Action Methods in Marriage and Family Therapy: A Review

DANIEL J. WIENER
LAURIE PELS-ROULIER

ABSTRACT. Action methods, the therapist-initiated tasks that engage clients in physical activity and in taking on dramatic roles, are used in a number of marriage and family therapy approaches. In this review article, the authors present a wide range of important and representative action methods and occasionally offer brief descriptions of how the methods are implemented. They distinguish psychodrama-influenced techniques from those differing in their underlying premises, structure, design, and implementation. They classify action methods by whether they are dramatic, that is, when the activity is understood by the participants as involving some intentional pretense.

Key words: action methods, family therapy, marriage, psychodrama, review of action methods

ACTION METHODS (AM) ARE THERAPIST-INITIATED TASKS that engage clients in physical activity or in taking on dramatic roles. Although there are psychotherapeutic approaches that make use of action methods as central techniques in clinical treatment, such as psychodrama, play therapy, and drama therapy, their use in marriage and family therapy (MFT) has been more peripheral, with mainstream approaches typically using action methods only as a supplement to verbal discourse. Nonetheless, there exist numerous action methods that contribute to MFT praxis. In this article, we provide an overview of action–based approaches and techniques used within MFT for assessment and as interventions.

Advantages of Action Methods

The advantages to the inclusion of AM in MFT are many. Contemporary MFT is rooted in Family Systems Theory (Nichols & Schwartz, 2001, p.104),

according to which problems or symptoms manifested in individuals are best understood in the context of those larger social systems dynamics (most important, families) in which those individuals participate. Accordingly, MFT practitioners work to alter patterns of interaction and attend to observable social behavior in families more than to reports of internal experiences. Wiener and Oxford (2003, pp. 5–6) enumerate 10 advantages of AM in comparison with exclusively verbal techniques, nine of which apply particularly well to conjoint therapy. AM (1) better engage clients who process in visual and kinesthetic modes; (2) equalize participation for children and adults; (3) heighten awareness outside of prior verbal representations; (4) create new experiences that go beyond verbal description; (5) illustrate abstractions concretely; (6) dramatize familial role relationships; (7) effect relationship changes through role expansion; (8) offer safe ways to explore and practice new behaviors; and (9) facilitate life transitions.

Scope of This Review

The AM of psychodrama and sociodrama, which include role play, role reversal, mirroring, doubling, auxiliary ego, and multiple ego techniques (Blatner, 2000), are well known to the majority of readers of this journal and will not be described further. What is relevant about those AM is that, collectively, they have contributed significantly to the underlying rationale of using action techniques and constitute a proportion of AM that have been adapted by others to MFT praxis. In this review, we describe AM used in psychodrama-influenced MFT approaches and AM used in approaches that differ from psychodrama in their underlying premises, structure, design, and implementation. Except for citing Moreno's contribution, we give little attention to who influenced whom or first devised any particular AM.

The majority of AM included are intended primarily for purposes of assessment rather than as interventions. It should be noted, however, that assessment and intervention are often reciprocal; each purpose may be advanced by, or even comprise the process of, the other.

AM can be usefully classified as either dramatic or nondramatic. Johnson (1992) has coined the term "play space" to denote "an interpersonal space within an imaginal realm, consciously set off from the real world by the participants, in which any image, interaction and physical manifestation has a meaning within the drama" (pp. 112–113). Enactments are dramatic when they occur in the play space; note that psychodramatic AM are inherently dramatic. In general, evoking the play space in therapy facilitates role expansion, because in a dramatic situation, clients are often freer to explore uncharacteristic and new behaviors and reactions than in nondramatic enactment. AM classified as dramatic are marked with an asterisk when first cited.

In light of the sheer number of AM that have been used in MFT and their still more numerous variations, we aim in this review to present a wide range of important and representative AM, occasionally offering brief descriptions of how they are implemented. We include specific techniques (in which explicit instructions are available) and broader classes of a technique (in which a principle or example is given). Where named as distinct techniques, AM are italicized in the text. The reader is referred to the sources cited for more detailed information about the rationale and pragmatics of their application.

The Contributions of J. L. Moreno

Many of the AM in contemporary MFT praxis are derived from the techniques of psychodrama, a psychotherapeutic method developed by J. L. Moreno between 1936 and the early 1940s (Blatner, 2000). Moreno was one of the first psychiatrists to venture beyond individual psychotherapy to contribute to the foundations of interpersonal therapy. In a number of his writings, Moreno noted that intergroup and interindividual processes are at the core of all social phenomena and that mental illness can exist solely within a system rather than within any one individual (Blatner, 2000; Moreno, 1934). Not only did his work influence many subsequent approaches that use AM, Moreno himself made significant early contributions to the theory and application of couple and family therapy (Compernolle, 1981), documenting his relational work with couples and families and the beginnings of a systems theory. Williams (1998) similarly points out that Moreno's concepts and techniques integrate well with contemporary MFT praxis. Blatner (1999) suggests how psychodramatic concepts contribute to furthering the aims of family therapy.

