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Transference in a Pregnancy and Postpartum Group and Reflections on Female Development

LESLIE W. TAM

ABSTRACT. The psychological experience of pregnancy has been of increasing interest to therapists and is thought to include a developmental crisis in which the woman reworks her sense of herself and her significant relationships. Beginning as a community outreach program during Operation Desert Storm, a support group for pregnant and postpartum women met over a period of 28 weeks. During that period, the group members, in working through their transferences to the male and female therapists, progressed from devaluing themselves and feeling inferior to men to valuing and enjoying their femininity and reproductive abilities. In light of this occurrence, I challenge the classical theoretical understanding of female development and discuss alternatives.

FEMALE PSYCHOLOGY HAS UNDERGONE a great many changes in recent years (Chehrazi, 1987), and the concept of pregnancy and a woman's availability for therapeutic work during it has been reexamined (Goldberger, 1991). In analytic thinking, female development was traditionally considered to be a variation of male development. Freud (1905) understood girls to be psychically indistinguishable from boys until genital difference was discovered, at which time the girl's development would hinge on her negotiation of her penislessness and resolution of penis envy. The wish for a baby was thought to replace the missing penis and provide the mechanism for successful female development (Freud, 1925). Freud later acknowledged his theorizing about femininity to be incomplete (1932). Two of Freud's contemporaries disagreed with him, proposing early awareness in girls of female genitalia (Horney 1933) and an equivalent castration anxiety in girls—fear of loss of or damage to her female genitalia (Jones, 1932). Recent writers (Galenson & Roiphe, 1971; Kleeman, 1971) have documented an early awareness of vaginal sensations. Stoller (1976) described a pre-oedipal experience of femaleness that he called primary femininity. He thought that little girls entered the oedipal stage with a sense of

themselves as feminine and then assumed a sort of defensive masculinity out of which they were able to resolve the oedipal conflict and emerge with a more complex femininity.

Pregnancy, however, was surprisingly overlooked in early analytic theory, and very little was written on the subject. Benedek (1959) attributed this exclusion to Freud, who felt that pregnant women were in a blissful state of having their wish for a baby (penis) gratified and so were unavailable for and not in need of psychoanalytic therapy. Goldberger (1991) analyzed this position and found the opposite to be true because of her reflections on her own analytic work with pregnant women. That is, although her women patients were narcissistically involved during their pregnancies, they actually developed intense transferences to the analyst and the fetus that were not only analyzable but seemed to unearth some primitive affects and self-representations that might have otherwise been unavailable. Goldberger also found that despite some women's delight in their pregnant state, pregnancy actually seemed to be "a time of emotional disequilibrium that facilitates accessibility to some of a woman's deepest conflicts." Benedek (1959) described pregnancy as a time that reactivated intrapsychic processes from the mother–child relationship. Bibring (1959) considered pregnancy along with menarche and menopause as developmental crises during which unsettled conflicts from earlier phases would be reworked, and, based on her findings in her longitudinal study of pregnant women, she thought that the outcome of the crisis of pregnancy would be significant for the woman's ability to function in the next phase—motherhood.

With these considerations in mind, my colleagues and I, when we were urged to provide some sort of community assistance during Operation Desert Storm, chose to begin a support group for pregnant and postpartum women whose husbands were at war. We were both personally and professionally interested in the psychological experience of pregnancy and embarked on this journey, uncertain of what would be the outcome. We kept detailed process notes in the hope that what did emerge would answer some of our questions about this interesting developmental stage in women. What conflicts would be reworked? What transferences would emerge? What would fecundity represent intrapsychically?

My co-therapist and I advertised and prepared to lead an 8-week group for such women. Initially, we recruited only 3 women who were interested in such an experience, although we knew of the existence of many more who would have been eligible. We were unsure about embarking on such a project with only 3 participants, but the women insisted that they were willing and interested, and so the group began. During the 6th week, I had decided I would like to continue the group beyond 8 weeks and open it to all pregnant and postpartum women eligible for care at our facility, to include active duty women, dependents, and women who had not been directly affected by Operation Desert

Storm. By then, membership had expanded to 8, with an average attendance of 5. My original co-therapist, a male resident, was unable to continue the group beyond the 8 weeks. He was replaced by another man, a psychiatric clinical nurse specialist. The additional 20 weeks of the group were conducted and documented in the same fashion as the original 8 had been, with new members added. As one might expect, analysis of these notes revealed many themes. For the purposes of this article, I limited the focus to the gender-related themes that are manifested in the transferences to the male and female co-therapists.

What appeared to occur was an enactment of a basic conflict of women—that of acknowledging, accepting, and enjoying the vicissitudes of femininity and reproductive capacity versus assuming an inferior position in which they devalue their roles, needs, and generative potential. This conflict was manifested through the process of the group and the transference reactions to the male and female therapists. A developmental milestone seemed to be achieved as the women moved from the devaluing to the valuing position during the 28 weeks they were studied.

Results and Discussion

The first manifestation of gender-related material came early on in the initial 8 weeks of the Desert Storm portion of the group, when the women expressed resistance to venting anger about their husbands' deployment. They felt they did not deserve to have needs or feelings that the group might address because their husbands were the ones fighting the war and therefore deserving of all the supportive efforts. They carefully explained the concept of "perfect Army wives" who suffer in silence and support their men. For several sessions, there was palpable anger that was not directly expressed despite encouragement from the co-therapists. However, during that time, they unanimously expressed the wish for a baby boy with the explanation that they all had daughters and their husbands all wanted sons. If these pregnancies resulted in their having boys, they would be able to stop having babies. Whereas, if girls were born, the whole detestable process would need to be repeated. Interestingly, this latter issue was raised the first time the male therapist was absent from the group.

The notion of female inferiority flourished as the terms of continuing the group beyond the original 8 weeks were negotiated. The male co-therapist, who was about to graduate, terminated with the group, and his last day was met with fears of abandonment. Certainly, his leaving replayed feelings about the women's husbands leaving, but additionally, there was concern about whether the group could go on without the male therapist. The female therapist's ability to lead the group was in question, even though the replacement for the departing male therapist had been named.

The introduction of the second male co-therapist was met with mixed feel-

ings. His welcome was cordial, but he was quickly confronted with the sentiment that "all men leave, and you will, too." His comments revealing his own experience in fatherhood were received as normalizing and yet also served as a segue for the group to begin venting anger at their husbands who were viewed as unsupportive. Concurrently, the issue of tubal ligation arose, with graphic talk of having tubes tied off, burned off, ripped out, and so on. In other words, devaluation of and alienation from their feminine organs and reproductive capacity were presented in tandem with the material about anger at the male therapist/their husbands. It seemed that hidden in all this talk was also their wish for closeness with these men.

