

## Sobriety Shop—A Variation on Magic Shop for Addiction Treatment Patients

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**ABSTRACT.** Sobriety Shop is a variation on Magic Shop (a standard psychodrama exercise) for use in addiction treatment programs, in which personal qualities that have contributed to the patients' addictive illness are exchanged for desirable qualities that will help the patients stay sober. The exercise helps patients learn new behaviors needed for maintaining abstinence and anticipate the problems patients will face in their recovery. Sobriety Shop also has value as a warmup to a full psychodramatic enactment, as a training tool, and as a method of determining which new patients are appropriate for inclusion in a psychodrama group.

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**MAGIC SHOP IS A STRUCTURED EXERCISE** used in action-oriented therapy in which the patients' unwanted and dysfunctional qualities can be "magically" transformed or exchanged for desired or beneficial ones. Useful as the basis of an experiential session or as a warmup to a full psychodrama, Magic Shop has become a part of the standard psychodrama repertoire in several variations (Blatner, 1988a; Blatner, 1988b; Leutz, 1974; Leveton, 1992; Ruscombe-King, 1991; Warner, 1971; Wilson & Goldman, 1991).

In the traditional enactment of Magic Shop, the vignette protagonist is asked by the director (acting as shopkeeper) to choose specific qualities he or she would like to have; the shopkeeper then negotiates a price for this quality that could include giving up some dysfunctional but tenaciously held attitude or behavior or making a commitment to try out a new behavior. Within this framework, there are many ways to enact Magic Shop, limited only by the spontaneity of the director, the auxiliaries, and the group.

Psychodrama has been widely used in the treatment of addiction patients (Fuhlrodt, 1990; Holmes & Karp, 1991; Olsson & Fankhauser, 1970), and Rene Marineau (1989) documents that Moreno treated alcoholics in psychodramas at Beacon. Since 1984, we have used the full spectrum of psychodramatic methods and techniques in the treatment of addiction patients, including

a variety of action exercises, sociometric explorations, sociodramas, and full psychodrama enactments. In 1985, we modified the traditional Magic Shop enactment for use in our inpatient addiction program, naming it Sobriety Shop, and have used it regularly since. We have found that some of our most effective sessions have been based on Sobriety Shop, which we describe in this article for the benefit of others in the field.

### Historical Perspective

J. L. Moreno is frequently credited with developing the Magic Shop ("an impromptu fantasy projection developed by Moreno" [Warner, 1971]), but an extensive review of Moreno's writings revealed no original communication of the exercise or claim of authorship. Greta Leutz (1973) states in her book on psychodrama that Magic Shop had been used at the Moreno Institute since 1943, but she does not document its conception further; the most complete article on the exercise (Petzold, 1971) does not help to clarify its origins. Recollections of several of Moreno's students from the early 1950s and interviews with psychodramatists and psychiatrists who knew Moreno in the 1950s and 1960s suggest that the creator of the Magic Shop may have been Hannah Weiner, one of Moreno's protégées, rather than Moreno himself (personal communications: G. Leutz, January 22, 1992; J. Moreno, October 24, 1991; J. Sacks, December 30, 1991 and February 18, 1992; G. Warner, March 13, 1992; M. Weisman, December 3, 1991; L. Yablonsky, December 31, 1991). Although meager, the evidence tends to favor Weiner as the originator of Magic Shop. She probably developed the technique in the early 1950s and, in spite of the encouragement of colleagues, wrote nothing about it at the time. The only written record of this contribution to psychodrama she appears to have made is in an article on warmups she co-authored with James Sacks (Weiner & Sacks, 1969), in which she makes no claim of primary authorship.

### Modifications to the Classic Approach

When Hannah Weiner directed Magic Shop, she first asked the protagonist to choose a desired quality and then negotiated its price. She demanded as payment some worthwhile quality of which the protagonist had an excess, so that someone else in the group could partake of it; the sale often involved considerable negotiation (Evie Lotze, personal communication, February 26, 1992). Weiner's written description of the exercise is more ambiguous: "An individual is encouraged to seek out something of value for himself and to leave in a transaction of barter with the shopkeeper those things of value he no longer can use" (Weiner & Sacks, 1969, p. 94).

In contrast to the classic enactment of Magic Shop, the director of Sobriety Shop first asks protagonists to give something up, not to choose something they want. The reason for this is based on our understanding of alcoholics and drug addicts, whose many negative qualities (such as lying, stealing, and grandiosity) have been essential to their survival. Their willingness to give up these characteristics is the true measure of their motivation for recovery. Our initial focus is therefore on giving up a dysfunctional but highly valued personal characteristic. We then move quickly from the problem to the solution, devoting at least 60% of the session to the use of the new quality or behavior. This style reflects our approach to addiction treatment: Identify the problems but focus on solutions.

