetic and reflexive, serving to both express and redefine the culture (Conquergood, 1983; Turner, 1987).

Turner's work directly informed the development of structural role theory and a focus on systems rather than individuals (Biddle, 1986). Structural role theory is concerned with the way in which societies and cultures provide scripts to dictate how roles must be played. Role-taking is seen as the result of socialization, as individuals

receive pressure to act in a certain way, to conform (Sarbin & Allen, 1968; Stryker & Statham, 1985). Turner's (1987) theory, while useful in framing events and breaking them down into simplified units, has been criticized for its tendency to flatten these events, emphasizing their similarities rather than their unique, culturally informed means of expression (Schechner, 2006).

Initially interested in the study of con men, Goffman (1956) shifted his focus to dramaturgy after being influenced by psychodrama (Pettit, 2011). Goffman viewed humans as social actors who, in order to meet the varying demands of life and mitigate the potential for shame or embarrassment, are always playing to an audience, whether real or internalized (Sarbin, 2003; Walsh-Bowers, 2006). Unlike Turner, who was interested in what was explicitly performed, particularly as it related to the values of a culture or society (Shepherd & Wallis, 2004), Goffman was concerned with the individual and with situated activity. He was particularly intrigued with content that is hidden in the dramas of everyday life (Stryker & Statham, 1985).

Paralleling acting approaches in which performers are taught to analyze characters' actions in terms of intentions and motivations (Harré, 1977), Goffman (1956) characterized people as having free agency to take on roles in social interaction, with the explicit aims of managing others' impressions of them and of enacting a convincing performance or image of self (Sarbin, 2003; Stryker & Statham, 1985). He postulated that the self exists only to the extent that it is presented to others (Brissett & Edgley, 2009). Goffman distinguished people's *on stage behavior*, social interaction through which they created identities, from the more private *backstage behavior* through which they were preparing to play a role (Goffman, 1956).

In this sense, as was also the perspective of Fritz Perls (1970), roles represent clichés or proscribed behavior patterns meant to give the appearance of competence or coherence. They are an artifice that gets in the way of authentic human interaction. Perls (1970), who developed gestalt therapy, another approach involving role play, wrote:

We behave *as if* we are big shots, *as if* we are nincompoops, *as if* we are pupils, *as if* we are ladies, *as if* we are bitches, etc. It is always the ‘as if’ attitudes that require that we live up to a concept. (p. 20)

As a researcher, like Lewin and others interested in group dynamics, Goffman (1956) gravitated toward real-life interactions over laboratory studies, and observation over surveys and quantitative data (Sarbin, 2003). His work, and that of the other symbolic interactionists, was qualitative in nature, eschewing a priori theories for data that emerged from the observation (Stryker & Statham, 1985).

Goffman’s work has been vastly influential in the social psychology field. His book *The Presentation of Self in Everyday Life* (1956) was cited over 4,000 times from 1975-2000 (Sarbin, 2003) and was a key influence on the development of Landy’s (1993, 2008, 2009) role theory and method, a major approach in the field of drama therapy. One common criticism of Goffman’s work, and that of other symbolic interactionists, was that he reduced people to a collection of roles without acknowledging a core self, leading to a fundamentally narrow and pessimistic view of human behavior in which actors sought to engage with another’s viewpoint primarily to manage their own impression (Gergen, 1990; Walsh-Bowers, 2006; Stryker & Statham, 1985). Another is that he failed to contextualize behavior, focusing more on the individual actor than on the social constraints and power hierarchies that form a context for the interaction (Giddens, 2009).



Influenced primarily by Mead and Goffman, Hare and Blumberg (1988) advanced the dramaturgical approach to analyzing social interactions. Continuing the work of their predecessors, they focused on the framing of social situations in the language of the theatre, discussing the interactive properties and the necessity of time, place, and audience. Hare went on to promote the use of dramaturgy in small group research.

Modern applications of dramaturgical analysis were captured in an edited volume, now in its second edition, by Brisset and Edgley (2009). In research, the dramaturgical approach has been used to study how adolescent groups reinforce collective identity through signs, codes, boundaries, and policing (Peterson-Lewis & Bratton, 2004; Schwalbe & Mason-Schrock, 1996), as well as the ways in which young people establish individual identity autonomous from group expectations (Halverson, 2010). Wiley (1990) analyzed the emotional expression of adult schizophrenic patients in a therapeutic community, focusing on the patients' competence in "performing emotions" (p. 136). Mirvis (2005) traced the large-group cultural changes that took place over 5 years in a food business in Holland. In the field of drama therapy, Wiener (1999) applied a dramaturgical framework through the identification of five roles necessary for competent psychosocial functioning. He used these roles in assessing patients based on their interaction with a fellow actor during prescribed improvisational scenarios.

### **Defining Role**

In addition to the functional, symbolic interactionist, and structural role theories identified above, roles have also been examined from organizational and cognitive perspectives (Biddle, 1986). Organizational role theory has been used by industrial psychologists to focus on formal roles in systems for the purpose of optimizing the

performance of task groups, classrooms, and work/sports teams (Mennecke & Bradley, 1998; Mumford, Campion & Morgeson, 2006; Saleh, Lazonder & DeJong, 2007; Rossem & Vermande, 2004). More recently, this perspective has been applied in fields related to online interaction such as computer-supported collaborative learning (Cope, Eys, Beauchamp, Schinke & Bosselut, 2011; Pozzi, 2011; Strijbos & De Laat, 2010). Cognitive role theory is concerned primarily with the development and impact of *role expectations*. This perspective can be found particularly in studies of leader and follower behaviors (Biddle, 1986; Hare, 2003).

As Biddle (1986) and Gergen (1990) pointed out, each role theory has defined the term differently, which has led to confusion. Some role theories focus on form, some on content, and some combine both (Hare, 1994). Research focused on form has examined the behavioral manifestations of role, viewing conversation and interpersonal exchanges as products of the role and, therefore, important units of study (Sawyer, 2012). Examples of this approach can be found in the fields of interaction analysis (Hare, 1973/2009; Jordan & Henderson, 1995; Keyton & Beck, 2009) and, particularly, conversation analysis where concepts of scripts, *speech acts*, and *performative utterances* have framed the investigation (Conquergood, 1983; Halonen, 2008; Searle, 1989). Crow (1988) identified 17 types of performance acts in adult conversation, but speculated that the list would be much longer if generated from data produced in children's conversations.

Role theories focused on content have examined the unique ways in which roles are manifest and how they symbolically communicate qualities of the individual. Landy's (2008, 2009) role theory is an example of such an approach. Landy (1993) created a taxonomy of 84 roles drawn from an examination of over 600 Western

theatrical play scripts. He categorized the roles into six dimensions, and defined each in terms of qualities, function, and style. Viewing roles as both archetypal and as singular units of personality (which taken together constitute a person's role system), Landy subsequently developed several instruments for diagnostic assessment: a Role profiles card sort, a Role Checklist, and a Tell-A-Story projective assessment. All three are aimed at understanding the participant's sense of and presentation of self (Landy & Butler, 2012). Because of its focus on individual personality traits, Landy's theory has been characterized as more intrapersonal in focus than interpersonal (Hodermarska, Haen & McLellan, in press; Meldrum, 1994).

In its original theatrical usage, role evolved out of the words *roll*, *rolle*, and *rowle*, which referred to sheets of parchment actors received that were attached to a wooden roller. These sheets contained the actor's written script (Sarbin & Allen, 1968). As such, the term role typically was used to refer to a part in a play, rather than the specific actor who played it. Pendzik (2003), noting the various definitions of role among drama therapy theorists, distinguished between role and character. In her view, the term role refers to an archetypal structure that may be played in a variety of ways depending upon the actor, who brings his or her unique expression to the performance. Characters, on the other hand, she framed as "embodied roles" (p. 95), marking an individual actor's unique way of portraying the role.

To this day, the term role continues to be used by social psychologists to refer to different phenomena, depending on the context. 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 varying perspectives. 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 in Psychotherapy Groups**

As has been illustrated, understandings of roles in psychotherapy groups have evolved from the study of other groups, both formal and informal. Benne and Sheats (1948), informed by functional role theory, introduced an early framework that was particularly influential to group psychotherapy research. These authors divided roles into three categories: *task roles*, in which members serve to facilitate and execute work tasks such as problem-solving; *group-building and maintenance roles*, in which members work toward fostering a sense of group identity and maintaining group-centered behavior through reinforcing boundaries and other means; and *individual roles*, in which members engage in behaviors that are not geared toward the group but toward fulfilling their own needs. Under each category, they suggested potential dimensions of roles defined by the behavior, such as task roles of *initiator-contributor*, *orienter* and *coordinator*, building and maintenance roles of *encourager*, *harmonizer* and *compromiser*, and individual roles of *aggressor*, *dominator* and *helpseeker*.

Mudrack and Farrell (1995) tested Benne and Sheats’ (1948) framework empirically, using a peer rating system in 68 small student work groups in a university

setting. They found that task, group-building and maintenance, and individual roles were supported by the group rating scales. They also concluded that these roles were interrelated as Benne and Sheats predicted, with members who played task roles tending to also play maintenance roles. Member perceptions of group cohesion were positively correlated with these two roles. By contrast, individual roles were inversely associated with maintenance behaviors in the group and unrelated to task roles. These members tended to provide the lowest cohesion ratings. Salazar (1996) proposed that individual roles do not represent a third dimension, but are instead better thought of as either facilitative or disruptive to group processes within the task and building/maintenance dimensions.

Inherent to issues of role taking in groups are qualities of power and status (Kennedy & MacKenzie, 1986), in which status may connect to an individual having a maximal amount of role choices. Burke, Stets and Cerven (2007), in their study of college students in laboratory conditions, found that high-status individuals were more likely to have the other members support them in task leadership roles. Gender was closely tied to status in that male leaders were consistently seen as being better in this role than they perceived themselves to be, whereas females were consistently underevaluated relative to their own self-perceptions.

Beck and colleagues (Beck, Eng & Brusa, 1989) extended the functional role framework to examine informal leadership dimensions in adult psychotherapy groups, characterizing the varying ways that members serve to engage others in furthering group process. Beck identified four categories of informal leadership roles taken on by members: *task leader*, *emotional leader*, *scapegoat leader*, and *defiant leader*. In her

framework, these leadership roles remain relatively intact throughout the life of the group. Beck continues to develop her theory, and it is influential among group therapists (Brabender & Fallon, 2009).

### **Group Roles in Child and Adolescent Groups**

In the realm of groups with children and adolescents, Bernfeld, Clark, and Parker (1984) examined the evolution of group roles in adolescent treatment. The authors used a coding system to identify 15 types of potential patient verbal responses in groups, and attributed each to one of Benne and Sheats' (1948) three categories. Over the course of 7 months in an adolescent residential treatment center, group sessions that occurred three times weekly were observed from behind a one-way mirror by a residential staff member. Using a time sampling procedure, the observer rated various group responses by members during three 5-min observation periods per session. The scores per category were totaled and averaged monthly for all members. The results showed that the frequency of group building and maintenance roles increased significantly during the observation period, and that there was a less robust decrease in individual roles. Anecdotally, the authors noted a corresponding change in behavior in adolescent members within the milieu outside of group sessions.

This study contained multiple methodological limitations, including a single rater using live observation (through a one-way mirror) and an ambiguous time sampling procedure. Though the authors purported to establish an interrater reliability of .80, this index was calculated during the course of the study at undefined times when one of the authors would "pop in" to the group. The use of live observation instead of videotape increased the possibility of the observer missing important events in the group. The

structure of the time sampling procedures (whether it was random or systematic) was not defined.

Kastner and Ray (2000) furthered the work of these authors by using an adapted Likert version of their coding system to determine if group leaders and adolescent members had similar perceptions of roles taken and played within the group process. Over the course of 10 sessions of a single psychotherapy group, the authors, who also served as the group leaders, viewed videotapes of sessions and rated each member according to the previously identified role categories. They established interrater reliability of .80 or higher on each of these domains, and compared their ratings to the self-ratings of adolescent members completed after each session. Using Mann-Whitney U tests for comparison ( $p < .05$ ), the authors found that members rated themselves significantly higher in taking on roles related to task completion and group building and maintenance. However, this study was underpowered due to its small sample size ( $N = 7$ ), so caution is warranted in generalizing the findings.

### **Role Taking in Group Therapy**

Therapy groups are formal groups, in that they are structured by boundaries (Beck et al., 1989) and have a specific social and relational frame that informs the interactions of members (Crow 1988). 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). Thus, the group therapy literature has been primarily focused on identifying and describing various informal roles.

Beyond the aforementioned functional framework, authors have proposed a variety of informal roles that are played in groups. Process-focused approaches to group therapy can be roughly divided between those that are analytically, intrapersonally, and attachment focused—seeing expression in group as related to either early childhood dynamics or internalized representations of groups derived from familial and formative cultural experiences (Leszcz & Malat, 2012; Markin & Marmarosh, 2010)—and those that are more interpersonally focused, concerned with relational interactions between group members in the here-and-now (Peled & Perel, 2012; Yalom, 1975). Perspectives on group roles can be divided similarly. For example, from a psychoanalytic framework, Redl (1942) identified 10 roles adolescents play in a group in relationship to the leader, and he related these roles to their id, ego, superego, and ego ideal. Integrating family systems theory with addictions treatment, Harris (1996) identified four childhood roles that adult children of alcoholics enacted during psychotherapy groups: scapegoat, hero, lost child, and mascot.

However, MacKenzie (1981) argued that it is inappropriate to use psychoanalytic concepts representative of individual behavior patterns as role designations for groups. He instead suggested that group roles are “critical organizational axes” (p. 123) that are necessary to furthering the group’s growth and development. Unlike in couples therapy, where the dyad is playing out scenes that are versions of their prior interactional patterns (Gerson, 2001), in group therapy the participants often do not have a history with one another outside of sessions. 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. As MacKenzie (1998) wrote, “The designation of a group role and the incorporation of an individual member into that role is a result of the developmental needs of the group interacting with the qualities of the individual” (p. 114). As such, the taking on and playing out of roles contributes to an improvisational group drama.

Interpersonal theories of group process have informed a variety of roles that emanate from the here-and-now interaction of members. MacKenzie (1990), for example, proposed four social group roles that describe interaction patterns: *sociable*, *structural*, *divergent*, and *cautionary*. Dunphy (1968), in an early comparative study of two self-analytic young adult groups, cited the roles of *instructor*, *aggressor*, *scapegoat*, and *idol*. Moreno (1960), in sociometry, used the terms *star*, *isolate*, *overchosen*, and *underchosen* to designate group roles related to interpersonal resonance. More recently, Sandahl (2011), from a systems-centered approach, gave the following examples of informal roles: *talkative one*, *informal leader*, *quiet one*, and *person in need*.

The role of scapegoat, which is thought to arise when one member is cast as the “bad object” for the group, holding and embodying the qualities group members are not able to own (Burke, 1969), is a more commonly referenced interpersonal group role. The scapegoating process is considered a frequent phenomenon in both child and adolescent therapy groups (Aronson, 2012; Greenberg, 1996; Pojman, 2012; Soo, 1983). This role could be characterized as a covert role (Gemmill & Kraus, 1988), as members may not be consciously aware of the process by which the scapegoat is cast and played within the group.

Burke (1969) understood scapegoating as the displacement of hostility toward a task leader onto a member of lower status in the group. However, Rutan and Shay (2012) noted that members often “volunteer” themselves to be cast in the scapegoat role, reflecting an interactive process of role-taking in which members both step into the role and are recruited to play it. Within a dramaturgical framework, as presented below, the scapegoat might be understood as one member acting as antagonist for the group-as-a-whole.

### **Dramaturgical Roles**

Hare (2009) proposed that, in addition to formal and informal roles, groups also contained 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 theatre 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 the psychodramatic 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 (2009) 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 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.

Brook (1968) noted that drama “denies time” (p. 139). As such, there is often a sense of immediacy to the creation of scenes, a here-and-now quality that pulls other group members into the moment. Woodruff (2008) advocated that drama is defined by that precise moment of audience engagement: “Theater is the art by which human beings make human action worth watching, in a measured time and space” (p. 39).

Because dramaturgical roles are rooted in interaction, they can be analyzed behaviorally in terms of what the actor is doing (Hare, 1973/2009). To date, there has been little research on dramaturgical roles in group psychotherapy. 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 30-min segments of 15 sessions of outpatient therapy groups for young adults who were primarily anxious and depressed. These sessions were coded using an adapted version of the Vanderbilt Psychotherapy Process Scale (VPPS), the Group VPPS. 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 above initially thought, there is preliminary evidence to suggest that the distribution of roles within a group may have a relationship to its 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 the 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. This study points to the potential importance of *ensemble* to group outcomes.

### **Advancing a Dramaturgical Theory of Group Process**

Smiley (2005), noting that all human activity occurs in action, defined drama as “structured action” (p. 74). He contrasted action in life, which is characterized by unpredictability and inevitable surprises, with dramatic action, which has a more ordered progression. However, because psychotherapy groups exist within a predictable frame (taking place on a consistent day and time, with identified time boundaries, leaders, and rules) and are subject to certain conventions of interaction and stages of progression, the action that occurs within them may more closely resemble drama. As such, psychotherapy groups may adhere to Smiley’s (2005) dictum of representing “a connected series of changes” (p. 74).

Group members enter sessions, like characters in a drama, with their own sets of *given circumstances*, environmental and situational conditions that influence the choices they make (Chemers, 2010). While groups take place in the here-and-now, members often reveal antecedent events, actions occurring before or between sessions (Thomas, 2009), through exposition. Expository dialogue may emerge informally as group members talk about the past and important people in their lives (“hidden players”; Price, 1992, p. 85) or formally, as in the ritual beginning of a session when members report on “news of the week.”

Each group psychotherapy session could be attributed to an *act* in a play. Within that act, occur a number of *beats*, *units*, and *scenes*, contributing to the overall sequential

action, *throughline*, or *arc* (Chemers, 2010; Miller, 2011; Waxberg, 1998) of the group and its members. As Miller (2011) noted, “The bigger the arc, the greater the journey, and the more the character changes during the course of the play” (p. 169).

Chemers (2010) defined a *beat* as the “smallest actable unit of action” (p. 74) while Longman (2004) defined it as “a motivational unit,” (p. 64) in which one character’s motivation guides the action. Because beats consist of the introduction of a new topic, action, objective, or conflict (Thomas, 2009) that advances the plot, they are often referred to by dramaturgs as *forwards* (Chemers, 2010) or *progressions* (Thomas, 2009). Smiley (2005) noted that most beats are comprised of four components of action: stimulus, rise, climax, and end. The end of a beat is usually marked by a shift in topic or focus, a character’s change in action or tactic, the entrance or exit of a character, a victory or defeat of a single objective, or the discovery of new information (Miller, 2011; Flioticsos, 2011). The end of one beat marks a transition into a new one.

A series of related beats are clustered into *units* (Flioticsos, 2011). Thomas (2009) used the analogy of musical scores to clarify the distinction between beats and units, noting that beats are the equivalent of a musical measure comprised of related notes, whereas units are the equivalent of a musical phrase comprised of related measures. A *scene*, in turn, represents a collection of units (Thomas, 2009) that usually ends with a reversal for one or more characters as the result of a significant discovery, the performing of a decisive action, or the suffering of some crisis (Smiley, 2005). Scenes are often delineated in a play by a change in time or place and, as Thomas (2009) noted, their endings tend to be more consequential as they lead to greater change for characters.