My absence during the 12th week elicited their transference to me as the female therapist. The women wondered whether their children would worry when they were hospitalized to deliver their new babies. They seemed to be voicing concern for how the group would fare without a female therapist. My return the next week was greeted with the expressed wish that I become pregnant, and they fantasized that I had been absent in order to do so. My cotherapist and I assumed that their concern was an attempt to identify with me as the female therapist, but we also wondered if my childlessness was somehow threatening. Maybe I couldn't have a baby. Maybe I wasn't a real woman. Perhaps they really wanted a mother to see them through their pregnancies. Not coincidentally, the next week the wish for and fear of having a "madonna" experience was presented, meaning that glowing state of completely fulfilled woman/motherhood.

For the next two meetings, the male therapist was absent. The group's anger at men returned with a vengeance. They resented the fact that their husbands were unable to understand what they were going through. They demanded more support. When I, the female therapist, mentioned that I found it interesting that there was so much anger on a day when the male therapist was absent, they responded by saying that if he were there, he would claim to be the perfect husband, somehow sticking up for all men. At this point, the group reflected on their conclusion that it did not matter what the men did because they as women had been raised to assume all the caretaking roles anyway. When it was suggested that they might have some say in how much responsibility they assumed for this caretaking role, they seemed to hear that they had in part become their own oppressors. That session seemed to represent a milestone for the women. However, in the next session with the male therapist absent, one of the original members terminated, and the existence of the group again came into question. Boundaries were discussed, and the group's purpose was debated. Their ambivalence about whether they needed the group surfaced. They were also reacting to the issues raised in the previous session. At this point, my competence as the therapist in the group was again in question. The fact that all this happened in the absence of the male therapist seemed to echo

the departure of the first male therapist. Could this group function with female leadership only? Their devaluation of me as the female therapist seemed to be a projection of their devaluation of themselves and another enactment of becoming their own oppressors.

With the return of the male therapist, the atmosphere in the group intensified. The women compared notes on how they were being regarded as secondary to the fetus. They expressed open resentment at how the doctors focus on their pregnant bellies and barely make eye contact. Helplessness and loss of control elicited tears all around, a first for this group. Then, what proved to be a very positive shift began to occur. Through their tears, they provided support for each other, comforted each other, and seemed to bond. They made it clear that they all understood something about each other that others who had not experienced what they had could not. This bonding that I observed continued in the next session, which focused on labor and delivery, epidurals, nursing care, and so on. Afterward, I commented on the warm, nurturing sense I had had of the group that day. The male therapist stated he had been bored and could not wait for the hour to end. The male therapist had been excluded from these very female issues.

My inclusion was short lived. In the following sessions, the women continued to strengthen their cohesion, mentioning how motherhood fosters this bonding between women and how they had noticed that even on the bus, when catching another mother's eye, they felt a certain connection. They mentioned for the first time their awareness of their husbands' jealousy of their involvement in the pregnancy and their ability to reproduce.

In the 21st week, the male therapist was absent again from our session. This time, the group talked about relating sexually with their husbands during and after pregnancy, labeling the issue as something they absolutely could not discuss with the male therapist. I intervened to suggest that there were ways to talk to men about these topics, and I challenged the group to test these methods with the male therapist. By doing so, I was perceived somehow to be defending men. In the next session, despite the male therapist's return, the group confronted both therapists because they considered the therapists incompetent to meet their needs. They explained that by virtue of being a man, the male therapist could not understand. They let me, the female therapist, know that my being childless and showing my ignorance of the difference between female:female and female:male relationships were proof enough that I was also inadequate.

I was given another chance the next week when the male therapist was again absent. This time the group brought up similarly sexually charged topics such as breast feeding and their concern about admitting that it is sometimes sexually stimulating. After my normalizing comments, they pursued even more delicate subject matter, discussing anorgasmia and asking questions about normal

female sexual responses. This session seemed to be their attempt to draw me in as one of them. It was clear that they viewed this material as special and uniquely feminine.

The male therapist returned to a group that began inquiring about the nature of his communication on sexual issues with his wife. Interpreting this demand as a request for technique, the therapists modeled some direct discussion, suggesting that women could teach their husbands how to meet their needs. The group replied with the response, "Men are such babies—why should we have to teach them?—We're not their mothers!" Their response seemed to express their wish to be partners to their husbands and mothers to their children. From then on, they appeared to view the male therapist with more interest and less anger. The focus shifted from adversarial male:female relationships to their expanding identities as wives and mothers. They had overcome much of their own feeling of inferiority, and a new acceptance of themselves and their roles emerged.

As my departure from the group drew near, the women continued to consolidate their sense of themselves as feminine and powerful. I announced that I would be leaving the group to go on to further training and that another female resident would be taking my place. During the 2 weeks before she would start, the male therapist would run the group alone. Attendance was quite poor during that period, and those who did come seemed to express the anxiety of the whole group. An attempt that was aborted to devalue the group and abandon it was quickly overshadowed by the group's verbal affirmations of the work done in the sessions and their expressions of gratitude to me as the female therapist. In my last session, an active-duty woman who had orders to go unaccompanied to Turkey in a few months confessed that she had come to regard her infant as a crybaby. The group interpreted this to mean that she was doing so in order to make parting from the child less painful. Their interpretation seemed to convey the sense that if they devalued the female therapist or the group, they might miss the therapist less or be less affected by the change. The depth of their feelings was striking. Were these the same women who did not deserve the group and needed to have baby boys to justify their existence?

As the group was processing being left in the male therapist's care, an interesting discussion ensued. Some of the women had indeed delivered male infants, and they began to compare notes on the care of baby boys. Anecdotes about newly circumcised penises, the care of uncircumcised penises, and the surprising spontaneous erections were shared. These stories were told with much giggling and devious looks at the male therapist. Finally, they apologized to him for not considering his feelings in their discussion of such a delicate subject. This exchange was interpreted as their way of reworking their relationship with the male therapist. They seemed to devalue him and remind him of their powerful position as mothers of these male infants. And yet, they were

forging a bond with him as someone with whom they could discuss delicate matters. They expressed genuine affection for him.

When the notion of counseling this group had first been discussed, a female supervisor warned me that having a male co-therapist working with an all female group would impede a distinctly feminine process. Although this may be true and worth testing, it does seem clear to me that the process, which did result in transferences to both the male and female therapists showed the women reworking their identities as women and mothers. If Bibring (1959) and Benedek (1959) were correct in viewing pregnancy as a developmental crisis during which old conflicts are renegotiated, then what seems to have happened in this group is that, through their transferences to the therapists, the women addressed their important relationships with both males and females while reworking their sense of themselves.

