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Effects of Interview and Role Reversal on Overweight Psychiatric Patients' Perceptions of Body Image

Karl E. Staven

Overweight patients were asked to choose the body outline which most closely represented their own from a group of twelve body outlines. In a large psychiatric hospital, thirty in-patients who were labeled as having body image problems made two choices. One group of ten subjects did nothing between choices; one group of ten subjects described their bodies in response to descriptive questions; and the final group of ten subjects reversed roles with three different persons or objects and then responded to the same questions. Judges ranked each choice for accuracy. It was predicted that the rated accuracy would show greater improvement for the role-reversal subjects than for those in the control groups. The role-reversal subjects' accuracy did improve significantly ($p < .05$), while neither control group changed significantly. There is a discussion of possible explanations for the role reversal's effectiveness in this study.

Obesity can affect people in many different ways, both physically and psychologically. One area often affected by excessive weight gain is a person's perception of his or her physical size. Studies have shown that overweight individuals tend to overestimate their body size and shape when compared to control groups (Bailey, Shinedling, & Payne, 1970; Garner, Garfinkel, & Moldofsky, 1978; Schonbuch & Schell, 1967).

Previous Studies

Different methods have been used to obtain body size estimates. Garner, Garfinkel, Stancer, and Moldofsky (1976) tested 16 females

who were 25% to 75% over average weight by using an anamorphic lens to distort slides of the subjects. Forty-three percent of the obese subjects overestimated their size as compared to 10% of the controls. Shipman and Sohlkhah (1976) used a distorting mirror to test 37 obese females' self-perceptions. The obese subjects adjusted the mirror to make themselves "substantially broader" than the controls. Another method was used by Collins, McCabe, Jupp, and Sutton (1983). They displayed a video image representation of the body's image on a television monitor modified to under- or over-represent the actual body shape by 50%. All 68 subjects, females attending weight reduction courses, significantly overestimated their body size. Regardless of the body image measurement used, overestimates have been found to occur again and again.

Western society tends to hold negative views toward obesity. Beauty is currently represented by images of svelte or athletic men and women in both advertising and media. Therefore, when individuals picture themselves as larger than they actually are, they are placing themselves in a more socially stigmatized category. While the body image disturbance is a problem that needs to be addressed, effective and lasting methods of altering a person's perception of self are difficult to find. Therapy and weight reduction have been found to be effective means of changing faulty body perception in several studies (Collins, McCabe, Jupp, & Sutton, 1983; Solow, Silberfarb, & Swift, 1974). Other studies, however, have shown that weight reduction did not help correct faulty body image (Glucksman & Hirsch, 1969; Grinker, 1973).

The present study investigated the effectiveness of interview and role reversal in altering faulty body image. Role reversal has been known as a therapeutic technique for many years (Moreno, 1946). Role reversal asks two individuals to trade positions and viewpoints. It asks each to try to think and act as the other would. One assumption behind this technique is that looking at the situation and self through another's eyes will help one to understand how one is perceived by others. In this study role reversal was used in an effort to allow the subject to view his or her body without as much personal bias and distortion. It was hypothesized that role playing a more objective observer would enable the subject to gain a more objective view of one's own body.

Research information about role playing as an effective intrapersonal change agent has shown the process to be potent in changing attitudes. Johnson (1967) completed a study in which bargaining parties altered their positions after role reversing. Janis and King's study (1954) indicates that verbal conformity elicited by role playing can significantly influence the acceptance of new beliefs. Both Culbertson

(1957) and Sarrup (1981) have found role playing to produce attitude change on issues of high importance. Other researchers (Harvey & Beverly, 1961; Elms, 1966; Plummer, 1982) have completed studies which document attitudinal change as a result of role playing. Whether role playing's ability to change attitudes is also effective in altering a person's internal picture is the subject of this study.

Method

Thirty subjects for this study were chosen from a public psychiatric hospital's population of nonpsychotic inpatients. Twenty-two female and eight male patients volunteered after being asked if they would be willing to help the experimenter "find out how people feel about their bodies." They were selected from a list of patients submitted by ward clinical dieticians and ward staff as having body image problems. These problems included seeing themselves as larger or smaller than they actually were or viewing excess body mass as well-defined muscle. After signing a consent form, the subjects were randomly assigned to either the experimental group or to one of two control groups of ten people each. All subjects were interviewed individually and asked to choose from a series of twelve body outlines the one which most closely resembled their own body outline. (See Figure 1.)

One control group was instructed to carry on with their ward activity (watching television, smoking, etc.) and was handed a second choice of twelve body outlines approximately ten minutes after the first. The body outlines on the second sheet had been rearranged so the subjects could not make their second choice based upon their memory of the page location of their first choice. The second control group talked to the experimenter about their bodies, responding to the same questions asked in the role reversal group, but as themselves. After describing their bodies, the group members made a body choice on a second sheet. The experimental group was asked to reverse roles with, first, a clothing store salesperson, then a weight scale, and then a doctor. These three roles were chosen because most patients have encountered them and because in them they would express more objective or professional viewpoints. While in the position of the other, subjects were asked to describe "their" bodies. The experimental group subjects were randomly asked a third of the total questions in each role to ensure that they did not respond to more total descriptive questions than the second control group. (See Figure 2.) After this role reversal procedure, the individuals made a choice on the second sheet of body outlines.