Within a group, where multiple members are acting together, shifts and *digressions* are likely to occur. In theatrical texts, such digressions are ancillary to the storyline and deviate from the linear advancement of the plot (Thomas, 2009). As Longman (2004) noted, “Dramatic action grows from one tension, one character working against another or against circumstance or against time itself. The tension is constantly shifting. New circumstances arise, new characters appear, time passes, motivations transform” (p. 64). Similarly, within a group, tensions may rise and dissipate as members vie for status and attention.

Thomas (2009) identified two types of conflicts within drama: role conflicts and conflicts of objectives. The former, which he also referred to as “self-image conflicts” (p. 178), he defined as a discordance between a character’s image of self and other characters’ images of that person. He described the latter as a collision of characters’ opposing goals or objectives. Segalla (2006) characterized member participation and the negotiation of focus in a therapy group in terms of *scene stealing* and *scene sharing*.

### **Ensemble**

Within the field of creativity research, there has been recent interest in the ways in which the study of theatrical improvisation troupes and jazz groups may enhance understanding of group developmental processes (DeZutter, 2011; Sawyer, 2003, 2007). Such work emanated from research on distributed cognition in task groups, in which the group is viewed as a problem-solving entity dependent on the collaboration of its members, whose attunement and interaction lead to greater outcomes than might be demonstrated by these same members working solo (DeZutter, 2011). Sawyer (2012) described the links between the two:

In both a jazz group and a successful work team, the members play off one another, with each person's contribution inspiring the others to raise the bar and think of new ideas. Together, the improvising team creates a novel, emergent product, both unpredictable and yet more suitable to the problem than what any one team member could have developed alone. (pp. 244-245)

According to Sawyer (2003), the word ensemble comes from the Latin roots *in* and *simul*, meaning "in (or at) the same time" (p. 4). The importance of ensemble to performance was first advocated by French theater director Jacques Copeau, who insisted that actors spend time developing a sense of connection with one another during rehearsal. He believed that the theater represented an act of communion, rather than the fulfillment of an autocratic director's vision (Sawyer, 2003). Similarly, Brook (1968) sought to engage his company in exercises that would "lead actors to the point where if one actor does something unexpected but true, the others can take this up and respond on the same level" (p. 114).

Drawing on process notes of therapists, kinetic drawings of group members, and interviews with both members and leaders as data, Mayerson (2000) examined group-as-a-whole phenomena within five Play Activity Groups in an afterschool program. In this retrospective exploratory study, subjects 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 notion of building ensemble among members in group therapy aligns with Benne and Sheats’ (1948) conceptualization in their early model of group roles. They identified a goal in working with these roles of developing *role flexibility* in members, the ability to take on a variety of roles in the group as preparation for meeting the varying demands of life. Moreno similarly referred to the ability to draw on a variety of roles in social situations as *spontaneity*, a quality he theorized was synonymous with health (Fox, 1987). MacKenzie (1990) advocated for role flexibility as a definition of therapeutic progress and recommended that group leaders encourage members to use the group as a laboratory to try on a variety of roles by fostering the expression of different aspects of self. This focus was intended to counteract what Hare and Blumberg (1988) referred to as *role fatigue*, a loss of energy resulting from a person playing the same role in an unproductive fashion for long periods of time.

Rachman (1989) wrote about *free role experimentation* as an essential component in group work with adolescents. He felt that the playful accessing of underdeveloped aspects of self warded off a detrimentally permanent choice of roles that would lead to rigid identity formation. Corder and Whiteside (1990) suggested a number of structured roles that might be assigned randomly at the beginning of a group session to structure and enhance the process components of group with adolescents. Finally, drama therapist Chasen (2011) highlighted the development of ensemble as a core focus of his group work with children on the autistic spectrum, emphasizing the importance of fostering an environment of shared identity in which all members’ contributions are valued.

## Conclusion

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 roles (Sarbin, 1982). As such, studying group roles offers the advantage of examining the intersection of individual and group-level behavior, or where personal psychology and social context meet (Sarbin, 1982; Sarbin & Allen, 1968). Many authors have argued that this dual-level focus is necessary in order to understand group process (Brown 2003; Hackman, 2012; Hare, 1994; Kivlighan 2000; Kozlowski, 2012). In addition, as dramaturgical roles are not fixed, but rather fluid and shared among members, they may provide the opportunity to study interaction patterns and group development over time.

Drawing on the findings of a qualitative pilot study, in which roles were an important component linking process to outcomes, the present study involved the development of a coding scheme and the use of trained raters to identify dramaturgical roles played by members in outpatient psychotherapy groups. The study aimed to determine whether there is value for group leaders in applying a dramaturgical framework to understanding group process. This exploratory study is the first of its kind to examine dramaturgical roles within child and adolescent treatment where, it is argued, performative interactions occur more frequently than in adult groups (Crow, 1988).

Questions of interest in this study included the following:

- How might attending to dramaturgical roles played by individual group members in children's psychotherapy groups illuminate differences in their presentation within the group process?

- How might role distributions as group level data be used for comparing two groups with differing outcomes or two subgroups of members?
- Do the data lend themselves to a theory of ensemble in group psychotherapy?

## CHAPTER 3

### Method

#### Setting

Data for this study were gathered from the group therapy program in the outpatient department of New York-Presbyterian Hospital, a teaching hospital affiliated with Cornell and Columbia Universities. Approximately 10 different social skills groups are offered in the clinic during the fall and spring. Participants in these groups range from first through ninth graders with a span of no more than three grades comprising a single group. Most groups, with the exception of those offered to the youngest and oldest children, are single-gender and most are conducted by at least two leaders, typically one full-time clinician and a psychology extern or psychiatric resident. The groups generally fuse process-oriented interventions with behavioral reinforcement, social modeling, and psychoeducation, using an approach described by Greene, Hariton, Robins, and Flye (2011).

#### Participants

The groups analyzed in this naturalistic study were comprised of nine boys ( $n = 4$  Group One;  $n = 5$  Group Two) in the fourth and fifth grades. While no member demographics were formally collected, the boys were of Caucasian and Latino ethnicities, and were 9-11 years of age. Each group was co-led by a female social worker and two psychiatric residents ( $n = 3$  female;  $n = 1$  male), with no overlap of leaders between the two groups. All leaders were Caucasian, and the group members were explicitly aware that the co-leaders were trainees. The male leader in Group One terminated during the second session of taping due to his training rotation coming to an

end. One of the female residents in Group Two terminated during the eighth session. Group leaders and parents of group members completed IRB-approved consent forms, and group members completed assent forms prior to data collection.

Group One met in a playroom with a one-way mirror, while Group Two met in a large, windowed conference room. Groups were recorded with the use of two digital cameras on tripods set at different angles in the room. In Group One, one camera was placed behind the one-way mirror. Eight sessions were recorded of Group One, and 10 sessions were recorded of Group Two, each constituting the final sessions of a 14-week cycle that ended when the groups broke for the summer. One member left Group Two as part of a planned transition unrelated to the study after the third session of the observation period; all other members remained for the duration.

### **Instrument**

An outcome measure was used to identify improvers and non-improvers, and was administered to parents three times during the course of the observation period: during the first, middle, and penultimate sessions. This measure, the Youth Outcome Questionnaire 30.2 (Y-OQ 30.2), is the youth version of the Outcome Questionnaire-45 (OQ-45; Burlingame, Dunn et al., 2004). The measure is a shortened, 30-item form that combines items from the longer parent report and adolescent self-report versions of the Youth Outcome Questionnaire 2.01.

The Y-OQ 30.2 is designed to track change in clinical functioning for children and adolescents. The measure was normed for parent reporting for patients ages 4-17 and for adolescent self-report by patients ages 12-18. Each of the 30 items inquires about observed behaviors over the previous week and is presented with a 5-point Likert scale of

responses ranging from 0 (*never*) to 5 (*almost always or always*). The items are totaled to produce a cumulative score for overall psychosocial distress, with higher scores indicating greater amounts of distress. The measure is written at a fourth grade reading level and takes about 5 min to complete (Burlingame, Dunn et al., 2004).

The Y-OQ has demonstrated an internal consistency reliability of .97 and test-retest reliability of .83 (Warren, Nelson, Burlingame & Mondragon, 2011). In preliminary studies, it displayed greater sensitivity to measuring change than the commonly used Child Behavior Checklist (CBCL) and Behavior Assessment System for Children-2 (BASC-2; McClendon et al., 2011). A statistically significant change in symptoms on the Y-OQ 30.2 is indicated by a change score of 10 points (Burlingame, Dunn et al., 2004).

In this study, clinical improvement was determined by a decrease of at least 10 points in the summative outcome score from the first administration to the last, while non-improvement was reflected by an increase or decrease of less than 10 points. Scores on the second administration, halfway through the observation period, were used to gauge progress and note trending data. An increase in the outcome score of at least 10 points would indicate deterioration, though none of the members of these groups deteriorated significantly.

### **Procedure**

Meyers and Seibold (2012) recommended that simple coding schemes can provide valuable information about group process, particularly in cases where the instrument is intended to be useful at capturing group process *in situ*. Drawing on the seminal thinking of McLeod (1984), this researcher surveyed theoretical texts related to

dramaturgical theory (Brissett & Edgley, 2009; Hare, 2003, 2009; Hare & Blumberg, 1988; Sutton & Smith, 1995; Woodruff, 2008) and script analysis (Chemers, 2010; Fliotsos, 2011; Longman, 2004; Miller, 2011; Smiley, 2005; Thomas, 2009; Waxberg, 1998), as well as those from the fields of psychodrama (Leveton, 2001; Moreno, 1946), drama therapy (Casson, 1997; Heymann-Krengel, 2006; Jones, 2007; Pitruzzella, 2009), play research (Chazan, 2002) and narrative theory (Josselson, 2004; McLeod, 2002, 2004) to develop a more comprehensive application of dramaturgical theory to group process. These authors' work and data from the pilot study informed the identification of and operational definitions for five dramaturgical roles to be studied in children's psychotherapy groups: Protagonist, Antagonist, Auxiliary, Audience, and Narrator.

A coding manual was written that defined each of these roles, and offered behavioral descriptions and two composite vignettes from child and adolescent group therapy sessions to illustrate each (see Appendix A). A draft of the manual was sent to four drama therapy experts and four expert child and adolescent group therapists (see Appendix B) to establish face validity, and revisions were made to the manual in light of their feedback about further clarifying specific definitions and vignettes.

The following definitions were offered for each role:

- *Protagonist*: The protagonist role is characterized by two qualities: being active in a given moment of the group's process either verbally or non-verbally, and being successful at garnering the majority of the attention of the group's leaders, members, or both. The protagonist is at the center of the action, the main actor, and makes choices that are central to the development of the group. The protagonist serves as a catalyst in moving the group's

process forward, whether in a positive or negative direction. The protagonist is a focal point in the group, holding their attention by virtue of significant verbal or non-verbal expression, an engaging presence and energy, or the capacity to hold power and take on leadership. The protagonist is the main actor or leading player, but not necessarily the hero (most selfless or virtuous group member).

- *Antagonist*: The antagonist opposes the protagonist and is an obstacle to the protagonist getting what he or she wants. Usually second to the protagonist in terms of the amount of attention garnered from the group and the amount of talking done, the antagonist competes with the protagonist or encourages others to do so, including the leaders. This member's relationship with the protagonist represents the central conflict in the group. The antagonist is not necessarily a villain, but competes with the protagonist for ascendancy, power, attention, or control.
- *Auxiliary*: The auxiliary is a supporting player who is not the center of the group's focus but is still involved in the main action of the group. The auxiliary serves as an ally, helper, or trusted member for the protagonist or antagonist of the group. An auxiliary follows the lead of one of these two players and supports that member in getting what he or she wants, or in gaining the allegiance or attention of the group.
- *Narrator*: The narrator comments upon the action of the group while remaining outside of it. The narrator is not in the center of the group, nor a focal point for the other members. Rather than intervening, he is an observer.



The narrator provides spoken commentary that may or may not be responded to by the other members of the leader. Because of being outside the action of the group the narrator's comments may reflect a greater emotional distance and an ability to reflect on the action that is happening in the room. As such, the narrator might use reason when other members are emotional. The narrator sometimes forecasts events coming in the group or gives name to the emotional climate. If there is more than one narrator at a time, this sub-group is known as a chorus.

- *Audience*: Like the narrator, the audience remains outside the action of the group and does not participate in it. The audience notices what is happening in the group and is emotionally engaged in the action or invested in the outcome. However, unlike the narrator, the audience does not comment on the action and remains relatively passive. At times, especially during moments of conflict, the audience may observe what is happening but pretend not to notice. It is the attention and focus of the audience that validates the protagonist and gives this role some of its power.

While three of the roles presented here bear resemblance to the elements of psychodrama identified by Moreno (1946), key differences in definition and function exist. Moreno largely practiced individual therapy within groups (Burlingame & Baldwin, 2010), using group members to present an individual member's story from life outside the group. As such, members were engaged in standing in for significant others in the chosen member's (i.e., protagonist's) life. Psychodramatic roles referred to the role group members, or trained professionals, played within the chosen member's

facilitated scene. Dramaturgical roles, by contrast, are naturalistic and group-focused as they pertain to interactions between members that emerge within the group process.

### **Data Selection**

Through the adaptation of qualities identified in script analysis and dramaturgical texts, scenes were culled from the second through seventh recorded sessions of Group One and the second through tenth recorded sessions of Group Two. The selection of scenes as units of analysis is consistent with a *critical events* approach in group therapy research, in which events that meet structured criteria, but are not necessarily temporally adjacent or patterned, are examined to illuminate group process (Ballard et al., 2008; Brabender & Fallon, 2009).

While there are many similarities between scenes from dramatic texts and those that occur in real life, an important distinction exists. Scenes in theatrical texts are almost always marked by significant conflict between characters (Spencer, 2002; Thomas, 2009), whereas interactions in children's group therapy sessions are not necessarily rife with conflict. Members may gain the attention of others without significant opposition from the group. Dramaturgical analysis with other patient populations, however, may lend itself to more stringent criteria for scene selection that includes conflict as an essential component.

The following criteria were used to identify scenes in this study:

- One group member is the primary focus of the majority of the group for more than 30 s.
- Units in which one member is the central focus because of a structured activity, such as a question posed by the leader and answered by each member in turn,

must contain interaction with or the involvement of at least one other group member who provides support or opposition to the protagonist.

- The scene ends when there is a shift in topic, focus, or activity.

Data selection yielded a total of 67 scenes ( $n = 37$  Group One,  $n = 30$  Group Two), eight of which were used for practice rating.

### **Rater Training**

Two raters were used in this study, a female drama therapist and a female social worker, each with more than 10 years of clinical experience with adults. Neither rater had professional experience working directly with children or adolescents. Raters were trained by the author, who provided a theoretical introduction and facilitated discussion using the coding manual. They were then shown brief vignettes from the eighth session of Group One and the first session of Group Two to illustrate each role, and were encouraged to ask clarifying questions. Finally raters viewed a vignette in which a group member's role behavior was ambiguous, displaying behavior corresponding to two roles. Raters discussed how they might code that scene, and were subsequently instructed, when a member's behavior appeared to correspond with more than one role, to code the role that the member engaged in for the majority of the scene.

Because an extensive search for child and adolescent group therapy training tapes had yielded no appropriate media for training purposes, raters were provided eight scenes drawn from the first session of Group One for practice coding. They were given an 8-inch by 10-inch still image of each group member with his name printed on it to aid correct identification. They were instructed to view each scene initially to code the protagonist, and then a second time to assign a role to each of the other group members. Every

member was coded for one role per scene. The protagonist role was assigned to only one member per scene as was the antagonist role, if it was coded. All other roles could be assigned more than once per scene. Raters were instructed to code absent members as Not Present.

An interrater reliability analysis was conducted using Cohen's *Kappa* to determine consistency among raters. Initial agreement was .409, which is considered fair to moderate (Landis & Koch, 1977). Raters were provided further training on role definitions, without discussion of the specific scenes that were rated. Raters were asked to again rate the practice scenes. This time, an interrater reliability of  $\kappa = .84$  ( $p < 0.001$ ), 95% CI [.689, .983] was calculated, indicating excellent agreement (Landis & Koch, 1977).

Raters were provided DVDs with the 59 remaining scenes and were asked to code each following the instructions used during training, rating the protagonist after the first viewing and the other roles after a second viewing. Overall interrater reliability was analyzed by calculating a *Kappa* score for each scene, and then computing the mean for all 59 scenes. Interrater reliability remained high:  $\kappa = .83$  ( $p < 0.001$ ), with a mean value of .85 for scenes from Group One and .81 for scenes from Group Two.

Raters showed very high agreement for rating the Protagonist role, disagreeing only twice out of 59 scenes. Rater agreement for each role was as follows, reflecting the percentage of times that both raters coded a member for the role out of the number of times the role was coded overall: Protagonist (97%), Antagonist (70%), Auxiliary (65%), Audience (68%), Narrator (0%). The latter role was coded only twice, by Rater Two. In

each of these instances, Rater One coded the group member as playing an auxiliary role instead.

### **Improvers and Non-improvers**

Group One showed three members who improved during the observation period, based on their Y-OQ scores from first administration to last (see Table 1). The mean change score was -13.5 ( $SD = 7.72$ ), indicating an overall decrease in psychosocial distress for the group, as clinical improvement is reflected by a change score of at least 10 points. By contrast, Group Two had only one member who showed improvement, and three who demonstrated no improvement. The mean change score for Group Two was -2 ( $SD = 9.34$ ). As was noted, no members deteriorated during the observation period and one member from Group Two, Ernesto, was not included in the outcome data due to premature termination.

Table 1

#### *Y-OQ 30.2 Outcome Scores*

| Group Member | Administration 1 | Administration 2 | Administration 3 |
|--------------|------------------|------------------|------------------|
| Group One    |                  |                  |                  |
| Justin       | 58               | 57               | 45               |
| Matthew      | 40               | 36               | 23               |
| Rory         | 24               | 3                | 3                |
| Tucker       | 41               | 46               | 38               |
| Group Two    |                  |                  |                  |
| Elliot       | 21               | 20               | 24               |
| Frank        | 39               | 28               | 26               |

|          |    |    |    |
|----------|----|----|----|
| Nicholas | 34 | 38 | 42 |
| Steven   | 22 | 25 | 16 |

*Note.* Clinically significant improvement is shown by a decrease of at least 10 points. All names are pseudonyms.

The groups represented a mirror image of one another, in that the majority of group members from Group One demonstrated clinical gains while the majority of members from Group Two did not. This sample, therefore, offered the opportunity to use individual data for a within-group comparison of members and group data for a between-groups comparison of Groups One and Two, as well as a comparison of Improvers and Non-Improvers. The length of the observation period did not allow for an adequate examination of the impact of time on role patterns at either the individual or group level.

### **Data Analysis**

Exploratory data analysis, introduced by Tukey (1977), represents an approach to examining patterns and relationships in data without the requirement of first formulating and subsequently testing hypotheses. This approach is appropriate to the current study, where dramaturgical theory is being applied to a new population through the use of a novel coding instrument. Velleman and Hoaglin (2012) offered five guiding principles for exploratory data analysis. Among their suggestions are: displaying data graphically, re-expressing data to simplify analysis, and examining residuals.