Bibring also thought that the process of pregnancy as a developmental crisis was quite complex and was aware that at any point in the integration and the adjustment that was occurring complications could arise. For instance, a woman would naturally be reworking her relationship with her husband or with men in general. If some additional stress in that area were to come along, that reworking would probably be intensified or made more difficult. The woman might become symptomatic. In this group, the women were probably set up to have issues with men beyond what one might expect, given that the group formation identified them as the pregnant wives who might need extra support because they had been left behind during war. However, the entire process of this group cannot be explained as simply a reaction to husbands' being deployed overseas.

The transference reactions to the male therapists embody something beyond anger at men. Early on, the wish for a baby boy was unanimous, which seemed to express something akin to Freud's formulation of girls working through their penislessness. Furthermore, it seemed to me that their wish for a penis was transferred to the male therapist because they seemed to need his presence to validate the group and their participation in it. Even when they presented an obvious angry transference of their feelings toward their husbands to the male therapist, there also seemed to be a sense of their own devaluation, as though being without a penis themselves and without possession of their husbands' or the therapist's meant, by extension, that they were of little value. Freud's ideas of penis envy do seem to fit here; yet, his ideas about the role of pregnancy were not played out. Their pregnant bellies were not adequate penis substitutes. The evidence for this conclusion lies in the way in which their transferences to the male therapist changed. The women began to see him less as needed for survival and more as a substitute equal partner with whom they could work out difficulties. Suddenly, the intimate topics that had been forbidden could be discussed. In the end, they began to treat him as a son, somewhat condescend-

ingly pointing out their power as mothers of infant boys. In their comparison of themselves to him, they found themselves not missing something but possessing something different—the ability to mother and all that that signifies. They realized that they had something different and powerful and were not lacking something.

Developments also occurred that related to the women's reworking their own identities as women. Bibring et al. (1961), Benedek (1959), and Deutsch (1945) all agreed that the main task in pregnancy is examination of the woman's relationship to her own mother; this examination involves the resolution of child–mother conflicts and an identification with the mother as the daughter becomes a mother herself. Here, it is useful to consider the transferences to the female therapist. At first, especially during the transition of the male therapists, there was a great deal of concern about having a woman run the group, as if to say that the other female role models in their lives would not have been capable of this and so neither was she. They transferred their fears of female incompetence to the woman therapist. Were these concerns learned from their mothers and the identifications they were making with her as they assumed her role? What is interesting is that through the process of bonding and finding power and value in their roles as women and mothers, their transference reactions to me the female therapist changed. They began to see my impact and leadership as desirable and resisted expressing their depth of feeling about it.

Nancy Chodorow (1978) has written extensively about the differing ways in which boys and girls are mothered and has noted that girls are mothered to become mothers. To state her views another way, mothering behavior is part of the socialization of little girls. Over the 28 weeks of the study, the women in this group seemed to change in their views of themselves as mothers or mothers-to-be. At the beginning of the group and well into the second male therapist's tenure, the women devalued themselves and the female co-therapist, implying male superiority as evidenced in their statements about the preferred nature of baby boys. Perhaps their socialization as women contributed to this beginning position. Did their mothers view themselves as being in an inferior position? Did the women in the group learn to see themselves in the same way through identification with their mothers? It is interesting that this portion of their self-images surfaced near the beginning of the group, when most were in the early phases of their pregnancies and just starting their metamorphosis into mothers. As the group progressed, they also became alienated from the male therapist, deemed both therapists incompetent, and began to claim power and recognize adequacy within themselves as they embraced their femininity. In other words, they began feeling inferior but ended sensing their equality or even superiority.

Given that these women were reworking their identities as women and mothers, how can we make sense of the shift that occurred? A possible explanation

of this shift comes from a paper by Elizabeth Mayer (1991) in which she discussed these two positions and proposed that there are actually two developmental lines for girls that should be considered in the analyses of women.

To arrive at such a conclusion, Mayer presented a case of her own in which the problem of a woman who seemed to have a castration complex because of her sense that being female meant being inadequate or missing something crucial. The analysis proceeded with diligent interpretations of this conflict but without symptomatic improvement. They seemed to have reached an impasse until Mayer began to understand the patient's problem as "anxiety over wishes to be successfully female, not depression over being unsuccessfully male." She saw her patient's passivity and inhibition as the result of her fear of losing something specifically feminine, not from her fear of having lost something masculine. From these observations, she proposed that, in addition to the Freudian understanding of female development—understanding women in terms of what they are not—there should be a parallel theoretical line of development that accounts for women grappling with what they are. In addition to developing in terms of not being men, women develop in their sense of themselves as being women or primarily feminine.

In her paper, Mayer assigned these two lines of development specific affect/defense configurations as described in detail by Renik (1990). Renik reflected on his own analytic technique and found that when he identified inhibitions or lack of pursuit of instinctual gratification, he was usually dealing with anxiety or symptoms designed to guard against a calamity that might occur. Moreover, he found that when he was dealing with depression or symptoms generated because of a calamity that had already occurred, the defenses consisted of enactments of wishful fantasies or attempts to attain what was lost by magical means. Mayer noted that her patient manifested both depression and anxiety, although depression seemed to be the primary affect related to her sense of herself as unsuccessfully masculine. Anxiety surrounded her attempts to be successfully feminine.

Extrapolating from Mayer and Renik, I felt I could reasonably explain the inferior view of themselves that the women assumed early in the group in terms of their depression over being unsuccessfully masculine and the eventual concerns over their new roles in terms of anxiety over being successfully feminine. Early in the process, when the women were devaluing themselves and their needs, they expressed a wishful fantasy for baby boys, as though somehow the maleness of their offspring might replace their lost penises. This wish would serve as a defense against their depression over being abandoned by their husbands or the male therapist. Later in the process, after working through the implications of their transferences to both therapists, the women began to talk of their inhibitions in dealing with their husbands, their sexuality, and their children. These themes clearly manifest anxiety about their roles as women.

So, as with Mayer's patient, our work would not be complete until it had been understood from both points of view. These women were not only dealing with not being men or feeling inferior to men, but were also struggling with what it meant to be women. The developmental task during pregnancy is twofold. Women's development probably proceeds along both lines through all the milestones.

Thus, through examination of transferences to male and female therapists, we observed women in the group negotiating and renegotiating their development as women along two parallel axes. Perhaps, with two female cotherapists, the same sort of process might not have occurred, and the women might not have been able to address both sides of themselves as readily as they did in this group.

Recently, the field of female psychology has been changing and expanding. A great deal is now being written, but the difficulty is in applying what is known in principle to the clinical situation. In reporting and discussing the process from this group, I have attempted to summarize the theoretical and apply it to the clinical. From the many dissenting views about female psychology, I have chosen to present those that seem correct to me. There are two camps: one that would use the theories pioneered by Freud and his followers and make modifications based on newer data and those who feel that Freudian theory has female inferiority embedded in its core and so would throw the baby out with the bathwater (Lerman, 1987). Based on my observations from this group, I would have to agree with the former position. Further research needs to include the collection of more empirical data that can then be shown either to support or to refute these evolving ideas about female development.

