I want to describe Sam's picture and what he did with it.

His picture, unexpectedly, was the whole of the picture window with all the moving traffic, people and so on. (His real world outside). He had to take it down by climbing onto and balancing on the window sill. He turned slowly round with the picture in his outstretched arms, and projected the picture of the outside onto the screen which was on the wall at the far end of the room. The projection, he said, was his reality in the hospital. Then, he asked a very sturdy, tall Irish boy to help support him, and coming down from the sill, sat on the boy's shoulders with his hands on the ceiling. The two proceeded in a very slow, balanced walk across the room from the outside reality to where his reality in the hospital was, talking as he went about how he was balancing. I said that I felt that that was exactly where he was at that moment, in a finely balanced state, and just at the point where he was trying to connect his outside world with his 'in the hospital' reality. In the community meeting that morning he had been talking about wanting to bring the outside to the inside, and I felt good that he was trying it out.

He had all the group's attention and support, and I pointed this out to him. People seemed to trust what he was doing and gave him space, even though a week or two before he had been so disorientated and wild in his behaviour. He had their respect. He then asked the group's help to lower him slowly down onto a pile of cushions and the group were very loving in their support. He ended up as part of the group. During feedback we talked about how important the group had been to him. I felt it was a significant piece of work for Sam to get a sense of his balancing and his grounding, and the place of the group in that.

It was powerful though simple, and important for me because I too had had to do some fine balancing, judging whether I felt I was helping Sam find his reality or risking tipping his balance into fantasy.

Ann McEwan

Elizabeth Cracknell

PSYCHODRAMA OR PSYCHOTECHNIQUES?

I have a problem. Three years ago I took up the post of Psychology tutor at a School of Occupational Therapy and one of the topics that constantly arose from third year students, as they shared their experiences of hospital practice with fellow students and my colleagues, was that of "psychodrama". A number of students said that they had experienced "Psychodrama" during their year of clinical practice; so I asked them to describe what they meant by it. They told us of a number of exercises in which they had participated with groups of patients, activities such as "group sculptures" were mentioned. They knew the foundation of these from their study of sociograms, as a means of looking

at relationships within a group from their psychology theory. However when I asked about "Action", "Drama", it was clear that they did not understand what I was talking about. I was not happy that what they described, various games and exercises, were what I understood from my reading, to be psychodrama. Consequently when Dean Elefthery came to Birmingham to run a weekend training course in 1978 I enrolled for the course. My own doubts about student's experiences were confirmed. It was a good weekend, we worked hard and I gained a great deal from Dean Elefthery and his wife and they directed our learning both practical and theoretical through our own participation.

That made me realize that what the students had encountered as "Psychodrama" was only a small part of a whole process and philosophy. Preliminary warm up activities such as group sculpting, the "magic shop" and what I would call "sociodrama" were being used as techniques in themselves, and labelled "Psychodrama". I was constantly asked to explain the difference between "remedial drama, Sociodrama and Psychodrama, and a question on these topics was on last year's final papers of the Association of Occupational Therapists. It is practically impossible to explain the differences between them; one has to experience them to really understand. I am not really qualified to direct such therapy; but such confusion seemed to exist in student's ideas about psychodrama that I felt I had to do something.

Before the next group left college to go out on hospital practice, an opportunity arose to explore an encounter I had just had myself with my youngest daughter. A group of students was meeting for specific group work: so a colleague and myself used that time to explore my own problem. I became the protagonist and my colleague directed. We were both anxious and approached the session with temerity. The dawning of understanding as students joined in the action was greater than any number of verbal explanations could have elicited.

Again, when the third year students returned earlier this year from clinical practice, we ran another workshop with a group of volunteers, and looked at the concern one of the students had about his relationship with his father. All the students have said that what they have experienced in college is not what they have met in hospital under the label "psychodrama". Hence their confusion and lack of understanding.

Who then, is doing what in hospital departments? And what are their qualifications? I feel deeply concerned that there are many activities going on in hospitals which pass under the banner of "Psychodrama" but appear not to be what I know it to be. I wonder if people really know what they are doing, or fully understand Moreno's philosophy underlying the aims of the therapy? I feel inadequate to teach it myself; indeed I do not think a basic Occupational Therapy course is the right place for it. It is a post graduate specialisation, for if it is to be of benefit to others, it has to be directed sensitively and with great skill.