### A Typical Sobriety Shop Enactment

As the patients gradually congregate in the therapy room, the director puts about, arranging props and greeting patients at the door. The director places a large box or a table in the center of the room and drapes a cloth or sheet over it; this box represents a store counter.

The director draws a sign on the chalkboard or hangs up a marquee that reads "The Sobriety Shop." Flanking this sign, the director draws a set of lines representing shelves, those on one side labeled "In" and those on the other side labeled "Available." After the last patient has entered the room, the director begins. Gesturing to the sign, the director says,

Welcome to the Sobriety Shop. I'm the proprietor of this shop, and I'm hoping we'll get plenty of customers today.

Perhaps you've never been to the Sobriety Shop. Well, let me tell you how it works. We specialize in solving all sorts of problems in recovery. Yes, we take in whatever has been preventing you from living a happy life in recovery, something you might have relapsed into once or twice, whatever has been getting in your way, whatever emotional baggage you have been carrying around that you no longer need—we take any of that stuff into the Sobriety Shop and put it on these "In" shelves. . . .

Group, what sort of things do you imagine people bring into the Shop?

The group will spontaneously volunteer many qualities such as depression, denial, fear, loneliness, grief, dishonesty, insecurity, resentments, anger, insanity, shame, and suicidal feelings. If the group is a bit slow to suggest qualities, the director can state, "All of you think of something about yourselves and your lives that might get in the way of your recovery." This will elicit other items, such as attitudes, parents, previous relapses, old drinking buddies, and inadequate plans for posthospital care. As each item is suggested, the director writes it down on one of the shelves. The director then comes back to the shop's counter and continues the story:

Well, once we get all these items into the Sobriety Shop, we send them to the recycling factory in the back, where they are transformed into all sorts of things that are helpful to folks in recovery, such as personal qualities or abilities that might help someone like you stay sober. What do you think are some of the things we keep in stock here in the Sobriety Shop?

The director then approaches the other side of the Sobriety Shop where the shelves are labeled "Available" and elicits from the group contributions of qualities they believe would be helpful in sobriety. They will suggest such things as happiness, serenity, friendship, joy, self-esteem, love, faith in a higher power, hope, honesty, willingness, and peace. The director adds these items to the shelves.

Returning to the counter, the director seeks a customer for the Sobriety Shop by asking, "Who has something they'd like to turn in—something about yourself that was useful once but has now become a burden, something that might interfere with your recovery?" We usually have many volunteers with a high level of spontaneity. The director selects one group member, who comes to the stage. The director elicits the name of the quality the protagonist wishes to exchange and then dramatizes a short vignette around this quality to clarify its nature.

### Examples of Sobriety Shop Vignettes

#### Example 1

Yes, sir, welcome to the Sobriety Shop, sir. Come right in. Now, what is it that you'd like to turn in today? Resentments? Ah, yes, resentments; we get a lot of resentments turned in here at the Sobriety Shop. Now, we can only accept more resentments if they are really intense resentments; we don't really need any minor resentments. So let's take a look at your resentments. (The director invites the protagonist to bring up three persons against whom he harbors resentments and asks the protagonist to role reverse with each to identify the essence of the resentment. This leads to recognition of how holding on to these resentments has led to relapse in the past.)

#### Example 2

Good afternoon, madam. Welcome to the Sobriety Shop. How can we help you today? You want to get rid of your low self-esteem? Yes, we can take that into the Shop. Help me understand how this low self-esteem of yours has made it hard to stay sober. (The director asks the protagonist to bring up a group member to play the role of "self-esteem" and molds the auxiliary, like a lump of clay, to show the group just how low her self-esteem is. The director

finishes by taking on the same body position as the sculpture and describing the feeling from that position. The protagonist then recognizes how her attitude about herself and her future has prevented her from taking action in the past.)

### Example 3

Hello, there, sir. Come on into the Sobriety Shop. What are you carrying around there? It looks like a heavy load. Oh, it's guilt, is it? Yes, and I can see how heavy it is. Have you relapsed before because of this guilt? (The director asks the protagonist to choose a trained auxiliary to be his guilt. To make the feeling concrete, the director has the protagonist walk around the room carrying guilt on his back, while guilt encourages him to take a drink. He becomes annoyed with having guilt weighing him down; a role reversal with guilt helps him see how much power he has given to guilt.)