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Sociodrama as a Social Diagnostic Tool: Our Experience in Paraguay

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ABSTRACT. In this article, we describe a sociodrama that we staged as a training experience for a group in Paraguay. After evaluating our experience with this group, we concluded that sociodrama is a viable intervention that merits further exploration by psychodramatists.

OUR PURPOSE IN STAGING the sociodrama described in this article was to use it as a learning experience for a training group we were working with in Paraguay. Once the project was announced, more people became interested in participating, and the final composition of the group left the psychodramatists in the minority. Twenty-five people arrived one Saturday afternoon to participate in the sociodramatic experience. The director explained the Living Newspaper, which was the chosen format. This particular format is very useful for warming up to sociodramas because it very often mirrors the political situation of the country where it is being played out. Further, it is fundamental that all psychodramatists have experience with this tool, the most Morenean of them all.

Four groups were formed. Each group received the day's newspaper and the following instructions: Each group should choose an article, put together a "photograph" (as an image or sculpture) of the topic, and give it a title. Once the groups had composed the "photos," they would present them to the larger group, which would vote to select the image with which the greatest number of people felt some identification.

Choosing the Issues

The four images presented had the following titles and themes:

Group 1: The Vital Lesson—an ecological theme that referred to the destruction of Paraguay's trees and other natural resources.

Group 2: Challenge—a feminist theme that referred to the many roles that women have to perform and the strength that women must have to respond to them. (This was an interesting group composed of many of the feminists present. They chose their theme first and then searched the newspaper for an article to match it.)

Group 3: Social Justice—a theme that referred to the different groups in Paraguay struggling for social justice and to the forces that oppose them.

Group 4: Homeless—a theme that referred to the people left homeless after floods in Paraguay.

When the participants arrived at the point of voting, their choices were fairly well distributed among the proposed images/"photographs," but that of Group 3, on Social Justice, won the sociometric vote. This was a very powerful image. When Group 3 first presented it, a ripple of response echoed through the audience. A rough sketch is presented in Figure 1.

Group 3 had constructed an image that included personification of the important roles of Paraguayan society: two campesinos (or peasants), one of whom was having her foot stepped on by Parliament; Special Police Force who was pointing her finger in the form of a gun toward them; Justice with her back to Special Police Force; and Community that looked on with her eyes covered with one hand, but with the fingers open for peeking. Campesinos make up 60% of the population of Paraguay. The police force referred to in the

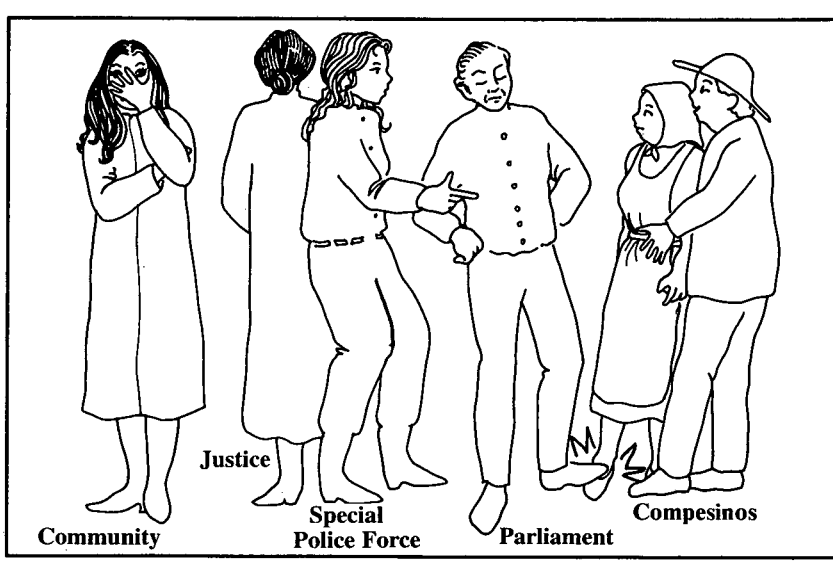

FIGURE 1. Sketch of the image presented by Group 3.

sociodrama was the one that had terrorized the population during Stroessner's 35-year reign. In the group's image, Justice stood behind Police Force, an allusion to the years when even the justice system submitted to the military dictatorship and turned a blind eye to what was happening. The image of Community was perhaps most significant: a representation of a society that could see what was happening but tried to hide behind ignorance of the facts.

Once the vote had been taken, the director asked the members of the original "photograph" and the members who had voted for it to remain. The director had the original image re-enacted and asked the new members to enter it with the roles of their choice. Action was given to the image.

The director gave the following instructions to the larger group: All those in the enlarged group could participate in the sociodrama, provided that before entering the stage, they pass by the "naming committee" (in this case, the Auxiliary Ego, who wrote down on a piece of paper the role the individual wished to act out in the unfolding drama). These papers were taped to participants' chests with masking tape to help keep track of what was happening and who was playing which role. Participants could change roles during the drama but had to change their identifying nametags as well. The psychodramatic space had been drawn out on the floor with masking tape. If participants were pushed out of the dramatic space, they could not return unless they assumed a new role.

The sociodrama began, and chaos ensued. A preacher began to preach to the group from atop a "soapbox." The campesino section, enlarged by new members who had entered the fray, yelled and screamed for their rights, demonstrating in front of Parliament. The woman who played the role of Special Police Force immediately shed her role and became a campesino. Several new members entered as idealists who wanted to restructure society.

Suddenly, "Stroessner," "Rodriguez" (the president during the transition and a military general), and several military personnel entered in an attempt to take over. The other members of the group immediately joined together to expel them from the scene. Now only the campesinos were left, and the woman who had turned campesino became Campesino President as a result of the popular revolt.

Intervention by the Director

At this point, the director intervened with the following proposal: "You have an opportunity to restructure the Paraguayan society as you see fit. You may name government leaders, ministers, etc., whatever you like. Go for it." Campesino President immediately began naming the Ministers of Health, Education, and Agrarian Reform. Several more people became campesinos. An honest Social Justice was named as well as Community Committed to the Poor.

Parliament became a campesino parliament. Once the basic government unit was formed, President left her presidency and became Politics.

Several attempts were made to make this society work. A representative of the refugees homeless after the flood sat on the floor begging and yelling for help. One of the two men in the group put on a sign, "Society Without Men," as a protest against the feminist/female vein society had taken. Several participants entered as the People, stating that they were not campesinos and that they too needed representation in the new society. At this point, the director froze the scene and interviewed each member in the drama.

