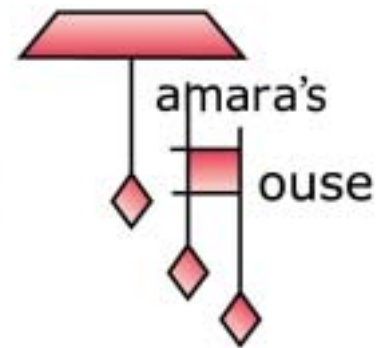


Effects of Psychodramatic Bodywork®

An Evaluation of Tamara's House



Psychodramatic Bodywork® Is Effective

in Addressing Major Consequences of Child Sexual Abuse

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Abstract

Twelve survivors of child sexual abuse self-selected to participate in a study to determine the effects of Psychodramatic Bodywork®. Intervention included a two day introduction followed by eight weekly groups of five hours. Other components of intervention included, a safe care worker, compensated child care and transportation, and access to Tamara's House. Participants were interviewed before and after intervention using Goal Attainment Scaling, whereby participants choose and operationally defined success of personally relevant goals. Findings indicated that women were very successful in achieving their goals. Forty nine of ninety six (51%) goals were attained to their best anticipated success levels and eighty-eight of ninety six (91.7%) goals achieved success at or above their expected level (0, 1, 2 on a 5 point scale). The proposition that Psychodramatic Bodywork® effectively addresses the consequences of child sexual abuse by enabling survivors to meet personally defined goals is strongly supported by the present study.

Introduction

This report describes the evaluation of a pilot project involving the use of Psychodramatic Bodywork® (PDBW®) by Tamara's House. Tamara's House is a non-profit community based charity dedicated to wholistic healing from child sexual abuse. It was established to provide a humane and cost effective strategy for dealing with the consequences of child sexual abuse. PDBW® combines psychodramas which are simulated situations with physical releases of intense emotions (anger, sadness, and fear).

Objective

The purpose of the current study was to test the effects of PDBW® with survivors of child sexual abuse. It was hypothesized that participants would demonstrate significant goal attainment of specific behaviours targeted by the intervention.

Participants

Information was provided to survivor related agencies, survivors on the Tamara's House mailing list, television advertisement, radio and newspaper announcement, and word of mouth. A screening interview was also conducted with 18 interested survivors to determine who would be eligible. In order to be eligible to participate in the study, women were required to a) have a counsellor, b) be prepared to deal with intense emotions, c) not be highly dissociative, d) be deemed safe by the facilitators for themselves and other group participants. Women who did not meet these criteria were invited to take part in Aroma-Massage or Reiki. Twelve women self-identified as survivors of child sexual abuse participated. Demographics were not compiled with this sample because it was believed that they would feel more safe as they would not have an opportunity to develop a relationship with the researcher.

Participants self selected into one of three conditions (Aroma-Massage, Reiki, or PDBW®). The primary advantage to self selection was that women had an opportunity to choose an intervention with which they felt safe and comfortable. A disadvantage is that women who chose a particular intervention may share a common characteristic to which differences might be attributable. Random assignment would have enabled initial group differences to be attributable solely to chance. Because client centered therapy was a fundamental to the Tamara's House approach, participant choice was selected over random assignment.

Intervention

Participants were first interviewed to choose and define goals for their PDBW® sessions. Participants then attended a three day introductory workshop to PDBW®. Following the workshop, participants attended 8, 5-hour ‘groups’ facilitated by two professionals trained in PDBW® and a safe care worker available for additional support to participants.

Context: Safeguards were in place to ensure safety, meet basic needs, and facilitate access to services. This intervention, however, took place off site because there was not adequate space available at Tamara’s House.

Services: Food, childcare compensation, and transportation were provided to participants. Participants were also invited to access Tamara’s House services such as the Healing Center.

Additional support: Participants met with the researcher and/or safe care worker for an interview. The safe care worker and researcher were also available to speak with participants regarding the research or other pressing issues. The role of a safe care worker was developed by Tamara’s House to ensure the safety of clients in all Tamara’s House activities. The safe care worker was on hand for support and in case of crisis.