### Example 4

I'm glad you stopped in, ma'am. I've been working here at the Sobriety Shop all day, and you're my first customer. What can I do to help you today? Failures? You want to turn in your failures? (The director asks the protagonist to name three of her failures and brings a group member to the stage to represent each one. The director then asks the protagonist to stand behind each failure, speak from the role of "failure," and describe the effect this failure had on her.)

### Example 5

Come on in, sir. What can we do for you today at the Sobriety Shop? Loneliness? Sure, we see that all the time in the Sobriety Shop. Do you want to trade it in? Perhaps you're not sure. (The director leads the protagonist in a short exploration of what he gets out of staying lonely when he has had opportunities to change, and how he has used his loneliness as an excuse to drink and use drugs.)

### Example 6

Yes, ma'am, the Sobriety Shop will be open for a few more minutes. How can we be of help to you? You want to deal with your feelings? Which particular feeling needs the most attention? Go ahead and look at what's on the shelves there; maybe that will help you make a choice. Shame? You feel like you've been carrying around a lot of shame? (The director asks the protagon-

nist to describe an event during her hospitalization when she felt this shame and asks her to choose a double and auxiliaries to enact the event in playback. Sitting beside her in front of the audience, the director asks the protagonist if events like these have occurred frequently in her life, and her response is affirmative. Then the director asks the crucial question, knowing the answer: "Did you take pills and drink when you felt this way?")

These six examples demonstrate our approach: The director and protagonist identify an issue and then enact a vignette of 10 to 15 minutes around the issue using the psychodramatic techniques of interviewing, role reversals, doubling, asides, mirroring, and scene setting. Each vignette deals with personal pain and self-defeating behaviors in some way, but the director always returns the focus to the addictive behavior.

Once convinced that the protagonist's problem is sufficiently serious, the director closes the vignette, walks to the "Available" shelves on the opposite side of the Sobriety Shop, and asks the protagonist to choose some quality to accept in return, something that will be helpful in recovery. The protagonist makes a choice, and the director then leads the protagonist in a vignette showing how the new, healthy quality will be used to enhance recovery and help avoid relapse.

## Variations in the Enactment

The director can end these vignettes in any of several ways:

1. After demonstrating the new behaviors, the director can take the protagonist out of the scene and ask the auxiliaries to re-enact it. This mirroring often produces considerable insight.

2. The director can help the protagonist internalize the new quality, as in this example:

Director: Where in your body do you feel this serenity?

Protagonist: Right here, in my heart.

Director: Close your eyes. Place your hand there, where you feel it. Feel the serenity in your heart. When you feel it is securely there, open your eyes.

3. The director can ask the protagonist to take a psychodramatic photograph of the scene and then hand the protagonist the psychodramatic photograph to keep.

4. With a particularly concrete protagonist, the director may objectify the quality as a material or an article.

5. With a particularly intuitive protagonist, the director may ask the protagonist to relate the quality to an emotion, a color, a sensation, or a memory.

6. The director can ask the protagonist to make a commitment to a trusted group member to use the new quality during that day.

7. The director can structure a mock Alcoholics Anonymous meeting in which the protagonist demonstrates how he or she will use the new quality in recovery.

Once the protagonist has adequately demonstrated the use of the new quality and has integrated it, the director thanks the protagonist, who rejoins the audience. The director can then engage a second protagonist with a different issue, ask the first protagonist to bring in a second "customer," or ask "Who in the group is dealing with a similar issue?" If several directors-in-training are present, the director can gracefully leave the stage to one of them, with a comment such as, "Say, Sandra, would you take over Sobriety Shop for me?" and take a seat. The director-in-training then becomes director and leads the next vignette.

Invariably, at least half the members of the group want to visit the Sobriety Shop, but there will only be time for a few. The director can deal with the first three or four who volunteer, choose the ones with the most energy, select the one or two patients that the treatment team has decided most need to work, have the group make a sociometric choice, or have all those who want to patronize the Sobriety Shop work it out themselves.

An alternative way to manage the time boundaries is to enact vignettes with two customers and, in the remaining time, invite all groups members who so desire to come into the Sobriety Shop, one at a time; each becomes a protagonist for three or four minutes. The director takes them in turn, helps them identify the quality they wish to exchange, and encourages them to say just a few words about it. Each protagonist writes the unwanted quality down on one of the "In" shelves and then identifies a worthwhile quality on the "Available" shelf. If time permits, the director can ask these protagonists to make a brief statement about how they will use the new quality or make a commitment to a peer about what they will do with it.

After each vignette, the director assists the protagonist in taking the auxiliaries out of role. In a fast-moving session, some patients will have played several roles, and if not taken out of role after the enactment, the patient auxiliaries become confused and their authenticity suffers. The director may be tempted to move quickly from one vignette to the next, but we have found that taking the time to take auxiliaries out of role between vignettes is essential.