Considerations for Using AM in Systemic Couple and Family Therapy

The format and techniques of classical psychodrama, modified in application to accommodate differences in group sociometry, have been used to conduct individual family therapy (Guldner, 1990; Hollander, 1983; Leveton, 1991; Oxford & Wiener, 2004; Perrott, 1986) and multiple family therapy (Guldner, 1982). Several authors (Guldner, 1983; Kipper, 1986; Seeman & Wiener, 1985; Wiener & Oxford, 2003) have noted important limitations of and differences in applying psychodrama (which was primarily developed for groups of nonaffiliated persons) to affiliated groups such as couples and families. For example, instead of full [psychodramatic] role reversal, a therapist working with a conflictual couple might use *double-bonding role reversal** (Hale, 1985), in which the husband takes the wife's role from the position of her chair, addressing a projection of himself in the facing empty chair that he

just vacated. At the same time, the wife stands at the side of and slightly behind her own chair, thus doubling for herself.

Action Methods Derived From Psychodrama

In this section, we include AM that are distinct from psychodramatic work. The methods, however, make use of psychodramatic techniques or recognizable modifications.

For several AM, Satir adapted role play and action sociometric techniques that Moreno originated (Satir, Banmen, Gerber, and Gomori, 1991). One well-known example of action sociometry, popularized by Satir and often used by experiential MFTs, is *family sculpting**, which Duhl, Kantor, and Duhl (1973) developed. In family sculpting, Satir supervised the positioning of all family members in turn, according to each individual member's perception of his or her experience of the family. Such a sculpture—a static, spatial representation of the felt experience of one member—was then adjusted by changing all members' positions in the tableau to conform to every other member's perception, so that all family members present could experience nonverbally the similarities and differences across their experiences of the family system. Other sculpting variants include kinetic family sculpture to represent change processes over time (McKelvie, 1987); using stand-ins so that family members can be replaced in the sculpt, permitting them to walk around the tableau and experience it from an "outside" perspective (Constantine, 1978); and sculpting in which members, starting from a silent, static tableau, then added brief, repetitive phrases or movements (Jefferson, 1978).

Satir was also well known for her creation of *family reconstruction**, a technique in which clients are able first to recreate and then alter troubling scenes in their family. In this method, the client, named the "Explorer," reenacts scenes from his or her childhood past, reexperiencing relationships in ways that may affirm or alter his or her present perspective. Unlike family sculpting but akin to psychodrama's use of auxiliaries, nonfamily group members (called "players") represent actual family members in the Explorer's scenes (Nerin, 1986). Although based on one individual's perspective, a family reconstruction witnessed by other family members profoundly shifts the family's present process.

Teachworth (2002), a Gestalt therapist, uses two *three-chair enactments** to help clients to re-experience their own relationships with their partners and their parents' union. In one, clients first role-play themselves as children witnessing their parents' interactions from one chair and then reverse roles to embody each parent interacting with the other in the third empty chair. In the other enactment, the client takes the role of a counselor engaged in a couples therapy session scene, working to resolve a core conflict between his or her parents in the other two empty chairs.

For action modality psychotherapy (Hayden-Seman, 1998), when applied to couples therapy, the therapist uses guided dramatic action within the psychodramatic structure of warm up, enactment, and closure. Moving from the warm-up phase to enactment, one client, as protagonist, recreates his or her experience of the relationship, alternately directing and enacting a realistic scene relevant to a central issue. The client's partner assists by taking other roles in the scene. From this goal-directed scene, the couple moves on to enacting a painful scene set in the partner's childhood that is connected to the first enactment. In this painful scene, the therapist plays any roles that are seen as hurtful or negative to avoid a conflicting transference. Next, a *reconstructed scene** is enacted as healing or positive, with the protagonist's mate playing a healthy, nurturing role in the place of the previous negative one. During closure, the therapist models the sharing that is expected from each partner, emphasizing process feedback.

In another approach, similar to Hayden-Seman's, of orchestrating *"reformed past" scenes** (Chasin, Roth, & Bograd, 1989), clients experience their pasts as mutable constructions, rather than unchangeable givens. After inviting each partner to name his or her own strengths in the presence of the other, the therapist asks each partner for a verbal description of future wishes for their relationship. Then, both clients enact a first scene incorporating both partner's future vision, concretizing their future wishes together. The partners now enact a second, painful scene from one of their pasts (usually from childhood) in which their desired wishes were thwarted. Then they stage a third, culminating "reformed past" enactment as a revision of the second scene in which the partner plays a healing figure that transforms the remembered defeat into fulfillment.

Other Action Methods

The remaining AM in this review are not based on Moreno's work. Although some of the themes, forms, and concepts appear similar, the manner in which these AM are constructed and processed is fundamentally different.