Data Collection and Measures

Goal Attainment Scaling (GAS) was employed to assess participants’ success in meeting predefined goals. Goal Attainment Scaling was selected for the study because it allowed participants to choose the most pertinent goals, to define success according to their own experiences, and to create successive behavioural indicators of progress. The goals utilized in the study were developed by the group facilitators. The facilitators were asked to compile a list of areas that would be targeted and their subsequent goals (see Appendix A for a list and description of goals). Each participant chose the 8 (of 14) goals that were most relevant to their own situations. The facilitators also piloted the GAS method to ensure that it could adequately capture the improvements experienced by participants and to ensure it was user-friendly.

Participants were interviewed prior to and following PDBW® sessions. Interviews were based on the GAS table (Appendix A) and intended to elicit operational definitions of achieved goals. The first five participants from the first phase of interviews were interviewed by the researcher and research assistant to ensure standardization and consistency. Following these five, participants were interviewed by the researcher or the research assistant.

During pre-intervention interviews, participants chose 8 of 14 goals they wished to improve upon, defined these goals with behavioural indicators of goal achievement for each level of achievement, and rated the goals in terms of relative personal importance.

After intervention, participants were interviewed a second time to determine a) the extent to which they had achieved their goals based on their own definitions of success, b) whether there were any unexpected outcomes of the intervention, c) the positive aspects of the intervention, and d) the negative aspects of the intervention.

Participants were provided with the GAS tables they had completed at the first interview and asked to indicate the highest level they had achieved. It was anticipated that the levels of achievement would serve as a hierarchy of achievement. For instance, it was assumed that if a participant achieved the third level, then the preceding levels were also achieved. It was discovered, however, that this was not always the case and some participants achieved high levels of goal attainment without lower levels. Therefore, participants were asked to identify which levels had been achieved, and each level was treated as an independent sub goal.

Data Analysis

Goal Attainment Scaling data were analyzed following procedures suggested by Kiresuk and Sherman (1968) and MacKay, Somerville, and Lundie (1996). First, participants' ratings of relative goal importance were scored on a scale of 1 to 8, with 8 being most important. Second, for each goal, extent of achievement was rated on a five point scale ranging from: -2 (most unfavourable outcome-no improvement), 0 (expected success), and 2 (best expected success). These scoring methods were suggested by the developers of Goal Attainment Scaling, Kiresuk and Sherman (1968).

Data analyses were conducted and are displayed in tables 1-3. Frequencies of the five possible levels of goal attainment are summarized for each participant in Table 1.

Table 1: Frequency of participants' achieving each GAS outcome level based on 8 goals, t-scores and significance levels

Participants	Most Unfavorable Success	Less than Expected Success	Expected Success	More than Expected Success	Best Anticipated Success	t-test	Alpha
Participant A	1	1	1	0	5	16.51	<.001
Participant B	0	0	4	1	3	19.80	<.001
Participant C	0	0	0	2	6	27.83	<.001
Participant D	0	0	1	1	6	31.60	<.001
Participant E	0	0	1	4	3	25.94	<.001
Participant F	0	1	0	4	3	18.40	<.001
Participant G	0	0	0	0	8	36.24	<.001
Participant H	0	0	1	4	3	24.53	<.001
Participant I	0	2	2	1	3	12.26	<.001
Participant J	0	2	4	0	2	17.54	<.001
Participant K	0	1	1	3	3	35.70	<.001
Participant L	0	0	0	4	4	23.11	<.001
Total	1	7	15	24	49		

Table 1:

Frequencies of the 5 possible levels of achievement of GA are summarized for each individual. T-tests were conducted to determine the extent to which the goal achievement exceeded chance. Forty-nine of ninety-six (51%) goals were attained to their best anticipated success levels and eighty-eight of ninety-six (91.7%) goals achieved success at or above their expected level (0,1,2 on a 5 point scale). T values ranged from 12.3 to 36.2. These T values respond to infinitesimal alpha values, indicating that the probability that the higher than expected results are purely due to chance is virtually zero.