The director must make a similar, but more difficult, choice regarding sharing. Sharing after a Sobriety Shop exercise has the same structure and the same value that it does after full enactments: It is a time for connecting the audience and the protagonist, for helping the group members identify with

the protagonist's issues, and for decreasing the feelings of isolation and vulnerability protagonists often experience after a session. The director has three choices regarding sharing after Sobriety Shop: (a) share after each vignette, (b) leave sharing to the end of the session, or (c) dispense with sharing in favor of giving everyone in the group an opportunity to enter the Sobriety Shop. Having tried all three approaches, we cannot identify any as being clearly superior in every situation and feel the director must decide on the basis of the group's needs. We have coped with the problem of inadequate sharing time after Sobriety Shop and after our other psychodrama sessions as well by having a process group following the psychodrama. This has allowed us to use the psychodrama session more effectively (Rustin, Blake, Garner, & Ellis, 1992).

Sobriety Shop also works well as a warmup to a full psychodrama. After introducing the setting, the director asks the group to identify what they want to turn in and what they want to acquire in return, and then the director goes around the room learning what each group member has selected. Next, the director selects just one group member to visit the shop and uses the transaction as a contract. The Sobriety Shop enactment leads to an emotional bridge, a social atom, or other means of moving the opening vignette into a full drama. The drama comes full circle when the protagonist obtains the new quality and demonstrates how he or she will use it.

### Therapeutic Advantages

Sobriety Shop has significantly enhanced our work with addiction treatment patients in two very different treatment programs: a chemical dependency unit in a private psychiatric hospital treating middle-class patients who are primarily alcoholics and one in the county psychiatric hospital where all patients are medically indigent and are primarily cocaine addicts. Interestingly, despite the patients' differences in social standing, education, financial stability, and family support, the issues brought up in the exercises have been remarkably similar at both treatment centers.

In most treatment centers, the patient population usually includes newly admitted patients as well as those who have been in treatment long enough to understand the treatment process and acceptable group behavior. We have not found this to be a major problem; in fact, doing a session around Sobriety Shop has proved to be an excellent way of introducing new group members into the psychodrama group. We disagree with Petzold (1971), who cautions against such a practice, stating:

We cannot recommend Magic Shop as a warm-up in a newly-formed group. The Magic Shop only achieves diagnostic and therapeutic value after a certain

group cohesion has developed, and more importantly, after the therapist has gained certain insights into the reactions and behaviors of the individual participants through previous psychotherapeutic work with the group. (p. 354)

Unlike Petzold, we have found that Sobriety Shop helps newcomers become more comfortable with the psychodrama process and begins their warm-up to deal with their personal issues in other therapeutic groups as well as in psychodrama. The fantasy elements, the clear structure, the opportunity for group interactions, and the informal nature of the exercise (especially with the therapist playing a role) appear to help inexperienced group members engage in the psychodrama process. Zerka Moreno commented on this aspect of Magic Shop in a recent chapter in which she described the use of Magic Shop in the treatment of an alcoholic family:

The element of what seemed to be pure play helped to make the closure a more lighthearted one than might otherwise have been achieved as there was a good deal of laughter in the course of this session. (Moreno, 1991, p. 70)

#### Advantages of the Program

As hospital lengths of stay become progressively reduced, directors must constantly deal with inexperienced groups. Devoting an entire session to Sobriety Shop serves as a group warmup for the subsequent session, allowing the group to move on quickly to the deeper issues. We have also found that when several consecutive sessions have dealt with extremely painful issues, Sobriety Shop provides a welcome break in the intensity without sacrificing progress. Sobriety Shop also helps integrate the group members' desires to deal with their individual issues in the psychodrama session with the group's "one primary purpose" (Alcoholics Anonymous World Services, 1952, p. 150), which is recovery from addicting chemicals; the most useful drama will be one in which the group's "central concern" is the focus of the session (Buchanan, 1980), as it always is in enacting Sobriety Shop.

Structured exercises such as Sobriety Shop can also assist the director who does not know the group members well in evaluating their appropriateness for psychodrama. How well do they suspend reality in order to participate? Can they role reverse, double, play a role, and set a scene? Are they willing to trust the group, to accept responsibility, to make commitments? Are they still confused, in denial, or detoxifying? The group tends to respect the boundaries imposed by Sobriety Shop, so inappropriate patients quickly become apparent but are rarely disruptive.

