

# SOCIATRY

*Journal of  
Group and Intergroup Therapy*

PSYCHODRAMA

SOCIOMETRIC METHODS

RE-GROUPING

ACTION METHODS

RE-TRAINING

THERAPEUTIC FILMS

SOCIAL CATHARSIS

SOCIODRAMA

Volume I

MARCH, 1947

Number 1



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Volume I

MARCH, 1947

Number 1

J. L. MORENO, EDITOR

Beacon, New York

ZERKA TOEMAN, MANAGING EDITOR

Psychodramatic Institute

New York City

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## EDITORIAL I

### THE SCIENCES AND SOCIATRY

The United States of America has become the strategic center in the production and organization of most scientific ideas. Increasingly representatives of all sciences are traveling from all parts of the globe to the United States in order to find out what is new in science and what the ideas are which the future promises to hold.

It is the most important outcome of World War II, although the situation has been in the making for some time. This picture is in contrast to the one which the movement of scientific ideas offered after World War I. It was then American students who traveled to the old countries; the strategic centers were then in Europe. Students, in order to find out what was new and pregnant with future, in social organization and planning, traveled to Moscow, in regard to the physical sciences they traveled to Berlin and other European signalposts, for learning the new in psychology and psychiatry they traveled to Vienna.

Today the picture is reversed. Not only representatives of the vanquished countries but also of the victor countries are coming to the United States, Englishmen, Frenchmen, Russians, Hindus, Chinese, to expand their knowledge, and also to find a market for their ideas. Genius has, of course, in the sciences as well as in the arts, no geographic or ethnic barriers. It even rises more frequently among desperate and suffering than among prosperous peoples. It may also be contended that the thoughtwaves did not originate here; that they are here because the political situation in Europe and Asia has forced many carriers of ideas to seek refuge in the safe haven of the United States. But this is beside the point. They came not as much for the sake of their material welfare but rather for the safety and development of the ideas which they carried in their mind.

The facts are that the United States has been able to provide at a growing pace the *opportunities for productivity* and the *public receptivity and responsiveness* without which no pioneering effort can prosper. The effect of providing a fertile soil for idea-seeds has been that the United States is becoming itself a center of positive productivity stimulating and multiplying its own resources for scientific talent and aiding them in opening new frontiers. It is up to the people of the United States to take advantage of this historical moment. Leadership is like a great fortune. If not cared for and well directed it marches away to other people more courageous.

It has to watch the pathology of its own nation as it affects the rest

of the world. It has to invent devices by which correctives can be put to work. Improvement and pathology of human society and improvement and pathology of science are inter-dependent. Each must be watched at every turn, each situation as it emerges and each idea long before it becomes a scientific magnitude. But this cannot be done by preaching. In the present world emergency it is required from leadership of a first order that it sponsors "sociatry", the science of social pathology and catharsis to which this journal is dedicated. It turns the attention of the therapist to *both* ends of the stick, to the social atoms of which human society consists and to the whole of mankind, to each of its parts as it affects the whole and to the whole as it affects each part.

## EDITORIAL II

### SOCIATRY AND PSYCHIATRY

The frontiers of psychiatry have never been clearly drawn. Its frame of reference has been traditionally the mental healing of the single organism. (But playing with phrases like "social" psychiatry indicates a widely spread confusion as to the finality of this boundary.) The two spheres below and beyond, "Bioatry"<sup>1</sup> and "Sociatry" have logically the healing of the *species* and the *socius* respectively, as frames of reference.

The initiation of the science of sociatry coincides with the critical historical situation of mankind in the middle of our century. The aim of the new science is the prophylaxis, diagnosis and treatment of groups and intergroup relations and particularly to explore how groups can be formed which propel themselves into realization via techniques of freedom *without* the aid of sociatry or psychiatry. The secret aim of sociatry, and of all science, is to help mankind in the realization of its aims and ultimately to become unnecessary and perish.

Neither the laws of chance nor the laws of heredity can account for the birth of human society. Nor can economics account for it. New factors positively engaged have been discovered, tele and spontaneity. The goals of sociatry cannot be attained merely by a series of abreactions or by the adjustment of man *à tout prix* to a social and cultural order. They cannot be attained without changing this order—changing it means the setting up of a new system of values and the penetration of human society with it. This system of values must be evolved in conformity with sociodynamic and sociatric laws. The change cannot be brought about without a "revolution" in all departments of life, the most radical it has undergone since the glacial age.

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<sup>1</sup>Bioatry, similar to Sociatry, is derived from the Greek *Bios*, life, and *Iatreia*, healing. See "Sociometry of subhuman groups," *Sociometry* Vol. VIII, No. 2.

# FOUNDATIONS OF SOCIATRY

## AN INTRODUCTION

J. L. MORENO

*Sociometric Institute, New York, N. Y.*

### *What Is Sociatry?*

Sociatry derives from two Greek roots, the one is *socius*, the "other fellow," a social group, the other *iatreia*, healing. The old sociological term *socius*, a term metaphorically and vaguely used in pre-sociometric literature, has gained in the discovery of the social atom as the earliest and smallest social unit of significant consistency, a precise classification.

The earliest definitions of sociatry, sociosism and sociotic in contrast to psychiatry, psychosis and psychotic seem to have been given currency by me in "Who Shall Survive?"<sup>1</sup> "The imbalances within the social atom and their reflection upon the development of psychological currents and networks give social psychiatry a nosological basis and differentiate it as a discipline from psychiatry proper. Psychiatric concepts as neurosis and psychosis are not applicable to socioatomic processes. A group of individuals may become sociotic and the syndrome producing this condition can be called a sociosism."<sup>2</sup>

Sociatrist is then one skilled in sociatry. A doctorate, or diplomate of sociatry is a degree to be given in the future not exclusively to doctors of medicine, as it is now with psychiatry, but to doctors of education, psychology and sociology as well. The art and skill of the sociatrist will depend upon a synthesis of knowledge towards which all social and psychiatric sciences will have made their contribution.

### *Sociatry and Sociometry*

Sociatry must be defined as to its position within a system of both, social and medical sciences. Sociology should be given a central and broader definition than usual because of the probability that the "tele" phenomenon operates in subhuman<sup>3</sup> just as well as in human societies. Sociology is a synthesis of two processes, a) relation of human organisms (or animal) to each other, b) relation of human organisms (or animal) to their environments. It has two branches, human sociology and animal sociology, each of which

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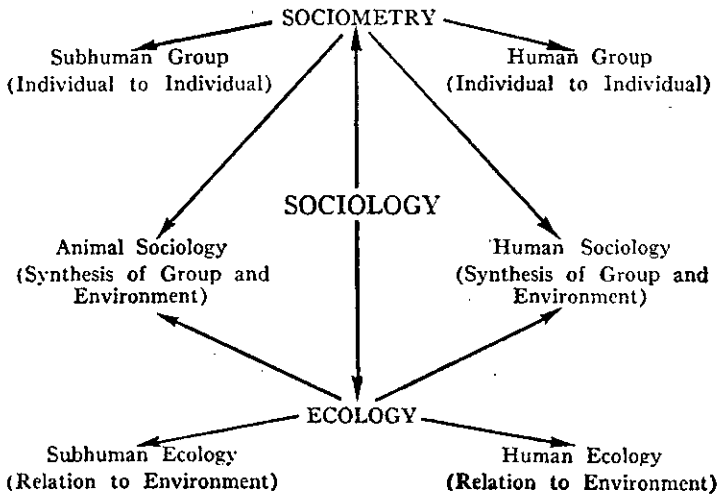
<sup>1</sup>See page 75.

<sup>2</sup>See, J. L. Moreno, "Sociometry and the Cultural Order," and Stuart C. Dodd, "Sociometry Delimited," *Sociometry*, Vol. VI, No. 3, 1943.