Action Methods Used for Concretization and Representation

Action metaphors are a class of AM that serve to concretize interactional processes in MFT. One example is *boundary sculpture** (Duhl, 1999) with couples, which begins with each partner visualizing his or her ideal personal space. One partner paces off personal space in the room, describing it and adding details in response to the therapist's questions that focus on the nature of boundaries and entrances to the space. Then the other partner approaches

the space and seeks to enter. The reactions of both partners to the enactment are processed immediately afterward.

Satir employed many AM to externalize psychological processes and functions and staged formatted enactments for family discovery and learning, such as her *parts party** and the *four interpersonal styles** (Satir et al., 1991). Her followers (McLendon, 1999) went further in using physical props charged with symbolic or metaphorical meanings (e.g., a piece of rope to represent a boundary or a bond between family members, or a *self-esteem tool kit** that included plush hearts, stuffed toy animals, and a detective hat).

Wiener (1998b) uses the *feeding exercise* to concretize struggles over autonomy and nurturance in couples therapy. Partners in this AM take turns feeding one another small pieces of hand-held food (e.g., grapes or small cubes of cheese); the eater remains physically passive, moving only his or her mouth. There are three variations to the exercise: Both may speak during the enactment; only the feeder may speak; and neither may speak. In the variations in which the eater may not speak, the feeder is instructed nonspecifically to attend to the eater's nonverbal cues. This enactment frequently produces vivid associations; the eater may feel helplessly dependent while the feeder may experience intense responsibility for the eater.

In *staged metaphors** (Papp, 1982), the therapist first has both partners create a visual fantasy about self and their partner in which both take on a symbolic animal form. The therapist then instructs them to imagine what kind of interaction occurs between these animals in the fantasy. Once the fantasies are visualized completely, each spouse in turn enacts his or her choreographed fantasy with the other spouse. The therapist asks questions to supply a plot for the action of the scene and helps the couple bring postural and gestural details into the scene.

*Therapeutic rituals** constitute a class of AM that are useful in addressing a variety of situations arising in MFT practice. These scripted AM use recognized symbols for processes, events, places, people, and objects and are typically devised to lift constraints on the family system arising from the absence of adequate cultural rituals, such as religious ceremonies, celebrations, or rites of passage. They function in a number of ways: to signify and celebrate healing and completion; to acknowledge changes of membership, status or identity; to affirm a change in expression of belief. Through family rituals, members are able to integrate multiple meanings of behavior and safely express strong emotions through the manipulation of symbolic objects and by taking symbolic action. (Imber-Black, Roberts, & Whiting, 1988; Winek & Craven, 2003).

Social ceremonies are rituals used to conform and normalize changes made to established relationships within the social order. *Therapeutic ceremonies** are intentionally designed to enhance the self-esteem of the participants and thus provide occasions for processing distressing emotions and spontaneous

actions. Lubin and Johnson (2003) have devised a number of therapeutic ceremonies for multiple family groups dealing with such shared traumata as foster families struggling to integrate foster children or families of military veterans dealing with PTSD. The ceremonies reduce such families' marginalized social status, internalized shame, denial, and distress.

Family constellations (Hellinger, Weber, & Beaumont, 1998) is a unique approach used to repair intergenerational damages to love in families. Family constellations are tools for discovery that make use of nonfamily members (called "representatives") who stand in for other family members, living and dead, and are selected by the client from a larger group.

The first phase of constellations work is a personal, subjective, spatial representation of the ways that the family system influences the client's feelings and actions, in which the representatives' reactions supplement the client's reports. A crucial difference between family constellations and family sculpting or family reconstruction is that the representatives are not in role; that is, they report what they experience as themselves, not as what the client's family member whom they represent might or would experience. The second phase involves a trial-and-error search for an image of systemic balance and loving resolution, obtained by the therapist moving representatives and using feedback from changes reported in their experience. The third, final phase is the creation of a constellation embodying an image of what the family can be, in which every represented family member has an appropriate place and function.

Action Methods Used in Mainstream Marriage and Family Therapy Approaches

Structural family therapy *enactments* are "techniques by which the therapist asks the family to dance in his presence" (Minuchin & Fishman, 1981, p. 79). The therapist using enactments invites scenes of everyday transactions through which families reveal both to the therapist and themselves their often-dysfunctional interactional sequences. The therapist may follow enactments with *restructuring**, which is changing the previously enacted scene by giving directives for alternative behaviors. "In restructuring, the therapist creates scenarios, choreographs, highlights themes, and leads family members to improvise within the constraints of the family drama." Minuchin, 1974, p. 138). These AM contrast with psychodramatic enactment, in which scenes emerge out of the perceived reality or the desires of the protagonist, not those of the therapist.

Strategic family therapists, who focus solely on changing patterns of behavior and communication within family systems, use both direct (straightforward) and indirect (paradoxical) interventions to resolve clients' presenting problems. Both types of interventions become AM when assigned as out-of-

session homework tasks. By design, direct interventions work when they produce compliance with instructions that alter roles and interactive sequences of behavior, whereas indirect interventions work when clients fail to comply or even defy the therapist's instructions.