Because Sobriety Shop is well structured and focused, busy directors can use it on a day when their energy level is low or they have just completed an exhausting session with another group. In addition, directors-in-training can

lead the exercise, which gives them an opportunity to direct in a structured clinical situation under supervision. Occasionally, in a well-trained group with good cohesion, we have assisted a patient in leading the part of the vignette in which the dysfunctional qualities and the healthy qualities are identified. These variations permit a change of pace, which may allow the director to be more available and spontaneous in other groups later that day.

#### Conclusion

Sobriety Shop, a variation on Magic Shop for addiction treatment patients, expands the psychodrama director's options in dealing with a difficult patient population in the environment of diminishing treatment resources. This variation offers an opportunity for several patients to explore their issues in a single session, allows for wider group participation than full enactments do, and helps keep the focus of the group on addiction recovery. Patients enjoy the spontaneity and playfulness of the exercise, joining in immediately; they quickly drop their defenses, which permits them to deal more authentically with their issues.

From the director's perspective, Sobriety Shop provides an avenue for patient evaluation, a chance for relief from a series of stressful sessions, and a method for introducing new patients to the psychodrama process. From the trainer's point of view, Sobriety Shop provides a chance for trainees to direct in a structured environment under supervision.

Some directors seek intense catharsis in every drama; some pride themselves on the intricacy or the epic nature of their enactments. Sobriety Shop vignettes may progress to catharsis and at times are dramatic, but most are not. However, our experience has been that catharsis, intensity, and high drama are often less important for the recovery of our patients than honesty, a willingness to share their issues, and learning how to trust others. Thus, a simple Sobriety Shop exercise, which is less fulfilling to the director than a passionate multilevel enactment, may actually be of greater value to the patients in maintaining their abstinence.

We hope our enthusiasm for Sobriety Shop will encourage other therapists working in addiction treatment settings to try this variation on the classic Magic Shop exercise with their patients and to develop other creative variations as well.

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## REFERENCES







- Alcoholics Anonymous World Services. (1981). *Twelve steps and twelve traditions*. New York: Alcoholics Anonymous World Services.
- Blatner, A. (1988a). *Acting in: Practical applications of psychodrama* (2nd ed.). New York: Springer.
- Blatner, A. (1988b). *Foundations of psychodrama: History, theory, and practice*. New York: Springer.
- Buchanan, D. R. (1980). The central concern model: A framework for structuring psychodramatic production. *Group psychotherapy, psychodrama and sociometry*, 33:47-62.
- Fuhlrodt, R. L. (Ed.). (1990). *Psychodrama: Its application to ACOA and substance abuse treatment*. East Rutherford, NJ: Perrin.
- Holmes, P., & Karp, M. (Eds.). (1991). *Psychodrama: Inspiration and technique*. London: Tavistock/Routledge.
- Leutz, G. A. (1974). *Psychodrama: Theorie und praxis* [Psychodrama: Theory and Practice]. Berlin: Springer-Verlag.
- Leveton, E. (1992). *A clinician's guide to psychodrama*. New York: Springer.
- Marineau, R. F. (1989). *Jacob Levy Moreno, 1889-1974*. London: Tavistock/Routledge.
- Moreno, Z. T. (1991). Time, space, reality, and the family: Psychodrama with a blended (reconstituted) family. In P. Holmes & M. Karp (Eds.), *Psychodrama: Inspiration and technique*. London: Tavistock/Routledge.
- Olsson, P. A., & Fankhauser, J. (1970). The BUD and its resolution through psychodrama. *Group Psychotherapy and Psychodrama*, 22, 84-90.
- Peizold, H. (1971). Die therapeutischen möglichkeiten der psychodramatischen "Magic-shop-Teknik" [Therapeutic possibilities of the psychodramatic "Magic Shop Technique"]. *Praxis de Psychotherapie*, 19(4), 354-369.
- Ruscombe-King, G. (1991). The psychodramatist and the alcoholic. In P. Holmes & M. Karp (Eds.), *Psychodrama: Inspiration and technique*. London: Tavistock/Routledge.
- Rustin, T. A., Blake, R., Garner, B. A., & Ellis, E. (1992). Use of a process group following psychodrama enactments. Unpublished manuscript.
- Warner, C. D. (1971). *Psychodrama training tips*. Hagerstown, MD: Maryland Psychodrama Institute.
- Weiner, H. B., & Sacks, J. M. (1969). Warm-up and sum-up. *Group Psychotherapy*, 22, 85-102.
- Wilson, K., & Goldman, E. E. (1991). Doorway to the past: Use of action techniques with adult children of alcoholics. In P. Holmes & M. Karp (Eds.), *Psychodrama: Inspiration and technique*. London: Tavistock/Routledge.

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