<sup>3</sup>See "Sociometry of Subhuman Groups," *Sociometry*, Vol. 8, No. 1, February 1945.

has two main divisions, sociometry and ecology. Sociometry is the science of human and subhuman groups (excluding their relation to environments as climate, geographical conditions, etc.). Within a system of social sciences, from the point of view of the dimension explored, Sociology can be also classified as "macro" sociology, sociometry as "micro" sociology.

Sociatry<sup>4</sup> is remedial sociometry. It is just as much a pure science as is sociometry. They differ in method and emphasis rather than in purity. A research science is not purer than a therapeutic science. The adjective "remedial" should not connote a lower degree of accuracy. Sociometry may be just as often applied sociatry as sociatry applied sociometry. One is a function of the other. They are differentiated as notions but not in concrete functioning. The value of psychodramatic audience therapy or sociometric regrouping, or other forms of social therapy, is determined by the demonstrable evidence of effects.



*Relation of Sociatry to Psychiatry*

Psychiatry is the branch in medicine that relates to mental disease and its treatment; it treats the individual psyche and soma. Sociatry treats the diseases of inter-related individuals and of inter-related groups. It is based upon two hypotheses: 1) "The whole of human society develops in accord with definite laws"; 2) "A truly therapeutic procedure cannot have less an objective than the whole of mankind."<sup>5</sup>

<sup>4</sup>Ibid.

<sup>5</sup>See "Who Shall Survive?" pp. 3 and 4.

## OPERATIONAL METHODS IN SOCIOMETRY AND SOCIATRY

The introduction of operational methods to sociology is often "charged" to sociometry. This cannot be accepted without some clarification. Operational methods in physics and in sociology<sup>1</sup> have little in common besides the name and the mutual desire of moving from a metaphysics of words into a word-free reality, a metaphysics of action or, as I called it, a "meta-praxie",<sup>2</sup> but this is as far as the similarity goes. Otherwise the two movements, physics and sociology in their essential problems are far apart and have a different historical origin. *Operational methods in the social sciences are closely linked with the development of action methods.* Physics is a far advanced science, it has its central subject matter well established in contrast with social science which is still struggling to find the very substance matter of its discipline. It is this which sociometry has attempted to produce, to expose at last the beating heart of all sociological subject matter. This is the reason it started a new epoch in social methodology. Although many of the problems have been pioneered by pre-Comptian sociologists as St. Simon, and Charles Fourier, by the German sociologists Karl Marx and Georg Simmel, and by two contemporary Americans, Charles Cooley and George H. Mead, the synthetic demonstration of their visions has been first given actuality by sociometric experiment. "The objective was to test a community as a whole and to reconstruct it purely on the basis of findings yielded by the test. Our guiding principle in the research has been from the start, after we had decided working in an unexplored territory, *to let the direction and the expansion of the research flow out of the situation.* Therefore our procedure was not fixed in advance."<sup>3</sup> Because of the fact that the individuals forming the group know in advance the meaning of the procedure and accept it, they can make it their plan of action, they are identical with it. They are in full consciousness operators in their own behalf. Such methods fall under the general category of *operational* sociometry."<sup>4</sup>

<sup>1</sup>The uninhibited regard of some social scientists for mathematics and physics often takes the form of a considerable "mathematical neurosis", as mathematical methods are often advocated by social scientists who are neither mathematicians nor statisticians.

<sup>2</sup>The Stegreif Theatre, page 17-21, by J. L. Moreno, 1923.

<sup>3</sup>Page 91, Who Shall Survive?

<sup>4</sup>*Sociometry*, Vol. I, page 344, 1937-38, J. L. Moreno and Helen Jennings, Statistics of Social Configurations.

As in Sociometry, also in Sociatry, careful theoretical and practical planning of controls and statistical treatment have to be the guideposts. *Test the group before and after you have applied some procedure to it, and find out the change which has taken place.* It makes no difference whether the measure producing change is re-grouping and role-training (as in the Hudson study), or whether it is a medium to which the group is exposed, for instance, a lecture or a drama. A classic illustration is the analysis of an audience with two control audiences before and after they have been exposed to the same medium, a psychodramatic production.<sup>5</sup>

#### BASIC CATEGORIES OF GROUP PSYCHOTHERAPY<sup>6</sup>

The following categories are the result of operational experimentation. They may serve as a guide to the fundamental directions group psychotherapy can take.

##### SUBJECT of Therapy

#### 1. As to the *Constitution* of the Group

Structured (Organized) Group	vs.	Amorphous
Determining the dynamic organization of the group and prescribing therapy upon diagnosis.		Without considering the organization of the group in the prescription of therapy.

#### 2. As to *Locus* of Treatment

Treatment of Group in Loco Nascendi, in Situ	vs.	Treatment Deferred to Secondary Situations
Situational, for instance within the home itself, the workshop itself, etc.		Derivative, for instance in especially arranged situations, in clinics, etc.

#### 3. As to *Aim* of Treatment

Causal	vs.	Symptomatic
Going back to the situations and individuals associated with the syndrome and including them <i>in vivo</i> in the treatment situation.		Treating each individual as a separate unit. Treatment may be deep, in the psychoanalytic sense, individually, but it may not be deep groupally.

<sup>5</sup>This is first reported in literature by Zerka Toeman, Role Analysis and Audience Structure, *Sociometry*, Vol. VII, 1944, page 205-221. See also Psychodrama Monograph No. 12, Beacon House, New York, N. Y.

<sup>6</sup>See J. L. Moreno, Scientific Foundations of Group Psychotherapy, p. 318-19, *Sociometry*, Vol. 8.

## AGENT of Therapy

1. As to *Source* or *Transfer* of Influence

## Group Centered Methods

vs.

## Therapist Centered

Every member of the group is a therapeutic agent to one or another member, one patient helping the other. The group is treated as an interactional whole.

Either chief therapist alone or chief therapist aided by a few auxiliary therapists. Therapist treating every member of the group individually or together, but the patients themselves are not used systematically to help one another.

2. As to *Form* of Influence

## Spontaneous and Free

vs.

## Rehearsed and Prepared Form

Freedom of experience and expression. Therapist or speaker (from inside the group) is extemporaneous, the audience unrestrained.

Suppressed experience and expression. Therapist memorizes lecture or rehearses production. The audience is prepared and governed by fixed rules.

## MEDIUM of Therapy

1. As to *Mode* of Influence

## Dramatic or Action Methods

vs.

## Lecture or Verbal

Dance, music, drama, motion pictures.

Lectures, interviews, discussions, reading, reciting.

2. As to *Type* of Medium

## Creative Media

vs.

Conserved, Mechanical or  
Unspontaneous

Therapeutic motion pictures as preparatory steps for an actual group session, extemporaneous doll drama with the aid of auxiliary egos behind each doll, psychomusic, psychodrama and sociodrama.

Motion pictures, rehearsed doll drama, rehearsed dance step, conserved music, rehearsed drama.

3. As to *Origin* of Medium

Face to Face	vs.	From-a-Distance Presentations
Any drama, lecture, discussion, etc.		Radio and television.

The categories listed in the left column are in principle superior to the ones listed in the right column. Structured is superior to amorphous diagnosis, *in situ* to deferred situations, causal to symptomatic treatment, group centered to therapist centered, spontaneous to rehearsed, action methods to verbal, creative media to mechanical, face-to-face to distance. Most of the current methods of group psychotherapy are concerned with the choice of *medium*, lecture, interview, discussion, motion picture, doll, music, drama, etc., but are unconscious of the equally fundamental consideration of the constitution of the group, locus and aim of treatment, source and form of influence. However, masterly as the medium used may be, the medium in itself does not qualify as therapy of a group.