Table 1 also provides statistical data for each participant based on t-test statistical analyses. This data provides a quantitative indication of the goal achievement level of each participant compared to their expected level of achievement. The data were calculated using the formula devised by Kiresuk and Sherman (1968)

$$\frac{50 + 10 \sum \text{weight } x}{\sqrt{r \sum w^2 + r (\sum w)}}$$

As displayed in Table 1 the level of goal attainment for most participants was well above '0' (expected success), indicating greater than expected success. Forty nine of ninety six (51%) goals were attained to their best anticipated success levels and eighty-eight of ninety six (91.7%) goals achieved success at or above their expected level (0, 1, 2 on a 5 point scale) For each participant a t-test was calculated to determine the probability that the above average outcomes were attributable to chance¹. T values ranged from 12.3 to 36.2. These t values respond to infinitesimal alpha values, indicating that the probability that the higher than expected results are purely due to chance is virtually zero.

Table 2 was developed to provide a summary measure of goal attainment for each participant. This summary measure reflected 1) the degree of achievement on each of the participants' 8 goals, 2) relative importance on the part of each of the 8 goals. For each goal there were 4 possible levels of attainment. For the purpose of Table 2 these levels were scored 1-4. If a participant indicated success on all 4 levels for a given goal the score for that goal would be 10. Alternatively, if a participant indicated success on levels 1, 2, and 4 but not 3, the score would be 7 for this goal. The score of each goal was then multiplied by the relative importance of that goal (1-8) and this weighted sum was used as a composite measure of overall goal attainment for each participant. The possible values for this composite metric ranged from 0 (no achievement on any goals) to 360 (complete achievement on all goals).

If expected level of success for each goal is equal to a value of 2, the corresponding overall composite would be 1081 [1(1-less than expected+2-expected) + 2 (1+2) +3 (1+2) +4 (1+2) +5 (1+2) +6 (1+2) +7 (1+2) +8 (1+2)=108]. As indicated in Table 2, observed achievement was significantly above this level. The average composite score of achievement was 257.4 with 10 of 12 participants scoring above 200. Actual goal achievement was significantly higher than the level expected by participants.

Table 2: GAS scores weighted and according to level of achievement

Participants	Score Calculations	Total
Participant A	$7(2)+0+7(6)+7(7)+8(10)+1(4)+6+3(5)$	210
Participant B	$10(3)+5(7)+5(4)+10(8)+3(5)+3(1)+3(6)+3(2)$	207
Participant C	$6(4)+9(8)+6(7)+9(6)+9(2)+5(1)+10(3)+8(5)$	285
Participant D	$10(7)+10(6)+10(5)+7(4)+10(8)+10(2)+3(3)+10(1)$	327
Participant E	$8(8)+8(6)+6(5)+6(5)+4.5+10(7)+10(3)+10(2)$	296.5
Participant F	$8(8)+8(7)+7.5(6)+7(4)+6(3)+8(5)+9+1(2)$	262
Participant G	$10(4)+10(5)+10(3)+9(7)+10(1)+10(8)+10(6)+10(2)$	343
Participant H	$9(6)+8(1)+10(5)+10(7)+8(4)+8(4)+7.5(4)+10(8)$	356
Participant I	$4.5(8)+10(5)+4(5)+6(2.5)+2+3(10)+7(3.5)+0$	177.5
Participant J	$1(8)+3(5)+10(3)+10(4)+3(2)+3+3(6)+7$	127
Participant K	$8(8)+4.5(2)+6(4)+10(6)+10(5)+3(3)+10(1)+1(7)$	234
Participant L	$10(2)+8(8)+10+10(5)+6(7)+6(4)+6(6)+6(3)$	264
Mean Composite Score	3089/12	257.4
		257.5

Table 2: For the purpose of this table goal attainment levels were scored as 1 - 4. If a participant indicated success on all 4 levels for a given goal the score for that goal would be 10. The score of each goal was then multiplied by the relative importance of that goal (1-8) and this weighted sum was used as a composite measure of overall goal attainment for each participant. The possible values for this composite metric ranged from 0 (no achievement on any goals) to 360 (complete achievement on all goals).

If expected level of success for each goal is equal to a value of 2, the corresponding overall composite would be 108 [$1(1-\text{less than expected}+2-\text{expected}) + 1(1+2) + 3(1+2) + 4(1+2) + 5(1+2) + 6(1+2) + 7(1+2) + 8(1+2)=108$]. As indicated in this table, observed achievement was significantly above this level. The average composite score of achievement was 257.5 with 10 of 12 participants scoring above 200. Actual goal achievement was significantly higher than the level expected by participants.