There are numerous subtypes of paradoxical interventions. In a *restraining paradox*, the therapist informs his clients that he will help them change, while simultaneously asking them not to change (Weeks & L'Abate, 1982). In *prescribing the symptom**, the therapist directs clients to either heighten or maintain their problems, based on the rationale that interpersonal problems persist precisely because of family members' specific attempts to solve them (Fisch, Weakland, & Segal, 1982). In the paradoxical *pretend technique* of Madanes (1981), the therapist prescribes the pretending of a symptom that is a problematic focus for the family. This practice undermines the family's belief that the "real" symptom is still needed. Weeks and L'Abate (ch. 7) describe a number of tasks that are assigned to families as homework and that use pretense or have a paradoxical component.

Other strategic AM are designed to defeat the family's usual homeostatic pattern. In the *invariant prescription* (Palazzoli, Cecchin, Prata, & Boscoso, 1978), the parents of a living-at-home young adult, whose crises kept the family in turmoil, were instructed to announce their departure for a weekend, expressing confidence that the young person would do fine. By being conspicuously unavailable to be called or to return home, the parents were forced to keep from intervening in any crisis while the young person was compelled to deal with life circumstances without assistance from the parents. In *ordeal therapy*, families who had previously failed to make changes in therapy are asked to agree in advance to whatever task the therapist assigns them. The assigned task is designed to be more disagreeable than the symptom, so that changing by avoiding the symptom is preferable to undertaking the ordeal (Haley, 1984). The ordeal itself may be a straightforward or paradoxical task, or even be the ordeal of continuing the relationship with the therapist.

Although symbolic-experiential family therapists evoke play space as a central feature of their work (Keith & Whitaker, 1999), the only AM that they use consist of therapist-initiated, playful in-session behavior, such as tossing a frisbee to the children during conversation or even wrestling physically with an adolescent.

Cognitive and behavioral family therapies make considerable use of AM. Cognitive behavioral couple therapists use *guided behavior change*, which involves specific, out-of-session behavioral changes to enhance couples' relationships, and *skills-based interventions*, in which clients participate in behavioral rehearsal within the psychotherapeutic setting (Baucom, Epstein, & LaTaillade, 2002). In *behavior exchange* (Jacobson & Margolin, 1979), part-

ners first bring to the therapy session their independently prepared lists of positive behaviors that they believe their partner desires; next, they commit to doing some of the behaviors on their lists; and then they schedule a "caring day" to perform some of the listed items.

During sessions, therapists practicing integrative behavioral couple therapy may evoke the play space in the manner of narrative therapy by using the empty chair. In a session, the couple's problem is imagined as sitting in the chair; and at home, during arguments, the therapist is imagined as sitting. (Christiansen & Jacobson, 2000). Two other AM are interventions to improve mutual tolerance: *practicing negative behavior** in the therapy session, used to desensitize each partner to the other's negative behaviors; and *faking negative behaviors** at home between sessions, that is, intentionally doing what has been previously identified as negative behavior. That is recommended for use only when one is not emotionally aroused and used for only a few minutes before disclosing the deception.

Action Methods Used in Working With Families Having Young Children

Family play therapy uses AM individual child play therapy and family therapy to offset the marginalizing of children in talk-only therapy. Play, at which children excel, allows children and adults to participate together. Family play therapy makes use of media that include: toys, pillows, sand trays with figurines, hand puppets, art supplies, photos, and video cameras.

The use of dolls and puppets in family therapy as *displacement doll figures** has a lengthy history. Levy (1937), working with the case of a four-year-old boy's jealousy of his infant sister, brought dolls representing the mother and both children to the session, and he and the child fashioned clay breasts for the mother doll. The infant doll was put to the breast, permitting the enactment of jealousy by the boy through the doll representing him. Roberts (1999) describes a family in which a child's psychosomatic pain was passed into her least-favorite stuffed animal through a displacement ritual that brought the child and her parents into close contact.

Two contemporary, fairly similar examples of family puppet play technique are the *family puppet interview** (Irwin & Malloy, 1999) and the *family puppet technique** (Ross, 1999). For these techniques, one needs an assortment of hand puppets. For the interview, the array of puppets should include fantasy characters such as a dragon, king, and queen, as well as realistic people puppets for both. The therapist introduces either technique as a way to get to know the family by observing them performing an activity together. After family members choose a puppet, each introduces his or her puppet by giving it a name and making a brief statement about its character and circumstances. At this point, the techniques diverge; in the inter-

view, the clinician assigns the family the task of inventing a fictional story with the puppets, whereas in the technique, the therapist directs the family members to reenact a real (usually problematic) interaction. Once a story or event has been selected, the therapist takes the audience role as the family enacts their story. After the interview enactment, the therapist will likely draw some parallels between the story, the puppets' interaction, and the family's own conflicts and themes of concern.

