

Role Playing and the Usage of Substitute Family Members in the Self – Introduction of Alcoholic on the Daily Therapeutic Community Meeting

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Key words: family therapy; surrogate family; role – playing; therapeutic community; alcoholism

S u m m a r y

Self-introduction of alcoholics on the therapeutic community daily meeting encompasses important part of the therapeutic procedure in which verbalization and solving of suppressed emotional attitudes play a very important role. Special role in treatment and rehabilitation of alcoholic is supposed to be played by his family, and the same is with their introduction. Often, because of subjective and/or objective reasons, presence of the alcoholic's family member is substituted by surrogate. This is sometimes done by co-therapist, or by another patient. We have come to the conclusion that such an introduction arouses greater interest in the patient himself, as well as that in such a way he is often better able to present or introduce himself, his alcoholism, the pathological changes and relations in his original family, and improve the interest level of the therapeutic community as the whole has been noted. These results of the use of different technique in the therapeutic introduction of the patient have, primarily a therapeutic, as well as an educational meaning. Complete proceedings of such self – introductions by patients themselves were recorded on tape and afterwards analysed by authors. Such an analysis has been found beneficial in education of therapeutic team, as well as in better assessment of patients alcoholism, and in more adequate adjusting, defining and planning the treatment goals and the methods to be reach them.

INTRODUCTION

In current literature about alcoholology in our country, presentation of the alcoholic himself, in the course of the daily therapeutic community is considered to be one of the most important diagnostic and therapeutic methods in the group treatment of alcoholics.¹

Self introduction of the alcoholic during the daily therapeutic community meeting encompasses a part of the therapeutic procedure in which verbalisation and problem solving of suppressed emotional attitudes plays a very important role.^{1,2}

In *Hudolin's* concept of complex treatment^{3,4} of alcoholism, psychotherapy and workout with the patient's family take one of the more important places.^{1,5}

Among other techniques used in the treatment of alcoholics, psychodrama and socioanalysis⁵⁻⁸ are often used. Role-playing is used for testing the patient's insight and his awareness of the reality of his problem,⁹ as well as for testing his reaction's towards the reality of the situation which he is momentarily in, or that which awaits him outside the guarded and protected intrahospital community.^{1,10-14}

The above concepts were the our work and our inspiration.

MATERIALS AND METHODS

The actual work was done on *The Alcoholism Treatment Ward of Neurological and Psychiatric Hospital "Dr. I. Barbot" at Popovača*, where the concept of therapeutic community in the treatment of alcoholism has been applied for years.

From the very beginning, considerable importance was placed on patient's family role in the treatment and rehabilitation of the individual alcoholic. Because of the geographical location of our institution, as well as because of some other difficulties, unusually distant regions of this part of our country gravitate here for alcoholism treatment. That is why often, due to the reasons, that are sometimes objective and other times subjective, inclusion of original family members of our patients in their treatment is generally difficult especially so concerning their supposed participation in the daily therapeutic community meetings, where the self - introduction of a particular alcoholic is done.

Confronted with this problem, we have come upon the idea to present the patient himself and his alcoholism using surrogate family members.

Figure 1 represents various combinations we have used while forming the patients family part in the therapeutic community.

In the first case, the patient himself, as well as his original family members are used in the treatment. In the case of the primary family, those were usually father, mother, and / or siblings. In the case of secondary family being present for treatment proceedings, usually there were wife and children. Combinations of primary