Table 3 was generated to determine the effectiveness of the intervention on each of the 14 generic goals. This analysis was intended to help facilitators identify which goals were most successfully addressed by the intervention and to help in refining the intervention to better address goals which were not highly achieved.

Table 3: Outcomes of Psychodramatic Bodywork® using Goal Attainment Scaling based on 12 participants

Outcome Value/Goal	recognize emotions	be present with emotions	to be present with partners emotions	safe emotional release technique - anger	Safe emotional release technique - sadness	safe emotional release technique - fear	learn which body parts are related to which emotions	manage triggering situations	importance of breath work	learning how to ground self	present feelings & past experience	understand transference	understand projection	understand doubling
most unfavorable outcome (-2)	6	4	3	7	6	7	7	4	6	6	3	7	4	5
less than expected success (-1)	6	4	3	7	6	6	7	4	6	6	3	7	4	5
expected level of success (0)	5	3	3	7	6	7	5	3	6	6	1	5	3	3
more than expected level of success (=1)	4	2	2	7	4	5	4	2	4	3	1	5	2	3
best anticipated level of success (=2)	2	3	1	6	4	5	3	2	3	3	1	3	1	4
total	23/6=3.8	16/4=4	12/3=4	34/7=4.9	26/6=4.3	30/7=4.3	26/7=3.7	15/4=3.8	25/6=4.2	24/6=4	9/3=3	27/7=3.9	14/4=3.5	20/5=4

Table 3:

The number of participants choosing each goal is presented in the row 'most unfavourable outcome', the number of participants achieving each subsequent level is presented in the respective rows. The total score was then divided by the number of participants who chose the goal. The bolded number at the bottom of the column provides a measure of overall extent to which each goal was achieved. Range of possible scores 0(no success)-5(best anticipated success for all who chose the goal). Participants were most successful at achieving goals pertaining to emotional releases, followed by grounding and breathing techniques, and being present with emotions. The goals that were most successfully achieved were also most frequently chosen by participants to be important issues in their lives, indicating the applicability and utility of this intervention.

The number at the bottom of table 3 provides a measure of effectiveness of the intervention in addressing that goal. The number of participants choosing each goal is presented in the row 'most unfavourable outcome', the number of participants achieving each subsequent level is presented in the respective rows. For instance, for the goal "be present with emotions", 4 participants chose the goal, 4 participants achieve less than expected success, 3 participants achieved the expected level of success, 2 participants achieved more than expected success, and 1 participant achieved best anticipated success. The total score was then divided by the number of participants who chose the goal. For instance, the sum of "be present with emotions" was 16 and 4 people chose the goal, therefore the score was 4. The bolded number at the bottom of the column provides a measure of overall extent to which each goal was achieved. The possible range of scores was 0 (no success) to 5(best anticipated success for all who chose the goal).

From this table we see that "safe emotional release techniques" were achieved to the greatest degree, followed by "the importance of breath work", "learning to ground self", "being present with own emotions" and "being present with others' emotions". Participants appeared to have difficulty successfully achieving the goals "making the connections between present feelings and past experiences", and "understanding projection". This might suggest that this therapy is most effective in expressing and releasing emotions and might benefit from a complement of counselling to aid clients to integrate their new experiences and information.

Discussion

The primary objective of this study was to assess extent to which participant in Psychodramatic Bodywork® achieved their predefined goals. Comparison of pre- and post-observations revealed a dramatic achievement of goals. All goals were achieved to a degree that exceeded participants' expectations and all 12 participants achieved goal attainment to a degree that exceeded expectations.

Conclusion

The proposition that Psychodramatic Bodywork® effectively addresses the consequences of child sexual abuse by enabling survivors to meet personally defined goals is strongly supported by the present study.

References

Kiresuk, J., & Sherman, R. (1968). Goal Attainment Scaling: A general method for evaluating comprehensive community mental health programs. *Community Mental Health Journal*, 4(6), 443-453.