## OPEN LETTER TO GROUP PSYCHOTHERAPISTS

What is group psychotherapy? This is a question which thousands of therapists working with groups are asking today. Is lecturing to a group of individuals on a topic which has some reference to their own problems and discussing their reactions to it afterwards, is that group psychotherapy? Is showing a puppet play or a motion picture to an audience and watching their reactions, is this group psychotherapy? Is presenting a psychodrama of a problem and getting the audience responses to it afterwards, is that group psychotherapy? Is watching a group of people in various activities, eating or working together, and analyzing their behavior with them afterwards, is that group psychotherapy? Is witnessing a ball game in the midst of thousands, or going into a social revolution or a popular war with many comrades in arms, is that group psychotherapy? Taking one individual or another in front of a group, letting him present one of his crucial personal problems and permitting the participants to reflect upon experiences of their own, is that group psychotherapy?

No, they are not, at least not by themselves. If I assume the authority to declare this outright, it is for two reasons; it happened that I introduced the terms group therapy and group psychotherapy in literature, connected with a specific concept of them, and I am usually made responsible for the development of sociometry. Although I believe that I had made myself clear from the beginning, we are all often misquoted as well as misread. Therefore, I will try to recapitulate briefly my original theory on the subject.

The real issue was and is the difference between individual and group psychotherapy. In individual psychotherapy the patient is a single individual. In group psychotherapy the patient is a group of individuals. The premise to the therapy of an individual is a fair knowledge of the structure of the individual psyche, or, as it is often said, of its psychodynamics; on the basis of this knowledge individual diagnosis and individual therapy can be devised. The premise to the therapy of a group would be consequently knowledge of the structure of groups, of the "sociodynamics" operating in them resulting from the relations between the individual members. At the time when I entered the field, a science of the group was practically non-existent. I made it my business therefore, to investigate the possibilities by means of carefully organized experiments, and to help establish such a science. I was fully aware that without a knowledge of the organization of groups, group therapy is either impossible, or an accident.

At the time when I started with my query there was no science of the

group, but there was a psychological science of the individual<sup>1</sup> in the making. Although there were several schools it revolved more or less around the psychoanalysis of Freud. Freud assumed that the psychological factors operating in an individual also operate in groups, in nations and in human civilization at large. This was at the height of the psychoanalytic movement perfectly human and understandable, as nobody knew much about the group. The group seemed to be a figment of the individual mind without a reality of its own. Freud might have cautioned himself that certain psychodynamics operating within an individual could become, in the course of inter-individual and inter-group relations so grossly modified that effects and laws would result, inconceivable and unpredictable from the horizon of individual psychoanalysis alone. However, he did not caution himself, at least not sufficiently, his pupils still less, and thus we have experienced and are still experiencing interpretations of group phenomena as if they would be crude projections of an individual neurosis. A group, a nation, mankind, was at times examined like an individual patient. The consequence was that psychiatrists, psychiatric social workers, social workers, group workers, psychologists, social psychologists, anthropologists, sociologists, criminologists, trained or influenced by psychoanalytic doctrines applied uncritically to the group the terminology and the mechanisms they had learned from psychoanalysis. The result was confusion and chaotic views on the subject when with the beginning of the second world war group psychotherapy (or what went under this label) began the rise to its present popularity. Many of the non-psychoanalytic workers using their common sense fared better. Unfortunately, only few had studied and had been trained in the science of the group, which as sociometry and related disciplines had developed in the last twenty years. A considerable body of knowledge was able to give group psychotherapy the beginnings of a scientific foundation.

Among the ideological and political barriers to the development of scientific group psychotherapy may I mention here besides psychoanalysis a popular variety, Alcoholics Anonymous. Alcoholics Anonymous is in itself an offspring of group psychotherapy and has taken over some of its principles; although it is an excellent illustration of the therapeutic effect of mirroring technique within homogeneous group membership, no one would ever learn

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<sup>1</sup>Since 1930 also the science of the individual has made new progress. Besides the "Psychoanalytic model" of personality at least two more have been developed, the "Gestalt model" (based on the theory of gestalt qualities) and the "Psychodramatic model" (based on spontaneity theory).

anything about the factors producing it and thus advance scientific knowledge. Psychoanalysis is more difficult to penetrate because of the desire of many psychoanalysts to dominate *every form* of psychological treatment, whether individual, group or mankind. If they cannot claim that the psychoanalytic interview as such is universally applicable, they will try persistently to show that psychoanalytic concepts and theories are and if the latter is not possible, they will at least stretch the meaning of their terms so that they can apply to every human situation. Although this is understandable as a grandiose psychoanalytic day dream, it is in disregard of facts and a block to the progress of a science of social pathology and social psychiatry. It is also in utter disregard of Freud's own doctrines. I, an outsider and opponent of psychoanalytic philosophy, am placed here in the odd position of having to defend the integrity of Freud's work against the abuses it receives from his own students. The only monument which a man of Freud's stature can receive from posterity is that the invention or the instrument which he has developed continues to be useful and is identified by the name he gave to it. What Freud meant by psychoanalysis and psychoanalytic therapy everyone knows who knew him personally and who read his books. He never was shaken from his belief that psychoanalysis is *analysis*, that it is not synthesis, not active therapy, not a projective method, not sociometry, not psychodrama, not group psychotherapy or whatever. I believe he would not have been shaken by these new inventions if he were alive today. Indeed, the little he knew about them during his lifetime did not shake his faith that the instrument he had discovered is superior to all others. You know well how he attacked Alfred Adler when the latter began to use the term "free psychoanalysis", whereupon Adler changed it to "individual psychology". Jung changed the name of his method to "analytic psychology" and you remember how displeased Freud was towards Ferenczi and Rank when they tried to permit the patient to be occasionally more active during the treatment session and Ferenczi<sup>2</sup> withdrew with apologies. Students of psychoanalysis should have deeper respect for the founder of the psychoanalytic movement, not only

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<sup>2</sup>See "Theory and Technique of Psycho-analysis", by Sandor Ferenczi, Boni and Liveright, New York, 1927, p. 217. Previous to and during that period (1919-1925) my first studies on psychodrama appeared and the Viennese Stegreiftheater (Theatre of Spontaneity), that synthesis of action and analysis and the most drastic opposition to "mere" analysis was in full swing, visited or known to many psychoanalytic writers (among them Alfred Adler, Arthur Schnitzler, Theodore Reik, Siegfried Bernfeld and August Aichhorn).

by lipservice but in their actions, and they should not forget that the psychoanalytic method of analysis which was so resourceful in the hands of Freud may have a permanent value in the *form* he has given it. If progressive therapeutic workers coming from the psychoanalytic movement like Franz Alexander, Thomas French and others like to use methods which have been developed in the last twenty years by *non*-psychoanalytic therapists, by sociometrists, group psychotherapists, psychodramatists, interpersonal therapists, and clinical psychologists, this is commendable as well as courageous. But they should honestly admit what it entails. They should not call it psychoanalysis. Let's call a spade a spade. They would not have called what they are doing psychoanalysis if Freud would have been alive. They may think of his reaction to Alfred Adler, Carl Jung and others in a similar situation. In this respect it was interesting to read in a recent issue of the Bulletin of the Menninger Clinic a statement by K.A.M. (which I suppose stands for the initials of Dr. Karl A. Menninger) in which he comments on the digressions of the Chicago Psychoanalytic Institute<sup>3</sup> as follows: "The authors . . . here present the results of their work over the past few years in attempting to apply psychoanalytic principles to what has previously been regarded as non-psychoanalytic psychotherapy. Their insistence that there is 'no difference' between this and psychoanalysis is not convincing, nor is it substantiated."<sup>4</sup>

I cannot formulate better today the limits of psychoanalytic theory and the dangers which result from thoughtless transgression than I did in 1934.<sup>5</sup> "Individual psychology may aim at an interpretation of mass situations through projecting to a mass the findings which relate to a single individual, for instance, hysteria, neurosis, etc. But the salient point is to investigate a mass of, for instance, five hundred individuals from the point of view of each individual contribution and of the emotional product which results in the form of mass reactions. Then it becomes evident that—projections of hysteria, neurosis, Oedipus complex, etc., from an individual to a mass are undue generalization and symbolizations, that the actual processes are of a different nature. The investigations of the organization of this mass, the position each individual has within it, the psychological currents which pervade it, and the forces of attraction or repulsion which it

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<sup>3</sup>See "Psychoanalytic Therapy: Principles and Application", by Franz Alexander, Thomas M. French and Staff Members of the Institute for Psychoanalysis, Chicago, 1946.