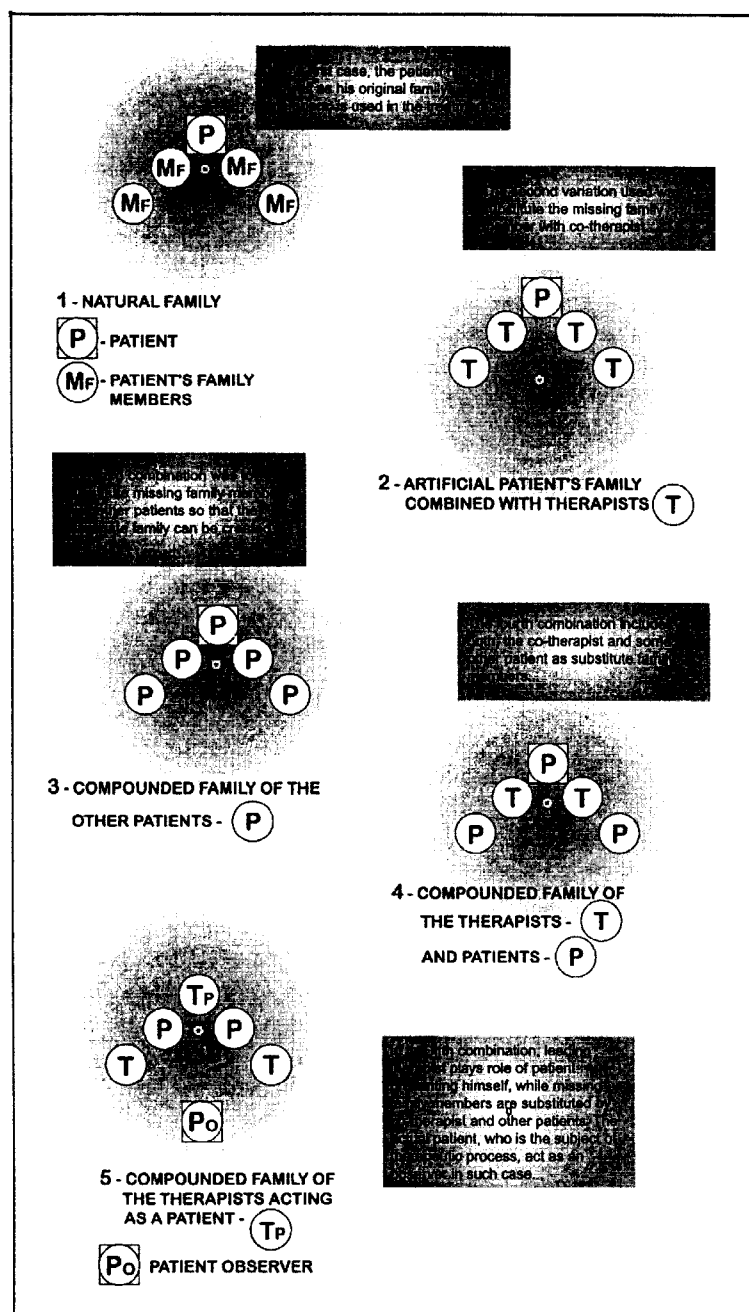


Figure 1. Topographic review of combinations in playing roles in therapeutic community.

and secondary family members were often used where in real life they compromise a single family unit, actually living together.

The second variation used was to substitute missing family member with a co-therapist.

The third combination was to substitute missing family members with other patients so that the surrogate family can be created, formed.

The fourth combination includes both the co-therapist and some other patient as substitute family members.

In the fifth combination, leading therapist plays role of the self - presenting patient, while missing family members are substituted by co-therapist and other patients. The actual patient, who is the subject of therapeutic process, is in such a case acting as the observer.

Proceedings were taped and analysed immediately afterwards by the members of the therapeutical team, consisting of leading therapist (psychiatrist), co-therapist (usually psychologist), and other professionals such as the social worker, nurse, and the therapists still working under instructions. Such analyses were later re-analysed by authors themselves, with the intention of self correction and improvement of the technique itself, as well as with the intention of gathering as wide an insight in the proceedings themselves and in their own capabilities as possible. Everything considered, about thirty such sessions were taped entirely, their analyses being the base material for this study.

RESULTS AND DISCUSSION

In the beginning, we have started to analyse and study the communications going on with the various combinations of the actual and substitute family members in the time unit of about twenty minutes of duration. We have studied and analysed the number of communications, their directions, their mode and degree direct and indirect communications, their emotional content and overtones present.

Quantity of communications in surrogate, or artificial family is greater than in the real family, which could lead to the conclusion that in the family of the individual alcoholic communications are reduced or their flow is slowed, or incomplete and interrupted, both being done by the alcoholic himself, as well as by the family members themselves in self-defence and/or rejection of a sick member. In the beginning of the scene, communications between patient and family members, no matter whether they were real or surrogate, were more or less directed primarily to the leading therapist, or sometimes, in protection seeking, to the co - therapist, which is, by the way, a female professional psychologist.

Leading therapist, in his more active and aggressive role, a professional psychiatrist, is being more aggressive in his role, while co-therapist is being in the same time more protective towards the actual patient. Both therapists are, unfortunately, female. After the initial play - acting is done, the patient's communications gradu-

ally change their direction towards others, patient - observers and original family members, if they are present.