Family art therapy makes use of art tasks—drawing, painting, collage-making, and clay sculpting—to enable families to depict aspects of their lives previously undisclosed or undetected. The choice of an art directive, the manner in which it is employed, and the interpretation of its content are all governed by the clinician's theoretical frame of reference (Landgarten, 1999). Therapists also use family art-making to assess roles, rules, and hierarchical organization by way of the manifest process, the manner in which families organize themselves when they work together (Linesch, 1999).

There are many variations of family drawing. In *conjoint family drawing* (Bing, 1970), members draw a picture of their family as they see themselves, and then they compare and discuss the pictures in a way similar to family sculpting. The *subjective genogram** (Wiener, 1998a) consists of an impressionistic drawing of the family in either representational or symbolic form and is another visual analogue of family sculpting. Using color, size, shape, and spatial positioning, family members first depict their experience of the family and then present their drawings to each other. The therapist then invites each presenter to explain his or her idiosyncratic choices to facilitate comparisons between family members' experiences, particularly of perceived emotional qualities within and between members.

In the *collaborative drawing technique* (Smith, 1999), family members, each using a different color, work together in silence to create a drawing. In turn, each member draws for a specified time; the allotted time starts at 30 seconds and is reduced with each round until it is three seconds in the final round. Because of these time constraints, members are impelled to react to the composite drawing because they do not have the time to draw their own pictures. The relative ease or difficulty that the family has in following this process informs the therapist about the family's dynamics and structure. Gil (1994) describes additional related family art therapy tasks.

*Sandplay therapy**, a staple of individual child play therapy, has been adapted to use in family therapy (Carey, 1999). Typically, there are two sandboxes, along with numerous figurines of people, animals, mythical figures, and objects. In one application, the sandbox is divided and each member simultaneously places figurines in his or her own area. Compared to family art therapy, the process of art-making in sand play work is less important than is the interpretation of the resulting final product.

Kinetic psychotherapy (Schachter, 1999), adapted to working with families, involves games that serve to catalyze the expression of feelings. Therapy takes place in a playroom with ample space, toys, and expressive media. Games include *bombardment** (evoking competitiveness and anger), in which two teams of family members standing on opposite sides of the room throw soft plastic balls at the opposite team (any member hit three times is out of the game) and *freeze tag** (evoking joy and sharing), in which a family member is frozen in position when tagged by a soft plastic ball but can be freed when another family team member tags him or her.

Many commercially available games are available, such as Gardner's the *Talking, Feeling, Doing Game** and Foley & Rebens' (1966) *Twister**, that are structured activities intended to warm families up to verbal participation or heighten their interest in therapy by facilitating the exchange of new information about one another (see McManus & Jennings, 1996). In such games, clients' habits and expectations of unselfconscious game-playing behaviors in outside situations transfer well to therapy, disarming suspicion and defensiveness arising from the unfamiliar or challenging mode of conventional therapeutic verbal discourse. As with so many of the AM described here, therapists can also use such games or tasks for assessment, descendants of a tradition of situational testing in psychology. In practice, the specific game used by a therapist is less important than that the family is assigned some task that involves them in making decisions and interacting around a set of rules.

The *play-baby** intervention (Wachtel, 1990) is intended for families of children having dependency issues. In that AM, the parents initiate games and other activities through which they let the child know that he or she will always remain their baby, even though they continue to expect age-appropriate behavior. In that way, they address the child's unarticulated anxiety that in growing up, he or she will lose the gratifications of being a baby. Leguijt and van der Wiel (1989) used a series of dramatic enactments involving dressing up and performing *fantasy enactments** with a family having preverbal children. Through role projections in this loosely structured play activity, the family uncovered previously unarticulated conflicts and was able to resolve them though improvised scenes. Similarly, the free-form fantasy story enactments used by Ariel, Carel, and Tyano (1985) allow children to explore nonverbalized fears and conflicts in family therapy sessions.

Dynamic family play (Harvey, 2003) is a multimodal play therapy approach for families with preadolescent children. Activity progresses in stages with increasing spontaneity, creativity, and motivation, from beginning verbal and play-based evaluation to the family's successful generation of its own play activities. AM include *follow the leader**, which offers each family member a chance to lead others in imitating him or her in actions such as crawling through a pile of pillows or making faces, and *monster**, in which the therapist, holding a

stuffed animal, slowly approaches the family while coaching a parent to protect a child from the monster. The main benefit of such play activity is that parent and child enrich their bonding through shared dramatic action. A further extension of "monster" is having the parent and child collaborate in making an illustrated book of their adventures with the monster that they read together at home.