MacKay, G., Somerville, W., & Lundie, J. (1996). Reflections on goal attainment scaling: cautionary notes and proposals for development. *Educational Research* 38(2), 161-172.

Appendix A

Goals of Psychodramatic Bodywork® as developed by the Facilitators and the evaluator

- 1) to learn safe emotional release technique in anger;
- 2) to learn safe emotional release technique in sadness;
- 3) to learn safe emotional release technique in fear;
- 4) to learn the importance of breath work;
- 5) to learn how to ground yourself
- 6) to understand doubling;
- 7) to be able to be present with your emotions;
- 8) to be able to be present with others' emotions;
- 9) to understand transference;
- 10) to learn to manage triggering situations;
- 11) to recognize your own emotions;
- 12) to learn what body parts are related to which emotions;
- 13) to understand projection;
- 14) to understand the relationship between past experiences and present emotions.

Goals

Items 1, 2, and 3 (release of anger, sadness, and fear) are components of the bodywork portion of Psychodramatic Bodywork. These releases provide and teach safe and healthy ways of releasing intense emotions. A padded tackle dummy and a tumble mat are the props utilized for the safety of the women. Often intense emotions arise from the psychodrama portion of the intervention and these emotions are then released and not left to fester within the woman.

Goal 4 (breathwork) is important because individuals rarely breathe deeply and during intense emotions or situations individuals often forget to breathe or hold their breaths. This can result in feeling dizzy and makes it much more difficult to remain present and not to dissociate.

Goal 5 (grounding) focuses on learning to ground oneself. Being ungrounded is associated with dissociation and often occurs in the presence of intense emotions or stimulus. This technique is commonly used among survivors as a survival technique, is difficult to unlearn, and can impede progress if one is continually dissociating. Becoming grounded again brings the individual back into reality and into the moment.

Goals 6, 9, and 13 (understanding doubling, transference, and projection) can be achieved on a cognitive level. Doubling involves sensing and experiencing another's emotions or bodily sensations. This can be negative or positive. When an individual comes into another's energy field, they take on

some of the individual's energy. For instance, if a happy individual walks into a room where all the occupants are very upset, the individual will soon become upset. This individual is not upset by his or her own right, but she or he is doubling the emotions of the room.

Goals 7 and 8 (being present with own and others' emotions), are related to dissociating in the face of emotions, one's or others, if they become too intense. Achieving these goals enables individuals to better process their emotions, one cannot deal with emotions if one dissociates in the face of these emotions. Furthermore, remaining being present with other's emotions enables the individual to be a better support person and is less traumatizing for the individual.

Goal 9 (understanding transference) is important, particularly in group situations. Transference is the act of attaching feelings about or characteristics to someone without a reason for this individual. For example, if the mannerisms of a person remind us of someone from our past, we may attribute other characteristics from this person to the person we are engaging with presently. Again, these attributions could be negative or positive.

Goal 10 (triggering situations) are situations that remind us, usually negatively, of the past or past experiences. Often being triggered can result being taken back to that moment and subsequent dissociation from the present.

Goal 11 (recognizing one's own emotions) is a common issue among survivors. Survivors have often been taught to suppress their emotions thereby becoming very disconnected from how they are feeling. There is also often confusion between emotions.

Goal 12 (body's relationship to emotions). This is a more cognitive component of the workshop and can enable women to improve their physical well being by better understanding potential sources of difficulties.

Goal 13 (understanding projection) is similar to transference. Projection is the act of imposing one's own feelings or beliefs onto another, or seeing ourselves in another's behaviour or situation. For instance, if I am feeling overwhelmed by life situations, I may be overly concerned that a peer is unable to do her work because he or she is overwhelmed as well.

Goal 14 (relationship between past experiences and present emotions) is particularly relevant for sexual abuse survivors who have experienced trauma in their past. Drawing a connection between what one has experienced and how one reacts at present is very helpful to provide insight and an opportunity for change.

Notes:

1. According to Kiresuk and Sherman (1968) this formula, under certain conditions, will follow a-t distribution. However, it has been criticized by MacKay, Somerville, and Lundie (1996) because the population correlation is assumed to be .30 and because the data is not necessarily normally distributed and is categorical data