Politics reported that she had come to realize that it was a very difficult task to try to organize and change society and that it was not quite as easy as she imagined. Agrarian Reform could not understand why Campesinos continued to complain so much after they had received what they wanted—land, tools, machinery, and seeds. Refugee complained that nobody tended to her needs. She was hungry and cold and homeless. When the director bent down to talk to Refugee at eye-level, Refugee mentioned that the director had been the first one to look her straight in the eye. She went on to complain that Education had given her a book, but she did not know how to read. Honest Social Justice had given her a roof but had almost squashed her over the head with it. Health could not even give her an aspirin. What was she to do? The man who complained about the predominately female society stated that he felt excluded and doubted there was room for him, as a man, in the society that the group was building. People reported that its group was not composed of campesinos, but rather of doctors, teachers, housewives, and so forth, and that the solutions for the campesinato were not necessarily solutions for People. There was a generalized feeling of impotence among the group's members: They wanted to contribute to a better society but really did not know how.

Once the interviews were completed, the participants sat down, stopped for a coffee break because we had been working together for over two hours, and returned a few minutes later to evaluate the meaning of the sociodrama for Paraguayan society. Everyone was asked to share individual feelings about the roles. The participants stated that they enjoyed the experience and never imagined that a sociodrama could bring about such richness of content. They were astounded and frustrated with some of the turns that the action had taken as they began to realize that running a country is not a simple effort. They were all convinced of the authenticity of what the action portrayed—their reality—and the effectiveness of using a sociodrama to draw out socio-political profiles.

Participants' Discussion and Evaluation

Within the group, there had been a high level of expectation when the action began and a sense of commitment to what they were doing throughout the

action. The participants also realized that they had had their chance to change their situation, and they recognized the enormous complexity involved in doing such a thing. We observed that, when given the chance, they realized that they too had resorted to force and autocratic stereotypes to resolve problems. That was the only political model most of those present had ever known. They were able to pinpoint the holes and pitfalls of their idealized and theoretical solutions. They perceived what would not work. They had their work cut out for them, trying to figure out what would work.

A great many interesting conclusions came out of this discussion.

1. The theme chosen was the matter of social justice, a very touchy and dangerous subject under the Paraguayan dictatorship, which only now begins to have a chance to come out in the open.
2. When action is given to the group, chaos ensued, as we mentioned earlier. This disorder, in part, is normal, if we consider the Identity Matrix, described by Moreno, from which order will come. (We believe that groups follow the different phases of the Identity Matrix as they form. A new group will be especially chaotic and will slowly organize itself to such a point that, in time, members can eventually role-reverse with each other.) Yet it is also descriptive of the confusion that members of Paraguayan society are going through as they try to learn new roles under a democratic regime.
3. In the face of such disorder an attempt is usually made to organize the group, but such an attempt imposes order. In this case, the military intervenes to organize the government but is expelled. It is obvious that society resists this kind of imposed solution, under which the people have lived for 35 years.
4. Once the initial action subsides with the expulsion of the military, there is a lull and a kind of vacuum. At this point, the director intervenes to propose a new social structure. Campesino President is practically self-elected (much in the same way that the military had come to power 35 years before) and autocratically distributes the roles of institutions: Education, Health, Social Justice. However, how to perform the duties involved in these roles is not explained or taught. This episode clearly reflects what is happening in Paraguay: The institutions exist, but nobody really knows how to make them work, especially in an efficient and pragmatic way.
5. Another interesting observation about this stage of the sociodrama is the lack of dialogue between parties. Nobody discussed anything—how to do things or what was to be done—with anybody else. There were no consultations or requests for help from anyone. Everyone did what he or she saw fit. If we pick up the daily newspapers, we can also confirm that this is what is happening in Paraguayan society at large. Basic decisions are made without consulting the parties who will be affected by these decisions or who will be subjected to their consequences.

6. One member who represented Calls for Election was thoroughly ignored. It seems that once again, we stumble upon our recognition of the fact that the dynamics of free elections are still not properly understood.

7. When Paraguay has to deal with a national disaster, such as the serious flooding that occurred, the inadequacies of the system stand out clearly. How can one help the refugees? No one really knows where or how to begin, and the alternatives that are offered are not good solutions to the problems. Either too much is given (the roof that comes down over Refugee's head), or inadequate help is offered (books to the illiterate).

8. An issue that was also clearly brought out is the matter of gender. This society in our sociodrama had been structured with women in the different roles, but the few men who participated felt excluded by the women's feminist attitudes. This raised the gender-specific issue. One woman left the scene because she refused to participate in a society without men. The women who had been People stated that they did not want a male campesino president because all of them "were a bunch of machistas."

The selection of the president is perceived by the men as group exclusion by gender; whereas the women feel uncomfortable because of what they perceive as a male threat. It seems that in this new society that is rising from the old ashes, there are the beginnings of redefinition of gender-specific roles. Participants ponder: What does it mean to be a man or a woman in this new community? The women contend that a male president sees People as a group that gets in the way and does not really seem to help. In reality, People have come on stage precisely to lend a hand to the process of building a new society. The two sides seem to have difficulty perceiving each other's intentions.

In our assessment of this sociodrama, we must mention two aspects that we observed. First, in this country, the role of citizenship in a democratic regime is poorly developed. This means that as citizens of Paraguay, the people are just beginning to understand and practice this new role of citizenship. Second, the lack of a clear idea of the motives and actions as these were portrayed by the participants leads us to understand that the social telic perception leaves much to be desired. If this society can move toward a more telic communication/perception, there should be better social adjustment.

Conclusion

After our experiences with the use of sociodrama as a training exercise, we would encourage other psychodramatists to investigate the field of sociodrama. We consider this to be a very powerful social diagnostic tool and hope that we have illustrated this by our analysis of the Paraguayan experience. Perhaps as

we better comprehend social processes through analyses like these, we can also develop adequate interventions that will lead to improved social adjustments.

Author's note: At the time of the revision of this article, almost a year after the sociodrama, the Paraguayan people have elected a president who will most probably not "rock the political boat" they have been in for so many years and will give them "more of the same."

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Group Structure: A Review

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ABSTRACT. This article gives an overview of the concept of structure as it pertains to group counseling. It includes a summary of the history and theory of structure and a discussion of the types of structure and the interaction of structure with other variables.

THE ROLE AND EFFICACY OF STRUCTURE in therapeutic groups has been a question of some controversy for nearly 40 years. Most writers agree that structure involves the leader directly guiding or influencing the behaviors of the members. Zweben and Hammann (1970) defined structure as the leader prescribing roles and tasks in the group. Roark and Roark (1979) include a variety of components in their definition of structure (membership, physical structure, time, activities, norms, purposes, and goals) but reflect that "the activities a group performs are often what is referred to when people speak of structure" (p. 189). It is this definition of structure that will be employed in the present review.