Figure 1.—Twelve Body Outlines

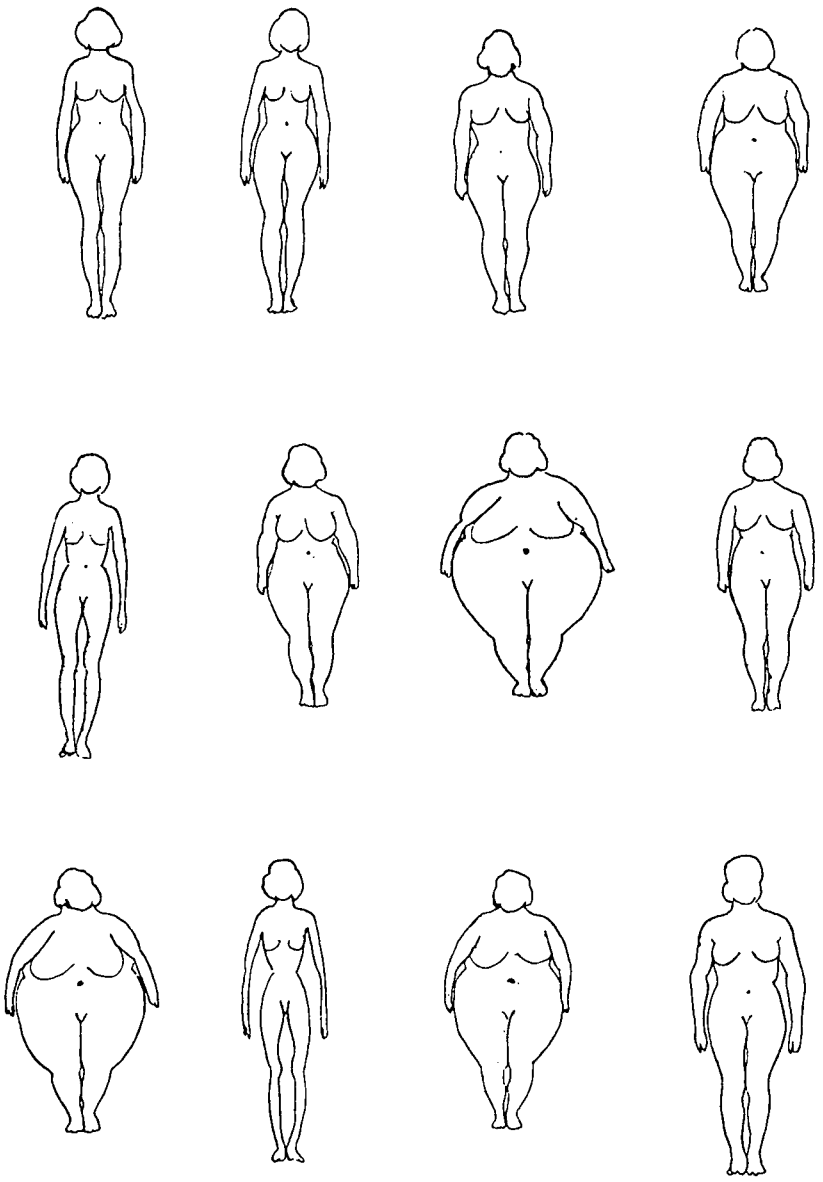

Figure 2.—Body Image Perception

1. What does he/she look like?
2. Anything particularly noticeable about his/her body?
3. How would you describe *this* body?
4. Have you heard anything about him/her?
5. Let me motion him/her over. How is he/she moving?
6. Notice anything now that he/she is closer?
7. Smell anything?
8. Can you describe his/her legs?
9. Arms?
10. Chest?
11. Neck?
12. Thighs?
13. Waist?
14. How does he/she look from the side?
15. Can you give me a final description? Thank you very much.

Three judges viewed each subject and the subject's choice within a week after the interview. The judges were blind to the experimental manipulations and did not know the structure or purpose of the study. The judges independently ranked each subject's choice from seven to one in relation to accuracy. The subject's pre- and post-choices were randomly ordered before being viewed by the judges in an effort to prevent any possible improving or worsening patterns from being readily discernible.

Results

When all of the data had been collected, an analysis of variance was used with the judges' ratings to determine interrater reliability. The analysis of variance for the pre-ratings is summarized in Tables 1, 2, 3. The estimate of the reliability of the average of the three ratings made on each subject is

$$r = 1 - \frac{\text{MS w. people}}{\text{MS between people}} = 1 - \frac{3.38}{132.23} = .97.$$

The same reliability was found for the post-ratings. Thus the interrater reliability was very high and the rating mechanism (seven to one, inaccurate/accurate) was judged to be reliable.

Once interrater reliability had been indicated and no judge was found to be systematically rating differently from the other two, a *t*-test

on the paired differences of the ratings was completed for all three groups. The first control group subjects, who had continued in their regular activities between tests, were found to decrease in the accuracy of their choices over time ($t = 1.07$). The second control group, which had responded to descriptive questions, had a slight increase in the rated accuracy of their choice ($t = .94$). Neither of the movements of these two groups was statistically significant. The experimental group's mean accuracy rating significantly improved after the role reversal ($t = 2.13$, $p < 0.05$).

Table 1—Analysis of Variance (Pre-Ratings)

Source of variation	ss	df	MS
Between people	246.46	2	132.23
Within people	94.7	28	3.38
Total	359.16	30	

Table 2—Analysis of Variance (Post-Ratings)

Source of variation	ss	df	MS
Between people	238.5	2	119.25
Within people	94.0	28	3.36
Total	332.5	30	

$$r = 1 - \frac{\text{MS w. people}}{\text{MS between people}} = 1 - \frac{3.36}{119.25} = .97$$

Table 3—Paired Differences

Group	Pre-average rating	Post-average rating	d	sd	t
Continue activity	3.7	4.19	-.49	1.45	-1.07
Interview	4.39	4.04	.35	1.18	.94
Role reversal	4.46	3.34	1.12	1.66	2.13

Discussion

The results of the study indicate that there is a statistically significant relationship between role reversal and improvement in accurately choosing self-representative body outlines. However, the small size of the group samples ($n = 10$) makes any and all implications highly tentative. In addition to the results of the t-test, the role reversal group was found to have the subject with the largest average positive change (4.7 vs. 2.7 vs. .7), the least number of total negative rating changes (1 vs. 4 vs. 3), and the largest number of total positive rating changes (7 vs. 4 vs. 2). All of these differences, though not significant, serve to augment the indication that role reversal has a stronger positive effect than self-description or choice alone.

There are several possible reasons for this. One is that playing the role of another might allow an individual to look at his own condition more objectively. Whereas a person might be reluctant or unable to describe his weight or size in a dyadic conversation, he may be able to describe his physical shape quite easily when he is picturing that body as a third person.

According to cognitive dissonance theory (Festinger, 1957), when dissonance exists, a person will actively attempt to avoid situations and information which would increase dissonance. After role playing an object or person that is supposedly "objective" or "truthful" in its ability to describe, an individual would return to his own role with his verbal descriptions in the role of x dissonant with his own statements about his physical size. If the person is unable to deny his role-reversal descriptions, the only way to reduce this dissonance would be to choose a body outline more like the ones described by the roles he played. Unable to avoid the statement that was easy to make in another role, cognitive dissonance might force an individual's accuracy rating to improve.

Another explanation centers around attention and focus upon the body. Role reversal could have been more effective in this case because of its utility as an attention focusing device. Attentional processes have been given a central role in the understanding of human behavior ever since Tichener (1908) first began to discuss them. Because novelty and importance are two principles of attention which are frequently cited (Berlyne, 1960, 1974) as having primary roles in directing attention, the novelty of role reversal may have been a part of its indicated effectiveness here. Individuals who have a difficult time staying on the subject of their body or who actively avoid confronting their actual appearance could have had attention focused on their body in ways they were not used to avoiding. Hovland, Janis, and Kelley (1957) state that

"the ego-involving task of verbalizing a communication to others probably induces greater attention to the content . . ." (p. 230). Since the more an individual pays attention to an area the less likely he is to ignore it, role reversal might be a method of bringing attention and verbal expression to a subject avoided by a person in his own role.

Even though role reversal was found to be effective in increasing self-rating accuracy (on a body outline choice), the small sample and the type of population used suggest the need for more studies in this direction. If, through further research, role reversal is proven to be an effective perceptual change agent, it could become a valuable clinical tool in the doctor/patient setting. Patients who perceive their bodies as being much larger, smaller, shaplier, or more muscular than they actually are and who maintain this stance even in the face of considerable opinion to the contrary might accept the reality of their physical condition through the technique of role reversal. Although the longevity of role reversal's effectiveness was not tested here, any opening in the patients' defenses could be helpful to the doctor or therapist.

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Karl E. Staven is a candidate for a master's degree in education with specialization in counseling and consulting psychology at Harvard University, June 1985.