In this study, codes produced by both raters were tallied by member and by role. These frequencies were then re-expressed as percentages. This conversion allowed for both raters' codings to be taken into account without having to determine which rater to favor in areas of disagreement. More important, the conversion of frequency data to

percentages allowed the researcher to control for the impact of group member attendance on role frequency. The resulting percentages reflect the proportion of time members spent in each role across selected scenes.

### **Within-Group Comparison**

For the sake of comparing members within groups, percentages were examined using a chi-square test of goodness-of-fit. This test determines whether the observed values in a distribution of frequencies are similar to what would be observed by chance. In this instance, the observed values were compared with an even distribution of 25% of time spent in each of the roles of Protagonist, Antagonist, Auxiliary, and Audience. (As the Narrator role was coded by only one rater for this sample, it was excluded from the chi-square analysis.)

As the results of the chi-square were significant in all instances, a post-hoc analysis was conducted using the *analysis of standardized residuals* to determine which roles contributed to the significant chi-square value for each group member. Residuals were calculated using the formula  $R = \frac{f_o - f_e}{\sqrt{f_e}}$ , where  $|R| > 2.00$  indicated roles that were larger than might be expected by chance. This analysis illuminated characteristics of each member's group process that were unique to that individual.

### **Between-Groups Comparison**

While role distribution can be examined as an individual phenomenon, it can also be studied as a group-level process variable, and a comparison can be made between two groups. The standard method for computing a group effect is to calculate the mean scores of individual members (Paquin, Miles & Kivlighan, 2011). Proportions of time spent in each role were averaged to produce a group percentage, first for members in

Groups One and Two, then for Improving and Non-improving Members across groups.

These data were used to address three questions:

1. Did any of the group role distributions resemble that which might be observed in an ensemble?
2. Was there an association between a group membership (Group One or Group Two) and role distribution?
3. Was there an association between a member's change status (improvement or non-improvement) and his role distribution?

To analyze the question of whether any of the role distributions resembled that which might be found in an ensemble, ensemble was operationally defined as a group in which members spend equally proportional amounts of time in each role. This definition translated to an expected frequency of 25% of time respectively in the roles of Protagonist, Antagonist, Auxiliary, and Audience. (Narrator was again dropped from the data analysis due to not being coded by both raters for the sample.) The distributions for Group One, Group Two, Improvers as a group, and Non-improvers as a group were compared to the ensemble distribution using the chi-square test of goodness-of-fit. The results were again examined with a post-hoc analysis of residuals.

The second and third questions, comparing Groups One and Two, and Improvers and Non-improvers, were addressed using the chi-square test of association. This test is used to determine if a relationship exists between two variables of interest. Post-hoc analysis of residuals was conducted to determine which roles contributed to the relationship.



## CHAPTER 4

### Results

#### Within-Group Comparison

The results of the chi-square test of goodness-of-fit comparing group member role distributions to an even distribution were statistically significant for all members. The data demonstrate that none of the participant's role choices were evenly distributed and, therefore, could not be attributed to chance. Table 2 shows the chi-square values for each group member.

Table 2

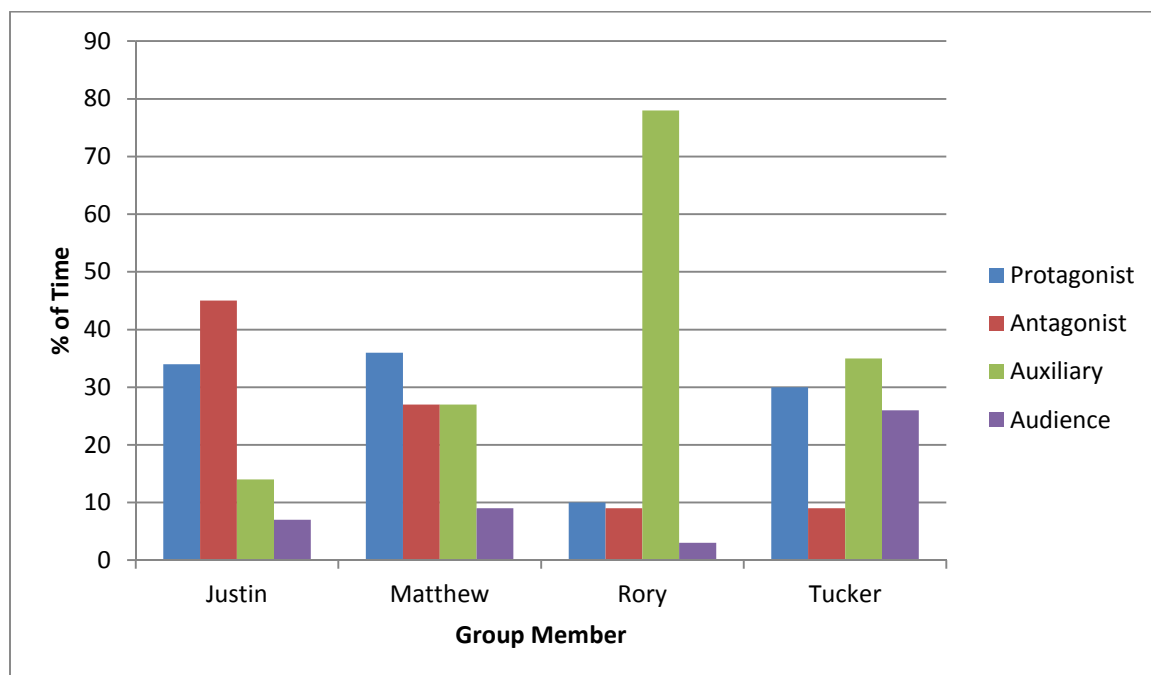
*Chi-Square Values by Group Member*

| Group Member | $\chi^2$ |
|--------------|----------|
| Group One    |          |
| Justin       | 37.04    |
| Matthew      | 15.40    |
| Rory         | 150.96   |
| Tucker       | 15.28    |
| Group Two    |          |
| Elliot       | 38.68    |
| Ernesto      | 173.84   |
| Frank        | 31.08    |
| Nicholas     | 70.36    |
| Steven       | 15.92    |

*Note.*  $df = 3; p < .01$

Ernesto ( $\chi^2_{(3)} = 173.84, p < .01$ ), Rory ( $\chi^2_{(3)} = 150.96, p < .01$ ), and Nicholas ( $\chi^2_{(3)} = 70.36, p < .01$ ) had especially large scores, indicating that they spent a robustly disproportionate amount of time in one role to the exclusion of others or, in the case of Nicholas, spent almost no time playing certain roles.

Figure 1 shows the role percentages of members in Group One for the sake of within-group comparisons between members.



*Figure 1.* Role percentages for Group One representing the proportion of time members spent in each dramaturgical role.

The results of the post-hoc analysis for Group One can be summarized as follows:

- Justin spent a disproportionate amount of time playing the Antagonist ( $R = 4.0$ ) while he spent significantly less time in the roles of Auxiliary ( $R = -2.20$ ) and Audience ( $R = -3.60$ ).
- Matthew spent a disproportionate amount of time playing the Protagonist ( $R = 2.20$ ) while he spent significantly less time in the role of Audience ( $R = -3.20$ ).

- Rory spent a robustly disproportionate amount of time playing the Auxiliary ( $R = 10.60$ ) while he spent significantly less time in the other roles ( $R = -3.00$  Protagonist;  $R = -3.20$  Antagonist;  $R = -4.40$  Audience).
- Tucker, the group's sole non-improver, spent disproportionately less time playing the Antagonist ( $R = -3.20$ ), while he trended toward spending significantly more time in the role of Auxiliary ( $R = 2.00$ ).

Figure 2 shows the role percentages of members in Group Two for the sake of within-group comparisons.

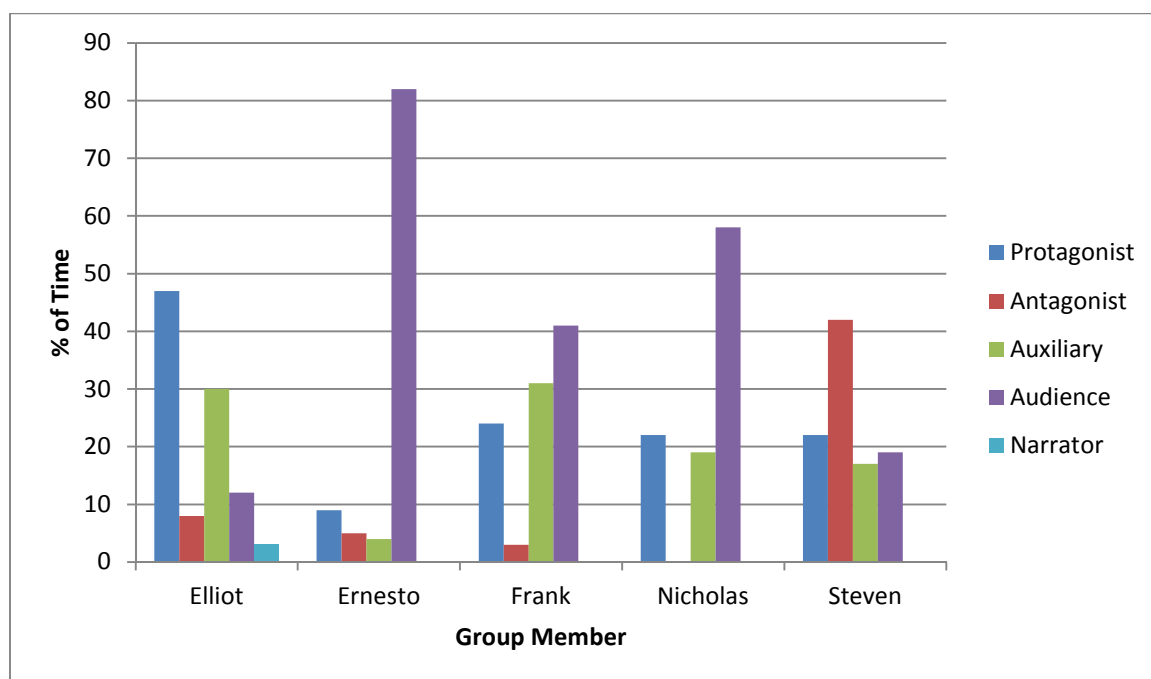


Figure 2. Role percentages for Group Two representing the proportion of time members spent in each dramaturgical role.

The results of the post-hoc analysis for Group Two can be summarized as follows:

- Elliot spent a disproportionate amount of time playing the Protagonist ( $R = 4.40$ ) and significantly less time in the role of Antagonist ( $R = -3.40$ ).

- Ernesto spent a robustly disproportionate amount of time playing the Audience ( $R = 11.40$ ) and significantly less time in the other roles ( $R = -3.20$  Protagonist;  $R = -4.00$  Antagonist;  $R = -4.40$  Auxiliary).
- Frank, the group's sole improver, spent proportionately less time as both Antagonist ( $R = -4.40$ ) and Auxiliary ( $R = -3.20$ ).
- Nicholas spent a disproportionate amount of time as Audience ( $R = 6.60$ ) and no time as Antagonist ( $R = -5.00$ ).
- Steven spent a disproportionate amount of time as Antagonist ( $R = 3.4$ ).

### **Between-Groups Comparison**

The first question of interest related to group-level phenomena was whether any of the group role distributions resembled the even role distribution theoretically characteristic of an ensemble. The distributions of Group One ( $\chi^2_{(3)} = 15.12, p < .01$ ) and Group Two ( $\chi^2_{(3)} = 19.32, p < .01$ ) both differed significantly from the ensemble distribution as demonstrated by the chi-square test of association. An analysis of residuals showed that group members spent a significantly greater proportion of time in the role of Auxiliary ( $R = 2.60$ ) and significantly less time in the role of Audience ( $R = -2.60$ ) in Group One, while members of Group Two spent a significantly reduced proportion of time in the role of Antagonist ( $R = -2.60$ ) and significantly greater time in the role of Audience ( $R = 3.40$ ).

The chi-square results for the Improvers ( $\chi^2_{(3)} = 10.44, p > .01$ ) and Non-improvers ( $\chi^2_{(3)} = 5.64, p > .01$ ) initially did not demonstrate a significant difference between the expected and observed proportions, suggesting that the role distributions of both types of members could not be characterized as significantly different from that of

an ensemble. However, both subgroups had one outlier whose scores were vastly different from those of the other members. To correct for the impact of outliers on group-level data, the group effect was recalculated using median values instead of the mean. This adjustment yielded significant results for both Improvers ( $\chi^2_{(3)} = 14.80, p < .01$ ) and Non-improvers ( $\chi^2_{(3)} = 12.00, p < .01$ ). As such, neither subgroup resembled the role distribution of an ensemble. Post-hoc analysis showed that Improvers as a group spent significantly less time proportionally in the role of Audience ( $R = -3.40$ ) while Non-improvers spent significantly less time proportionally ( $R = -3.40$ ) in the role of Antagonist.

The second question of interest related to whether group membership (Group One or Group Two) was associated with the role distribution. The chi-square result was robustly significant ( $\chi^2_{(3)} = 27.44, p < .01$ ), suggesting that the role distributions were characteristically different in Group One and Group Two.

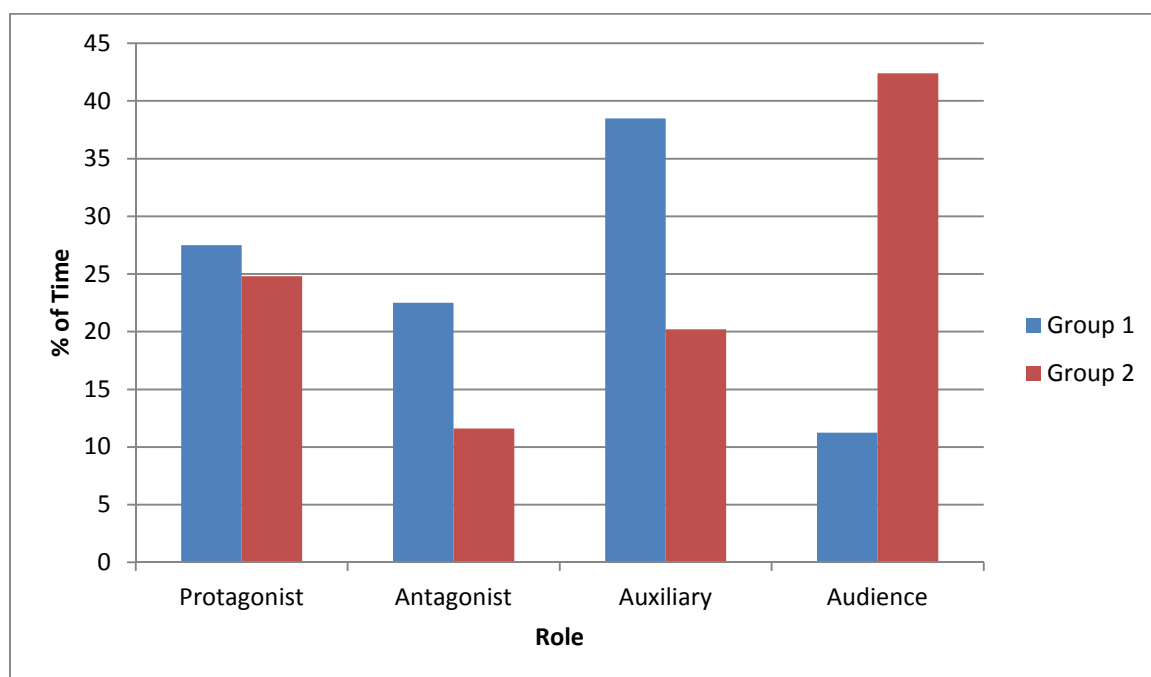
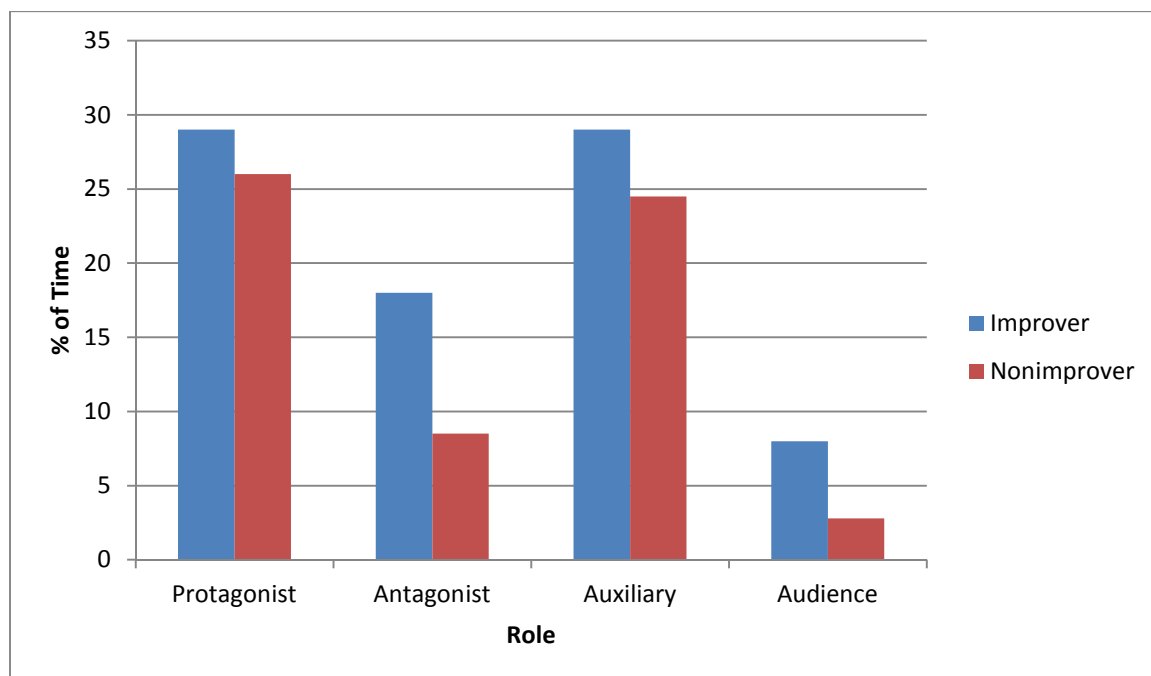


Figure 3. Role distributions for Group One and Group Two compared.

Post-hoc analysis showed a significant difference in the proportion of time spent in the role of Audience with members in Group One ( $R = -3.02$ ) spending less time in this role and members of Group Two spending more time in the role ( $R = 3.03$ ). There were also trending, though nonsignificant, differences in the proportion of time spent in the roles of Antagonist ( $R = 1.30, -1.31$ ) and Auxiliary ( $R = 1.66, -1.67$ ). Figure 3 shows the comparative distributions for the two groups.

The third question of interest was whether member change status (Improver or Non-improver) was associated with role distribution. The chi-square result in this instance ( $\chi^2_{(3)} = 10.46, p > .01$ ), though trending upward, was not significant at the determined alpha level. The data, therefore, does not indicate that there was a relationship between change status and role distribution. Figure 4 shows the comparative distributions for the two subgroups.



*Figure 4.* Role distributions for Improvers and Non-improvers compared using median values to calculate group data.

## CHAPTER 5

### Discussion

Group process is a complex phenomenon with multiple layers and numerous interacting dependent variables. In group psychotherapy, exchanges between members, and between members and leaders, occur in the context of both observable behaviors and internalized reactions and perceptions (Strauss et al., 2008; Piper et al., 2010). Attending to all these dimensions, particularly in groups for children and adolescents where the activity level is generally heightened (Sugar, 1993; Thompson, 2011), is challenging for group leaders, who are tasked with tracking the emerging process while making moment-to-moment decisions about interventions (Neuman et al., 2012).