<sup>4</sup>"Bulletin of the Menninger Clinic", p. 210, Vol. X, No. 6, 1946.

<sup>5</sup>Who Shall Survive? p. 159-162.

exerts upon other masses, compel us to formulate new concepts and a special terminology better adapted to the new findings. Up to date all findings appeared to indicate that the essential elements of existence are locked within the individual organisms and are recognizable only in respect to the individual. The social impulses also did not seem to present an exception to this rule, however great an influence in shaping them we attributed to the environment; the shape they had attained in the course of their evolution was bound within the individual organism only, nothing which mattered fundamentally existed outside of the individual organism. But there is in the field outside of the organism a special area, the area *between* organisms. Characteristic patterns of interrelation have been found to exist between individuals, definite rules control the development from stage to stage and from place to place; they are of such a regularity of form and have such a continuous effect upon groups near and distant that it appears as if social impulses have been shaped not only in respect to the individual organism but also *between individuals* and that a remainder of this process is always discoverable whenever social groups are analyzed.—Concepts as reflex, conditioning reflex, instinct, mental syndrome, etc., which have grown out of the approach of the individual organism, are not explanatory of these findings and have no meaning in this area. Fifty individuals who singly are classified as suffering from hysteria may as a group reveal a pattern totally different from a mass hysteria, for instance, an extroverted group organization with a high number of incompatible pairs. Or, again, the sexual character of individual members may be male or female, heterosexual or homosexual. And from an individual point of view this is a definable condition but from the intersexual choices, attractions and repulsions among such members a social organization may result which has as a totality a different meaning from that of the sexual character of its individual members alone.”

It is immaterial to the group theorist which method of interpreting individual behavior one prefers, among others, the psychoanalytic, the behavioristic or the psychodramatic. The point is that when individuals enter a group with a given organization of their total persons, at this moment they are on a *new* plane and a different set of phenomena begins to emerge from their relations. Therefore, once a group structure per se is begun to be studied there should be *no* quarrel between the adherents of the different individual psychological schools—they can share in the development of new instruments and in the methods of analyzing the findings. In other words they should enter the

field of the group<sup>6</sup> with an open mind unbiased by previous mental fixations and try to learn about the dynamic factors operating within groups and about how a scientific form of group psychotherapy can be founded. Let us take a specific case as illustration. In the course of a group session the following problem arose—it does not matter here whether it arose in the course of an interview with a particular member of the group or in the discussion after a lecture, after the showing of a motion picture or in the course of enactment on the psychodrama stage: a man, in a sudden abreaction, hits a policeman who hands him a ticket for speeding. A psychoanalyst interpreted the reaction as follows: "This is due to suppressed hostility. Let us go back to the original trauma, the hostility of this subject towards his father. It is a displaced manifestation of the Oedipus complex." A psychodramatist said: "The subject enacted the scene on the stage. Many things which the analyst has to infer from the word symbols I could 'see' directly following his actions and responses. He mentioned afterwards that his older brother had been hit by a policeman in a recent strike and enacted that scene. He immediately took the part of the brother in that scene. The hitting of the policeman in the speeding situation appears like a 'role reversal' of this one. He mentioned also that his brother used to hit him when they were small. This too, was immediately enacted. But now, in contradiction with his remembering, he hit the brother back and knocked him down. This too is a sort of a role reversal, overlaid by many other parallel reversals since then. As to the genesis of this act: since the subject was about 1½ years old he was placed in a milieu typical for our culture, one filled with dolls and automatic semblances of humans and animals. He was encouraged to apply his 'excess of spontaneity' to them. Extreme affection or extreme hostility towards them became a part of his daily enjoyment. His hostility towards dolls he could repeat later with animals and finally with children in the neighborhood. He learned thus in early infancy how to liberate himself from an excess of spontaneity without expecting punishment or reward." Either of these views may be correct and the debate of which view is more appropriate may continue on the plane of the individual. But it does not matter essentially on the plane of the group which of the views will ultimately be accepted.

The confusion which psychoanalytic theory has channelized in the minds of a large number of psychiatrists cannot be better illustrated than

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<sup>6</sup>Ibid.

by quoting at random from a representative, current book.<sup>7</sup> "The unconscious factors are the repressed aggressive tendencies, the emotional and adjustment difficulties of the units of the nation. War cannot be prevented until the unconscious elements are properly dealt with. Every psychiatrist knows the futility of prescribing a holiday for the psychotic unless his mental conflicts have been solved. . . . It is the same with war, because fundamentally it is a mass psychosis." The symbolistic way in which a psychotic individual is taken as a model for war, mass and mankind is unfortunate. Most sociodynamic phenomena disclosed by sociometry and sociatry "are" *unconscious*. But not unconscious in the sense of psychoanalysis, as repressed aggressive tendencies for instance, but unconscious almost in the sense in which the arrangements of the astronomic world were unconscious to man before he was able to study the stellar movements by means of scientific instruments. There are millions of atomic items buried in the group structures of human society which no human genius could divine and which no psychoanalysis of an individual mind lasting a thousand years could disclose.

The science of the group is still in its infancy although safe foundations have been laid. It seems to develop faster than the science of the individual, perhaps because an individual is more ready to expose his bonds to the group than the bonds to himself. It developed late for two reasons; psychiatrists neglected the group because of their professional preoccupation with the single organism; sociologists, although professional students of the group, because of their preoccupation with social masses and generalities, rarely gave us more than an abstract, symbolistic and ideological picture of it. But groups have a realistic and specific organization of their own; they may vary with every sample and the constant and variable structures characteristic for them can be ascertained by means of a few simple tests. These tests can be applied to groups of any size and any type, a village of a thousand people, a workshop of five hundred, a hospital of two hundred patients, an audience of a hundred spectators or a family of three individuals. The actual beginnings of group psychotherapy as a scientific discipline took place between 1930 and 1933 under the leadership of sociometry. Efforts made before 1930 cannot be called group psychotherapy; it was not until then that full realization grew in the minds of a few that all methods which attempted a therapy of the group without a science of

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<sup>7</sup>R. G. Ellery, "Psychiatric Aspects of Modern Warfare", Reed & Harris, New York, 1945.

it were inadequate. The new therapeutic thinking culminated in the dictum: one patient can be a therapeutic agent to the other, let us invent devices by which they can help each other,<sup>8</sup> in contrast to the older idea that all the therapeutic power rests with the physician. The new vision did not come from those who have been successful in the development of individual psychology as medical psychologists and psychoanalysts; these were rather holding back the progress towards an experimental investigation of the group. Its first sponsors were a few physicians, social psychologists and sociologists unbiased by commitment to the rigid individual-centered approach and equally unbiased by sociological mass symbolism.