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Address: Karl E. Staven
416 Child Hall
Harvard University
Cambridge, MA 02138

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Charismatic Leadership in Psychodrama

Peter Felix Kellermann

Both individuals and groups need to idealize their therapist at one time or another during treatment. In psychodrama, the charismatic situation is sometimes utilized by directors who deliberately use their personal power to influence their patients. It is concluded that while the charismatic situation is inevitable in the initial stages of treatment, in the long run, it is detrimental to an independent growth process and is also potentially harmful for the leaders themselves. Some general guidelines are suggested for leadership in psychodrama.

The Rebbe of Kotzk prayed to God: "Master of the Universe, send us our Messiah, for we have no more strength to suffer. Show me a sign, O God. Otherwise . . . otherwise . . . I rebel against Thee. If Thou dost not keep Thy Covenant, then neither will I keep that Promise, and it is all over, we are through being Thy chosen people, Thy peculiar treasure."

In times of general misfortune, people search for a messiah or some other all-powerful authority to give them support and guidance. Today the prestigious heritage of the messiah is represented in our culture by the priest, the physician, or the psychotherapist, to whom we attribute magical powers and certain godliness. Some forceful personalities because of their personal charisma are more likely than others to be assigned the role of messiah. While most of these authorities refrain from doing more than interpreting the patient's idealization of them as transference manifestations, there are a few who use their personal powers to influence patients, thereby playing the role of ideal authorities.

One of the latter types was J. L. Moreno, who, much like a guru, enriched the "magic" powers of psychodrama with his own charismatic personality. He sometimes deliberately played the role of the loving

father in order to reinforce or to subdue the parental image, or to introduce himself as an ideal parental substitute. The following generation of psychodramatists continued this tradition using Moreno as a role model. Some even went so far as to recommend that "the good psychodrama director must, like Moreno himself, have certain charismatic qualities" (Greenberg, 1974, p. 20), and that "acting omniscient and clairvoyant was part of the character of being a psychodrama director" (Yablonsky, 1976, p. 9). This paper will attempt to evaluate these recommendations. The following variables of leadership will be included in my discussion: (1) the personality of a charismatic leader; (2) individual followers and their idealization; (3) the obedient group; (4) the psychodramatic situation; and (5) the therapeutic value of charismatic leadership.

The Personality of a Charismatic Leader

Charisma is defined as that personal quality which gives an individual the capacity to elicit popular support for his or her leadership. While many features (e.g., beauty, charm, brilliance, wit, altruism) may also arouse love and admiration, charisma specifically refers to spiritual powers, personal strength, forceful character, and to the ability to excite, stimulate, influence, persuade, fascinate, energize, and/or mesmerize others. According to Zaleznik (1974), these persons all "have the capacity to secure emotional ties of others to themselves" (p. 223).

Charisma may be manifested, for example, in the leaders' use of language (demagogic skills), in mime ("hypnotizing" eyes), and/or in their general appearance (assertiveness). Most charismatic leaders act as if they know what they are doing, they are strongly attached to a belief system, and they often see themselves as called to fulfill some historic mission. "Without shame or hesitation, they set themselves up as the guides and leaders and gods of those who are in need of guidance, of leadership, and of a target for their reverence" (Kohut, 1978, p. 826).

In group psychotherapy and psychodrama there are all shades and degrees of charismatic leaders. While their status (and one hopes their competence) inevitably cast them in a role of authority (Singer, 1965), they may be more or less democratic, authoritarian, narcissistic, and empathic. As compared with democratic leaders, they are ideology- rather than reality-oriented, rely on personal appeal and power rather than on decision making by consensus, demand adaptation rather than accept different opinions, summon rather than delegate authority, and canalize rather than coordinate power (Scheidlinger, 1982). But, as compared with the authoritarian personality described by Adorno,

Frenkel-Brunswik, Levinson, and Sanford (1950), they may also be highly unconventional, unprejudiced, and tolerant and without the desire to dominate and control the lives of others. One such charismatic, nonauthoritarian leader was described by Lieberman, Yalom, and Miles (1973) as "expressing considerable warmth, acceptance, genuineness, and caring for other human beings" (p. 29).

Many charismatic leaders might be conceived of as narcissistic personalities with a very high emotional investment in themselves. They are often preoccupied with fantasies of unlimited success, power, or brilliance and with feelings of self-importance and grandiosity. Some of them are inclined towards exhibitionism, and their relationships alternate between the extremes of overidealization and devaluation (Kohut, 1978).

While many charismatic leaders have little empathy with the inner life of others, some of them appear to show genuine concern for the well-being of their followers. Perhaps Freud (1931) thought of these leaders when he wrote: "People belonging to this type impress others as being 'personalities'; they are especially suited to act as support for others, to take on the role of leaders and to give a fresh stimulus to cultural development." (p. 218).

Although charisma rests on the extraordinary powers of the charismatic leader, it would be a mistake to assume that it could exist without a minimum of voluntary obedience on the part of the followers. This particular interdependence between the leader and the led has been investigated and discussed in sociology (Weber, 1953; Parsons, 1967) social psychology (Hollander, 1967), sociometry (Jennings, 1950), group dynamics (Lippit & White, 1958), group psychotherapy (Scheidlinger, 1982; Berman, 1982), small-group research (Hare, 1976), psychiatry (Rioch, 1971; Deutsch, 1980), and psychoanalysis (Fromm, 1941; Schiffer, 1973).

Individual Followers and Their Idealization

There may be many reasons why people idealize authorities.

Individuals under stress, for example, will idealize any psychotherapist who gives them reason to believe that he or she can help them. Lonely, oppressed, depressed, and insecure individuals tend to regress to childhood states of dependency and helplessnes when they encounter people who try to be of assistance. Everybody finds it a relief to have someone strong and secure to turn to for consolation and support.

Idealization is to a large extent a survival of infantile, sometimes unconscious, fantasies that stem from the magical powers projected by the child upon the parents. For example, rescue fantasies may be at-

tributed to a mother or protective powers attributed to a father. The therapist, seen as a parental figure who is all-understanding and tolerant, thus serves as an object of identification and an ego ideal in the same manner and for the same reasons as the parents once did.

Obedient Groups

Not only individuals but also groups of all sizes provide a fertile ground for idealization of leader and the infantilization of group members.

Belonging to a group seems to encourage people to give up their personal responsibility and transfer it to the leader (Fromm, 1941). According to Freud (1921), "a group is an obedient herd, which could never live without a master. It has such a thirst for obedience that it submits instinctively to anyone who appoints himself its master" (p. 81).

One reason for this is that the group offers collective identity, explicit ideology, solidarity, cohesion, and some form of messianic hope which has a great appeal to individuals. Further, the group has the potential to satisfy interpersonal needs for inclusion (feeling that "I belong"), control (feeling that "I trust"), and affection (feeling that "I love") (Schutz, 1960). This last need, the need to love, is emphasized by Newman (1983), who describes the effects of "superstar" charisma through the analogy of the Pied Piper:

> When the charismatic leader pipes his tune, the feeling aroused in us goes far beyond listening and agreeing. It becomes adoration. I have heard people say, "I never listen to the words he says, I just adore." This is a feeling especially associated with love-sick adolescents. In my day it was called "having a crush" on someone. It is proverbially known to be blind, unarguable, beyond discussing. (p. 205)

Another need which is satisfied by the group is the need to be dependent. Groups that act as if they have no powers of their own are described by Bion (1961) as Basic Assumption Dependency groups.