The aim of this exploratory study was to advance an application of dramaturgical analysis to research on children's psychotherapy groups. This analysis was conducted at both the micro level of member-to-member interactions and the macro level of what was occurring in the group as a whole. Hackman (2012), noting recent trends in the study of groups wrote, "It is ironic that the powerful statistical techniques we have developed for analyzing group behavior often wind up keeping us at arms' length from the very phenomena we are attempting to understand" (p. 433). To this end, the present study aimed to demonstrate how dramaturgical analysis might inform group leaders working with young people. The discussion will focus on the relevance of the data to clinical practice and suggest directions for future empirical studies.

The within-groups comparison did not yield any definitive patterns that could be generalized to other groups. Instead, the results demonstrate how attending to dramaturgical roles in groups may have diagnostic value. By showing how each member's role distribution was weighted disproportionately in service of playing certain

roles over others, the study indicates potential areas of role fatigue as well as opportunities for leader intervention. For example, in Group Two Ernesto and Nicholas were largely inactive members who were frequently in the role of Audience. Rachman's (1989) model of free role experimentation suggests that the leaders might instead have guided these members toward greater involvement in the action of the group, even if only as Auxiliaries. Similarly, if disagreement was more freely encouraged, Elliot and Nicholas might have experienced the Antagonist role. Steven may have in turn been encouraged to step out of this habitual role in service of practicing other interpersonal behaviors.

In Group One, Rory spent an inordinate amount of time in the Auxiliary role. Informally, the raters and this researcher noted that Rory was frequently engaged in conflicts between other members, particularly Justin and Matthew. In these scenes, rather than supporting one member or the other, Rory often took on a peacekeeper stance, attempting to appease one or both members in the scene in order to resolve the conflict between them. One could easily surmise how this might be a familiar role from his life outside the group. Intervention for Rory might entail fostering his ability to witness a conflict without attempting to manage it. In other words, he might be encouraged to tolerate an Audience role.

The chi-square test of association was significant for the relationship between group membership and role distribution, demonstrating a differential effect of group membership on role distribution within the groups. Further, post-hoc analysis showed that the primary difference between Groups One and Two related to the amount of time that members in Group Two spent in the role of Audience (with trending data suggesting



that members in Group One spent more time in the roles of Antagonist and Auxiliary). One conclusion is that there simply was a greater level of interpersonal engagement in Group One, with members more likely to join in scenes with one another and less apt to just watch what was happening.

It is difficult to determine the degree to which this difference was related to group leader style or group member characteristics, but it does indicate important qualities differentiating the two groups. Anecdotally, the leaders in Group Two were noted by the researcher to be more structured and less process-oriented in their approach than in Group One, where members were frequently encouraged to explore and discuss interaction in the here-and-now. By contrast, the emphasis in Group Two appeared to be placed more significantly on the practice and acquisition of skills through facilitated role play scenarios.

In addition, it was noted by the director of the group program that the members of Group Two were more representative of individuals diagnosed with pervasive developmental disorders than those in Group One. These disorders are characterized by social withdrawal and a lack of interest in others (Baird et al., 2001). One might reasonably question the validity of a group process study with children on the autistic spectrum. However, research conducted by Tyminski (2005) concluded that outpatient groups for children and adolescents with pervasive developmental disorders passed through stages of development similar to those noted in the literature for young people without neurological or developmental disorders, and that these children benefitted from a process-oriented approach as opposed to one focused primarily on skill acquisition (Tyminski & Moore, 2008).

While the small sample size did not allow for utilizing statistical methods such as logistic regression to connect process to outcomes, the study did offer some trends that are worth exploring further in future research. In comparing Improvers and Non-improvers to an ensemble distribution, the data showed a pattern of Improvers spending less time proportionally in the role of Audience while Non-improvers spent significantly less time in the role of Antagonist. The data could suggest that active involvement in group process was a key ingredient to clinical improvement, a pattern noted above when comparing Groups One and Two.

The implication is that group leaders should work to engage quieter members in the action of the group, while fostering a greater sense of voice and self-advocacy. This finding mirrors the conclusions drawn by Shechtman and Leichtentritt (2010) about the importance of leaders facilitating bonding between members and engagement in the group. Ultimately, though, as the relationship between change status and role distribution was not found to be statistically significant in this study, further research is recommended to determine if excessive time in the Audience role is predictive of clinical non-improvement.

Further research is also needed to test whether the model of ensemble has value for group leaders. In this study, the results were inconclusive as none of the distributions matched that of an ensemble. The research literature could benefit from further studies that attempt to test whether an ensemble is a useful definition for a well-functioning group. Ultimately, it may represent an ideal, like self-actualization, that is rarely observed but contains a number of identifiable properties that healthy groups strive to emulate.

The lack of definitive patterns indicated by the data of individual members is not surprising. While group process literature has historically relied on causal models, more recent trends have emphasized the importance of individual patient variability (Hackman, 2012). For example, in a recent process-outcome study of group therapy with fourth and fifth grade girls, Hodges, Greene, Fauth and Mangione (2012) concluded that different patterns of affiliation over time distinguished those members who showed moderate improvement from those who showed more robust gains in an 8-week preventative, school-based group. Likewise, researchers have become increasingly interested in the way group members' differing attachment and affiliative needs might impact their outcomes in group (Dinger & Schauenburg, 2010; Harel, Shechtman & Cutrona, 2011; Tasca, Balfour, Ritchie, & Bissada, 2007). In other words, group members enter groups with differing needs. These differences can include patterns of roles they play in their lives outside of group. Successful group processes might well be ones in which members can rehearse new roles and new aspects of self in order to expand their options for engaging with others.

### **Limitations**

There were multiple limitations to this study, some of which are inherent to conducting naturalistic research in a clinic setting. The first was the small sample size, which restricted the range of options for data analysis and, ultimately, the ability to clearly connect group process to outcomes. Some researchers have questioned the validity of group studies that examine individual data without accounting for the possibility of these data being nested by design due to the interactive nature of groups. These authors have advocated that failing to assess and account for nonindependence of

data leads to the increased possibility of Type I errors (Johnson et al., 2005; Marley, 2010; Tasca, Illing, Ogrodniczuk & Joyce, 2009). Unfortunately, the sample size in this study negated the use of measures of nonindependence such as the *intraclass correlation* (Hox & Maas, 2001).

Kozlowski (2012) asserted that group studies must focus, at minimum, on three levels of data: group, individual, and time. While the first two levels of data were examined in this study, the observation period was not long enough to lend itself to an examination of changes in role patterns over time. Similarly, the number of sessions and the lack of existing child and adolescent group therapy training tapes led to raters being trained on scenes gathered from the group itself, and rating these scenes again in order to establish interrater reliability. This meant that raters may have formed impressions and biases about the group members prior to rating the study data. Likewise, the researcher cannot rule out that improved reliability scores were due to raters' previous exposure to the material.

One aspect of the study that was questioned by experts examining the coding manual was the fact that raters were not asked to include the group leaders as subjects for dramaturgical coding. This decision was made in order to simplify the amount of data that raters were asked to code, and thereby reduce their cognitive load. Despite the fact that leader behavior was not a focus of the present study, there were times during the groups in which leaders were noted to take on main roles within the interaction, ranging from Protagonist to Antagonist. Future studies should consider the potential benefits of including leader behavior in dramaturgical analysis.

The majority of group process studies in the literature rely on either observation of groups conducted in laboratories rather than naturalistic settings (Moreland et al., 2010) or retrospective self-reports from group members. Videotaped observation of groups in progress should offer data that is more reliably characteristic of children's behavior. However, despite evidence suggesting that group members habituate fairly quickly to being observed, particularly in an era of pervasive security cameras and smart phones (Bakerman & Quera, 2012), it is possible that member behavior was unduly influenced by the presence of cameras within the groups. Likewise, even with two cameras recording the group from different vantage points, there were still significant amounts of data that didn't get captured in the group. This is particularly the nature of children's groups in which there is often movement and overlapping dialogue. As such, what raters saw and heard may not have always been accurate to what occurred in the group (Jordan & Henderson, 1995).

Identification of improvers and non-improvers would have been strengthened by using an additional outcome measure. Report measures are to some degree a measurement of the perception of the person completing it, in this case the parents. This single perspective may have unnecessarily skewed the results. As Weisz and colleagues (2013) noted, discrepancies in reports about children's behavior have been a fairly consistent facet of clinical research, suggesting the importance of a diversity of perspectives. Likewise, notably absent from this study were the perspectives of the participants themselves, who were neither accorded the opportunity to report on their own progress nor to reflect on the meaning of their role behaviors within the group.

### **Clinical and Research Implications**

The present study suggests that using a dramaturgical framework for examining group process may assist both researchers and clinicians in understanding and facilitating children's psychotherapy groups. Future studies may extend this framework by strengthening the study design in order to establish relationships that more clearly connect process to outcomes or allow for greater clinical prediction. For example, in a recent study of five interpersonal growth groups of college-age adults ( $N=30$ ), Paquin and colleagues (2011) found that being the member of a group who displayed either the most or the least intimate behaviors in a session was negatively related to attendance the following session. These outliers in the group were also impacted by the overall amount of intimacy displayed in the group, such that sessions with lower numbers of intimate behaviors were predictive of failed attendance the following session. Studies might similarly compare members who are most active in the group by virtue of being Protagonist to those who are least active by virtue of being Audience. Likewise, studies in which groups are more controlled, either with a more consistent treatment approach or members who are matched in terms of diagnostic characteristics, would facilitate more clear between-groups comparisons.

The role of Narrator, which was observed qualitatively during the pilot study, did not prove to be applicable to the participants in this study. More research with varied populations is needed to determine whether this role should remain part of the coding instrument or should be eliminated. Ultimately, studies with other populations will determine the reach of dramaturgical analysis as a tool for group therapy process researchers and therapists who conduct groups. A focus on roles may assist group

leaders in providing more effective interventions that encourage role experimentation and strengthen ensemble aspects of groupwork. Similarly, this research might be extended outside of the clinical realm to social settings, as was pioneered by Hare and Blumberg (1988). In doing so, researchers may find ways to address social problems that negatively impact children's lives, such as bullying in schools, a phenomenon in which group roles are essential to the interaction (Sutton & Smith, 1990).

By viewing group process through a dramaturgical lens, group leaders may find new ways of understanding what transpires in their sessions. Doing so may sharpen their capacity to attend to multiple dynamics while informing intervention strategies aimed at engaging members in practicing new interactive patterns. This rehearsal within the group may ultimately lead to the genesis of new behaviors in life outside the group, thereby enhancing the effectiveness of groups for young people

**APPENDIX A**

**DRAMATURGICAL ROLES:  
GROUP PROCESS CODING MANUAL**

**DEVELOPED BY CRAIG HAEN  
LESLEY UNIVERSITY**



## INTRODUCTION: GROUP ROLES

In group psychotherapy, patients meet together with other patients in sessions facilitated by a therapist or two co-therapists. The focus can be process-oriented (focusing primarily on what is happening in the group in the here-and-now between group members or between the group and its leaders), goal-oriented (focusing primarily on the acquiring of education and skills during the group process), or some combination of the two. Many theorists believe that members of a therapy group can play a variety of group roles during the course of the group. These roles can be either formal or informal in nature.

Formal roles are fixed roles dictated by the structure of the group, most notably the roles of therapist and group member. Informal roles are conceived of from a number of perspectives. Some theorists believe that members of a therapy group acquire roles in other groups in their lives, such as their family, and then enact these roles in sessions. (An example of this phenomenon might be a group member who was never listened to within their family-of-origin who is similarly ignored within a therapy group, where their thoughts and opinions are not valued by the other members.) Other theorists connect roles in group to the hierarchy of the group, where roles are seen to relate to levels of power and influence within the group. These roles might also relate to the type of leadership taken by a member. (For example, a group member may be a task leader or an emotional leader.)

This study will examine another kind of group role—dramaturgical roles. Dramaturgical roles are those roles related to the structure of dramatic productions, specifically theatrical scripts. Interactions of group members can often resemble the interactions of pivotal characters in a drama, as members take stage, assert themselves, and vie for the attention and support of the group. From the dramaturgical perspective, therapy groups are viewed as they relate to dramatic performances, in that interactions within the group serve to create a variety of scenes. These scenes develop and change as the group process develops. Unlike formal roles, which are fixed and do not change, dramaturgical roles may shift from one member to another throughout a session. While members may take on roles they are more used to playing in their lives outside of group, in a well-functioning group several members may play a dramaturgical role during a single session. (For example, one group member may serve as the *protagonist* early in a session, but then the focus may shift and another member may become the *protagonist* later in the session.)

## DIRECTIONS FOR CODING

In this study, you will be asked to view videotapes from outpatient group therapy sessions with boys. Each segment of tape will represent a scene within a given session. You will be asked to identify the dramaturgical roles played within the scene.

First, you will be asked to view the scene and identify the *protagonist*. There can only be one *protagonist* per scene.

Next, you will be asked to view the scene a second time to assign additional roles to the other members. These roles will include the main role of *antagonist*, as well as supporting roles including *auxiliary*, *narrator*, and *audience*. Only one member can be chosen for the role of *antagonist*, though all supporting roles can be assigned more than once. Not all roles will be represented across all scenes. (For example, a scene may contain a protagonist, auxiliaries, and audience but no antagonist if there is no one opposing the protagonist in getting what he or she wants.) However, all group members should be assigned a role for each scene.

Each role will be defined below. For each role, you will find a definition, behavioral descriptions (what a group member in this role might do), and two vignettes giving examples. Please read them carefully, and we will review them as part of the training process.

***Please note:*** While group leaders may also play dramaturgical roles within a therapy group, for the purposes of this study, only group members' roles will be rated.

## DRAMATURGICAL ROLES DEFINED

### MAIN ROLES:

#### 1. Protagonist

##### *Definition.*

The *protagonist* role is characterized by two qualities: being active in a given moment of the group's process either verbally or non-verbally, and being successful at garnering the majority of the attention of the group's leaders, members, or both. The *protagonist* is at the center of the action, the main actor, and makes choices that are central to the development of the group. The *protagonist* serves as a catalyst in moving the group's process forward, whether in a positive or negative direction. The *protagonist* is a focal point in the group, holding their attention by virtue of significant verbal or non-verbal expression, an engaging presence and energy, or the capacity to hold power and take on leadership. The *protagonist* is the main actor or leading player, but not necessarily the hero (most selfless or virtuous group member).

##### *Behavioral Descriptions.*

drives the action, changes, suggests, directs, discloses, pursues, convinces, questions, influences, pursues an objective, decides, discovers, engages, excites, commands attention, gains power, takes space

##### *Group Vignettes.*

A. In a mixed gender adolescent group that takes place on an inpatient unit, the group is talking about the upcoming holiday. Sheila, a quieter member, tells the girl sitting next to her that this holiday always brings up bad memories. The group leader asks Sheila what she means, and she begins to share a memory of a friend who died on the holiday. Sheila is not particularly expressive of her feelings about this incident, but the story draws in the other members, who are nevertheless focused and listening to what she has to say.

In this example, Sheila is the *protagonist*, as the group focuses on her story and gives her attention.

B. In a children's group, Chris enters the room five minutes after the session has started. The other group members are seated at the table eating snack. Chris is invited to sit down by one of the leaders, but he

instead pulls a handful of confetti out of his pocket and throws it in the air. The other group members begin to laugh, and one jumps up to join his raucous energy. Group members begin to get louder and the group becomes more chaotic as Chris and his followers begin to goof around. The group leaders attempt to redirect the misbehavior and get the group under control.

In this example, Chris is the *protagonist*, achieving his objective of promoting silliness among the other group members.

## 2. Antagonist

### ***Definition.***

The *antagonist* opposes the protagonist and is an obstacle to the protagonist getting what he or she wants. Usually second to the protagonist in terms of the amount of attention garnered from the group and the amount of talking done, the *antagonist* competes with the protagonist or encourages others to do so, including the leaders. This member's relationship with the protagonist represents the central conflict in the group. The *antagonist* is not necessarily a villain, but competes with the protagonist for ascendancy, power, attention, or control.

### ***Behavioral Descriptions.***

opposes, questions, challenges, argues with, confronts, competes, struggles with, impedes, prevents, resists, blocks, rallies opposition against, limits, denies, refuses...the protagonist

### ***Group Vignettes.***

A. In a group of boys that takes place in a play room, Jerry suggests that the group make up a game using the Nerf ball and the hoop. Louis jumps in, saying this is a great idea. He proceeds to structure a game in which the boys shoot at the hoop from the back wall. He suggests a complex set of rules and assigns an order in which he thinks the other boys in the group should shoot. The group members listen intently to his explanation and concur, with the exception of Jerry who is upset that Louis has taken over. Jerry suggests that they play another game instead and begins to compete for the group's loyalty, arguing with Louis over whose game is better.

In this example, Jerry is the *antagonist* to Louis, who is playing the protagonist. Though Jerry initiated the first idea, Louis becomes the protagonist by virtue of gaining the support of the other group members, who concede to his plan. Louis attempts to block Jerry's efforts and therefore becomes the *antagonist*.

B. In a group of teenagers, Wayne begins to defy the group leader, who has asked that members not share what they have written on their papers during an activity with the other members. Wayne leans over to Rico, who is sitting next to him, and points to his paper. Rico and Wayne begin to laugh conspiratorially. The other members quiet down and listen to Wayne and Rico. Tension rises in the room. The group leader reminds Wayne of the rules, but he continues to point to his paper and laugh with Rico. Felicia says, "Wayne, grow up. You're so immature. We're supposed to keep it to ourselves." Wayne looks at Rico and rolls his eyes, but leans away and quiets down.

In this example, Felicia is the *antagonist*. Wayne initiates an action with Rico that gains the attention of the group. His protagonist status is demonstrated both by other members conceding to him and also the way in which his actions shift the emotional atmosphere of the group. By challenging his authority, Felicia becomes the *antagonist*.

## SUPPORTING ROLES

### 3. Auxiliary

#### *Definition.*

The *auxiliary* is a supporting player who is not the center of the group's focus but is still involved in the main action of the group. The *auxiliary* serves as an ally, helper, or trusted member for the protagonist or antagonist of the group. An auxiliary follows the lead of one of these two players and supports that member in getting what he or she wants, or in gaining the allegiance or attention of the group.

#### *Behavioral Descriptions.*

listens, advises, supports, encourages, helps, follows, takes part, affirms, joins, aligns with

#### *Group Vignettes.*

A. In a girls group for young children, Jenna suggests that the group members pretend to be a family of cats and play house. Three girls nod in agreement and contribute additional ideas to this play scenario. Lakiera suggests that some members could be dogs and some could be cats, but Lynn counters, stating, "No, we should be cats. I think we should be cats. Right, Jenna?" The rest of the group members follow Jenna's lead and begin choosing costumes for the pretend play.

In this example, Lynn is the *auxiliary* to Jenna, who is playing the protagonist. Jenna succeeds in engaging three of her peers in her idea. Lakiera challenges this idea, becoming the antagonist. Though Lynn is vocal, her assertion is in service of supporting Jenna's agenda.