The organization of groups has been identified by various instruments, acquaintance test, sociometric test, spontaneity test, role test, action test. They have revealed to the therapist exploring<sup>9</sup> the group before he decides upon the treatment required: its membership as to a) age, b) sex, c) acquaintance or non-acquaintance, d) ethnic composition, e) the position of each individual, isolates, pairs, triangles, chains, key individuals, networks and so forth, f) the collective role-range of the group and the roles in which each individual partakes, etc. He is able, on the basis of these findings, to make a diagnosis of the social syndrome from which a group ails. It is not necessary to determine in advance every possible aspect of group organization before treatment begins. It is possible to make a diagnosis on the basis of two or three important items of information, like a physician of the human body who may come to a diagnosis, appendicitis or tuberculosis, on the basis of a few tests only, without having to make a comprehensive study of every possible aspect of the patient's body.

Some of the factors found to determine group organization are: a) *Tele*. Previous to the discovery of tele sociologists used to talk vaguely about human relations, but nobody knew how to define the relationships.

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<sup>8</sup>Although the first discoveries of the fundamental sociodynamic factors controlling group organization have been made by sociometric and similar tests, that does not preclude that they can be made by other tests as well. Just as it was in the development of physics, a discovery, being first made by a primitive instrument and later confirmed by more complex instruments, it is obvious that sociodynamic phenomena exist regardless and independent of the instrument by which they are identified, for the first time. All significant discoveries made by sociometrists can be confirmed by social scientists using instruments other than sociometric ones, even interview, observation and questionnaire methods should be able to elicit rough *approximations* of the original findings.

<sup>9</sup>See "Group Method and Group Psychotherapy", J. L. Moreno, p. 60 and 94. Beacon House, New York, 1931.

The attraction between two physical masses, M1 and M2, and the attraction between two human beings was called a relationship, but nobody knew in what manner the relationship differed in each case. Psychoanalysis used to call the relationship between a patient and his analyst a transference, uncritical of what a relationship actually entails. This confusion came to an end, at least for sociometrically oriented scientists, when it was demonstrated that there is a factor which acts in and shapes human relationships which is not unreal but real, not projective but cooperative. This factor is called *tele*. It is the socio-gravitational factor responsible for the degree of reality of a social configuration *above* chance. It was demonstrated by experiment and statistics that it operates between individuals, drawing them to form *more* positive or negative pair-relations, triangles, quadrangles, polygons, etc., than by chance. The factor responsible for the degree of ir-reality of social configurations *near or below* chance, can be called transference.<sup>10</sup> Tele and transference (the pathological distortion of tele) became thus amenable to a sociometric type of quantification.<sup>11</sup> (See sociograms, p. 29-30.)

Sociometrists differentiate therefore three types of relationships. Reality produced relations (often described as coexistential, cooperational, two way or objectified relations), delusional relations and esthetic relations. The reality produced relations are tele phenomena; it is upon them that the solidity and permanency of social relations depend. The delusional relations are transference phenomena and play a role in psychopathology. The esthetic relations are empathy phenomena, empathy being the one-way "Einfuehlung" into objects. It is harmful to stretch the meaning of transference to cover all human relationships beyond the definition given to it by its coiner. It is particularly meaningless because if we make transference an over-all term we would have to differentiate three types of transference, reality bound transference, delusional transference and esthetic transference. This gives lip service to the "word" transference but it does not change the facts. It is preferable therefore, to have for every operation a specific term expressing it. In this manner the three phenomena, tele, transference, empathy, which were dormant and inherent in Mesmer's animal fluid, have been identified by sociometrists as independent functions and again brought together and shown in combined operation. Studies of the warming up

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<sup>10</sup>Using the Freudian idea of transference freely on the group level, but I believe in the sense in which he thought of it.

<sup>11</sup>Statistics of Social Configurations, *Sociometry*, Volume 1, part 2, 1938. See also *Sociometry* Monograph No. 3.

process of individuals towards each other have revealed that the importance which psychoanalysis has given to transference is exaggerated. The tele phenomenon is operating already in the first meeting of two individuals. The longer a relationship lasts the more it becomes dominated by tele and not by transference. Even if the transference portion was large to begin with, it vanishes often as the relationship goes on. This is found to be true of all inter-individual relations, even of the relation between physician and patient. As the relationship endures the projectional aspects recede and the real attributes of the physician are perceived. In other words, true transference,<sup>12</sup> in the psychoanalytic sense, diminishes in quantity and intensity as individuals mature and as groups gain in cohesion and integration. *The effect of social catharsis is to increase tele production and to decrease transference production* between members of groups. Tele, therefore, can be defined as the group *binder*, transference as the group *disintegrator*.

(b) *The social atom hypothesis and "sociostasis"*. The hypothesis states that as the individual projects his emotions into the groups around him and as the members of these groups in turn project their emotions towards him, a pattern of attractions and repulsions, as projected from both sides, can be discerned on the threshold between individual and group. This pattern is called his "social atom". "Every individual's social atom retains a significant *consistency* in its ratio of positive reciprocation and its inter-choice ratio between two time points. The incidence of patterns at one time and at a later time in the same community is a relatively constant factor in the structure of attractions and in the structure of rejections which characterize it. There are found, in a given community, special choice and rejection patterns and they show an orderly distribution within it. Yet, while the incidence of certain patterns may be relatively constant, the findings further show that the individuals occupying particular patterns at one time may or may not be the same individuals who occupy them at the later time."<sup>13</sup> The tendency within social atoms to maintain a healthy and functioning balance between the constantly present contrary emotions and the

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<sup>12</sup>It operates particularly, however, among people whom psychoanalysts thought transference was non-operative, among psychotics. They are frequently projecting into other people, physician or nurse, their delusionary ideas, but unfortunately for psychoanalytic therapy it is a form of transference which is not productive. It is unsteady, it changes frequently its direction, intensity, and form. Often it is found that even transference relation of psychotics is not a *true* transference to a specific individual but a composition of disconnected tele units. See J. L. Moreno, "Interpersonal Therapy," *Sociometry*, Vol. I.

<sup>13</sup>See Helen H. Jennings, "Leadership and Isolation," 1943.

equilibrating effect within the total of human society can be called *sociostasis*.<sup>14</sup>

(c) *The Sociodynamic Effect*. It is divided into a first and a second part. The first part<sup>15</sup> states that the income of emotional choices per capita is unevenly divided among the members of the group regardless of its size or kind; comparatively few get a lion's share of the total output of emotional choices, out of proportion with their needs and their ability to consummate them; the largest number form an average income of choice group within their means to consummate them and a considerable number remain unchosen or neglected. The second part states that if the opportunities of being chosen are increased by increasing the size of the group and the number of choices per capita, the volume of choices continue to go to those at the top end of the range (the "stars") in direct proportion to the size of the group and to the number of choices permitted per capita, furthering the gap between the small star group, the average group and the neglected group. (Besides tele, social atom and sociodynamic effect, there are other factors not included here.)

Besides adequate diagnosis of the group and considering the concrete form taken by the sociodynamic laws operating in it as a preliminary step to therapy there is another significant aspect, the *adequacy* of the *medium* or stimulus used; as the group stands for the individual patient the medium stands for the drug in somatic medicine. Can, for instance, the most thoroughly organized lecture compare in its effectiveness with a similarly well organized psychodramatic production in which representatives of the group play the key roles? Can the most thoroughly constructed puppet play compare in effectiveness with a sociodrama of the collective relations existing within the group, people in the flesh, experienced in spontaneous interaction? On the basis of a number of control studies it is clear that some media have a far more powerful effect than others and that the *choice* of medium is dependent upon the psychosocial organization of the group-patient and the social syndrome from which it ails. Therapists using a particular medium who have tried to produce an effect upon the group have been able to do so because of certain factors operating in groups. If a favorable effect was produced upon the group, favorable at least from the point of view of therapeutic value systems the particular therapist had in mind, it was because intuitively he hit and stimulated these factors. If an adverse effect was

<sup>14</sup>See "Who Shall Survive?" p. 191-3, Balance and Imbalance Within the Social Atom.