> The essential aim of the basic assumption dependency group is to attain security through and have its members protected by one individual. It assumes that this is why the group met. The members act as if they knew nothing, as if they are inadequate and immature creatures. Their behavior implies that the leader, by contrast, is omnipotent and omniscient. (Rioch, 1970, p. 59)

Such dependent groups are similar to religious sects or extremist political groups in their aim to escape freedom (Fromm, 1941).

To sum up: It seems that whether we like it or not, and whether we try to induce it or to prevent it, at one time or another individuals and groups have the need to submit in shared admiration for their therapist.

The Psychodramatic Situation

While there are many styles of leadership in psychodrama, the classical style includes several charismatic features. Such leadership demands that the director have the ability to preside over a session in a fairly godlike fashion. According to Polansky and Harkins (1969), directors must possess interpersonal energy, moment-to-moment inventiveness, and occasional controlled flamboyance in a measure not available to everyone. Leaders are trained to function in a variety of roles, including those of parent, wizard, hero, and god, and for a few of them, "psychodrama offers a seductive lure of power and narcissistic gratification" (Sacks, 1976, p. 61).

For some charismatic directors, the use of psychodramatic techniques and procedures becomes less important than the use of their own personalities to activate, stimulate, and energize protagonists. Their charisma may become the most powerful instrument for warming up protagonists and group members to spontaneous action. Aware of the regressive needs of protagonists, these directors arouse confidence by inducing a hypnotic-like state of suggestion in order to establish a close working relationship rapidly. In a surprisingly short time, this relationship may become one in which the director is endowed with extraordinary powers and the participants are admiring followers. Once this situation has been established, the director tries to offer a "corrective emotional experience," a sort of re-parenting experience, where he or she functions as a substitute ideal parent.

The method of psychodrama is especially likely to produce a charismatic situation. Through the introduction of as-if techniques, like "magic shop" and "auxiliary world," and through the maximization of imagination, deliberate efforts are being made to change the experience of everyday reality to a dream-like state of imaginative surplus reality. Despite protagonists being discouraged from transferring feelings upon the director (transferences are carried off and discharged upon auxiliary egos), and despite the director's effort to establish a transference-free (tele) relationship with protagonists (Kellermann, 1979), some directors will remain the target of idealization. Further, while such techniques as role reversal, sharing, action sociometry, processing, and direct encounter act to neutralize love-transference,

protagonists will remain dependent as long as the director continues to play god.

The most outstanding example of charismatic leadership in psychodrama, according to accounts in the literature, seems to be that of J. L. Moreno. Yablonsky (1976) narrated:

> All attention focused on Dr. Moreno, who appeared suddenly from the wings like a magician. He stood quietly in the center of the stage for several minutes, simply surveying the group. He had a happy-omnipotent look on his beaming face. . . . Although he stood silently on the stage for two to three minutes, his presence seemed to produce emotional waves. (p. 8)

According to Kobler (1962),

> Moreno's personality combines the verve and flamboyance of a master showman, which he indeed is, with the roguish charm of a Viennese *bon vivant*, which he once was. Massive and broad-browed, he wears his dandy hair in the Bohemian artist's style of yesteryear, longish and curling over the ear. His blue eyes are heavy-lidded, giving him an expression at once somnolent and watchful. His language, embellished by a lilting Austrian accent, tends to be epigrammatic, poetic, paradoxical. (p. 36)

Blatner (1966) noted that he had an amazing "healing touch": "I have heard the term 'charismatic' applied in speaking of Dr. Moreno, and at times, I feel this is consistent with my observations of him in relation to groups" (p. 129).

Naturally, people reacted in various ways to Moreno, and not everybody was mesmerized by his personality. However, as many people did find him charismatic, he is a suitable illustration to the present discussion. As an idealized leader, Moreno provided a role model for generations of psychodramatists and still plays an important part in the dynamics of the psychodramatic community. Like a shaman, Moreno was a typical outsider, who achieved his status in the ritual realm to compensate for his exclusion from authority in the psychiatric establishment. According to his wife, Zerka T. Moreno (1976),

> To the psychiatric fraternity, he was a problem; his views of man and his interpersonal and intergroups relations flew in the face of all that was being taught. He was just too controversial, too personally difficult to accept; a maverick, a loner, a narcissistic leader, charismatic but aloof, gregarious but selective, loveable but eccentric, unloveable and appealing. (p. 132)

In the institute bearing his name, Moreno was called simply "The Doctor," thus being assigned the magic healing power of the physician. But instead of correcting these fantasies about himself he emphasized the element of imagination and thus (perhaps unintentionally) encouraged everyone to set him up as a target for their admiration. In this way it is probable that Moreno also satisfied his own narcissistic wish to be God. A study of Moreno's work makes us question whether his preoccupation with psychodrama, sociometry, and group psychotherapy, and with the issues of God, moment, encounter, spontaneity-creativity, role-playing, etc., were largely autobiographical and the result of his own introspection. It seems to the present author that a narcissistic theme runs through his theoretical work like a red thread. This narcissism probably contributed much to his charismatic type of leadership.

As was true of Freud, Moreno preferred to be surrounded by followers rather than peers. But he was more than a teacher to most of his students: he was a father-figure to look up to and be loved by; a kind of "godfather" who talked to his students as if they were his offspring. While some resented being talked to like this and rejected seeing him as a father figure, others gave their permission to be adopted as his children. No professional boundaries were maintained with his patients; and friends, relatives, employees, and colleagues were treated as patients in psychodrama. They were all brought together to form a cohesive, psychologically inbred group of which he was the leader. The devotion of his followers and his own dedication to the "cause" almost led to the development of a psychotherapeutic cult. However, "as his followers became men and women with powers of their own, Moreno often pushed them away, or they left him" (Fine 1979, p. 436).

The Therapeutic Value of Charismatic Leadership

Given the capacity that charismatic directors seem to have for bringing about change in their protagonists, the harnessing of such powers could perhaps be very useful to all practicing psychodramatists. On the other hand, if such change is solely the result of suggestion and magic, then perhaps psychodrama directors should instead concentrate on learning how to avoid using charisma in their professional capacity. The use of charisma for the purpose of influencing behavior raises not only technical questions about the most effective way of doing this but also profound ethical questions. For example, while most of us have strong reservations about charismatic leaders who misuse their power to dominate people, we may feel differently about leaders who use it to try and improve the situation of others.

Elements of charisma may be found in many psychotherapeutic ap-

proaches, for example in supportive, time-limited, and various kinds of group psychotherapy as well as in those approaches based on patients' hopes and expectations (Frank, 1973). The value of these approaches, however, is very difficult to evaluate because so many variables are involved—suggestibility, placebo effect, persuasion, spontaneous remission, faith healing, magic expectations, doctor-patient relationship, fame and popularity of the therapist—and because so many varieties of charisma are possible (e.g., demogoguery, appearance, confidence, integrity).