At the same time, the change in quality of communications was observed, them becoming gradually more spontaneous and the emotional overtones arise. In the case of natural family, communications tend to be more indirect, both by the patient himself and by his family, and the real direction of the verbal communications is eventually directed towards some other members of the real family or other co - patients through the leading therapist, which in this case acts as relay and moderator at the same time. While the presentation continues, the quantity of indirect communications is being reduced, some due to the increasing leading therapist's pointing out some of the more important indirect communication going on. It was noted that the important unguarded and uncontrolled communications are more often present if the original, natural family setting is available.

Emotional content and overtones of communication done by leading therapist were mostly under strict self-control and therapeutically used.

It is interesting illustrate the emotional changes underway by describing patient's facial expression, which, while being at first empty, levelled and absent, change during the session to the expressive, emotionally rich, sometimes almost cathartic outbursts of emotions. At the same time, the opposite is happening with the patient's actual family. Their emotional reactions, are at the beginning explosive, uncontrolled, and sometimes hostile. At first, they start to be confused, to melt, and by the ending of the session are much more calm, then more adult-like, and finish being more or less controlled. With the of patients large group, acting mostly as observers, emotional content is in the very beginning quantitatively rich, the quality is poor, often paradoxical. For example, instead of being indetificative, which is shown by silence and reflectivness, or even some support, they react with laughter, usually at the wrong times and places considering the interaction on the scene. This is particularly illustrated with the direction of their communication, which are mainly at the beginning directed to their comrades in the large group, and only near the end of particular session underway, they start to turn their communications towards the actual patient, his family, mostly just after intervention or provocation by the leading therapist. It is important to understand and observe that sometimes laughter following inadequate reaction by patient under discussion, or member of his family, is in fact an act of understanding and recognition of their own disturbed behaviour and emotional, as well as reactional inadequacy.

Topological, as well as sociometrical situation during the meeting is shown Figure 2. depicting places and roles actually taken by various participating persons. Starting from right to left, a group of secondary personnel is shown, followed by actual patient and his family members, next to them is a group of patients acting as elected leaders of all patients present, and finally, on the farthest left side there is a group of therapists and patients. In the middle, in centre, you can see the leading therapist, who is never sitting, and usually is on the move in various directions, his moves following the direction of communications underway. In the lower part of the picture, a large group of other patients is seen sitting. On the occasions were

the constellation has been such as in the schematic graphic illustration, many of the patients and some of the therapists have shown interesting observations concerning the similarity of the diagram with the human face. Such an anthropomorphism is interesting in its projective aspects, but we believe that we lack data, to analyse this observation and we must also point out that such placement was not spontaneous, but done under the direction of personnel. That is the reason why we will not discuss this observation any more here and now.