<sup>15</sup>Ibid p. 74.

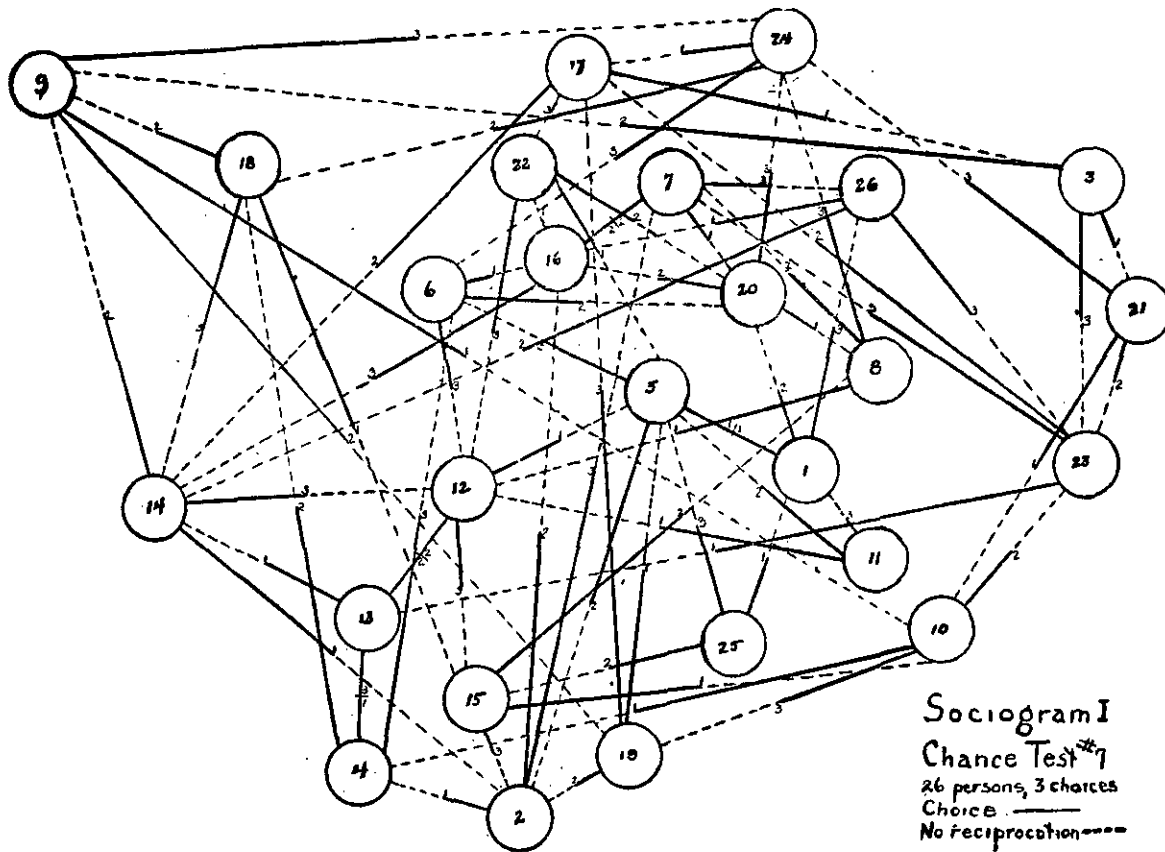
produced it is because he misconceived them. This is true about all catharsis which is experienced by groups, whether it is the result of a religious ceremony, a musical symphony, a drama, a motion picture or a baseball game. Every group has a certain psychosocial organization and every medium has a certain structure, however ill defined and little known they may be to the therapist in question, they are there just the same. The difference between scientific group psychotherapy and group therapy as it has been practiced throughout the ages intuitively and unconsciously, often as a sort of magic, is that the first works with a conscious and systematic knowledge of the organization of the groups which it is trying to influence via certain media, the other without it.

The treatment of groups requires therefore therapists who are trained to use these social instruments. The scientifically trained group psychotherapist will approach every group he is considering for treatment in the same spirit, applying the tested procedures. A great deal of what now goes on under the name of group psychotherapy is not group therapy in the strict sense of the word. It is group psychotherapy "as if". A psychodramatic session for instance, is far from being always group psychotherapy. It is often but treatment of certain individuals *in* the group. In fact, some of the best known forms of psychodrama<sup>16</sup> are carried out without any group being present. It is obvious that most forms of group discussion, group lecturing and group case work affect the group in a non-specific way. The audience or class is approached like a symbolic, magnified individual or at times it is approached only as a byplay, attention being given to two or three people among them. At times the intention is to reach as many as possible but as the relationship existing between the individuals present is uninvestigated and therefore unknown, it is intuition or empathy which leads the therapist but not concrete knowledge. It is not necessary however, to limit the terms group psychotherapy or group therapy only to the rigorously carried out procedures. We may continue to use them for all procedures where the scientific principles are known to the therapist but where perhaps practical situations limit their full application. The least we can

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<sup>16</sup>Psychodrama and group psychotherapy are historically two independent developments; group psychotherapy is linked with sociometry, psychodrama is linked with action and community catharsis. Psychodrama is as a scientific and therapeutic method older than group psychotherapy. It is *not* a form of group psychotherapy. It is rather the other way around. Psychodramatic procedure consists of two portions: the stage (action therapy) and the audience (group psychotherapy).

CHANCE-LEVEL and TRANSFERENCE-LEVEL

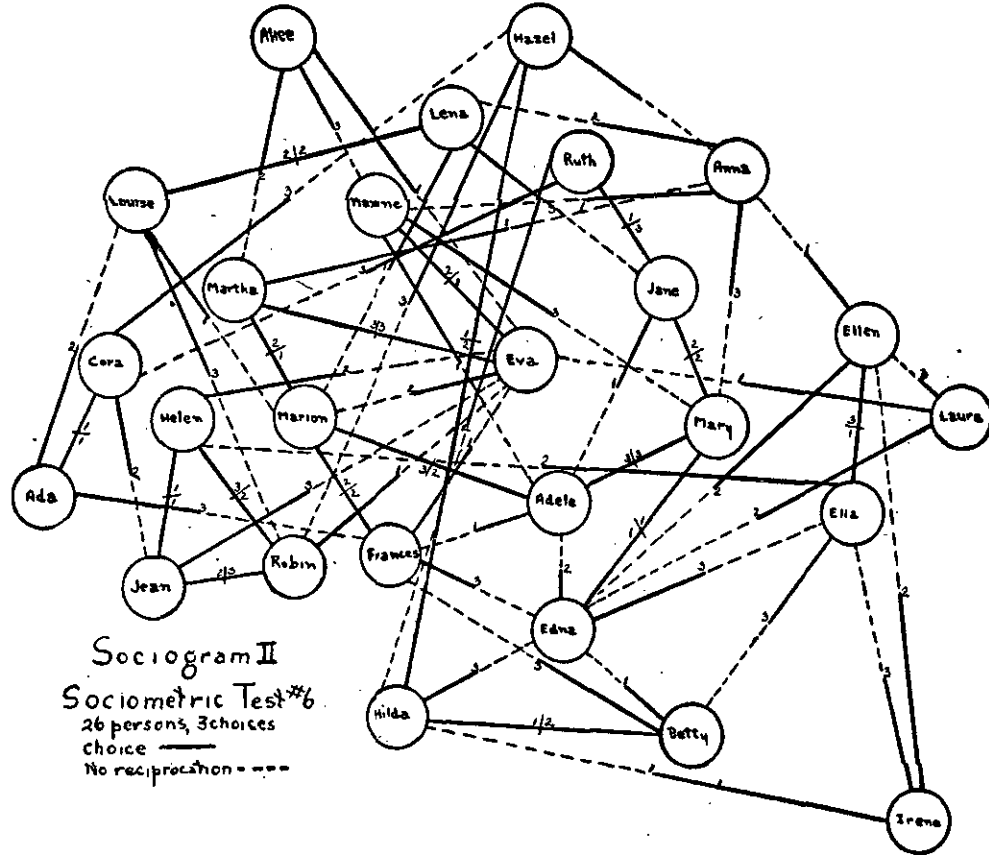


Sociogram I  
 Chance Test #7  
 26 persons, 3 choices  
 Choice ———  
 No reciprocation - - - -

mutuals, unreciprocated, chains  
 3                      70                      0

On the chance level of structure we see a highly disintegrated group with practically no mutualities. On a transference level, the degree of cohesion is even less than in this sociogram.