Advocates of the use of charisma claim that the immediate relief experienced by an individual influenced by a powerful personality is proof enough of its validity. However, critics claim that any improvement achieved under these circumstances is only temporary, that as soon as the supportive agency disappears and the charismatic influence wears off, the problems tend to return. Cures of this type are sometimes characterized as "transference cures" since the patients thus helped are said to be merely responding to a powerful and protective (parental) authority. According to Berman (1982), "such cures . . . may end at some point with bitter disappointment, with a sense of being betrayed by 'a god that failed' " (p. 198).

Lieberman, et al. (1973) have presented perhaps the most systematic data about the effects of a charismatic leader upon a group. Their study showed that such leaders were both very influential and able to evoke change and also had the most casualties in terms of dropouts from the groups. In a discussion of therapeutic improvement in relation to the therapist's personality, Wolberg (1977) concludes:

> During early phases of therapy there is often an immediate and dramatic relief of symptoms brought about by such positive factors as the placebo influence, emotional catharsis, idealized relationship, suggestion, and group dynamics. There is some attitude and behavior change but little or no reconstructive personality change. (p. 56)

It would therefore seem that if charismatic leadership in psychodrama is at all useful, it is in the initial warm-up phase and in the early dependency phase of treatment, when the development of group cohesion is a paramount issue and individuals need the leader as an ego ideal and object of identification. Thereafter, leaders must be able (and willing) to allow individuals to move on towards autonomy (Rutan & Rice, 1981). When this is not allowed to happen, the patient's ability to see reality as it is is hampered, thereby causing much damage in the therapeutic process. For, learning to see who the therapist really is is one of the unavoidable steps in acquiring a greater capacity for reality testing and for achieving autonomy. The distortion of reality inherent

in idealization leaves the patient a child, unable to grow up. And sooner or later patients will realize that they were cheated by a leader who did not challenge their flattering idealizations. When this happens, those who were deceived are justifiably angry and disillusioned (Greben, 1983).

In the long run, charismatic influence is detrimental to independent growth processes. Thus, charismatic psychodrama directors, who offer themselves as substitute "good" parents, actually prevent maturation by encouraging messianic expectations. Psychodramatists who rely on magic and faith healing and who promise miracles if their followers will only submit to their dominance, "are definitely anti-therapeutic" (Liff, 1975, p. 121).

It should be noted that the charismatic situation is as potentially harmful for leaders as for their patients. For one thing, this type of leader stands in danger of beginning to cultivate the role of magician. And, once having been drawn into meeting idealized expectations, it is difficult to change one's role.

Second, the countertransference possibilities in such a situation are boundless and very subtle, the most obvious danger here being that the leader will fail to perceive that the idealization is a transference and will begin to accept it as reality. Such leaders "feed their own self-esteem at their patient's expense . . . and since the line between 'reparative' and 'destructive' is so thin . . . there are only 'bad' narcissistic therapists" (Volkan, 1980, p. 150).

Finally, such therapy runs the danger of deteriorating into a *folie-a-deux*, where both leader and patient are trapped in a closed system that encourages mutual exploitation and corruption. It is in cases such as this that psychotherapy is misused to produce cults. According to Temerlin and Temerlin (1982), this cult mentality may be observed in many psychotherapeutic approaches—humanistic, experiential, and psychoanalytic—in which "the leader does not consider patients' idealization to be a transference, to be understood as part of treatment, but uses it to encourage submission, obedience, and adoration. Patients become true believers with totalistic patterns of thought, increased dependence, and paranoia" (p. 131). While psychodrama never became a cult in this sense, Gonen (1971) observed certain "cultish aspects" which may have "done much to retard its entrance into the mainstream of psychiatry" (p. 199).

Leadership Guidelines

In conclusion, the following general guidelines are suggested for all types of leadership in psychodrama:

(1) that leadership be based not only on irrational personality factors (e.g., demogogic skills) but also on rational (professional) competence;
(2) that leaders endeavor to reduce the inequality between themselves and their followers and not to increase their own power;
(3) that leadership should be evaluated and criticized regularly;
(4) that leaders should be sensitive to their followers' temporary need to idealize;
(5) that leaders be able to work through the feelings of disappointment which arise in individuals and groups when their dependency needs are not satisfied;
(6) that leaders have the capacity to make adequate assessment of their own assets and defects and not rely on the power attributed to them.

The psychodrama director is an ordinary person with an extraordinary, demanding job. He or she is not a magician but a reasonably spontaneous and creative individual, generally with more than an average amount of integrity. Being *oneself*, with one's human limitations, role repertoire, and authenticity, seems to be a basic requirement. It is therefore possible to function as a director without acting omnipotent.

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Peter Kellermann is a clinical psychologist in private practice in Jerusalem.

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Address: Peter Felix Kellermann
5,Mapu Street
Jerusalem I-94 189
Israel

An Approach to Difficulties Caused by Evolving Family Expectations: Social Atom Theory

Rory Remer

Increase in family and personal stress, particularly around holidays, is examined from a psychodramatic theory perspective using the concept of the social atom. Based on a brief overview, the interpersonal and personal systems dynamics involved are explored. Some possible interventions are addressed. The case is made for social atom theory providing a unified approach to both explanation and possible intervention consistent with other family systems perspectives. Cautions are also offered.

"There's no place like home for the holidays" is a statement with which we are all familiar. However, the assumed positive connotations expressed are not necessarily, nor even usually, the case.

Although there are no specific data available about the incidence of general mental health stresses, at least on a monthly or daily basis, it is popularly held that there is a marked increase in emotional problems around holidays. Problems in or associated with families are no exception. Why do these frictions occur? Why are holiday periods times of more acute distress? What, if anything, can be done to alleviate the situation?

Family Evolutions

Much has been written about the vast pressures on and changes in family structure in today's society (Goldenberg & Goldenberg, 1980;

Okun & Rappaport, 1980). Increased ability of family members and consequent distances between them are facts.

The expectations for family members based on the myth of a unified, supportive, extended family structure may not approach the realities of the actual situation. For example: Thanksgiving is popularly seen as a time for family togetherness, for joyful contact, for good cheer. The reality may be that Thanksgiving is a time to fight over which in-laws to visit, whose turn it is to host the meal for the clan, or "Why don't we just stay home to rest?" Even if the family structure does approximate the family myth, there is always the fear that change will occur, perhaps with the next child or next generation.

Of course, expectations and pressures are constantly present. During holiday seasons, dominant culture suggests, if not demands, family contact. These additional demands heighten awareness of incongruence between reality and the family myth.

Social Atom Theory

To cope with the pressures effectively, not only at their height but at other times, it is important to have a model from which to work. While what is the "best" perspective is a moot point, a viable model should address cultural, social, and psychological dimensions. Social atom theory, an aspect of psychodramatic theory (Moreno, 1953), is one very useful perspective.

Psychodramatic theory is culturally, socially, and psychologically oriented. It posits that people are social animals (i.e., they need social contact/interactions for survival). Social atom theory provides a framework for understanding interpersonal interaction—why others are important, how they are chosen, and what type of impact they will have on a person's life.

According to the importance they wield in one's life, people in one's social atom can be categorized into three types: collectives, individual atoms, and psychological atoms. The importance or impact of a person is characterized by the degree of "warm up": the amount of energy for interpersonal interaction engendered by that person through anticipated or actual personal contact. The warm up can be positive or negative and in some way indicates a need for action ("act-hunger") in the individual.