Drama Therapy Action Approaches

Rehearsals for growth (Wiener, 1994) is a drama therapy of relationships that uses, in a playful spirit, over 100 adapted improvisational theater AM to facilitate change. Interpersonal improvisation in itself is viewed as therapeutic, in that the rules for good improvising closely map the rules for successful relationship functioning. In these AM, clients may enact unusual activities or observe unusual rules as themselves ("exercises") or become characters in improvised scenes ("games"). An example of each follows. *Tug-of-war** is an exercise in which two family members simulate a realistic contest with an imaginary rope, requiring them to cooperate in cocreating the illusion. Because actual skill, size, and strength are irrelevant in such a nonphysical contest, participants choose outcomes by physicalizing their intentions (winning, letting the opponent win, electing to lose, refusing to lose, etc.). *Slo-mo commentator** (Wiener, 2003) is a game structured as a scene of a televised sports event. Two family members play the roles of sports commentators who, seated together at one side of the stage, comment to one another and an imaginary broadcast audience on the onstage performance of a third family member (the athlete), engaged in some nonsensical athletic act (e.g., "Olympic chair-sitting") in ultra-slow motion. The commentator roles are offered to oppositional or withdrawn family members, who are more likely to participate because they see themselves as safely removed from the spotlighted, action role of the athlete.

Narradrama (P. Dunne, personal communication, 2005) is an approach to conducting ordinarily verbal narrative therapy by means of a number of creative arts-adapted AM. As did Oxford and Wiener (2004), who worked within a psychodramatic frame of reference, Dunne concretizes the narrative technique of externalization (treating a problem as an oppressive entity apart from the person conventionally said to have the problem). By combining various family art-making projects with verbal narration, Dunne opens possibilities for families to redefine, enlarge or protest their relationships to important social issues, family practices, and societal constraints.

In the *pictorial history scroll**, a large scroll created by the family, depicting significant family scenes, transitions, turning points, and special moments, members are invited to interview and answer as objects, people, and characters in the scenes on the scroll to bring out alternative stories and to reenact past

scenes with new descriptions. In the *TV talk show panel** technique, a controversial belief is first identified by the family (for example, women should put the needs of their families ahead of their careers). That belief becomes the topic of a panel discussion on a staged TV talk show. Each family panel member, in a fictional role, talks about his or her preferences in continuing to be restrained by the belief, ignoring the belief, or taking a stand of protest against the belief.

Conclusion

AM are valuable, tested techniques that, when conducted properly, frequently promote rapid and significant clinical change, reaching many client populations that are not responsive to talk-only therapy. For all their advantages, however, AM currently are not widely employed by MFTs or by the vast majority of psychotherapy practitioners. Because few therapists have any exposure to AM in their preprofessional training, this state of affairs appears to be self-perpetuating. Another plausible reason is that the competent use of AM is believed, by those who know something of them, to require more specific, intensive training than do verbal techniques. As a result, therapists avoid attempting AM from the outset, because of their self-acknowledged lack of sufficient proper training. However, in the current, rapidly-changing climate of mental health delivery, where there is an increasing incentive to demonstrate briefer, more effective treatment, AM generically may yet fulfill their great potential in contributing to such improved treatment.

REFERENCES

Ariel, S., Carel, C. A., & Tyano, S. (1985). Uses of children's make-believe play in family therapy: Theory and clinical examples. *Journal of Marital and Family Therapy, 11*, 47–60.

Baucom, D. H., Epstein, N., & LaTaillade, J. J. (2002). Cognitive behavioral couple therapy. In A. S. Gurman & N. S. Jacobson (Eds.), *Clinical handbook of couple therapy* (3rd ed.). (pp. 29–58). New York: Gilford Press.

Bing, E. (1970). The conjoint family drawing. *Family Process, 9*, 173–194.

Blatner, A. (1999). Psychodramatic methods in family therapy. In C. E. Schaefer & L. J. Carey (Eds.), *Family play therapy*. (pp. 235–246). Northvale, NJ: Aronson.

Blatner, A. (2000). *Foundations of psychodrama: History, theory, and practice* (4th ed.). New York: Springer.

Carey, L. J. (1999). Family sand play therapy. In C. E. Schaefer & L. J. Carey (Eds.), *Family play therapy* (pp. 205–220). Northvale, NJ: Aronson.

Chasin, R., Roth, S., & Bograd, M. (1989). Action methods in systemic therapy: Dramatizing ideal futures and reformed pasts with couples. *Family Process, 28*, 121–136.

Christiansen, A., & Jacobson, N. S. (2000). *Reconcilable differences.* New York: Guilford Press.

Compernolle, T. (1981). J. L. Moreno: An unrecognized pioneer of family therapy. *Family Process 20*, 331–335.

Constantine, L. (1978). Family sculpture and relationship mapping techniques. *Journal of Marriage and Family Counseling, 4*, 13–23.

Duhl, F. J., Kantor, D., & Duhl, B. S. (1973). Learning, space and action in family therapy: A primer of sculpture. In D. Bloch (Ed.), *Techniques of family psychotherapy* (pp. 47–63). New York: Grune & Stratton.