TELE-LEVEL



Sociogram II  
 Sociometric Test #6  
 26 persons, 3 choices  
 choice ———  
 No reciprocation - - - -

mutuals, unreciprocated, chains  
 17            44            2

On the tele level, there is usually found, as in this sociogram, a high degree of mutuality, chains, triangles, and leader-structures.

expect from "group conscious" therapists is that they are aware, a) of the fundamental difference between personality organization and group organization and therefore between individual and group psychotherapy, however many transitory stages there may be in practice between them; b) of all the media and group skills of treatment and not to rely upon individual methods and skills only. Being a good individual psychotherapist does not make one automatically a good group psychotherapist and vice versa.

May I end this letter with an appeal to all who practice group psychotherapy that it entails great responsibilities, perhaps even greater than the responsibilities of the psychotherapist of the individual. Experience in individual psychological procedures is not sufficient; good will is not sufficient, although both are fundamental. Thorough education in sociometric analysis and in theory and practice of group psychotherapy itself is indispensable.

J. L. MORENO  
*Editor*

## PSYCHODRAMA AND EDUCATION

RALPH B. SPENCE

*University of the State of New York*

"In the beginning was the Word. . . ." Many educators proceed as though this was their fundamental and exclusive text. The methods and materials of our schools and colleges reflect it and words are taking a larger prominence in our non-academic life with the expansion of the press and the radio.

Verbal communication is an enormously important tool. Its very effectiveness, however, leads to an exclusive dependence upon it and we too often fail to recognize the losses accompanying it when the relation between the symbol and the referent becomes more and more vague. Much of our verbal communication today is wasteful but we continue it largely because of the facility we have acquired in using it. This applies both to professors and advertisers.

A better text for the educator would be "In the beginning was behavior. . . ." The earliest activities of living organisms, all behavior for ages, and the first months of human behavior today are non-verbal. Symbols and language came relatively late in the evolutionary development. All living behavior for countless centuries and for the early stages of human behavior are non-verbal.

With the development of language it became possible to verbalize about non-verbal behavior. That is a great advantage in improving our control in this complex field but it is also a great danger. It permits persons to think they are experiencing certain kinds of behavior when all that is happening is that they are talking about it. This can be very confusing particularly in a society where no one is available to remind them of the difference. When almost everyone is content with the verbal symbols, it becomes very difficult indeed to find out what originally started all this flow of language. The one thing that has kept the situation from being worse is that even in our country we still have large numbers of "uneducated" persons in our midst. Some of these persons can be very annoying by asking what we are talking about.

If we keep our educational focus upon behavior in all of its ramifications we are reminded of the importance in human living of the relationships between persons. These interpersonal behavior patterns are built upon a high percentage of non-verbal behavior. Infants will react to others in

very definite fashions before verbal symbols play any part. As the child acquires the ability to use language, he has a tool which can be used to refine and extend these interpersonal relationships. It can also serve to help him escape from reality and to mislead others and himself.

In a culture in which we have some contacts with many persons and have relatively little chance to become intimately acquainted with many of these persons, there seems to be heavy pressure to use language as a facade rather than a bridge. As an example let us take the relationship between a white and a negro.

The white person has grown up in places where the behaviors of his group have been almost entirely on the basis of "white, good; negro, inferior." There probably has been almost no explicit verbalization of this point and the learnings resulted from a feeling tone coming from the total behavior. This white person now moves into a locus where the general pattern can be summed up as "white and negro equal." In this situation there is probably a good deal of explicit verbalization about the relationship between the two groups and the adducing of considerable verbal argument. Verbal opinions on the part of our white observer are frequently requested.

In such a situation it is very likely that the verbal behavior of our person will soon be approximately that of the total group. In verbal responses to verbal questions he will reply: "White and negro are equal." But in his behavior in situations involving negroes there will often be frequent situations which can only be fairly described by the phrase "white, good; negro, inferior."

The point that I make is not novel but it needs more non-verbal attention than we tend to give it. This article itself illustrates the problem I am posing. We tend to feel we have absolved ourselves when we make a verbal bow in the direction of non-verbal behavior, but we do not make the actual choices which would increase the importance of non-verbal behavior. It is at this point that psychodrama has a significant contribution to make to education.

We will not get out of our impasse until we recognize that (1) all education is for the purpose of helping persons achieve certain goals, that (2) the process of struggling to achieve those goals involves the total behavior of persons and that (3) our education must provide guidance for this total behavior and not rely chiefly upon the words which may or may not be good indices of this total behavior.

Schools have a major responsibility for teaching children verbal skills, particularly reading and number. In the simpler, more homogeneous culture

the school curriculum was relatively short and it was not too difficult to maintain a fairly close relationship between the verbal signs in the classroom and world of which the classroom was a part. As our cultures became more complex, we expected the school to do more. The improved techniques for developing verbal skills permitted the expansion of the intra-classroom activities, and the relation between the verbal signs and the world became more and more tenuous. We also failed to adjust to changes in composition of our student body. Any standard contribution to humor contains several illustrations of verbalisms characteristic of our schooling.

In recent years there have been increased efforts to remedy the situation. Some progress—not very much on the whole—has been made in relating curricula to the experiences of the learners. We are beginning to break down the class consciousness that too long has kept “liberal” and “vocational” proposals from being as educational as they might be. We are trying to achieve education for the world-that-is.

Psychodrama offers a significant tool to educators who are trying to help students achieve more adequate control of their environments. We are now recognizing that we must strive for growth in the area of understanding and control of human actions that will compare with our growth in understanding and control of non-human forces. The sociometric techniques permit the careful tuition of pupils in situations in which the feeling aspects approximate those in the give-and-take outside of the classroom. The teacher and the fellow-students can bring criticism into the scene by role demonstrations which add another dimension to discussion.

Words are not necessarily as two-dimensional as the pages on which they come—witness the results that can be achieved by great writing. But most teachers are not great artists and they must seek other ways to get the learner to “see” in terms of action behavior as well as in terms of “reflection.” The various situations of daily living are good as far as they go and should be used to the full. They are usually too uncertain in their coverage and too indefinite to be well adapted to the full development of skills in interpersonal relations. Just as athletic teams find practice sessions more useful for learning than the regular games; so psychodrama offers the clinical practice for the acquisition of interpersonal skills. The special needs can be spotted and appropriate situations created to meet these particular needs.

As was indicated at the beginning the psychodrama is a way of learning how to make verbal behavior effective. With the help that can come from wise counseling the student brings his own symbols closer to the behavior

to which they should refer and understands more deeply the full relationship between words used by others and the related behavior. This continuous clarification of the "referrant" is of the greatest importance in keeping discussion pointed toward significant decisions. By significant decisions we mean those that involve the major values for the group rather than those that preserve the amenities of the moment.