An example may help to clarify the definition. When you walk down the street, you usually see people. If the person you see is someone with whom you are familiar (that is, someone in your social atom), a warm up is engendered. If the warm up is weak, the response may be a nod or

a simple "hello"; if strong, the response may be a hug or a long talk; if negative, the reaction may be anywhere from a frown to an angry exchange. Similar responses can also be stimulated by thinking of a particular person. The level of the social atom to which the person belongs dictates the strength and type of action/reaction produced.

Collectives, the first level of the social atom, are social groups such as clubs, church congregations, school classes, or regulars at one's local "watering hole," or people at parties one attends. They are usually open groups (people come and go from them) of relatively indeterminate length of existence: they may last a few hours or some years. An individual usually is a member of many collectives simultaneously during a lifetime. Because of the low level of warm up, members of a collective might be called acquaintances. Seldom will a person who is *only* at the collective level of the social atom be a member in more than one collective of another person. A collective member will have impact or satisfy need in only one area of a person's life.

The *individual atom* is the next level of the social atom. Those in one's individual atom would probably be called friends or, if that term connotes too great a depth of warm up, associates. These people usually start in one's collectives. Either through chance and/or mutual interests they may be found together in more than one collective: such a person has more in common with an individual. With enhanced mutual interaction and attraction these people gradually transcend the collective level. They then become more integral to meeting each other's social needs by both availability and reliability. One learns to rely on these people and feels comfortable in approaching them, usually on an unstructured basis.

The core of the social atom is the *psychological atom.* There are few people (if any) throughout one's life who fall in this category. Individuals in one's psychological atom possess exceptional warm-up qualities: perhaps a special communication that is at times almost mystical. These are people who not only seem to think and feel as one does, but always seem very present, an integral part of each of us. These are people who, even if they have not been around for years, seem as if one has seen them yesterday; people who can finish our sentences without a flaw, who share some part of our being. Given this description it should be obvious why there are few people in one's psychological atom.

It is possible for other people we meet briefly to trigger warm ups such as those described (perhaps because they remind us in some way of people already in our social atom). But unless they have continuing social contact, they generally are not part of the social atom. For example, it may be possible to have a strong positive reaction to someone not

in our psychological atom—a strong sense of communication ("tele"). That person need not be nor even become part of the psychological atom to engender such a brief or transient response. However, someone who is actually in the psychological atom can be relied upon to promote just such reactions regularly.

There is more to the concept of the social atom (Moreno, 1953). What has been explained should be sufficient for this discussion. However, a few more observations may help to clarify and synthesize the essential aspects.

- As is the case in almost any categorization schema, in practical use the distinctions are never as clear as the theoretical descriptions. The *main* criterion for determining the level someone occupies in a person's social atom is the degree of warm up that the person engenders. This criterion for any particular person generalizes across situations. Other dimensions—length of time people are together in a group, type of group/collective two people share, number of collectives in common, time of acquaintanceship, societal expectations—may tend to confuse this primary distinction. Extraneous indicators seem to be attempts by observers to find external, objective criteria to reflect what is essentially a subjective, personal experience—i.e., warm up.
- The movement of someone between the levels is a developmental process that happens naturally, and generally at an unconscious level. One cannot very effectively decide to move someone from one level of one's social atom to another. In part, this situation occurs because warm up is a mutual process, a type of negotiation.
- As in all social systems, stability is due to reaching homeostasis. This is not to say that homeostasis is good or bad, simply that it is the natural state to which systems tend to move. Since conditions change, it is never a permanent state for any living system. Homeostasis occurs in the social atom when there is mutual agreement on a level that seems to suit both parties involved. There is an acceptable range of variation in warm up which allows for personal and interpersonal fluctuation, (e.g., having a bad day, being tired). When the variation falls consistently outside the acceptable range, the homeostasis is upset and distress is experienced in both the personal and interpersonal systems of the two people involved. Adjustment must then be made, i.e., an input of energy is demanded, until a viable degree of homeostasis is again achieved.

Interpersonal problems tend to occur when there is no homeostasis reached and/or maintained within viable limits: that is, when there is

confusion about the level into which someone falls. Some reasons this situation can happen are: using the wrong criteria to judge level, attempting to force the process of negotiation to a nonmutually acceptable position, incomplete negotiation or a change of one's warm up to the other person. In these and other instances the actual warm up experienced by one individual does not meet the expectations, the warm up, of the other.

The Family and the Social Atom

The relationship of the family system to a person's social atom structure is complex. If the family were only a collection of individuals, as it might seem to be, it might fit neatly into the social atom. However, the family system requirements are not always congruent with individuals' social atom demands. While the adjustment of two individuals is difficult, overcoming the inertia of an entire system (the family) to accommodate another system (the social atom) compounds those difficulties geometrically. It is precisely the difficulties in coordinating these two systems which precipitate the frictions and consequent stress so often experienced.

As the position of the family in the social atom is examined further, the causes of the problems become clearer simply because the position of the family is not clear. There is usually an attempt to force the family (a collective) in its entirety into one person's individual atom, and in some cases even into the psychological atom. Unfortunately since the "it" is a "they," the fit is not usually good. To make matters worse, cultural injunctions ("cultural conserve") try to force the fit. Generally the messages are similar to: "Your family should mean much to you." "Blood is thicker than water."

Stress is experienced both internally and externally. To reduce psychological stress, an attempt is made to become congruent with social atom needs for mutual warm ups. The effect of this reaction is to make the social state more disparate from family homeostasis. If an attempt is then made to meet these demands for family system homeostasis, the social atom balance is upset. A never ending cycle is established. Eventually, something has to give. The expenditure of personal resources to adapt to these demands cannot go on indefinitely.

In today's mobile society, the gap between the cultural conserve and the actual situation can be large. This gap may enable persons to exist more comfortably. With actual distance between family members, social atom constraints and the homeostasis of that system are generally satisfied under minimally acceptable or rationalized conditions. Pick-

ing one's friends for one's social atom, as opposed to one's relatives, as the saying goes, is easier than ever.

Holidays, and other special family events, are the exceptions to maintaining real distance, if not psychological distance. Certainly pressure is felt to reduce both. At these times one of two distinct states may occur. Either the pressure from the cultural conserve, the expectation of family togetherness , is felt; or, if one returns to an incongruent family situation, the contrast between the expectation of family relationships being congruent with the social atom structure and the actuality leads to stress.

Solutions

Unfortunately there are no easy solutions. Most suggestions, which amount to altering the cultural conserve, the structure of the family system or the social atom structure, are simplistic, that is, easier said than done. Nevertheless, these general approaches, or some combination, are the only avenues available for relief.

One solution, or at least a start toward some amelioration of these difficulties, may be to make those involved aware of some of the problems. Then some insight may be achieved. Will this lead directly to a solution? Probably not. Understanding may help, but changes in behaviors, and even more in feelings, are not necessarily outcomes of insight. However, the understanding may provide a basis for other steps toward solutions.