Duhl, B. S. (1999). A personal view of action metaphor: Bringing what's inside outside. In D. J. Wiener (Ed.), *Beyond talk therapy: Using movement and expressive techniques in clinical practice* (pp. 79–96). Washington, DC: American Psychological Association.

Fisch, R., Weakland, J. R., & Segal, L. (1982). *The tactics of change: Doing therapy briefly.* San Francisco: Jossey-Bass.

Gil, E. (1994). *Play in family therapy*. New York: Guilford Press.

Guldner, C. A. (1982). Multiple family psychodramatic therapy. *Journal of Group Psychotherapy, Psychodrama, and Sociometry, 35*, 47–56.

Guldner, C. A. (1983). Structuring and staging: A comparison of Minuchin's Structural Family Therapy and Moreno's Psychodramatic Therapy. *Journal of Group Psychotherapy, Psychodrama, and Sociometry, 35*, 141–154.

Guldner, C. A. (1990). Family therapy with adolescents. *Journal of Group Psychotherapy, Psychodrama, and Sociometry*, *43*, 143–156.

Hale, A. E. (1985). *Conducting sociometric explorations: A manual for psychodramatists and sociometrists.* Roanoke, VA: Author.

Haley, J. (1984). *Ordeal therapy: Unusual ways to change behavior*. San Francisco: Jossey-Bass.

Harvey, S. (2003). Dynamic play therapy with an adoptive family struggling with issues of grief, loss and adjustment. In Wiener, D. J. & Oxford, L. K. (Eds.), *Action therapy with families and groups: Using creative arts improvisation in clinical practice* (pp. 19–43). Washington, DC: American Psychological Association.

Hayden-Seman, J. A. (1998). *Action modality couples therapy*. Northvale, NJ: Jason Aronson.

Hellinger, B., Weber, G., & Beaumont, H. (1998). *Love's hidden symmetry*. Phoenix, AZ: Zeig, Tucker.

Hollander, C. E. (1983). Comparative family systems of Moreno and Bowen. *Journal of Group Psychotherapy, Psychodrama, and Sociometry, 36*, 1–12.

Imber-Black, E., Roberts, J., & Whiting, R. (1988). *Rituals in families and family therapy.* New York: W. W. Norton.

Irwin, E. C., & Malloy, E. S. (1999). Family puppet interview. In C. E. Schaefer & L. J. Carey (Eds.), *Family play therapy* (pp. 21–34). Northvale, NJ: Jason Aronson.

Jacobson, N. S., & Margolin, G. (1979). *Marital therapy: Strategies based on social learning and behavior exchange principles.* New York: Brunner-Mazel.

Jefferson, C. (1978). Some notes on the use of family sculpture in therapy. *Family Process, 17* (1), 69–76.

Johnson, D. R. (1992). The dramatherapist 'in-role.' In S. Jennings (Ed.), *Dramatherapy: Theory and practice 2.* London: Tavistock/Routledge.

Keith, D. V., & Whitaker, C. A. (1999). Play therapy: A paradigm for work with families. In C. E. Schaefer & L. J. Carey (Eds.), *Family play therapy* (pp. 185–202). Northvale, NJ: Jason Aronson.

Kipper, D. A. (1986). *Psychotherapy through clinical role playing*. New York: Brunner-Mazel.

Landgarten, H. B. (1999). Family art psychotherapy. In C. E. Schaefer. & L. J. Carey (Eds.), *Family play therapy* (pp. 221–234). Northvale, NJ: Jason Aronson.

Leguijt, G., & van der Wiel, D. (1989). A family plays itself better. In J. Houben, H. Smitskamp, & J. te Velde (Eds.), *The creative process.* (pp. 79–94). Hogeschool Midden, The Netherlands: Phaedon.

Leveton, E. (1991). The use of doubling to counter resistance in family and individual treatment. *The Arts in Psychotherapy, 18,* 241–249.

Levy, D. M. (1937). Studies in sibling rivalry. *Research Monographs, 2.* New York: American Orthopsychiatric Association.

Linesch, D. (1999). Art making in family therapy. In D. J. Wiener (Ed.), *Beyond talk therapy: Using movement and expressive techniques in clinical practice* (pp. 225–244). Washington, DC: American Psychological Association.

Lubin, H., & Johnson, D. R. (2003). Ceremony in multiple family therapy for trauma. In D. J. Wiener & L. K. Oxford (Eds.), *Action therapy with families and groups: Using creative arts improvisation in clinical practice* (pp. 75–100) Washington, DC: American Psychological Association.

Madanes, C. (1981). *Strategic family therapy.* San Francisco: Jossey-Bass.

McLendon, J. A. (1999). The Satir system in action. In D. J. Wiener (Ed.), *Beyond talk therapy: Using movement and expressive techniques in clinical practice* (pp. 29–54). Washington, DC: American Psychological Association.

McKelvie, W. H. (1987). Kinetic family sculpture: Experiencing family change through time. *Individual psychology: Journal of Adlerian Theory, Research and Practice, 43,* 160–173.