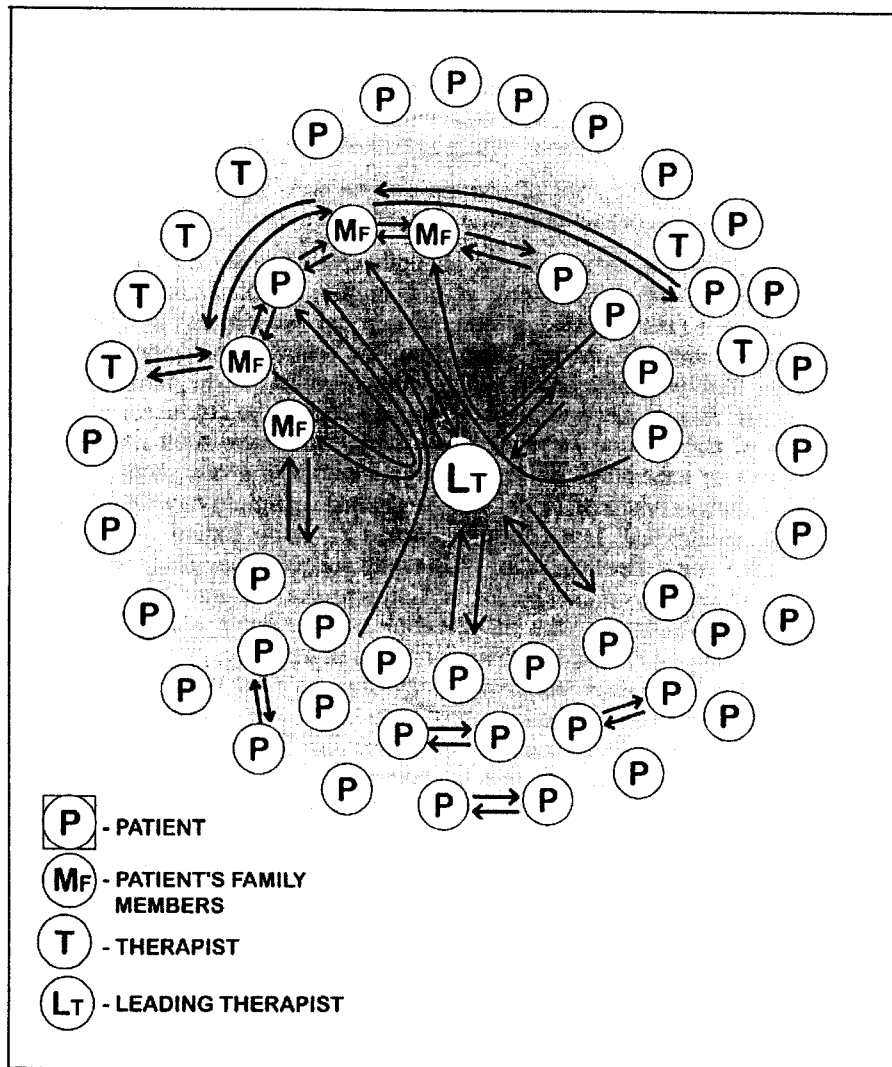


Figure 2. Dynamics of communication in the therapeutic community.

CONCLUSION

While understanding that our analysis of the material we have gathered in this way far from perfect, or definitive, our opinion is that in such a way of doing our work and study we achieve better assessment of a particular patient as a whole person, and alcoholism - related problems, his intrafamilial relations and conflicts, and are sometimes more capable of separating alcoholism - related problems from the similar concomitant problems of different etiology. Using such technique of presentation of a particular alcoholic, he himself gathers a deeper understanding and insight of his actual reality and position in life and family, as well as of a part which his alcoholism has played in his life as a whole.

In this way we can better follow the activity of a particular patient in his own treatment and better assess the phases which they are actually going through.

Therapists benefit by getting a better insight and understanding of the particular patient's progress, as well as of his family and their interrelations and pathology. Such enhanced insight has been found helpful in planning the course of treatment and its duration. The feedback between therapists and patients is in this way more direct, and simultaneous, therapists are more critical and conscious their own personal and emotional involvement, so the treatment can be lead by the younger, less experienced therapists, undergoing the practical education and training.

Sažetak

PREDSTAVLJANJE ALKOHOLIČARA NA DNEVNOM SASTANKU TERAPIJSKE ZAJEDNICE – IGRANJEM ULOGA

Predstavljanje bolesnika na dnevnom sastanku terapijske zajednice alkoholičara dio je terapijskog postupka u kojem verbalizacija bolesnika i razrješenje potisnutih emocionalnih stavova igra prvorazrednu ulogu. Obitelj ima osobitu važnost u liječenju i rehabilitaciji bolesnika, a isto tako je važna i kod predstavljanja bolesnika alkoholičara. Često iz objektivnih i subjektivnih razloga nije moguće predstavljanje cijele obitelji te smo tijekom dužeg rada na *Odjelu za alkoholizam Neuropsihijatrijske bolnice "Dr. Ivan Barbot"* došli na ideju da bolesnik predstavi na dnevnom sastanku terapijske zajednice (miting) sebe i svoju obitelj pomoću fiktivnih članova obitelji. Pokazalo se da kod alkoholičara takvo predstavljanje izaziva veći interes, da time na bolji način predstavlja sebe, svoj alkoholizam, svoju patološku obitelj te da cijela terapijska zajednica pokazuje veći interes za predstavljanje pojedinog člana, što ima u prvom redu terapijsko, ali i edukativno značenje. Sva takva predstavljanja snimljena su na traku i analizirana odmah nakon sastanka. Ova analiza pokazala se korisnom u boljem dijagnosticiranju alkoholizma predstavljenog člana i preciznijem planiranju terapijskih postupaka kao i u edukaciji mladih članova terapijskog tima.

Ključne riječi: obiteljska terapija; zamjenska obitelj; igranje uloga; terapijska zajednica; alkoholizam

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Received June 7, 2000; accepted August 19, 2000