History and Theory of Structure

Early writers on the topic discouraged the use of structure for fear that the natural development of the group process would be inhibited. Ormont (1957) felt that clients should enter group therapy free of preconceptions so that behavior in the group would be genuine and free of role-playing. He felt that pregroup preparation could actually foster misconceptions and that reassurances would need to be continually reinforced as well as promote untherapeutic expectations. He saw the exploring of resistance to group as having some merit but cautioned that "premature attempts to work through a resistance may lead to an impasse or seri-

ously affect the therapeutic progress" (p. 845). Whitaker and Lieberman (1964) felt that in order for a natural group culture to emerge, clients should be allowed to have their issues surface without interference. Interference includes "structure by suggesting procedures, providing definitions, and offering reassurances" (p. 208).

These early views on group structure were seriously challenged by Bednar, Melnick, and Kaul (1974). They suggested that the lack of structure in the early stages of the group "actually feeds client distortions, interpersonal fears, and subjective distress" (p. 31). These distortions and fears then interfered with group development and led to premature termination. They theorized that the therapeutic effects of structure are a function of the level of responsibility for behavior perceived by the group members and the subsequent amount of risk presumed to be associated with that behavior. In the early stages of the group, introducing structure shifts the responsibility for behavior from the member to the leader, thereby decreasing the amount of risk perceived to be associated with participation. This allows the members to feel freer in engaging in therapeutically relevant behaviors such as self-disclosure and feedback, which results in increased cohesion among the group members. The ensuing feelings of psychological safety then make it easier for clients to self-reflect and ultimately take personal responsibility for their behavior.

Whereas the work of Bednar et al. (1974) is based on a risk-reduction model, Neimeyer and Merluzzi (1982) hypothesize that a shift in the group members' cognitive structure may be the mediating factor that allows the group to progress to the point of therapeutic interaction. Based on Kelly's (1955) personal construct theory and Duck's (1973) discussion of a construct with respect to level of abstraction, Neimeyer and Merluzzi (1982) propose that group structure provides a means of "systematic information exchange" (p. 157). Group structure provides a means to gain increased understanding of the group members by facilitating movement from the more concrete, physical constructs (e.g., height, weight, gender) to the more abstract, psychological constructs that usually define personal traits (i.e., sensitivity, intelligence). This increase in understanding and the feeling of being understood contribute directly to the development of cohesion.

Trotzer (1979) maintains that the efficacy of structure in the group depends on the facilitation of the group through the various developmental stages. The developmental tasks provide a focal point that guides the implementation and choice of structured experiences. Early use of structure would help members get acquainted, define boundaries, and build trust. The development of cohesion could be facilitated by structure that fosters self-disclosure and helps members give and receive constructive

positive and negative feedback. The working stages would be enhanced by exercises that encourage members to participate in self-evaluation, to accept personal responsibility, and to try out and evaluate new behaviors. In closing, structure would help to identify growth and change, express appreciation and regrets, and say good-bye. (Developmental theorists maintain that unless the group successfully masters the developmental tasks at each stage, a true working stage will not develop.)

Types of Structure

Structure has been incorporated into group treatment in one of two ways—pregroup training or ingroup structure. Pregroup training generally involves some type of activity before the actual participation that prepares the client for what he or she is about to experience. Pregroup training often incorporates either verbal or written instructions, videotaped instructions, or modeling (Kaul & Bednar, 1986).

Pregroup training

Research has demonstrated the efficacy of pregroup training on group process and outcome. Whalen (1969) compared groups receiving (1) minimal instructions, (2) detailed instructions, (3) film model and minimal instructions, and (4) film model and detailed instructions. He found that clients who experienced the film model of interpersonal openness plus instructions tended to also display interpersonal openness, whereas the clients in the other conditions did not.

Pregroup training seems to have a positive impact on member interactions. Yalom, Houts, Newell, and Rand (1967) found that a preparatory lecture strengthened clients' faith in the therapy process and fostered here-and-now interaction among the members. D'Augelli and Chinsky (1974) showed that pregroup training helped members to engage in significantly more personal communication. Bednar and Battersby (1976) showed that clients who had received specific behavioral instructions with respect to self-disclosure and feedback had more positive attitudes toward the group, higher perceptions of cohesiveness, and more "task-oriented behaviors" than control groups who received only general information about goals. Hilkey, Wilhelm, and Horne (1982) found that pretrained clients had clearer ideas of what was expected of them, showed more desirable behaviors during the early stages of the group, and eventually made more progress toward their goals.

Ingroup structure

Ingroup structure involves incorporating structure into the therapy process itself, generally involving some type of participation by the client in the structuring activities (Kaul & Bednar, 1986). Much research has demonstrated the efficacy of incorporating structure into the group process. Levin and Kurtz (1974) showed that clients in structured groups "reported greater ego involvement," more cohesiveness, and perceived more change in themselves than clients in unstructured groups. Crews and Melnick (1976) showed that group members participating in a structured group made significantly more self-disclosures than did group members in other conditions, but feedback and cohesion were not affected. Ware and Barr (1977) in a 9-week study of self-concept and self-actualization in structured and unstructured group experiences found that subjects participating in the structured groups had higher feelings of self-worth and were more open and less defensive than subjects in either the unstructured group or a control group.

Rose and Bednar (1980) found that cohesion increased more in those conditions providing structured feedback as compared to structured self-disclosure, and Caple and Cox (1989) reported that attraction to group was higher in later sessions for those groups that began their group experience with a structured exercise. In some more recent research, Rohde and Stockton (1992) showed that clients who received structured feedback during each group session about what they had done to help them attain their goals or hinder them from attaining their goals had higher ratings of perceived goal attainment as measured by self-ratings and member-ratings. Leader ratings of goal attainment showed no differences. Stockton, Rohde, and Haughey (1992) showed that structured exercises tailored to the developmental task needing mastery at specific group stages have a significant impact on outcome. Results showed higher order trends in the control condition than in the groups incorporating structured exercises for the variables cohesion, engagement, avoidance, and conflict. This may indicate less recycling back to earlier developmental levels in the groups incorporating structured exercises. Clients in the experimental condition were also significantly more satisfied with their group experience.

Some group therapies (such as psychodrama) can be seen as structured interventions in and of themselves. Kellerman (1991) saw the main function of structure (in this case, psychodrama) as technical—to create specific interventions to help clients attain predetermined goals. Kane (1992) echoed this idea when she said that psychodrama was "responsible for

helping clients 'play out' their roles to accomplish positive or constructive outcomes" (p. 181).