Understanding may lead to an appreciation of the conflicting demands of the situation and, we may hope, to more tolerance of the respective perspectives of those involved. Parents, and other family members, can learn to appreciate the needs of a "child" to be with those who satisfy social atom needs. "Children" can learn to accept the impact of the place they may hold in their parents' social atom. Each may be able to accept the conflict between these sets of needs. When one person accedes to the needs of another, the sacrifice involved may then be more recognized and rewarded or at least acknowledged. The person making the sacrifice may be able to do so more easily when the importance of it is understood or reinforced in some way. Parents may come to understand and tolerate the fact that their children are individuals in their own right. This means children, particularly grown children, may not like to be with all the other members of the family just because they are family members. Third cousins may be blood relatives but that does not make them friends. Of course, the "sacrifice" may be resented—"Why should you feel you are sacrificing to

come home?'' But of course, ''home'' is no longer home in the sense it once was.

Once some of the issues involved are out in the open, they can be productively discussed, usually with the aid of professional intervention. Perhaps compromises can be reached on the basis of the now mutual understandings.

Many times discussion alone will not have sufficient impact. There may be understanding on a cognitive level, but emotional acceptance and behavior change may not result. Then such psychodramatic techniques as sociodrama, statue building, family sculpture or mirroring may be of use (Remer, 1983). Enactment with role reversal in particular may prove effective. These interventions allow concrete and specific attention to the emotional and behavioral impasses. All family members involved can be made more aware on all levels, not only on a cognitive one, of how the problem situations are experienced (i.e., seen, felt, heard) by others in the family. Family members themselves experiencing these circumstances as others do should develop a better appreciation.

On a behavioral level the family can experience new and more effective ways of dealing with problems by playing the solutions out and practicing them (''surplus reality''). If there is resistance, situations can be graded, simulated, or approximated so that comfortable gains or changes can be made toward a larger, more dramatic goal. Simply prodding the family to demonstrate through enactment what really happens in a given situation may help. At a minimum, a professional employing these interventions can convey the message that problems can be dealt with openly. This realization may be no mean change in and of itself.

An Example

There are obviously many examples from which to choose to get a better idea of the strengths of the social atom framework. Perhaps taking one which is common, fairly simple and yet one to which people can relate will be most useful.

Let us take the visit of a small nuclear family (two parents and one child) to the father's family of origin, now composed of only his two parents. Assume that the parents are in their 30s, the grandparents are in their 50s, and the child is about ten years old. At some time during the holiday there is friction between grandmother and her son over the disciplining of the child. (Further details while interesting are probably not necessary for this brief example.)

From the social atom perspective what might be contributing to the difficulty? What might be done about it?

This could be a situation, as often occurs when children grow up and leave home, where the son is still seen by his mother as part of her psychological atom. Her reaction to him might still be very protective, responsible, and viewing him as dependent. So she acts accordingly, becoming overinvolved in his problems.

However, where this type of action was acceptable to him as a youngster, now he is a parent himself with his own family. The rapport he once enjoyed with his mother has probably changed as he has become a responsible, independent adult. He may still love his mother, yet only in a way that would indicate she is now in his individual atom. In fact, her meddling, particularly if done over a long period of time, may engender a negative warm up in him. This situation may even lead to the desire not to return home, at least not as often.

Since they are part of a family system, not only this dyadic interaction might be problematic. Other dyadic interactions could also be. In addition, the discomfort caused by the mother-son unit might influence other interactions (e.g., the son-wife dyad). The reverberations could amplify and cause severe distress in the whole system.

For the sake of simplicity, however, we will concentrate on how the problem in the mother-son dyad might be approached. First, the most direct method could be tried. The change in the mother-son relationship could be presented from the social atom perspective. Some cognitive understanding of the situation could be attained, which might be helpful. In all likelihood this intervention in and of itself will not produce a solution unless carried much further. Mother will still have a strong sentimental warm up to son. Without a productive outlet for her annoyance, she will continue to be frustrated. In fact, she may not even comprehend her son's feelings.

At this point other psychodramatic interventions may prove to be more fruitful. Some possibilities could be:

- An enactment with role reversal so that mother could appreciate, from being in her son's place, why he resents her attention;
- Role playing with others in the family taking the places of the mother and/or son—so that she and he might be able to view (literally) the scene more dispassionately or from other perspectives;
- Family sculptures by mother and son—to represent the distance and other problems in the situation, thus communicating the distress at another level of consciousness;

- Role playing a scene from mother's past where someone (perhaps her mother) treated her as she is treating her son—to allow her to work on her own unfinished business; or
- An enactment in the future—so that mother can learn and practice other ways to use her warm up to her son in a more acceptable, appropriate manner.

All these and other interventions could be employed, individually or in combination. As in all the suggestions above, the focus should not be only on the mother. Similar interventions should be employed with the son, and perhaps other family members, as protagonist. The benefits might accrue directly to mother and son. At the same time, other family members can learn vicariously from their participation and involvement at a number of levels.

Conclusion

The social atom construct can provide a useful framework from which to view and to intervene in a family system, especially extended family systems. Is it the only productive framework? No. But it is one that can be grasped intuitively by both the family and the therapist. As such it provides direction. Just having a perspective from which to view their difficulties may be very helpful to a family.

While social atom theory may have similarities to other theoretical perspectives, what it has to offer beyond these other conceptualizations is a link directly to psychodramatic theory. Because of this tie, social atom theory suggests some useful interventions. (For specific interventions, see Remer, 1983.) Are these the only productive interventions? Again, probably not. They do however, attend to the complexity of the problems on multiple levels at once (Watzlawick, Weakland, & Fisch, 1974). Thus, they may not only be effective, but efficient. Similar interventions with other theoretical labels may be just as effective.

The case has been made for the combination of social atom theory and psychodramatic intervention as useful, understandable, effective, and, most importantly, unified. They also link well with other family systems approaches. This mutual assistance strongly suggests that these tools should be effective additions to the family therapist's armamentarium.

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Rory Remer is associate professor in the Department of Educational and Counseling Psychology, College of Education, at the University of Kentucky.

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Address: Rory Remer
251 Dickey Hall
Lexington, Kentucky 40506-0017

BRIEF REPORT

The Use of Contracts in Psychodrama

Elaine Ades Sachnoff

In the context of psychodrama, a contract may be defined as a mutual statement arrived at by the director and the protagonist that declares a specific goal for a particular session. Examples are: "I want to find another way to handle situation X"; "I want to be able to express my feelings directly to X"; and "I want to explore my feelings about my mother's remarrying."

A contract indicates a focus for the director and the protagonist. Although especially useful with those protagonists with thought disorders, a contract also reins in the director, making it less likely that the director will pursue "attractive" cues that are not necessarily useful for the protagonist.

Contracts are a valuable training aid for beginning directors. Because a contract restricts the content of a session, types of deep material are set in high relief; thus students can limit the session to those areas that they can handle capably at a given point in the training. Moreover, contracts teach student directors to distinguish between goals that can be achieved during one session and those that would require multiple sessions.

Contracts emphasize the cooperative nature of the drama: the protagonist and the director are "co-creators." The drama is not "done to" the protagonist, who is considered equally responsible in the process.