B. In an adolescent group in a homeless shelter, the members are talking about foods that they miss eating. Chris mutters quietly to himself that today would have been his sister's birthday. The group members, who do not hear him, continue to talk about food. Lui, who is sitting next to Chris, says to the group, "Did you hear what he said? Chris, say that again." Chris repeats himself, and the group becomes focused on him. Chris begins to talk about missing his sister and receives empathy and support from the group, particularly Lui.

In this example, Lui is an *auxiliary* whose advocacy supports Chris. By “taking stage” and telling his story, Chris becomes the protagonist.

#### 4. Narrator

##### ***Definition.***

The *narrator* comments upon the action of the group while remaining outside of it. The *narrator* is not in the center of the group, nor a focal point for the other members. Rather than intervening, he is an observer. The *narrator* provides spoken commentary that may or may not be responded to by the other members of the leader. Because of being outside the action of the group the *narrator's* comments may reflect a greater emotional distance and an ability to reflect on the action that is happening in the room. As such, the *narrator* might use reason when other members are emotional. The *narrator* sometimes forecasts events coming in the group or gives name to the emotional climate. If there is more than one *narrator* at a time, this sub-group is known as a *chorus*.

##### ***Behavioral Descriptions.***

withdraws, observes, describes, rationalizes, predicts, names, tells, comments upon, is ignored by the main players

##### ***Group Vignettes.***

A. In an outpatient social skills group, Tristen and Stacey begin to get into an argument because Stacey is making comments while Tristen tries to share about her day. While the two trade insults, Jared mutters, “Great. Now no one’s listening to each other.” The group does not respond to his comments, as they are focused on the words being exchanged between the two girls. As Tristen and Stacey continue to argue, Jared offers several side comments about what is happening, such as, “If I wanted to listen to arguments, I’d stay at home” and “Why don’t you two get a room.” No one turns toward him or acknowledges what he’s said.

In this example, Jared is the *narrator*. While he comments on the action, he remains outside of it, ignored by his peers.

B. In a group for children on the autistic spectrum, two members are talking about cartoons. Jake insists that the Hulk could beat up Superman. Harvey begins to list all of Superman’s powers. Kieran,

who is occupied with building a tower out of blocks says, “Here we go again.” One leader tries to redirect the conversation, but Jake continues to talk. The leader gives him a warning, and Kieran says to no one in particular, “Three strikes and you’re out!”

In this example, Kieran is the *narrator*. He remains engaged in his own play on the periphery of the group and comments in a fashion that is ancillary to the main action of the group.

## 5. Audience

### *Definition.*

Like the narrator, the *audience* remains outside the action of the group and does not participate in it. The *audience* notices what is happening in the group and is emotionally engaged in the action or invested in the outcome. However, unlike the narrator, the *audience* does not comment on the action and remains relatively passive. At times, especially during moments of conflict, the *audience* may observe what is happening but pretend not to notice. It is the attention and focus of the audience that validates the protagonist and gives this role some of its power.

### *Behavioral Descriptions.*

withdraws, watches, tracks, attends to, listens, notices, observes, witnesses, focuses, identifies with, empathizes, acknowledges, supports, judges, remains present, reacts

### *Group Vignettes.*

A. In a boys group that takes place outside, three group members are competing to see who can race the fastest. The leader asks Jack if he wants to join the race. Jack shakes his head. The leader suggests that he can help be a judge of who wins. Jack stands to the sidelines and observes the race.

In this example, Jack is the *audience*. He withdraws from participation in the group and is assigned a role by the leader to observe what is happening.

B. In an adolescent girls group, Jamie is sharing a story about a fight she got into with a teacher at school. The whole group is listening to her story, and several members ask questions. Ailish does not ask any



questions, but attentively watches the dialogue taking place. It is clear she is emotionally invested in hearing what happens next.

In this example, Ailish is the *audience*. She disengages from participating in the conversation but is nevertheless engaged in listening to it.

## References

- Chazan, S. E. (2002). *Profiles of play: Assessing and observing structure and process in play therapy*. London, England: Jessica Kingsley.
- Chemers, M. M. (2010). *Ghost light: An introductory handbook for dramaturgy*. Carbondale, IL: Southern Illinois University Press.
- Fliotsos, A. (2011). *Interpreting the play script: Contemplation and analysis*. New York, NY: Palgrave Macmillan.
- Hare, A. P. (2003). Roles, relationships, and groups in organizations: Some conclusions and recommendations. *Small Group Research*, 34(2), 123-154. doi: 10.1177/104649640220430
- Hare, A. P. (2009). Dramaturgical analysis. In *Funny things* (pp. 91-102). Be'er Sheva, Israel: Biblio Books.
- Hare, A. P., & Blumberg, H. H. (1988). *Dramaturgical analysis of social interaction*. New York, NY: Praeger.
- Josselson, R. (2004). On becoming the narrator of one's own life. In A. Lieblich, D. P. McAdams & R. Josselson (Eds.), *Healing plots: The narrative basis of psychotherapy* (pp. 111-127). Washington, DC: American Psychological Association.
- Longman, S. V. (2004). *Page and stage: An approach to script analysis*. Boston, MA: Pearson Education.
- McLeod, J. (1984). Group process as drama. *Small Group Behavior*, 15(3), 319-332.
- Miller, B. (2011). *Actor's alchemy: Finding the gold in the script*. Milwaukee, WI: Limelight Productions.

- Moreno, J. L. (1946). *Psychodrama* (Vol. 1). Beacon, NY: Beacon House.
- Mumford, T. V., Campion, M. A., & Morgeson, F. P. (2006). Situational judgment in work teams: A team role typology. In J. A. Weekley & R. E. Ployhart (Eds.), *Situational judgment tests: Theory, measurement, and application* (pp. 319-343). Mahwah, NJ: Erlbaum.
- Schechner, R. (1988). Playing. *Play & Culture*, 1(1), 3-19.
- Smiley, S. (2005). *Playwriting: The structure of action*. New Haven, CT: Yale University Press.
- Soldz, S., Budman, S., & Demby, A. (1992). The relationship between main actor behaviors and treatment outcome in group psychotherapy. *Psychotherapy Research*, 2(1), 52-62. doi: 10.1080/10503309212331333598
- Sutton, J., & Smith, P. K. (1999). Bullying as a group process: An adaptation of the participant role approach. *Aggressive Behavior*, 25(2), 97-111. doi: 10.1002/(SICI)1098-2337(1999)25:2
- Sutton-Smith, B. (1979). Epilogue: Play as performance. In Author (Ed.), *Play and learning* (pp. 295-322). New York, NY: Gardner Press.
- Thomas, J. (2009). *Script analysis for actors, directors, and designers* (4<sup>th</sup> ed.). Burlington, MA: Focal Press.
- Waxberg, C. S. (1998). *The actor's script: Script analysis for performers*. Portsmouth, NH: Heinemann.
- Woodruff, P. (2008). *The necessity of theater: The art of watching and being watched*. New York, NY: Oxford University Press.

## APPENDIX B

### LIST OF EXPERT CONSULTANTS FOR ESTABLISHING FACE VALIDITY

#### **Drama Therapy Experts**

1. Ditty Dokter, PhD
  - Course Leader, Dramatherapy program; Anglia Ruskin University
  - Principal Investigator, British Association for Dramatherapy's Systematic Review
2. Phil Jones, PhD
  - Reader, Institute of Education; University of London
  - Series Editor, Continuum International Publishing Group's *New Childhoods* series
3. Robert Landy, PhD
  - Director, Drama Therapy program; New York University
  - Developer, Role Theory and Method
4. Stephen Snow, PhD
  - Chair, Department of Creative Arts Therapies; Concordia University
  - Director, Creative Arts Therapies Centre for the Arts in Human Development

#### **Child and Adolescent Group Therapy Experts**

1. David Dumais, LCSW, CGP
  - Executive Director, GroupWORKS for Education
  - Faculty, Center for Group Studies
2. Karin Hodges, PsyD
  - Research Fellow, Massachusetts General Hospital

- Adjunct Faculty, Antioch University
3. Thomas Hurster, LCSW, FAGPA
    - Adjunct Faculty of Clinical Social Work, Bryn Mawr College
    - Private Practice
  4. Andrew Malekoff, LCSW
    - Executive Director/CEO, North Shore Child & Family Guidance Center
    - Journal Editor, *Social Work with Groups*

## REFERENCES

- Aigen, K. (1997). Here we are in music: One year with an adolescent creative music therapy group. *Nordoff-Robbins Music Therapy Monograph Series*, Vol. 2. St. Louis, MO: MMB Music.
- Akos, P., Hamm, J. V., Mack, S. G., & Dunaway, M. (2007). Utilizing the developmental influence of peers in middle school groups. *The Journal for Specialists in Group Work*, 32(1), 51-60. doi: 10.1080/01933920600977648
- APA Presidential Task Force on Evidence-Based Practice (2006). Evidence-based practice in psychology. *American Psychologist*, 61(4), 271-285. doi: 10.1037/0003-066X.61.4.271
- Amunátegui, L. F., & Dowd, E. T. (2006). Autopoiesis and nonlinear modeling methods: An empirical approach to psychotherapy research. *Nonlinear Dynamics, Psychology, and Life Sciences*, 10(2), 275-300. doi: 10.1080/01933920903219060
- Anderson, G., & Wheelan, S. A. (2005). Integrating group research and practice. In S. A. Wheelan (Ed.), *The handbook of group research and practice* (pp. 545-552). Thousand Oaks, CA: Sage.
- Aronson, S. (2012). Group therapy with children. In J. L. Kleinberg (Ed.), *The Wiley-Blackwell handbook of group psychotherapy* (pp. 589-607). Malden, MA: Wiley.
- Augustyniak, K. M., Brooks, M., Rinaldo, V. J., Bogner, R., & Hodges, S. (2006). Emotional regulation: Considerations for school-based group interventions. *The Journal for Specialists in Group Work*, 34(4), 326-350. doi: 10.1080/01933920903219060
- Baird, G., Charman, T., Cox, A., Baron-Cohen, S., Swettenham, J., Wheelwright, S., &

- Drew, A. (2001). Screening and surveillance for autism and pervasive developmental disorders. *Archives of Disease in Childhood, 84*(6), 468-75.
- Bakali, J. V., Baldwin, S. A., & Lorentzen, S. (2009). Modeling group process constructs at three stages in group psychotherapy. *Psychotherapy Research, 19*(3), 332-343. doi: 10.1080/10503300902894430
- Bakerman, R., & Quera, V. (2012). Behavioral observation. In H. Cooper (Ed.), *APA handbook of research methods in psychology: Vol. 1. Foundations, planning, measures, and psychometrics* (pp. 207-225). Washington, DC: American Psychological Association.
- Ballard, D. I., Tschan, F., & Waller, M. J. (2008). All in the timing: Considering time at multiple stages of group research. *Small Group Research, 39*(3), 328-351. doi: 10.1177/1046496408317036
- Barber, J. P. (2009). Presidential address: Toward a working through of some core conflicts in psychotherapy research. *Psychotherapy Research, 19*(1), 1-12. doi: 10.1080/10503300802609680
- Barlow, D. H. (2010). Negative effects from psychological treatments: A perspective. *American Psychologist, 65*(1), 13-20. doi: 10.1037/a0015643
- Barratt, G., & Kerman, M. (2001). Holding in mind: Theory and practice of seeing children in groups. *Psychodynamic Counseling, 7*(3), 315-328. doi: 10.1080/13533330110062360
- Barsade, S. G., & Gibson, D. E. (2012). Group affect: Its influence on individual and group outcomes. *Current Directions in Psychological Science, 21*(2), 119-123. doi: 10.1177/0963721412438352

- Beck, A. P., Eng, A. M., & Brusa, J. A. (1989). The evolution of leadership during group development. *Group, 13*(3-4), 155-164.
- Beck, A. P., & Lewis, C. M. (Eds.). (2000). *The process of group psychotherapy: Systems for analyzing change*. Washington, DC: American Psychological Association.
- Benne, K. D., & Sheats, P. (1948). Functional roles of group members. *Journal of Social Issues, 4*(2), 41-49.
- Bennis, W. G., & Shepard, H. A. (1956). A theory of group development. *Human Relations, 9*, 415-437. doi: 10.1177/001872675600900403
- Berdahl, J. L., & Henry, K. B. (2005). Contemporary issues in group research: The need for integrative theory. In S. A. Wheelan (Ed.), *The handbook of group research and practice* (pp. 19-37). Thousand Oaks, CA: Sage.
- Bernard, H., Burlingame, G., Flores, P., Greene, L., Joyce, A., Kobos, J. C., Leszcz, M., Semands, R. R. M., Piper, W. E., McEneaney, A. M., & Feirman, D. (2008). Clinical practice guidelines for group psychotherapy. *International Journal of Group Psychotherapy, 58*(4), 455-542. doi: 10.1521/ijgp.2008.58.4.455
- Bernfeld, G., Clark, L., & Parker, G. (1984). The process of adolescent group psychotherapy. *The International Journal of Group Psychotherapy, 34*(1), 111-126.
- Biddle, B. J. (1986). Recent developments in role theory. *Annual Review of Sociology, 12*, 67-92. doi: 10.1146/annurev.so.12.080186.000435
- Bloom, S. (2010). Learning the language: Strategies for successful group work in schools. *Group, 34*(3), 239-254.
- Bonebright, D. A. (2010). 40 years of storming: A historical review of Tuckman's model



- of small group development. *Human Resource Development International*, 13(1), 111-120. doi: 10.1080/13678861003589099
- Bostick, D., & Anderson, R. (2009). Evaluating a small-group counseling program—A model for program planning and improvement in the elementary setting. *Professional School Counseling*, 12(6), 428-433.
- Brabender, V., & Fallon, A. (2009). *Group development in practice: Guidance for clinicians and researchers on stages and dynamics of change*. Washington, DC: American Psychological Association.
- Brissett, D., & Edgley, C. (Eds.). (2009). *Life as theater: A dramaturgical sourcebook* (2<sup>nd</sup> ed.). New Brunswick, NJ: Transaction Publishers.
- Brook, P. (1968). *The empty space*. New York, NY: Simon & Schuster.
- Brown, N. W. (2003). Conceptualizing process. *International Journal of Group Psychotherapy*, 53(2), 225-244. doi: 10.1521/ijgp.53.2.225.42814
- Brown, M., Downie, A., & Shum, S. B. (2012). Mapping the matrix: Using Compendium as a tool for recording the analytic group. *Group Analysis*, 45(1), 99-115. doi: 10.1177/0533316411430453
- Bucci, W., & Maskit, B. (2007). Beneath the surface of the therapeutic interaction: The psychoanalytic method in modern dress. *Journal of the American Psychoanalytic Association*, 55(4), 1355-1397. doi: 10.1177/000306510705500412
- Burke, K. (1945). *A grammar of motives*. New York, NY: Prentice Hall.
- Burke, P. J. (1969). Scapegoating: An alternative to role differentiation. *Sociometry*, 32(2), 159-168. doi: 10.2307/2786260
- Burke, P. J., Stets, J. E., & Cerven, C. (2007). Gender, legitimation, and identity

verification in groups. *Social Psychology Quarterly*, 70(1), 27-42. doi:  
10.1177/019027250707000105

- Burlingame, G. M., & Baldwin, S. (2011). Group therapy. In J. C. Norcross, G. R. VandenBos & D. K. Freedheim (Eds.), *History of psychotherapy: Continuity and change* (2<sup>nd</sup> ed.; pp. 505-515). Washington, DC: American Psychological Association.
- Burlingame, G. M., & Beecher, M. E. (2008). New directions and resources in group psychotherapy: Introduction to the issue. *Journal of Clinical Psychology: In Session*, 64(11), 1197-1205. doi: 10.1002/jclp.20534
- Burlingame, G. M., Dunn, T., Hill, M., Cox, J., Wells, M. G., Lambert, M. J., & Brown, G. S. (2004). *Administration and scoring manual for the Y-OQ<sup>TM</sup>-30.2*. Salt Lake City, UT: OQ Measures, LLC.
- Burlingame, G. M., Fuhriman, A. J., & Johnson, J. (2004). Process and outcome in group counseling and psychotherapy: A perspective. In J. DeLucia-Waack, D. A. Gerrity, C. R. Kalodner & M. T. Riva (Eds.), *Handbook of group counseling and psychotherapy* (pp. 49-61). Thousand Oaks, CA: Sage.
- Burlingame, G. M., Strauss, B. & Joyce, A. S. (2013). Change mechanisms and effectiveness of small group treatments. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (6<sup>th</sup> ed.; pp. 640-689). Hoboken, NJ: Wiley.
- Casson, J. (1997). The therapeusis of the audience. In S. Jennings (Ed.), *Dramatherapy: Theory and practice 3* (pp. 43-54). London, England: Routledge.
- Chambless, D. L., Baker, M. J., Baucom, D. H., Beutler, L. E., Calhoun, K. S., Crits-

- Christoph, P.,...Woody, S. R. (1998). Update on empirically validated therapies, II. *The Clinical Psychologist*, 51(1), 3-16.
- Chapman, C. L., Burlingame, G. M., Gleave, R., Rees, F., Beecher, M., & Porter, G. S. (2012). Clinical prediction in group psychotherapy. *Psychotherapy Research*, 22(6), 673-681. doi: 10.1080/10503307.2012.702512
- Chasen, L. R. (2011). *Social skills, emotional growth and drama therapy: Inspiring connection on the autism spectrum*. London, England: Jessica Kingsley.
- Chazan, S. E. (2002). *Profiles of play: Assessing and observing structure and process in play therapy*. London, England: Jessica Kingsley.
- Chein, J., Albert, D., O'Brien, L., Uckert, K., & Steinberg, L. (2010). Peers increase adolescent risk taking by enhancing activity in the brain's reward circuitry. *Developmental Science*, 14(2), F1-F10. doi: 10.1111/j.1467-7687.2010.01035.x
- Chemers, M. M. (2010). *Ghost light: An introductory handbook for dramaturgy*. Carbondale, IL: Southern Illinois University Press.
- Chidambaram, L., & Bostrom, R. P. (1996). Group development (I): A review and synthesis of development models. *Group Decision and Negotiation*, 6(2), 159-187. doi: 10.1023/A:1008603328241
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2<sup>nd</sup> ed.). Hillsdale, NJ: Erlbaum.
- Conquergood, D. (1983). Communication as performance: Dramaturgical dimensions of everyday life. In J. I. Sisco (Ed.), *The Jensen lectures: Contemporary communication studies* (pp. 24-43). University of Southern Florida.
- Corey, M. S., Corey, G., & Corey, C. (2010). *Groups: Process and practice* (8<sup>th</sup> ed.).

Belmont, CA: Brooks/Cole.

Cope, J. C., Eys, M. A., Beauchamp, M. R., Schinke, R. J., & Bosselut, G. (2011).

Informal roles on sport teams. *International Journal of Sport and Exercise Psychology*, 9(1), 19-30. doi: 10.1080/1612197X.2011.563124

Corder, B. F., & Whiteside, R. (1990). Structured role assignment and other techniques for facilitating process in adolescent psychotherapy groups. *Adolescence*, 25(98), 343-351.

Corder, B. F., Whiteside, L., & Haizlip, T. M. (1981). A study of curative factors in group psychotherapy with adolescents. *International Journal of Group Psychotherapy*, 31(3), 345-354.

Corsini, R. J., & Rosenberg, B. (1955). Mechanisms of group psychotherapy: Processes and dynamics. *The Journal of Abnormal and Social Psychology*, 51(3), 406-411. doi: 10.1037/h0048439

Crow, B. K. (1988). Conversational performance and the performance of conversation. *The Drama Review*, 32(3), 23-54.