Interaction of Structure and Other Variables

Some studies indicate, however, that structure may have differential effects based on the characteristics of the group member. Kilman, Albert, and Sotile (1975) looked at the relationship between locus of control and structure using 16-hour marathon groups and also traditional groups that met twice weekly. Results indicated a locus of control by treatment interaction; this finding suggests that clients who have an external locus of control may obtain maximum benefit from "structured therapist intervention." Evensen and Bednar (1978) showed that the impact of structure depended on the risk-taking disposition of the group member. They reported that behavioral structure facilitated interpersonal communication, cohesion, and perceived depth of communications for high risk takers, but this same structure appeared to inhibit low risk takers as they exhibited the lowest levels of communication and cohesion. Much research has demonstrated the efficacy of incorporating structure into the group process. Kivlighan, McGovern, and Corazzini (1984) studied the interaction between content and timing of structured interventions. In their study, the content areas of anger and intimacy were matched or mismatched with the developmental stages of storming and norming. Matched content and timing interactions produced more appropriate expressions of intimacy and anger.

Conclusions

Although the efficacy of incorporating pregroup training as well as ingroup structure into the group process has been well documented in the research literature, significant cautions need to be addressed by the group facilitator. Ribner (1974) demonstrated that although self-disclosure contracts increased attraction to the group, group members' "mutual liking" decreased. Lee and Bednar (1977) showed that higher levels of structure tended to be associated with more negative evaluations of the group experience, in particular for low risk takers in high structure conditions. Higher levels of structure also tended to result in lower levels of group cohesion.

Bednar and Langenbahn (1979) suggest that ambiguity and structure do not present a bipolar concept in which ambiguity decreases as structure increases (or vice versa). Rather, structure must be conceptualized as a multidimensional construct that encompasses personal risk and respon-

sibility, types of structure and their impact on clarifying expectations, and the interaction of structure and client personality variables.

Bednar, Melnick, and Kaul (1974) warn that the goal is for the group to become independent and self-directed and that for group leaders to facilitate this process, they must provide learning experiences that result in independence for the members.

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BRIEF REPORT

My Response to a Psychodrama Training Course

This course in psychodrama has been much harder for me than I thought it would be. I was in the theater for a number of years during my childhood, so when I found that psychodrama was a therapeutic method that uses an art I was familiar with, I thought it would be perfect for me. However, I did not realize how hard it would be for me to dramatize my own vulnerabilities. Performing in psychodrama involves the self and not a script. And I am unfamiliar with expressing myself.

I have an element of deep shame in my make-up because several childhood traumas placed me and my family in a position to be pitied. We had a strong interject of pride and self-competency. I have grown up with some irrational behaviors such as stuffing my feelings, making everything look okay even when it isn't, and smiling through the pain. I would not admit that I was a surviving child instead of an only child because I could not stand people apologizing and then asking what happened. I have grown to be secretive about my pain and lack of trust in others. I find it is difficult to place these vulnerabilities on the surface and to find words to describe feelings that have previously caused nausea or headaches. I'm lost for words even when the feelings are strong because I haven't let those feelings swell to expression. It has also been difficult to brace myself for others' responses to what I reveal. I loathe pity and reject comfort.

Consequently, I have volunteered only twice to be protagonist this year and was chosen once. Not so surprisingly, I walked away from many psychodramas drained and overwhelmed with what they touched off in me. I've envied the courage of my fellow students to "put it out there!" I've also learned, vicariously, a great deal about myself. This paper alone is a big step for me. I really wanted to write something more scientific and impersonal. But I found that the subjects I picked would not finish themselves and concluded that something else needed to be said.

I've discovered through psychodrama how deeply I've buried my anger. I learned very early to suppress this fairly overwhelming emotion to keep the peace. Such a response became a reflex that led to years of

depression. Through my own psychodrama, I was stimulated to unearth my buried rage. In therapy, I am now able to work on my anger. Although I have by no means gotten in touch with my spontaneity this year, I have found new tools to help me pursue this elusive trait.

I've noticed that I reveal more of myself to others and feel safe doing that. I've discovered that this 30-year-old Michelle is able to create new responses to her life and feels safer and more eager to share.

Moreover, one observation and one question about my self-discovery will keep me thinking all summer.

I have been concurrently studying psychodrama and hypnotherapy. I did not think, when I first started, that these two disciplines were at all alike. Over the year, however, I've become fascinated with the applicability of the trance state in both therapies. I've taken many notes on my observations and feel sure that I will write a paper on this topic at some point.

Someone who knows me fairly well and is also a therapist observed that I am a logical/analytical thinker—a diagnostician—and might not be as empathic as good psychodrama demands. I found this to be an interesting concept, albeit one I really did not want to hear because of my deep interest in psychodrama. In fairness, I must consider this observation and compare it with my own self-image. I see in myself emotional blocks that make empathy more difficult. I also feel that the therapy and growth I am going through will ultimately relieve some of the blocks. I've noted, too, that good directors, auxiliaries, and doubles are empathic. The question for me is, "Is there a place in psychodrama for the style I will develop because of my nature?" If I find out in my development that I am not more empathic, will I still be able to do valuable work in this technique? Because I have not made my directorial debut, I cannot comment on these questions from that standpoint. These questions I plan to explore in my second year of training, as I search for my personal style.

MICHELLE WARNER

This brief report was among those written by psychodrama trainees who have been working under the direction of Antonina Garcia, an executive editor of this journal. The editors invite all psychodrama trainers to encourage their students to write and submit brief reports of their psychodrama experiences and innovative techniques. Trainers should remind their trainees that their reports, which will be subject to review by an executive editor, should be written according to the *APA Manual of Style* and the journal's directions to contributors.

BOOK REVIEW

Group Interactive Art Therapy. Diane Waller.
London & New York: Routledge, 1993.

This is a very readable book on the use of art therapy in groups. The author has split the reading into two parts. The first half of the book has to do with theory; the second part concerns several case studies. In several of the case studies, the author discusses the boundaries between the leader and group members and relates how these issues were worked out.

Many of the groups cited were multilingual and also consisted of professionals. These groups were considered experiential rather than therapeutic. More material on therapeutic, long-term group development would have been useful.

The author refers several times to her use of psychodrama to resolve group situations. She does not expand, however, on how she had used psychodrama or what the differences between the psychodrama groups and art-therapy groups were.

For a psychodramatist, a chapter on dealing with the use of art materials would have been useful. The art projects that are illustrated in the book would be appropriate for a workshop but would take more time than is usually available in a regular psychodrama session.

The author seems to have had some experience with the use of psychodrama. She recommends that any "conductor" of interactive art-therapy groups participate in several psychodrama sessions—"so that they may feel more secure about that aspect of their role which is concerned with keeping the group members 'in role'." She states this as she refers to groups that are producing many images but resist reflecting upon those images. She also discusses the high degree of drama that often occurs in an interactive art-therapy group and the need of the "conductor" to reinforce boundaries and encourage members to try a different mode of enactment.

DOLORES CLARK

DOLORES CLARK, who practices in Houston, Texas, works with adolescents and specializes in art, dance, and drama therapy.