McManus, R., & G. Jennings (Eds.). (1996). *Structured exercises for promoting family and group strengths.* Binghamton, NY: Haworth Press.

Minuchin, S. (1974). *Families and family therapy.* Cambridge, MA: Harvard University Press.

Minuchin, S., & Fishman, H. (1981). *Family therapy techniques.* Cambridge, MA: Harvard University Press.

Moreno, J. L. (1934). *Who shall survive?* Washington, DC: Nervous and Mental Disease Publications.

Nerin, W. F. (1986). *Family reconstruction: Long day's journey into light.* New York: W. W. Norton.

Nichols, M., & Schwartz, R. C. (2001). *Family therapy* (4th ed.). New York: Allyn & Bacon.

Oxford, L. K., & Wiener, D. J. (2004). The Hudson family: Rescripting family dramas using psychodramatic enactments. In D. Wedding & R. Corsini (Eds.), *Case studies in psychotherapy* (4th ed.); (pp. 219–240). New York: Wadsworth.

Palazzoli, M., Cecchin, G., Prata, G., & Boscoso, L. (1978). *Paradox and counterparadox.* New York: Jason Aronson.

Papp, P. (1982). Staging reciprocal metaphors in couples groups. *Family Process, 21,* 137–146.

Perrott, L. (1986). Using psychodramatic technique in structural family therapy. *Contemporary Family Therapy 8,* 279–290.

Roberts, J. (1999). Beyond words: The power of rituals. In D. J. Wiener (Ed.), *Beyond talk therapy: Using movement and expressive techniques in clinical practice* (pp. 55–78). Washington, DC: American Psychological Association.

Ross, P. T. (1999). A diagnostic technique for assessment of parent-child and family interaction patterns: The family puppet technique. In C. E. Schaefer & L. J. Carey (Eds.), *Family play therapy* (pp. 35–48). Northvale, NJ: Jason Aronson.

Satir, V., Banmen, J., Gerber, J., & Gomori, M. (1991). *The Satir model: Family therapy and beyond.* Palo Alto, CA: Science and Behavior Books.

Schachter, R. S. (1999). Kinetic psychotherapy in the treatment of families. In C. E. Schaefer & L. J. Carey (Eds.), *Family play therapy* (pp. 247–256). Northvale, NJ: Jason Aronson.

Seeman, H., & Wiener, D. J. (1985). Comparing and using psychodrama with family therapy: Some cautions. *Journal of Group Psychotherapy, Psychodrama, and Sociometry, 37,* 143–157.

Smith, G. (1999). The collaborative drawing technique. In C. E. Schaefer & L. J. Carey (Eds.), *Family play therapy* (pp. 71–76). Northvale, NJ: Jason Aronson.

Teachworth, A. (2002). *Why we pick the mates we do.* New Orleans: Gestalt Institute Press.

Wachtel, E. F. (1990). *Family focused family therapy: An integrative approach to working with families with young children.* New York: Guilford.

Weeks, G. R., & L'Abate, L. (1982). *Paradoxical psychotherapy: Theory and practice with individuals, couples and families.* New York: Brunner/Mazel.

Wiener, D. J. (1994). *Rehearsals for growth: Theater improvisation for psychotherapists.* New York: W. W. Norton.

Wiener, D. J. (1998a). Family assessment using subjective genograms. In T. S. Nelson & T. Trepper (Eds.), *101 more interventions in family therapy* (pp. 411–414). New York: Haworth.

Wiener, D. J. (1998b). Feeding the relationship by feeding each other. In L. Hecker & S. Deacon, (Eds.), *The therapist's notebook: Homework, handouts, & activities* (pp. 163–166). New York: Haworth Press.

Wiener, D. J. (2003) Creating a participating role for adolescents in family therapy. In C. Sori & L. Hecker (Eds.), *The therapist's notebook for children and adolescents* (pp. 180–184). New York: Haworth.

Wiener, D. J., & Oxford, L. K. (Eds). (2003). *Action therapy with families and groups: Using creative arts improvisation in clinical practice.* Washington, DC: American Psychological Association.

Williams, A. (1998). Psychodrama and family therapy: What's in a name? *International Journal of Action Methods, 50,* 139–165.

Winek, J. L., & Craven, P. A. (2003). Healing rituals for couples recovering from adultery. *Contemporary Family Therapy, 25,* 249–266.

DANIEL J. WIENER is a professor in the Department of Health and Human Services at Central Connecticut State University in New Britain, CT. His mailing address at the university is 1615 Stanley Street, New Britain, CT 06050, and his e-mail address is wienerd@ccsu.edu. LAURIE PELS-ROULIER is a therapist at the Spafford Student Support Center, which is part of Manchester High School. Her mailing address is 134 E. Middle Turnpike, Manchester, CT 06040. Her e-mail address is lroulier@sbcglobal.net.