Cunningham, N. R., Ollendick, T., & Jensen, P. S. (2012). Weighing evidence for common and specific factors in psychotherapy with children. In R. D. Alarcón & J. B. Frank (Eds.), *The psychotherapy of hope: The legacy of Persuasion and Healing* (pp. 238-258). Baltimore, MD: Johns Hopkins University Press.

Dattilio, F. M., Edwards, D. J. A., & Fishman, D. B. (2010). Case studies within a mixed methods paradigm: Toward a resolution of the alienation between researcher and practitioner in psychotherapy research. *Psychotherapy: Theory, Research, Practice, Training*, 47(4), 427-441. doi: 10.1037/a0021181

- Davies, A., & Richards, E. (2002). *Music therapy and group work: Sound company*. London, England: Jessica Kingsley.
- Defife, J. A., & Hilsenroth, M. J. (2011). Starting off on the right foot: Common factor elements in early psychotherapy process. *Journal of Psychotherapy Integration, 21*(2), 172-191. doi: 10.1037/a0023889
- DeZutter, S. (2011). Performing groups as distributed creative systems: A case study. In C. Lobman & B. O'Neill (Eds.), *Play and performance: Play and culture studies volume 11* (pp. 237-259). Lanham, MD: University Press of America.
- Dies, K. R. (2000). Adolescent development and a model of group psychotherapy: Effective leadership in the new millennium. *Journal of Child & Adolescent Group Therapy, 10*(2), 97-111. doi: 10.1023/A:1009426722846
- Dinger, U., & Schauenburg, H. (2010). Effects of individual cohesion and patient interpersonal style on outcome in psychodynamically oriented inpatient group psychotherapy. *Psychotherapy Research, 20*(1), 22-29. doi: 10.1080/10503300902855514
- Dishion, T. J., McCord, J., & Poulin, F. (1999). When interventions harm: Peer groups and problem behavior. *American Psychologist, 54*(9), 755-764.
- Dluhy, M., & Schulte, R. (2012). A playful approach to group therapy education. In I. Harwood, W. Stone & M. Pines (Eds.), *Self experiences in group, revisited: Affective attachments, intersubjective regulations, and human understanding* (pp. 235-249). New York: Routledge.
- Doel, M. (2006). *Using groupwork*. New York, NY: Routledge.
- Dokter, D. (2010). Helping and hindering processes in creative arts therapy group

- practice. *Group*, 34(1), 67-83.
- Dunphy, D. C. (1968). Phases, roles, and myths in self-analytic groups. *Journal of Applied Behavioral Science*, 4(2), 195-225. doi: 10.1177/002188636800400203
- Elliott, R. (2010). Psychotherapy change process research: Realizing the promise. *Psychotherapy Research*, 20(2), 123-135. doi: 10.1080/10503300903470743
- Fliotsos, A. (2011). *Interpreting the play script: Contemplation and analysis*. New York, NY: Palgrave Macmillan.
- Foehl, J. C. (2010). "The play's the thing": The primacy of process and the persistence of pluralism in contemporary psychoanalysis. *Contemporary Psychoanalysis*, 46(1), 48-86.
- Follette, W. C., & Beitz, K. (2003). Adding a more rigorous agenda to the empirically supported treatment movement. *Behavior Modification*, 27(3), 369-386. doi: 10.1177/0145445503027003006
- Fonagy, P. (2003). The research agenda: The vital need for empirical research in child psychotherapy. *Journal of Child Psychotherapy*, 29(2), 129-136. doi: 10.1080/0075417031000138406
- Fonagy, P. (2009). Research in child psychotherapy: Progress, problems and possibilities? In N. Midgley, J. Anderson, E. Grainger, T. Nestic-Vuckovic & C. Urwin (Eds.), *Child psychotherapy and research: New approaches, emerging findings* (pp. 19-34). New York, NY: Routledge.
- Fox, J. (1987). *The essential Moreno: Writings on psychodrama, group method, and spontaneity*. New York, NY: Springer.
- Frank, J. D. (1961). *Persuasion and healing: A comparative study of psychotherapy*.

Baltimore, MD: Johns Hopkins University Press.

Freeman, M., & Mathison, S. (2009). *Researching children's experiences*. New York: Guilford.

Fried, A. L. (2012). Ethics in psychological research: Guidelines and regulations. In H. Cooper (Ed.), *APA handbook of research methods in psychology: Vol. 1. Foundations, planning, measures, and psychometrics* (pp. 55-73). Washington, DC: American Psychological Association.

Garland, J., Jones, H. & Kolodny, R. (1965). A model of stages of group development in social work groups. In S. Bernstein (Ed.), *Explorations in groupwork* (pp. 17-71). Boston, MA: Charles River Books.

Garvin, C. (2001). The potential impact of small-group research on social group work practice. In T. B. Kelly, T. Berman-Rossi & S. Palombo (Eds.), *Group work: Strategies for strengthening resiliency* (pp. 51-70). New York, NY: Haworth Press.

Gemmill, G., & Kraus, G. (1988). Dynamics of covert role analysis: Small groups. *Small Group Behavior*, 19(3), 299-311.

Gergen, K. J. (1990). Metaphor, metatheory, and the social world. In D. E. Leary (Ed.), *Metaphors in the history of psychology* (pp. 267-299). New York, NY: Cambridge University Press.

Gerrity, D. A., & DeLucia-Waack, J. L. (2007). Effectiveness of groups in the schools. *The Journal for Specialists in Group Work*, 32(1), 97-106. doi: 10.1080/01933920600978604

Gerson, M-J. (2001). The drama of couples therapy. *Journal of Psychotherapy*

*Integration*, 11(3), 333-347.

- Giddens, A. (2009). On rereading *The Presentation of Self*: Some reflections. *Social Psychology Quarterly*, 72(4), 290-295.
- Gifford-Smith, M., Dodge, K. A., Dishion, T. J., & McCord, J. (2005). Peer influence in children and adolescents: Crossing the bridge from developmental to intervention science. *Journal of Abnormal Child Psychology*, 33(3), 255-265. doi: 10.1007/s10802-005-3563-7
- Goffman, E. (1956). *The presentation of self in everyday life*. Edinburgh, Scotland: University of Edinburgh.
- Goldberg, F. S., McNiel, D. E., & Binder, R. L. (1988). Therapeutic factors in two forms of inpatient group psychotherapy: Music therapy and verbal therapy. *Group*, 12(3), 145-156. doi: 10.1007/BF01456564
- Greaves, A., Camic, P. M., Maltby, M., Richardson, K., & Mylläri, L. (2012). A multiple single case design study of group therapeutic puppetry with people with severe mental illness. *The Arts in Psychotherapy*, 39(4), 251-261. doi: 10.1016/j.aip.2012.03.002
- Greenberg, H. R. (1996). Anatomy of exits from inpatient adolescent therapy. In P. Kymissis & D. A. Halperin (Eds.), *Group therapy with children and adolescents* (pp. 133-151). Washington, DC: American Psychiatric Press.
- Greene, L. R. (2000). Process analysis of group interaction in therapeutic groups. In A. P. Beck & C. M. Lewis (Eds.), *The process of group psychotherapy: Systems for analyzing change* (pp. 23-47). Washington, DC: American Psychological Association.



- Greene, L. R. (2003). The state of group psychotherapy process research. *The International Journal of Group Psychotherapy*, 53(1), 130-134.
- Greene, L. R. (2012a). Group therapist as social scientist, with special reference to the psychodynamically oriented psychotherapist. *The American Psychologist*, 67(6), 477-489. doi: 10.1037/a0029147
- Greene, L. R. (2012b). Studying the how and why of therapeutic change: The increasingly prominent role of mediators in group psychotherapy research. *The International Journal of Group Psychotherapy*, 62(2), 325-331.
- Greene, M. L., Hariton, J. R., Robins, A. L., & Flye, B. L. (2011). *Children's social competence: Theory and intervention*. New York, NY: Nova Science Publishers.
- Grove, W. M., & Meehl, P. E. (1996). Comparative efficiency of informal (subjective, impressionistic) and formal (mechanical, algorithmic) prediction procedures: The clinical-statistical controversy. *Psychology, Public Policy, and Law*, 2(2), 293-323. doi: 10.1037/1076-8971.2.2.293
- Hackman, J. R. (2012). From causes to conditions in group research. *Journal of Organizational Behavior*, 33(3), 428-444. doi: 10.1002/job.1774
- Haen, C. (2005). Rebuilding security: Group therapy with children affected by September 11. *The International Journal of Group Psychotherapy*, 55 (3), 391-414. doi: 10.1521/ijgp.2005.55.3.391
- Haen, C., & Weil, M. (2010). Group therapy on the edge: Adolescence, creativity, and group work. *Group*, 34(1), 37-52.
- Haen, C., & Wittig, J. (Eds.). (2010). Creative arts therapy and group work [Special issue]. *Group*, 34(1).

- Halonen, M. (2008). Person reference as a device for constructing experiences as typical in group psychotherapy. In A. Peräkylä, C. Antaki, S. Vehviläinen & I. Ludar (Ed.), *Conversation analysis and psychotherapy* (pp. 139-151). New York, NY: Cambridge University Press.
- Halverson, E. R. (2010). The dramaturgical process as a mechanism for identity development of LGBTQ youth and its relationship to detypification. *Journal of Adolescent Research, 25*(5), 635-668. doi: 10.1177/0743558409357237
- Hannan, C., Lambert, M. J., Harmon, C., Nielsen, S. L., Smart, D. W., Shimokawa, K., & Sutton, S. W. (2005). A lab test and algorithms for identifying clients at risk for treatment failure. *Journal of Clinical Psychology, 61*(2), 155-163. doi: 10.1002/jclp.20108
- Hare, A. P. (1986). Moreno's contribution to social psychology. *Journal of Group Psychotherapy, Psychodrama & Sociometry, 39*(3), 85-94.
- Hare, A. P. (1992). Dramaturgical analysis: Intergroup relations in Israel. In Author (Ed.), *Groups, teams, and social interaction: Theories and applications* (pp. 97-112). New York, NY: Praeger.
- Hare, A. P. (1994). Types of roles in small groups: A bit of history and a current perspective. *Small Group Research, 25*(3), 433-448. doi: 10.1177/1046496494253005
- Hare, A. P. (1999). Been there, done that: Role repertoire as a predictor of interpersonal behavior in a given situation. *The International Journal of Action Methods, 52*(2), 80-96.
- Hare, A. P. (2003). Roles, relationships, and groups in organizations: Some conclusions

- and recommendations. *Small Group Research*, 34(2), 123-154. doi: 10.1177/104649640220430
- Hare, A. P. (2009). Dramaturgical analysis. In *Funny things* (pp. 91-102). Be'er Sheva, Israel: Biblio Books.
- Hare, A. P. (2009). Theories of group development and categories for interaction analysis. *Small Group Research*, 41(1), 106-140. doi: 10.1177/1046496409359503 (Original work published 1973).
- Hare, A. P., & Blumberg, H. H. (1988). *Dramaturgical analysis of social interaction*. New York, NY: Praeger.
- Hare, S. E., & Hare, A. P. (2001). Role repertoires of members in an effective small group: A simulation. *International Journal of Action Methods: Psychodrama, Skill Training, and Role Playing*, 54(3), 91-105.
- Harel, Y., Shechtman, Z., & Cutrona, C. (2011). Individual and group process variables that affect social support in counseling groups. *Group Dynamics: Theory, Research, and Practice*, 15(4), 297-310. doi: 10.1037/a0025058
- Harpine, E. C. (2010). *Group interventions in schools: Promoting mental health for at-risk children and youth*. New York, NY: Springer.
- Harré, R. (1977). The self in monodrama. In T. Mischel (Ed.), *The self: Psychological and philosophical issues* (pp. 318-348). Totowa, NJ: Rowman and Littlefield.
- Harris, S. A. (1996). Childhood roles and the interpersonal circle: A model for ACOA groups. *Journal for Specialists in Group Work*, 21(1), 39-48. doi: 10.1080/01933929608411357
- Haug, S., Strauss, B., Gallas, C., & Kordy, H. (2008). New prospects for process research

- in group therapy: Text-based process variables in psychotherapeutic Internet chat groups. *Psychotherapy Research*, 18(1), 88-96. doi: 10.1080/10503300701368008
- Hesse-Biber, S. N. (2010). *Mixed methods research: Merging theory with practice*. New York, NY: Guilford.
- Heymann-Krengel, R. (2006). The engendered spectator – a spectator-oriented process in dramatherapy to reveal the inner spectator of the client: A dissertation summary 2005. *Dramatherapy*, 28(2), 15-23.
- Hindman, J. (1976). Developmental approaches to theatre. *The Drama Review*, 20(1), 75-78.
- Hoag, M. J., & Burlingame, G. M. (1997). Evaluating the effectiveness of child and adolescent group treatment: A meta-analytic review. *Journal of Clinical Child Psychology*, 26(3), 234-246. doi: 10.1207/s15374424jccp2603\_2
- Hodermarska, M., Haen, C., & McLellan, L. (in press). Exquisite corpse: On dissociation and intersubjectivity—Implications for trauma-informed drama therapy. In N. Sajani & D. R. Johnson (Eds.), *Trauma-informed drama therapy: Transforming clinics, classrooms, and communities*. Springfield, IL: Charles C. Thomas.
- Hodges, K. M., Greene, L. R., Fauth, J., & Mangione, L. (2012). Processes and outcomes in prevention-focused time-limited groups for girls. *The International Journal of Group Psychotherapy*, 62(3), 459-469.
- Hoffman, L. L., Gleave, R. L., Burlingame, G. M., & Jackson, A. P. (2009). Exploring interactions of improvers and deteriorators in the group therapy process: A qualitative analysis. *The International Journal of Group Psychotherapy*, 59(2), 179-197.

- Holzman, L. (Ed.). (1999). *Performing psychology: A post-modern culture of the mind*. London, England: Routledge.
- Hombeck, G. N., Devine, K. D., Wasserman, R., Schellinger, K., & Tuminello, E. (2012). Guides from developmental psychology for therapy with adolescents. In P. C. Kendall (Ed.), *Child and adolescent therapy: Cognitive-behavioral procedures* (4<sup>th</sup> ed., pp. 429-470). New York, NY: Guilford.
- Hougham, R. (2012). The matrix, group processes and drama therapy. *The Arts in Psychotherapy, 39*(1), 60-65. doi: 10.1016/j.aip.2011.11.007
- Hox, J. J., & Maas, C. J. M. (2001). The accuracy of multilevel structural equation modeling with pseudobalanced groups and small samples. *Structural Equation Modeling, 8*(2), 157-174.
- Jean, N., & Deák, F. (1976). Anna Halprin's theatre and therapy workshop. *The Drama Review, 20*(1), 50-54.
- Johansson, P., & Høglend, P. (2007). Identifying mechanisms of change in psychotherapy: Mediators of treatment outcome. *Clinical Psychology and Psychotherapy, 14*(1), 1-9. doi: 10.1002/cpp.514
- Johnson, D. R. (1999). *Essays on the creative arts therapies: Imaging the birth of a profession*. Springfield, IL: Charles C. Thomas.
- Johnson, D. R., Sandel, S. L., & Bruno, C. (1984). Effectiveness of different group structures for schizophrenic, character-disordered, and normal groups. *The International Journal of Group Psychotherapy, 34*(3), 415-429.
- Johnson, D. R., Sandel, S. L., & Eicher, V. (1983). Structural aspects of group leadership styles. *American Journal of Dance Therapy, 6*, 17-30. doi: 10.1007/BF02579517

- Johnson, J. (2008). Using research-supported group treatments. *Journal of Clinical Psychology, 64*(11), 1205-1224. doi: 10.1002/jclp.20532
- Johnson, J. E., Burlingame, G. M., Olsen, J. A., Davies, R., & Gleave, R. L. (2005). Group climate, cohesion, alliance, and empathy in group psychotherapy: Multilevel structural equation models. *Journal of Counseling Psychology, 52*(3), 310-321. doi: 10.1037/0022-0167.52.3.310
- Jones, P. (2007). *Drama as therapy: Theory, practice and research* (Vol. 2). London, England: Routledge.
- Jones, P. (2012). Approaches to the future of research (Based on the conference keynote, British Association of Dramatherapists Conference 2011, Measure for measures, researching, re-viewing and re-framing dramatherapy in practice). *Dramatherapy, 34*(2), 63-82. doi: 10.1080/02630672.2012.704189
- Jordan, B., & Henderson, A. (1995). Interaction analysis: Foundations and practice. *Journal of the Learning Sciences, 4*(1), 39-103. doi: 10.1207/s15327809jls0401\_2
- Josselson, R. (2004). On becoming the narrator of one's own life. In A. Lieblich, D. P. McAdams & R. Josselson (Eds.), *Healing plots: The narrative basis of psychotherapy* (pp. 111-127). Washington, DC: American Psychological Association.
- Karkou, V. (2010). Introduction. In Author (Ed.), *Arts therapies in schools: Research and practice* (pp. 9-23). London, England: Jessica Kingsley.
- Karterud, S. W. (1998). The group self, empathy, intersubjectivity, and hermeneutics: A

- group analytic perspective. In I. N. H. Harwood & M. Pines (Eds.), *Self experiences in groups: Intersubjective and self psychological pathways to human understanding* (pp. 83-98). London, England: Jessica Kingsley.
- Karver, M. S., Handelsman, J. B., Fields, S., & Bickman, L. (2006). Meta-analysis of therapeutic relationship variables in youth and family therapy: The evidence for different relationship variables in the child and adolescent treatment outcome literature. *Clinical Psychology Review, 26*(1), 50-65. doi: 10.1016/j.cpr.2005.09.001
- Kastner, J. W., & May, W. (2009). Action-oriented techniques in adolescent group therapy. *Group, 33*(4), 315-327.
- Kastner, J. W., & Ray, K. P. (2000). Adolescent ratings of group process: What they see may not be exactly what we see. *Journal of Child and Adolescent Group Therapy, 10*(4), 213-221. doi: 10.1023/A:1016683212615
- Kazak, A. E., Hoagwood, K., Weisz, J. R., Hood, K., Kratochwill, T. R., Vargas, L. A., & Banez, G. A. (2010). A meta-systems approach to evidence-based practice for children and adolescents. *American Psychologist, 65*(2), 85-97. doi: 10.1037/a0017784
- Kazdin, A. E. (2007a). Child psychotherapy research: Issues and opportunities. In L. Mayes, P. Fonagy, & M. Target (Eds.), *Developmental science and psychoanalysis: Integration and innovation* (pp. 193-217). London, England: Karnac.
- Kazdin, A. E. (2007b). Mediators and mechanisms of change in psychotherapy research.

*Annual Review of Clinical Psychology*, 3, 1-27. doi:  
10.1146/annurev.clinpsy.3.022806.091432

Kazdin, A. E. (2009). Bridging science and practice to improve patient care. *American Psychologist*, 64(4), 276-279. doi: 10.1037/a0014923

Kazdin, A. E., Bass, D., Ayers, W. A., & Rodgers, A. (1990). Empirical and clinical focus of child and adolescent psychotherapy research. *Journal of Consulting and Clinical Psychology*, 58(6), 729-740. doi: 10.1037/0022-006X.58.6.729

Kazdin, A. E., & Weisz, J. R. (1998). Identifying and developing empirically supported child and adolescent treatments. *Journal of Consulting and Clinical Psychology*, 66(1), 19-36. doi: 10.1037/0022-006X.66.1.19

Kazdin, A. E., & Weisz, J. R. (2011). The present and future of evidence-based psychotherapies for children and adolescents. In J. R. Weisz & A. E. Kazdin (Eds.), *Evidence-based psychotherapies for children and adolescents* (2nd ed.; pp. 557-572). New York, NY: Guilford.