Is there a difference in the kinds of sessions produced with contracts? According to some observers, the sessions are more lean. Stripped of irrelevant padding, they are that much more concentrated.

But what does the director do with important cues that are not connected with the contracted goal? Nothing is carved in stone. Thus the director may, within a scene, note such cues aloud: "This seems to in-

dicate a need for a scene with your mother. I know it's not part of our contract, but if you like, we can add it—change the contract—and go into that scene now. What would you like to do?''

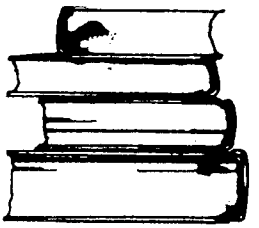
The protagonist, therefore, has the option to renegotiate the contract during the action. If he or she declines, the director should indicate, after the sharing portion of the psychodrama, those areas that warrant further investigation: ''Remember when you said to your wife . . . and this came up? Some time in a future session you might want to look at that and how it connects to . . . '' or: ''This might be something to look into in another session or when we have more time. . . .''

Initially, I developed contracts to help inexperienced student directors focus on a goal and to point them towards sharing the responsibility for the session with the protagonist. Contracts evolved as a reaction to too many psychodramas that looked at each cue as it came up, regardless of whether it had any relevance to the treatment plan or to the protagonist's needs or wishes. These sessions accomplished nothing; they frustrated the director, provided no catharsis for the protagonist, and confused and frustrated the student observers and the audience.

Analogous to the aforementioned type of session is the exaggerated version of Gestalt dreamwork: The patient appears with a perplexing dream about a baby in a boat in the middle of a river. First he must speak as the shore, then as the river, then as the boat, and then—his time is up.

Because contracts indicate a focus—one that is arrived at by director and protagonist together—and because contracts help students ascertain achievable goals and limit their exploration of deep material according to ability and clinical experience, the meandering, formless session need not occur. Contracts are, in large part, an antidote to the psychodrama that ends before it has begun.

Elaine Ades Sachnoff is a psychologist in private practice, directs psychodrama at the Oasis Psychodrama Institute at 7463 North Sheridan Road, Chicago, Illinois 60626, and is a visiting faculty member of DePaul University.



Book Review

Title: *Psychodramatic Group Psychotherapy*
Author: J. Scott Rutan and Walter N. Stone
Publication date: 1984
Publisher: The Collamore Press, Lexington, Massachusetts
Price: $20

This is a thoroughgoing approach to presenting the many dimensions of group psychotherapy in the analytic tradition. Each facet is taken into consideration and analyzed via the experience of the authors as well as by many other reports in the literature. Drs. Rutan and Stone have obviously made an attempt to cover all features of the group experience. By presenting the material in the organized fashion of this book, they offer a good resource for therapists entering the field and finding that there are dimensions to this domain that are not fully anticipated by the individual therapy practice.

Its use as a reference book and guide is served well by the grouping of issues into twelve chapters and by the index and bibliography. Each chapter has its own bibliography to help focus the search for relevant literature in the area of immediate concern. In some of these locations, the bibliography was assembled in irregular fashion so that one or two citations would be hard to locate directly.

In our efforts to help people change their characteristic (but dysfunctional) patterns, we have turned to many different ways of using groups. This focus on the psychodynamic tradition is clearly aimed at the derivatives of the psychoanalytic mode of operation. Within that boundary the historical background is briefly reviewed and current practice outlined. Other lines of development are not addressed. This reviewer felt that a more extended chapter on the genealogy of group treatment methods would help to anchor psychodynamic group

psychotherapy in the total armamentarium of group therapeutic procedures. The pitfall would be the tendency, in this field, for each contributor to see his approach as unique. Therapists even now query each other as to their loyalty to Foulkes, or Moreno, or Bion, or Slavson, or Berne, or . . . .

A definition of psychotherapy has been an elusive goal. Legal efforts have been made to protect the qualifications of the professional practitioners but with little success. It is tempting to feel that restricting the field to psychodynamic psychotherapy would make it a manageable task. This book sidesteps the definition by listing all of the events which take place while psychodynamic psychotherapy is in progress. By the end of the book, it began to appear that the title might more accurately be altered to *The Practice of Psychodynamic Group Psychotherapy* or to *Characteristics of* . . . or *Problems of*. . . . Not surprisingly the specific change mechanisms which benefit the patients in this process were not emphasized. The result is that this book is a great companion piece to the books of I. D. Yalom (*The Theory and Practice of Group Psychotherapy* and others). The emphasis of Rutan and Stone on the setting in which change mechanisms are invoked nicely supplements Yalom's search for the mechanisms themselves.

One of the best descriptions of how this volume impressed this reader was actually quoted on page 117 where Freud was invoked at the start of the chapter on "The Role of the Group Therapist." Freud observed, "Anyone who hopes to learn the noble game of chess from books will soon discover that only the opening and end games admit of an exhaustive systematic presentation and that the infinite variety of moves that develop after the opening defy any such descriptions. The gap in instruction can only be filled by a diligent study of games fought out by masters." This book defines the squares of the board, the placement of the pieces, the moves available to the various pieces but does not quite capture the master game plan.

In these days of rapid change in all fields, it strikes this reviewer that conceptual changes are beginning to emerge. The assumption that the mechanisms of psychotherapy are to be understood exclusively in the framework developed in the well defined communication field of psychoanalysis might now be supplemented. As indicated several times in this book, the group becomes an entity somewhat apart from the individuals who comprise it. With the emphasis on maintaining the intergrity of the group, this feature is acknowledged. With the stated desire that members learn that the group will be therapeutic as much as or more than the therapist, these authors take the group entity seriously. But interlocking the distinct but closely related elements of in-

dividual psychotherapy with those of group psychotherapy is as elusive as defining psychotherapy itself.

The ambiguity resulting from trying to mesh these two system levels (individual and group) shows up in accounts of the role of the "leader" as well. The balance between the group as the curative agent and the importance of the leader point in tangential directions. Co-therapy is seen as diluting the leadership. One person must be central. But that person should urge responsibility to be taken by the group. The transfer to a new leader is identified as a greater problem than a change of an individual member even though there is considerable emphasis (in chapter nine) on the importance of maintaining the continuity and regularity of the group.

The responsibility of the leader in the management and control functions of the group comes through clearly. Overt agreement on the contract, specifics of time and place, and regularity of attendance are discussed thoroughly. Boundary setting is clearly a central leadership concern.

Whether a hierarchically organized group with prior structure (a family or a work group) can be a proper subject for psychodynamic group psychotherapy has not been faced here. It is not clear whether the methods are applicable to such naturally occurring groups or whether they apply only when the leader is the obvious central figure and the reason for being of the group. If such options also "dilute the leadership," then it is apparent that authority and control are primary features of the psychodynamic group psychotherapist.

The balance between the pragmatics and the ideals of practice is well handled in *Psychodynamic Group Psychotherapy*. You must learn the middle game or the theory and practice of psychotherapy in your own training, but these authors set up the board and define the moves of the pieces very well.

Jay W. Fidler, M.D.

Jay W. Fidler is a psychiatrist affiliated with the Rutgers University Medical School. His mailing address is P.O. Box 327, Three Bridges, NJ 0887-0327.

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