J. L. Moreno's Continuing Influence

Gay Rights and Roleplaying

In *Healer of the Mind,* a book edited by Paul E. Johnson and published in 1972 by the Abingdon Press, J.L. Moreno contributed a chapter that he called "The Religion of God-Father." In a confessional mode, he admitted: "I have failed utterly in turning in the moment in the world's needs. The hope is gone from the faces of men. Our youth is bewildered. Many children are stopped from being born because of the worthlessness of birth and life. It is in the last calamities that my failure comes through. I must admit humbly that my megalomania is shattered."

Perhaps that disillusionment would be softened if he could have read in the *New York Times* of Wednesday, December 8, 1993, the following sentences, which were printed under the heading Gay Rights Law for School Advances in Massachusetts: "We did role playing where they (the students) would practice about what it was like to meet with a legislator—supportive and non-supportive." The report goes on to say: "We told them to be very forceful, never to write anyone off. We encouraged them to speak from the heart."

After a long life of struggling to convince others of the usefulness of his ideas, it is good to see the ramifications of their possibilities.

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VIDEOTAPE REVIEW

Psychodrama: A Training Tape.
Produced by Elaine Eller Goldman, PhD, Delcy Schram Morrison, MA, CP, and Mark S. Goldman, MA.
$85 (add 2.25 shipping). Available from Eldemar Corporation, 5812 North 12th Street, #32, Phoenix, AZ 85014 (USA). (Check payable to Eldemar Corp.)

Elaine Eller Goldman, one of the most eminent directors in the field, has extensive clinical experience and is amply qualified as an exemplar of the psychodramatic method. She produced this video in 1987, and it is a useful vehicle for both beginning and intermediate students. It communicates the professionalism and systematic theoretical foundation that underlies the use of this powerful psychotherapeutic modality.

After presenting a brief comment on the method and its originator, J. L. Moreno, M.D., the video continues with an actual psychodrama. A patient with a drinking problem is helped to relate his blocks in relationships, his retreats from his own fears of closeness, and his early childhood experiences. The catharsis of abreaction of feelings of fear and (more repressed) anger is followed by a catharsis of integration in which he can begin to discover his healthy potential for taking action in the face of his fear. Interspersed with the actual drama is a commentary regarding the dynamic strategy that Dr. Goldman developed, "the psychodramatic spiral." (This concept is presented in Goldman and Morrison's 1984 book, *Psychodrama, Experience & Process,* which has been revised and expanded since then and is also available from the same source for $15 + $1.25 shipping.)

Dr. Goldman's program reveals a variety of important principles that are restated in a complete transcript of the session, which is included with the videotape. What is not in writing, though, is perhaps even more important: the director's broad repertoire of responses that range from matter-of-fact, comforting, soft, and challenging to crisp, excited, and encouraging. These and other attitudes serve as a wonderful model of outstanding directing. Just watching her is useful to psychodramatists.

In this video, the director uses both untrained auxiliaries (from the group) and trained auxiliaries, her colleagues Delcy Schram Morrison and Mark Goldman. The behavior of her associates, especially, demonstrates the power

of having trained or experienced co-therapists as auxiliaries, and they present a model of how a trained auxiliary can intensify the action by courageous spontaneity.

Dr. Goldman also uses a variety of techniques that are not widely known, such as having some special object within a scene that serves as a source for symbolic relevance, expressing each feeling with the protagonist's whole body, and characterizing people and relationships with just one or two words.

This professionally produced video is a nicely edited summary of a fairly typical psychodrama and should be a part of any student's introduction to the method. More than that, it remains a useful teaching tool to return to because it contains a rich variety of specific techniques that can help the intermediate (and even advanced) students acquire more subtle methods for directing psychodrama.

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INFORMATION FOR AUTHORS

The *Journal of Group Psychotherapy, Psychodrama and Sociometry* publishes manuscripts that deal with the application of group psychotherapy, psychodrama, sociometry, role playing, life skills training, and other action methods to the fields of psychotherapy, counseling, and education. Preference will be given to articles dealing with experimental research and empirical studies. The journal will continue to publish reviews of the literature, case reports, and action techniques. Theoretical articles will be published if they have practical application. Theme issues will be published from time to time.

The journal welcomes practitioners' short reports of approximately 500 words. This brief section is devoted to descriptions of new techniques, clinical observations, and results of small surveys and short studies.

1. Contributors should submit two copies of each manuscript to be reviewed. In addition, the author should keep an exact copy so the editors can refer to specific pages and lines if a question arises. The manuscript, including references, should be double spaced with wide margins and printed on only one side of the paper. Authors' names should appear on the cover sheet only, along with academic titles, addresses, phone, fax, e-mail numbers, and a statement that the manuscript is being submitted exclusively to the *Journal of Group Psychotherapy, Psychodrama and Sociometry.*

2. Each manuscript must be accompanied by an abstract of about 100 words. This should precede the text and include brief statements of the problem, the method, the data, and conclusions. In the case of a manuscript commenting on an article previously published in the *Journal of Group Psychotherapy, Psychodrama and Sociometry*, the abstract should state the topics covered and the central thesis, as well as identifying the date of the issue in which the article appeared.

3. The *Publication Manual of the American Psychological Association*, 3rd edition, the American Psychological Association, 1983, should be used as a style guide in the preparation of manuscripts. Special attention should be directed to references. Only articles and books specifically cited in the text of the article should be listed in the references.

4. Reproductions of figures (graphs and charts) may be submitted for review purposes, but the originals must be supplied if the manuscript if accepted for publication. Tables should be prepared and captioned exactly as they are to appear in the journal and submitted on separate pages.

5. Explanatory notes are avoided by incorporating their content in the text.

6. Once a manuscript has been accepted, its authors will receive information about supplying a diskette of the manuscript.

7. Accepted manuscripts, usually published within six months of acceptance, are edited for style and readability. Normally, proofs are not sent to authors. Each author receives two complimentary copies of the issue in which the article appears.

8. Authors should send their submissions to the managing editor, *Journal of Group Psychotherapy, Psychodrama, and Sociometry*, HELDREF Publications, 1319 Eighteenth Street, NW, Washington, DC 20036-1802.

The American Society of Group Psychotherapy & Psychodrama

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Aims: to establish standards for specialists in group psychotherapy, psychodrama, sociometry, and allied methods; to increase knowledge about them; and to aid and support the exploration of new areas of endeavor in research, practice, teaching, and training.

The pioneering membership organization in group psychotherapy, the American Society of Group Psychotherapy and Psychodrama, founded by J. L. Moreno, MD, in April 1942 has been the source and inspiration of the later developments in this field. It sponsored and made possible the organization of the International Association on Group Psychotherapy. It also made possible a number of international congresses of group psychotherapy. Membership includes subscription to *The Journal of Group Psychotherapy, Psychodrama & Sociometry,* founded in 1947 by J. L. Moreno as the first journal devoted to group psychotherapy in all its forms.