Keats, P. A., & Sabharwal, V. V. (2008). Time-limited service alternatives: Using therapeutic enactment in open group therapy. *The Journal for Specialists in Group Work*, 33(4), 297-316. doi: 10.1080/01933920802424357

Kellermann, P. F. (1987). Psychodrama participants' perception of therapeutic factors. *Small Group Behavior*, 18(3), 408-419. doi: 10.1177/104649648701800307

Kellett, M. (2010). *Rethinking children and research: Attitudes in contemporary society*. London, England: Continuum.

Kelley, S. D., Bickman, L., & Norwood, E. (2010). Evidence-based treatments and



- common factors in youth psychotherapy. In B. L. Duncan, S. D. Miller, B. E. Wampold & M. A. Hubble (Eds.), *The heart and soul of change: Delivering what works in therapy* (2<sup>nd</sup> ed.; pp. 325-355). Washington, DC: American Psychological Association.
- Kelly, G. A. (1955). *The psychology of personal constructs: Volumes 1 and 2*. New York, NY: Norton.
- Kelly, J. R. (2000). Interaction process analysis in task-performing groups. In A. P. Beck & C. M. Lewis (Eds.), *The process of group psychotherapy: Systems for analyzing change* (pp. 49-65). Washington, DC: American Psychological Association.
- Kennedy, J. L., & MacKenzie, K. R. (1986). Dominance hierarchies in psychotherapy groups. *The British Journal of Psychiatry, 148*, 625-631. doi: 10.1192/bjp.148.6.625
- Keyton, J., & Beck, S. J. (2009). The influential role of relational messages in group interaction. *Group Dynamics: Theory, Research, and Practice, 13*(1), 14-30. doi: 10.1037/a0013495
- Kivlighan, D. M. (2008). Commentary: Comments on the practice guidelines for group psychotherapy: Evidence, gaps in the literature, and resistance. *The International Journal of Group Psychotherapy, 58*(4), 543-554. doi: 10.1521/ijgp.2008.58.4.543
- Kivlighan, D. M., Coleman, M. N., & Anderson, D. C. (2000). Process, outcomes, and

methodology in group counseling research. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (3<sup>rd</sup> ed.; pp. 767-796). New York, NY: Wiley.

Kivlighan, D. M., & Tarrant, J. M. (2001). Does group climate mediate the group leadership-group member outcome relationship?: A test of Yalom's hypotheses about leadership priorities. *Group Dynamics: Theory, Research, and Practice*, 5(3), 220-234. doi: 10.1037/1089-2699.5.3.220

Kivlighan, D. M., London, K., & Miles, J. R. (2012). Are two heads better than one? The relationship between number of group leaders and group members, and group climate and group member benefit from therapy. *Group Dynamics: Theory, Research, and Practice*, 16(1), 1-13. doi: 10.1037/a0026242

Kivlighan, D. M., Miles, J. R., & Paquin, J. D. (2010). Therapeutic factors in group-counseling: Asking new questions. In R. K. Coyne (Ed.), *The Oxford handbook of group counseling* (pp. 121-136). New York, NY: Oxford University Press.

Kleinberg, J. L. (2012). *The Wiley-Blackwell handbook of group psychotherapy*. Malden, MA: Wiley.

Kozlowski, S. W. J. (2012). Groups and teams in organizations: Studying the multilevel dynamics of emergence. In A. B. Hollinghead & M. S. Poole (Eds.), *Research methods for studying groups and teams: A guide to approaches, tools, and technologies* (pp. 260-283). New York, NY: Routledge.

Kymissis, P., Christenson, E., Swanson, A. J., & Orłowski, B. (1996). Group treatment of adolescent inpatients: A pilot study using a structured therapy approach. *Journal of Child & Adolescent Group Therapy*, 6(1), 45-52. doi: 10.1007/BF02548513

- Lacerva, C., Holzman, L., Braun, B., Pearl, D., & Steinberg, K. (2002). The performance of therapy after September 11. *Journal of Systemic Therapies, 21*(3), 30-38.
- Landis, J. R., & Koch, G. G. (1977). The measurement of observer agreement for categorical data. *Biometrics, 33*, 159-174.
- Landy, R. J. (1993). *Persona and performance: The meaning of role in drama, therapy, and everyday life*. New York, NY: Guilford.
- Landy, R. J. (2008). *The couch and the stage: Integrating words and action in psychotherapy*. Lanham, MD: Jason Aronson.
- Landy, R. (2009). Role theory and the role method of drama therapy. In D. R. Johnson & R. Emunah (Eds.), *Current approaches in drama therapy* (2<sup>nd</sup> ed.; pp. 65-88). Springfield, IL: Charles C. Thomas.
- Landy, R. J., & Butler, J. D. (2012). Assessment through role theory. In D. R. Johnson, S. Pendzik & S. Snow (Eds.), *Assessment in drama therapy* (pp. 148-176). Springfield, IL: Charles C. Thomas.
- LaTurno Hines, P., & Fields, T. H. (2002). Pregroup screening issues for school counselors. *Journal for Specialists in Group Work, 27*(4), 358-376. doi: 10.1177/019339202237598
- Letendre, J., & Wayne, J. (2008). Integrating process interventions into a school-based curriculum group. *Social Work with Groups, 31*(3-4), 289-305. doi: 10.1080/01609510801981177
- Leszcz, M., & Malat, J. (2012). The interpersonal model of group psychotherapy. In J. L. Kleinberg (Ed.), *The Wiley-Blackwell handbook of group psychotherapy* (pp. 33-58). Malden, MA: Wiley.

- Leveton, E. (2001). *A clinician's guide to psychodrama*. New York, NY: Springer.
- Llewelyn, S., & Hardy, G. (2001). Process research in understanding and applying psychological therapies. *British Journal of Clinical Psychology, 40*(1), 1-21. doi: 10.1348/014466501163436
- Longman, S. V. (2004). *Page and stage: An approach to script analysis*. Boston, MA: Pearson Education.
- Lorentzen, S., Høglend, P., Martinsen, E. W., & Ringdal, E. (2011). Practice-based evidence: Patients who did not respond to group analysis. *International Journal of Group Psychotherapy, 61*(3), 367-395. doi: 10.1521/ijgp.2011.61.3.366
- Lothane, Z. (2009). Dramatology in life, disorder, and psychoanalytic therapy: A further contribution to interpersonal psychoanalysis. *International Forum of Psychoanalysis, 18*(3), 135-148. doi: 10.1080/08037060903116154
- MacKenzie, R. K. (1981). The concept of role as a boundary structure in small groups. In J. E. Durkin (Ed.), *Living groups: Group psychotherapy and general system theory* (pp. 113-126). New York, NY: Brunner/ Mazel.
- MacKenzie, R. K. (1990). *Introduction to time-limited group psychotherapy*. Washington, DC: American Psychiatric Press.
- MacNair-Semands, R. R., Ogrodniczuk, J. S., & Joyce, A. S. (2010). Structure and initial validation of a short form of the Therapeutic Factors Inventory. *International Journal of Group Psychotherapy, 60*(2), 245-281.
- Magen, R. H., & Mangiardi, E. (2005). Groups and individual change. In S. A. Wheelan (Ed.), *The handbook of group research and practice* (pp. 351-361). Thousand Oaks, CA: Sage.

- Malekoff, A. (2011). Strengths-based group work with boys. In C. Haen (Ed.), *Engaging boys in treatment: Creative approaches to the therapy process* (pp. 63-88). New York, NY: Routledge.
- Maloney, J. (2007). Children's roles and use of evidence in science: An analysis of decision-making in small groups. *British Educational Research Journal*, 33(3), 371-401. doi: 10.1080/01411920701243636
- Markin, R. D., & Marmarosh, C. (2010). Application of adult attachment theory to group member transference and the group therapy process. *Psychotherapy Theory, Research, Practice, Training*, 47(1), 111-121. doi: 10.1037/a0018840
- Marley, S. C. (2010). Psychological measurement for specialists in group work. *The Journal for Specialists in Group Work*, 35(4), 331-348. doi: 10.1080/01933922.2010.514978
- Maslow, A. H. (1962). *Toward a psychology of being*. Princeton, NJ: D. Van Nostrand.
- Mayerson, C. R. (2000). An exploratory study of group-as-a-whole dynamics in children's group therapy. *Journal of Child & Adolescent Group Therapy*, 10(3), 131-150. doi: 10.1023/A:1009484500827
- McClendon, D. T., Warren, J. S., Green, K. M., Burlingame, G. M., Eggett, D. L., McClendon, R. J. (2011). Sensitivity to change of youth treatment outcome measures: A comparison of the CBCL, BASC-2, and Y-OQ. *Journal of Clinical Psychology*, 67(1), 111-125. doi: 10.1002/jclp.20746
- McDermott, F. (2005). Researching groupwork: Outsider and insider perspectives. *Groupwork*, 15(1), 90-108.
- McDougall, J. (1985). *Theaters of the mind: Illusion and truth on the psychoanalytic*

- stage*. New York: Basic Books.
- McLeod, J. (1984). Group process as drama. *Small Group Behavior*, 15(3), 319-332.
- McLeod, J. (2002). Lists, stories and dreams: Strategic invitation to relationship in psychotherapy narrative. In W. Patterson (Ed.), *Strategic narrative: New perspectives on the power of personal and cultural stories* (pp. 89-106). Lanham, MD: Lexington Books
- McLeod, J. (2004). The significance of narrative and storytelling in postpsychological counselling and psychotherapy. In A. Lieblich, D. McAdams & R. Josselson (Eds.), *Healing plots: The narrative basis of psychotherapy* (pp. 11-27). Washington, DC: American Psychological Association.
- Mead, G. H. (1932). *The philosophy of the present*. London, England: The Open Court Company.
- Meldrum, B. (1994). A role model of dramatherapy and its application with individuals and groups. In S. Jennings, A. Chesner, B. Meldrum, & S. Mitchell (Eds.), *The handbook of dramatherapy* (pp. 75-92). London, England: Tavistock/Routledge.
- Mennecke, B., & Bradley, J. (1998). Making project groups work: The impact of structuring group roles on the performance and perception of information systems project teams. *The Journal of Computer Information Systems*, 39(1), 30-36.
- Messer, S. B., & Wampold, B. E. (2002). Let's face facts: Common factors are more potent than specific therapy ingredients. *Clinical Psychology: Science and Practice*, 9(1), 21-25. doi: 10.1093/clipsy/9.1.21
- Meyers, R. A., & Seibold, D. R. (2012). Coding group interaction. In A. B. Hollinghead

- & M. S. Poole (Eds.), *Research methods for studying groups and teams: A guide to approaches, tools, and technologies* (pp. 329-357). New York, NY: Routledge.
- Midgley, N. (2004). Sailing between Scylla and Charybdis: Incorporating qualitative approaches into child psychotherapy research. *Journal of Child Psychotherapy*, 30(1), 89-111. doi: 10.1080/0074517042000205814
- Miller, B. (2011). *Actor's alchemy: Finding the gold in the script*. Milwaukee, WI: Limelight Productions.
- Mirvis, P. H. (2005). Large group interventions: Change as theater. *Journal of Applied Behavioral Science*, 41(1), 122-138. doi: 10.1177/0021886304272654
- Moneta, I., & Rousseau, C. (2008). Emotional expression and regulation in a school-based drama workshop for immigrant adolescents with behavioral and learning difficulties. *The Arts in Psychotherapy*, 35(5), 329-340. doi: 10.1016/j.aip.2008.07.001
- Moon, B. L. (2010). *Art-based group therapy: Theory and practice*. Springfield, IL: Charles C. Thomas.
- Moreland, R. L., Fetterman, J. D., Flagg, J. J., & Swanenburg, K. L. (2010). Behavioral assessment practices among social psychologists who study small groups. In C. R. Agnew, D. E. Carlston, W. G. Graziano & J. R. Kelly (Eds.), *Then a miracle occurs: Focusing on behavior in social psychological theory and research* (pp. 29-53). New York, NY: Oxford University Press.
- Moreland, R. L., & Levine, J. M. (2009). Building bridges to improve theory and

- research on small groups. In E. Salas, J. Goodwin, & C. S. Burke (Eds.), *Team effectiveness in complex organizations and systems: Cross-disciplinary perspectives and approaches* (pp. 17-38). New York, NY: Psychology Press.
- Moreno, J. L. (1935). *Who shall survive?: Foundations of sociometry, group psychotherapy and sociodrama*. Beacon, NY: Beacon House.
- Moreno, J. L. (1946). *Psychodrama* (Vol. 1). Beacon, NY: Beacon House.
- Moreno, J. L. (Ed.). (1960). *The sociometry reader*. Glencoe, IL: Free Press.
- Moreno, J. L. (1961). The role concept, a bridge between psychiatry and sociology. *The American Journal of Psychiatry*, *118*, 518-523.
- Moxnes, P. (1999). Understanding roles: A psychodynamic model for role differentiation in groups. *Group Dynamics: Theory, Research, and Practice*, *3*(2), 99-113. doi: 10.1037/1089-2699.3.2.99
- Mudrack, P. E., & Farrell, G. M. (1995). An examination of functional role behavior and its consequences for individuals in group settings. *Small Group Research*, *26*(4), 542-571.
- Mumford, T. V., Campion, M. A., & Morgeson, F. P. (2006). Situational judgment in work teams: A team role typology. In J. A. Weekley & R. E. Ployhart (Eds.), *Situational judgment tests: Theory, measurement, and application* (pp. 319-343). Mahwah, NJ: Erlbaum.
- Neuman, Y., Assaf, D., & Cohen, Y. (2012). A novel methodology for identifying emerging themes in small group dynamics. *Bulletin of the Menninger Clinic*, *76*(1), 53-68. doi: 10.1521/bumc.2012.76.1.53
- Nuetzel, E. J. (1999). Psychoanalysis as a dramatic art. *Annual of Psychoanalysis*, *29*,



279-299.

- Newman, F. (1999). On dogma of dialectical materialism. *Annual Review of Critical Psychology, 1*(1), 83-99.
- Newsome, D. W., Henderson, D. A., & Veach, L. J. (2005). Using expressive arts in group supervision to enhance awareness and foster cohesion. *Journal of Humanistic Counseling, Education and Development, 44*(2), 145-157.
- Nickerson, A. B., & Coleman, M. N. (2006). An exploratory study of member attraction, climate, and behavioral outcomes of anger-coping group therapy for children with emotional disturbance. *Small Group Research, 37*(2), 115-139. doi: 10.1177/1046496405284810
- O'Keefe, D. J. (1978). Burke's dramatism and action theory. *Rhetoric Society Quarterly, 8*(1), 8-15.
- Ollendick, T. H., & King, N. K. (2012). Evidence-based treatments for children and adolescents: Issues and commentary. In P. C. Kendall (Ed.), *Child and adolescent therapy: Cognitive-behavioral procedures* (4<sup>th</sup> ed.; pp. 499-519). New York, NY: Guilford.
- Orlinsky, D. E. (2009). The "generic model of psychotherapy" after 25 years: Evolution of a research-based metatheory. *Journal of Psychotherapy Integration, 19*(4), 319-339. doi: 10.1037/a0017973
- Orlinsky, D. E., Grawe, K., & Parks, B. K. (1994). Process and outcome in psychotherapy- noch einmal. In A. Bergin & S. Garfield (Eds.), *Handbook of psychotherapy and behavior change* (4<sup>th</sup> ed.; pp. 270-376). New York, NY: Wiley.

- Orlinsky, D. E., Rønnestad, M. H., & Willutzki, U. (2004). Fifty years of psychotherapy process-outcome research: Continuity and change. In M. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (5<sup>th</sup> ed.; pp. 307-389). New York, NY: Wiley.
- Pachankis, J. E., & Goldfried, M. R. (2007). On the next generation of process research. *Clinical Psychology Review, 27*(6), 760-768. doi: 10.1016/j.cpr.2007.01.009
- Paquin, J. D., Kivlighan, D. M., & Drogosz, L. M. (2013). If you get better, will I? An actor-partner analysis of the mutual influence of group therapy outcomes. *Journal of Counseling Psychology, 60*(2), 171-179. doi: 10.1037/a0031904
- Paquin, J. D., Miles, J. R., & Kivlighan, D. M. (2011). Predicting group attendance using in-session behaviors. *Small Group Research, 42*(2), 177-198. doi: 10.1177/1046496410389493
- Peled, E., & Perel, G. (2012). Can a structured model for group intervention be responsive to group process? A proposal. *Clinical Social Work Journal, 40*(4), 391-400. doi: 10.1007/s10615-010-0285-2
- Pendzik, S. (2003). Six keys for assessment in drama therapy. *The Arts in Psychotherapy, 30*(2), 91-99. doi: 10.1016/S0197-4556(03)00024-8
- Perls, F. S. (1970). Four lectures. In J. Fagan & I. L. Shepherd (Eds.), *Gestalt therapy now: Theory, techniques, applications* (pp. 14-38). New York, NY: Harper Colophon.
- Peterson-Lewis, S., & Bratton, L. M. (2004). Perceptions of “acting black” among African American teens: Implications of racial dramaturgy for academic and social achievement. *The Urban Review, 36*(2), 81-100. doi: 10.1007/s11256-004-

0614-2

- Pettit, M. (2011). The con man as model organism: The methodological roots of Erving Goffman's dramaturgical self. *History of the Human Sciences*, 24(2), 138-154.
- Piper, W. E., Ogradniczuk, J. S., Joyce, A. S., & Weideman, R. (2010). *Short-term group therapies for complicated grief: Two research-based models*. Washington, DC: American Psychological Association.
- Pitruzzella, S. (2009). The audience role in theatre and dramatherapy. *Dramatherapy*, 31(1), 10-14.
- Pojman, A. P. (2012). Adolescent group psychotherapy: The real work. In J. L. Kleinberg (Ed.), *The Wiley-Blackwell handbook of group psychotherapy* (pp. 610-622). Malden, MA: Wiley.
- Pozzi, F. (2011). The impact of scripted roles on online collaborative learning processes. *Computer-Supported Collaborative Learning*, 6(3), 471-484. doi: 10.1007/s11412-011-9108-x
- Price, T. (1992). *Dramatic structure and meaning in theatrical productions*. San Francisco, CA: Mellen Research University Press.
- Prout, S. M., & Prout, H. T. (1998). A meta-analysis of school-based studies of counseling and psychotherapy: An update. *Journal of School Psychology*, 36(2), 121-136. doi: 10.1016/S0022-4405(98)00007-7
- Rachman, A. W. (1989). Identity group psychotherapy with adolescents: A reformulation. In F. J. Cramer Azima & L. H. Richmond (Eds.), *Adolescent group psychotherapy* (pp. 21-41). Madison, CT: International Universities Press.

- Randsley de Moura, G., Leader, T., Pelletier, J., & Abrams, D. (2008). Prospects for group processes and intergroup relations research: A review of 70 years' progress. *Group Processes & Intergroup Relations, 11*(4), 575-596. doi: 10.1177/1368430208095406
- Redl, F. (1942). Group emotion and leadership. *Psychiatry, 5*, 475-493.
- Ringstrom, P. A. (2007). Scenes that write themselves: Improvisational moments in relational psychoanalysis. *Psychoanalytic Dialogues, 17*(1), 69-99.
- Ritschel, L. A. (2011). School-based group psychotherapy for at-risk adolescents. *The International Journal of Group Psychotherapy, 61*(2), 311-317. doi:10.1521/ijgp.2011.61.2.311
- Roback, H. B. (2000). Adverse outcomes in group psychotherapy: Risk factors, prevention, and research directions. *Journal of Psychotherapy Practice Research, 9*(3), 113-122.
- Rossem, R. V., & Vermande, M. M. (2004). Classroom roles and school adjustment. *Social Psychology Quarterly, 67*(4), 396-411.
- Roth, A., & Fonagy, P. (2005). *What works for whom?: A critical review of Psychotherapy research* (2<sup>nd</sup> ed.). New York, NY: Guilford.
- Rubin, J. A., & Rosenblum, N. (1977). Group art and group dynamics: An experimental study. *Art Psychotherapy, 4*(3-4), 185-193. doi: 10.1016/0090-9092(77)90035-7
- Rutan, J. S., & Shay, J. J. (2012). Contemporary realities of group psychotherapy. In R. D. Alarcón & J. B. Frank (Eds.), *The psychotherapy of hope: The legacy of Persuasion and Healing* (pp. 259-280). Baltimore, MD: Johns Hopkins University Press.

- Salazar, A. J. (1996). An analysis of the development and evolution of roles in the small group. *Small Group Research, 27*(4), 475-503.
- Saldaña, J. (2009). *The coding manual for qualitative researchers*. Thousand Oaks, CA: Sage.
- Saleh, M., Lazonder, A. W., & DeJong, T. (2007). Structuring collaboration in mixed-ability groups to promote verbal interaction, learning, and motivation of average-ability students. *Contemporary Educational Psychology, 32*(3), 314-331.
- Sandahl, C. (2011). Role, goal and context: Key issues for group therapists and group leaders. In Y. Agazarian (Ed.), *Systems centred theory and practice: The contribution of Yvonne Agazarian* (pp. 84-97). New York, NY: Karnac.
- Sandel, S. L., & Johnson, D. R. (1983). Structure and process of the nascent group: Dance therapy with chronic patients. *The Arts in Psychotherapy, 10*(3), 131-140. doi: 10.1016/0197-4556(83)90001-1
- Sandel, S. L., & Johnson, D. R. (1996). Theoretical foundations of the Structural Analysis of Movement Sessions. *The Arts in Psychotherapy, 23*(1), 15-25. doi: 10.1016/0197-4556(95)00063-1
- Sander, F. M. (2001). Psychoanalysis, drama, and the family: The ever-widening scope. *Annual of Psychoanalysis, 29*, 279-299.
- Sarbin, T. R. (1954). Role theory. In G. Lindzey (Ed.), *Handbook of social psychology* (pp. 223-258). Cambridge, MA: Addison-Wesley.
- Sarbin, T. R. (1982). Role theory. In V. L. Allen & K. E. Scheibe (Eds.), *The social context of conduct: Psychological writings of Theodore Sarbin* (pp. 37-57). New York, NY: Praeger.

- Sarbin, T. R. (2003). The dramaturgical approach to social psychology: The influence of Erving Goffman. In R. J. Sandberg (Ed.), *The anatomy of impact: What makes the great works of psychology great* (pp. 125-136). Washington, DC: American Psychological Association.
- Sarbin, T. R., & Allen, V. L. (1968). Role theory. In G. Lindzey & E. Aronson (Eds.), *Handbook of Social Psychology, Volume I: Historical introduction, systematic positions* (2<sup>nd</sup> ed.; pp. 488-567). Reading, MA: Addison-Wesley Publishing.
- Sassenberg, K., & Woltin, K.-A. (2008). Group-based self-regulation: The effects of regulatory focus. *European Review of Social Psychology, 19*, 126-164. doi: 10.1080/10463280802201894
- Sawyer, R. K. (2003). *Group creativity: Music, theater, collaboration*. Mahwah, NJ: Lawrence Erlbaum.
- Sawyer, K. (2007). *Group genius: The creative power of collaboration*. New York, NY: Basic Books.
- Sawyer, R. K. (2012). *Explaining creativity: The science of human innovation* (2<sup>nd</sup> ed.). New York, NY: Oxford University Press.
- Schamess, G., Streider, F. H., & Connors, K. M. (1997). Supervision and staff training for children's group psychotherapy: General principles and applications with cumulatively traumatized, inner-city children. *The International Journal of Group Psychotherapy, 47*(4), 399-425.
- Schechner, R. (1988). Playing. *Play & Culture, 1*(1), 3-19.
- Schechner, R. (2006). *Performance studies: An introduction* (2<sup>nd</sup> ed.). New York, NY: Routledge.

- Scheidlinger, S. (1997). Group dynamics and group psychotherapy revisited: Four decades later. *The International Journal of Group Psychotherapy*, 47(2), 141-159.
- Schmais, C., & Diaz-Salazar, P. (1998). BERN – A method for analyzing dance/movement therapy groups. *The Arts in Psychotherapy*, 25(3), 159-165. doi: 10.1016/S0197-4556(98)00017-3
- Schulte, R. (2010). A theatrical rendering of lack in a trio. *Group*, 34(2), 145-163.
- Schwalbe, M. L., & Mason-Schrock, D. (1996). Identity work as group process. *Advances in Group Processes*, 13, 113-147.
- Searle, J. R. (1989). How performatives work. *Linguistics and Philosophy*, 12(5), 535-558.
- Segalla, R. (2006). Selfish and unselfish behavior: Scene stealing and scene sharing in group psychotherapy. *International Journal of Group Psychotherapy*, 56(1), 33-46.
- Shambaugh, P. W. (1996). Developmental models of adolescent groups. In P. Kymissis & D. A. Halperin (Eds.), *Group therapy with children and adolescents* (pp. 55-75). Washington, DC: American Psychiatric Press.
- Shapiro, F. (1995). *Eye Movement Desensitization and Reprocessing: Basic principles, protocols, and procedures*. New York, NY: Guilford.
- Shechtman, Z. (2004). Group counseling and psychotherapy with children and adolescents: Current practice and research. In J. L. DeLucia-Waack, D. A. Gerrity, C. R. Kalodner & M. T. Riva (Eds.), *Handbook of group counseling and psychotherapy* (pp. 429-444). Thousand Oaks, CA: Sage.
- Shechtman, Z. (2007). *Group counseling and psychotherapy with children and*

- adolescents: Theory, research, and practice*. Mahwah, NJ: Lawrence Erlbaum.
- Shechtman, Z., & Dvir, V. (2006). Attachment style as a predictor of behavior in group counseling with preadolescents. *Group Dynamics: Theory, Research, and Practice, 10*(1), 29-42. doi: 10.1037/1089-2699.10.1.29
- Shechtman, Z., & Gluk, O. (2005). An investigation of therapeutic factors in children's groups. *Group Dynamics: Theory, Research, and Practice, 9*(2), 127-134. doi: 10.1037/1089-2699.9.2.127
- Shechtman, Z., & Katz, E. (2007). Therapeutic bonding in group as an explanatory variable of progress in the social competence of students with learning disabilities. *Group Dynamics: Theory, Research, and Practice, 11*(2), 117-128. doi: 10.1037/1089-2699.11.2.117
- Shechtman, Z., & Leichtentritt, J. (2010). The association of process with outcomes in child group therapy. *Psychotherapy Research, 20*(1), 8-21. doi: 10.1080/10503300902926562
- Shechtman, Z., & Pastor, R. (2005). Cognitive-behavioral and humanistic group treatment for children with learning disabilities: A comparison of outcomes and process. *Journal of Counseling Psychology, 52*(3), 322-336. doi: 10.1037/0022-0167.52.3.322
- Shechtman, Z., & Rybko, J. (2004). Attachment style and observed initial self-disclosure as explanatory variables of group functioning. *Group Dynamics: Theory, Research, and Practice, 8*(3), 207-220. doi: 10.1037/1089-2699.8.3.207
- Shechtman, Z., & Yanov, H. (2001). Interpretives (confrontation, interpretation, and feedback) in preadolescent counseling groups. *Group Dynamics: Theory,*



- Research, and Practice*, 5(2), 124-135. doi: 10.1037/1089-2699.5.2.124
- Shedler, J. (2010). The efficacy of psychodynamic psychotherapy. *American Psychologist*, 65(2), 98-109. doi: 10.1037/a0018378
- Shepherd, S., & Wallis, M. (2004). *Drama/theatre/performance*. New York, NY: Routledge.
- Sheppard, T. L. (2008). *Group psychotherapy with children*. New York, NY: American Group Psychotherapy Association.
- Shirk, S., Jungbluth, N., & Karver, M. (2012). Change processes and active components. In P. C. Kendall (Ed.), *Child and adolescent therapy: Cognitive-behavioral procedures* (4<sup>th</sup> ed., pp. 379-397). New York, NY: Guilford.
- Shirk, S. R., Karver, M. S., & Brown, R. (2011). The alliance in child and adolescent psychiatry. *Psychotherapy*, 48(1), 17-24. doi: 10.1037/a0022181
- Skaife, S. (2011). Maps and mess: Group members' experience of the relationship between art and talk in an art therapy group. In A. Gilroy (Ed.), *Art therapy research in practice* (pp. 251-267). Oxford, England: Peter Lang.
- Smiley, S. (2005). *Playwriting: The structure of action*. New Haven, CT: Yale University Press.
- Soldz, S. (2000). Building the researcher-practitioner alliance: A personal journey. In S. Soldz & L. McCullough (Eds.), *Reconciling empirical knowledge and clinical experience: The art and science of psychotherapy* (pp. 223-239). Washington, DC: American Psychological Association.
- Soldz, S., Budman, S., & Demby, A. (1992). The relationship between main actor

- behaviors and treatment outcome in group psychotherapy. *Psychotherapy Research*, 2(1), 52-62. doi: 10.1080/10503309212331333598
- Soldz, S., Budman, S., Demby, A., & Feldstein, M. (1990). Patient activity and outcome in group psychotherapy: New findings. *International Journal of Group Psychotherapy*, 40(1), 53-62.
- Soo, E. S. (1983). The management of scapegoating in children's group psychotherapy. In M. Aronson & J. Wolberg (Eds.), *Group and family therapy 1983: An overview* (pp. 115-124). New York, NY: Brunner/Mazel.
- Spencer, S. (2002). *The playwright's guidebook: An insightful primer on the art of dramatic writing*. New York, NY: Faber and Faber.
- Steele, R. G., & Roberts, M. C. (2003). Therapy and intervention research with children and adolescents. In M. C. Roberts & S. S. Ilardi (Ed.), *Handbook of research methods in clinical psychology* (pp. 307-328). Malden, MA: Blackwell Publishing.
- Stewart, J. L., & Christner, R. W. (2007). Future directions in CBT group treatments. In R. W. Christner, J. L. Stewart & A. Freeman (Eds.), *Handbook of cognitive-behavior group therapy with children and adolescents: Specific settings and presenting problems* (pp. 509-513). New York, NY: Routledge.
- Stice, E., Rohde, P., Seeley, J. R., & Gau, J. M. (2010). Testing mediators of intervention effects in randomized controlled trials: An evaluation of three depression prevention programs. *Journal of Consulting and Clinical Psychology*, 78(2), 273-280. doi:10.1037/a0018396
- Stockton, R. (2010). The art and science of group counseling. *The Journal for Specialists*

- in Group Work*, 35(4), 324-330. doi:10.1080/01933922.2010.515904
- Strauss, B. (2004). Naturalistic studies within different group treatment formats. *International Journal of Group Psychotherapy*, 54(2), 253-259. doi: 10.1521/ijgp.54.2.253.40393
- Strauss, B., Burlingame, G. M., & Bormann, B. (2008). Using the CORE-R battery in group psychotherapy. *Journal of Clinical Psychology*, 64(11), 1225-1237. doi: 10.1002/jclp.20535
- Strijbos, J., & De Laat, M. F. (2010). Developing the role concept for computer-supported collaborative learning: An explorative synthesis. *Computers in Human Behavior*, 26(4), 495-505. doi: 10.1016/j.chb.2009.08.014
- Stryker, S., & Statham, A. (1985). Symbolic interaction and role theory. In G. Lindzey & E. Aronson (Eds.), *Handbook of Social Psychology, Volume I: Theory and method* (3<sup>rd</sup> ed.; pp. 311-378). New York, NY: Random House.
- Stuart, K. S., & Tuason, M. T. G. (2008). Expressive group therapy with at-risk African American adolescent girls. *International Journal of Adolescence and Youth*, 14(2), 135-139.
- Sturman, D. A., & Moghaddam, B. (2011). The neurobiology of adolescence: Changes in brain architecture, functional dynamics, and behavioral tendencies. *Neuroscience and Biobehavioral Reviews*, 35(8), 1704-1712. doi: 10.1016/j.neubiorev.2011.04.003
- Sugar, M. (1993). Comparison of the initial phase of group therapy in adult and latency age groups. *Journal of Child & Adolescent Group Therapy*, 3(3), 131-141. doi: 10.1007/BF00999844

- Sunwolf (2012). Understanding group dynamics using narrative methods. In A. B. Hollinghead & M. S. Poole (Eds.), *Research methods for studying groups and teams: A guide to approaches, tools, and technologies* (pp. 235-259). New York, NY: Routledge.
- Sutton, J., & Smith, P. K. (1999). Bullying as a group process: An adaptation of the participant role approach. *Aggressive Behavior, 25*(2), 97-111. doi: 10.1002/(SICI)1098-2337(1999)25:2
- Sutton-Smith, B. (1979). Epilogue: Play as performance. In Author (Ed.), *Play and learning* (pp. 295-322). New York, NY: Gardner Press.
- Tasca, G. A., Balfour, L., Ritchie, K., & Bissada, H. (2007). The relationship between attachment scales and group therapy alliance growth differs by treatment type for women with binge-eating disorder. *Group Dynamics: Theory, Research, and Practice, 11*(1), 1-14. doi: 10.1037/1089-2699.11.1.1
- Tasca, G. A., Illing, V., Ogrodniczuk, J. S., & Joyce, A. S. (2009). Assessing and adjusting for dependent observations in group treatment research using multilevel models. *Group Dynamics: Theory, Research, and Practice, 13*(3), 151-162. doi: 10.1037/a0014837
- Thomas, J. (2009). *Script analysis for actors, directors, and designers* (4<sup>th</sup> ed.). Oxford, England: Focal Press.
- Thompson, E. H. (2011). The evolution of a children's domestic violence counseling group: Stages and processes. *Journal for Specialists in Group Work, 36*(3), 178-201. doi: 10.1080/01933922.2011.578118
- Torres Rivera, E. (2004). Group Chaos Theory (GCT): A research model and analysis of

- group process. *Journal of Social Complexity*, 2(1), 33-49.
- Tuckman, B. W., & Jensen, M. A.C. (2010). Stages of small-group development revisited. *Group Facilitation*, 10, 43-48. (Original work published 1977)
- Tukey, J. W. (1977). *Exploratory data analysis*. Reading, MA: Addison-Wesley.
- Turner, V. (1987). *The anthropology of performance*. New York, NY: PAJ Publications.
- Tyminski, R. (2005). Long-term group psychotherapy for children with pervasive developmental disorders: Evidence for group development. *International Journal of Group Psychotherapy*, 55(2), 189-210. doi: 10.1521/ijgp.55.2.189.62195
- Tyminski, R. F., & Moore, P. J. (2008). The impact of group psychotherapy on social development in children with pervasive development disorders. *International Journal of Group Psychotherapy*, 58(3), 363-379. doi: 10.1521/ijgp.2008.58.3.363
- Veach, L. J., & Gladding, S. T. (2007). Using creative group techniques in high schools. *The Journal for Specialists in Group Work*, 32(1), 71-81. doi: 10.1080/01933920600978570
- Velleman, P. F., & Hoaglin, D. C. (2012). Exploratory data analysis. In H. Cooper (Ed.), *APA handbook of research methods in psychology: Vol. 3. Data analysis and research publication* (pp. 51-70). Washington, DC: American Psychological Association.
- Wallerstein, R. S. (2001). The generations of psychotherapy research: An overview. *Psychoanalytic Psychology*, 18(2), 243-267. doi: 10.1037/0736-9735.18.2.243
- Walsh, F. (2013). *Theatre & therapy*. London, England: Palgrave Macmillan.
- Walsh-Bowers, R. (2006). A theatre acting perspective on the dramaturgical metaphor

and the postmodern self. *Theory & Psychology*, 16(5), 661-690. doi:  
10.1177/0959354306067442

- Wampold, B. E., & Weinberger, J. (2012). Critical thinking in the design of psychotherapy research. In R. D. Alarcón & J. B. Frank (Eds.), *The psychotherapy of hope: The legacy of Persuasion and Healing* (pp. 3-21). Baltimore, MD: Johns Hopkins University Press.
- Ward, D. E. (2006). Complexity in group work. *The Journal for Specialists in Group Work*, 31(1), 1-3. doi: 10.1080/01933920500341382
- Warren, J. S., Nelson, P. L., Burlingame, G. M., & Mondragon, S. A. (2012). Predicting patient deterioration in youth mental health services: Community mental health vs. managed care settings. *Journal of Clinical Psychology*, 68(1), 24-40. doi: 10.1002/jclp.20831
- Waxberg, C. S. (1998). *The actor's script: Script analysis for performers*. Portsmouth, NH: Heinemann.
- Weisz, J. R., Ng, M. Y., Rutt, C., Lau, N., & Masland, S. (2013). Psychotherapy for children and adolescents. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (6<sup>th</sup> ed.; pp. 541-586). Hoboken, NJ: Wiley.
- Westwood, M. J., Keats, P. A., & Wilensky, P. (2003). Therapeutic enactment: Integrating individual and group counseling models for change. *The Journal for Specialists in Group Work*, 28(2), 122-138. doi: 10.1177/0193392203252187
- Wheelan, S. A. (1994). *Group processes: A developmental perspective*. Boston: Allyn & Bacon.

- Wheelan, S. A., Davidson, B., & Tilin, F. (2003). Group development across time: Reality or illusion? *Small Group Research, 34*(2), 223-245. doi: 10.1177/1046496403251608
- Wheelan, S. A., & Williams, T. (2003). Mapping dynamic interaction patterns in group work. *Small Group Research, 34*(4), 443-467. doi: 10.1177/1046496403254043
- Wiener, D. J. (1999). Using theater improvisation to assess interpersonal functioning. *The International Journal of Action Methods, 52*(2), 51-51.
- Wiley, J. (1990). The dramatisation of emotions in practice and theory: Emotion work and emotion roles in a therapeutic community. *Sociology of Health & Illness, 12*(2), 127-150.
- Woodruff, P. (2008). *The necessity of theater: The art of watching and being watched*. New York, NY: Oxford University Press.
- Wotton, L. (2012). Between the notes: A musical understanding of change in group analysis. *Group Analysis, 46*(1), 48-60. doi: 10.1177/0533316412455613
- Yalom, I. (1975). *The theory and practice of group psychotherapy* (2<sup>nd</sup> ed.). New York, NY: Basic Books.