Psychodrama and related sociometric techniques are not panaceas and they can be reduced to impotency through false use just as have other tools.\* Used wisely as a way of achieving more effective action, psychodrama can help education develop those difficult skills of working together which are necessary in a democracy.

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\*In one sense it would be sounder to eschew a "journal" of Psychodrama and hold regional and national psychodrama sessions.

# PSYCHODRAMA EXAMINES THE DOCTOR

LILLIAN WALD KAY  
*New York University*

## INTRODUCTION

All through the history of medical education there has been major concern with the physician's personality. The Oath of Hippocrates is primarily a code of ethics. Present day medical education uses involved, if not always effective, techniques for evaluating the personality of the applicant. Even in the era of modern scientific progress, differentiation is made between the "science" and the "art" of medicine. Although not all of the writers on this topic have the literary skill of the elder Holmes, they all come close to the advice he gave laymen in his audience at the 1871 graduation of the Bellevue Medical College:

"Choose a man who is personally agreeable, for a daily visit from an intelligent, amiable, pleasant, sympathetic person will cost no more than one from a sloven or a boor, and his presence will do more for you than any prescription the other will order." (1, p. 391)

The present writer has long been interested in the problem of medical selection because of the discrepancy between the clarity of definition of the desirable personal qualities among medical and laymen on the one hand (2) and the problem of mediocre selective techniques on the other (3).<sup>1</sup>

One problem which has been uppermost in our consideration has been the fact that the evaluation procedures used are not close enough to the realities of the situation. The chemistry professor's rating is based on considerations which are likely to be different from those that make a patient faithfully take a medicine—or tear up the prescription. During the half

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<sup>1</sup>February, 1947, will mark 10 years during which this has been a major and recurring research interest. As this paper brings it to subjective closure, I want to take the opportunity to thank those who have aided in the project. Thanks to Professor A. T. Poffenberger for wise counsel when the study and the author were both very young. If this project has a best friend, it is Professor Gardner Murphy, who has been severest critic only when the author was "resting". Dr. M. Ashford has always been willing to listen and to explain the practices of medical education. It would be impossible to thank all the doctors who have helped at one time or another. However, one can be singled out for his encouragement and help and because he was an outstanding example of what we are looking for—the late Dr. Murray B. Gordon.

hour interview with the professor of pediatrics, the applicant is "youth". Four years later, on the wards, he is the man of science who must treat the child and encourage the parent. Can the young boy in the first situation be judged by an older man in a fashion that is really meaningful for the second? Unquestionably we spend a great deal of time on these procedures but they are remote from the crucial situation.

Industry has been ahead of the professions in developing aptitude measures which are directly related to the challenge of the job. It is, however, also possible to evaluate the medical personality in a reality situation long before it begins to function as such in society. If we realize that the essence of the problem is to evaluate the applicant in his interpersonal relations, we can proceed to use psychodramatic techniques. Although we have thus far used this method on only 7 students (5 were pre-meds, 1 wanted to be), the results are so promising that we feel they offer the solution to the problem.

#### EXPLORATORY PROCEDURES

In the exploratory use we set different problems for the student. (Considerations of a "good" problem will be outlined below.) The situations used are tabulated here:

PLACE	TASK
Class in child psychology during discussion of adult roles.	Doctor to induce fearful child to permit inoculation before going to summer camp. <sup>2</sup> (One doctor—one patient).
Class in the psychology of personality during discussion of problems of the modification of the "normal" personality.	Doctor to induce patient to accept treatment (surgery) that is not a "matter of life and death" (chronic appendicitis). Patients to react as "you would in such a situation". Doctor and patient each reported consultation to a third person. (Each of the two doctors had the same two patients.)
Psychodramatic Institute—Friday evening session (conducted by Dr. J. L. Moreno)	Doctor to visit patient who complained of a "stomach ache". The patient's sister was present and represented the "worried family". (Two doctors had the same patient.)
Class in the psychology of personality as an introduc-	Doctor to induce patient who had many colds to try "cold shots" although results cannot

<sup>2</sup>For details, see (4).

PLACE	TASK
tion to the topic of evaluating personality.	be guaranteed. Patient instructed to be hesitant and to respond to situation as created by the doctor. (Two doctors had the same patient, who knew the purpose of the demonstration. <sup>3</sup> The second doctor was the only subject who was neither pre-med nor interested in a medical career.) Each reported the meeting to a third person.

In all of the situations we tried to structure the problem so as to allow the greatest freedom for the interaction of the two personalities.

#### SOME FINDINGS

The advantage of the psychodramatic technique is that it gives us an opportunity to observe directly some of the factors which have been defined as being most important in the physician-patient relationship (2).

1. *Understanding, sympathy and the ability to inspire confidence:* In the session at the Psychodramatic Institute the patient's symptoms were vague and, as projected, lent themselves easily to "psychosomatic" diagnosis. One of the doctors abruptly indicated that she had more important things to do. The second was understanding and sympathetic in both the examination and in talking to the patient and her hysterical sister.

In the "cold shot" situation, the first subject was not responsive to the patient's fear while talking to her:

PATIENT: Hello, Doctor.

DOCTOR: Hello.

PATIENT: Well, Doctor, here I am for my medical check before school starts. My most serious complaint is the colds that kept bothering me all winter.

DOCTOR: Now that I have completed your physical check I would like to suggest a new thing for the prevention and cure of colds. It is, a series of cold shots which work over a period of time; one shot a week for the first five or six weeks and then a shot a month for the entire winter.

PATIENT: Have you any information regarding the shots?

<sup>3</sup>The author wishes to thank Miss Paula Rubin for helping as the patient and Mr. Robert S. Kranz for recording the session.

DOCTOR: Well, there is no guarantee for their success. They are taken at your own responsibility. In your case they may provide benefits.

PATIENT: Why can't I be given some sort of pills?

DOCTOR: There are no pills that can be given.

PATIENT: Are there any capsules?

DOCTOR: No, there aren't. As I have just explained, there are only the shots.

PATIENT: Where are they given?

DOCTOR: In the arm.

PATIENT: Is there any swelling?

DOCTOR: Yes. But that will only last for a short while.

PATIENT: But, Doctor, I don't like the idea of taking shots at all. Isn't there any other way that these colds can be controlled?

DOCTOR: No, there is no other way and once more I emphasize the taking of the shots. Experience shows that they have worked and you should take the series of shots for your colds.

PATIENT: Maybe I should gain weight? Can it be a vitamin deficiency? Then why can't I try vitamin pills?

DOCTOR: Well, I can't tell. They may help, but if it is something else the vitamin pills won't help.

PATIENT: What then?

DOCTOR: The shots that we have been talking about have helped several.

PATIENT: Only several?

DOCTOR: Well, it isn't a sure cure as I have explained.

PATIENT: Will I be allergic to the shots?

DOCTOR: I can't tell until you have taken them. However, if you are allergic we will discontinue their use.

PATIENT: Are they painful?

DOCTOR: No, they aren't too painful.

PATIENT: How long will it last?

DOCTOR: Well, for the first five or six weeks you will take one a week, thereafter one a month for the rest of the winter.

PATIENT: All winter?

DOCTOR: It will stop your colds.

PATIENT: Well, if I still have the colds all winter, what is the sense of taking the shots?

DOCTOR: They may help and it is a chance you have to take.

PATIENT: Well, I still don't know, but I will think it over.

DOCTOR: There is no harm at all in the shots.

PATIENT: Yes, but those shots are painful and I don't like needles.

DOCTOR: I'll be gentle. Besides, how were the other shots that I gave you?

PATIENT: I didn't feel so well. They hurt me more than they did you.

DOCTOR: Yes, but for your own benefit I suggest that you take the shots.

PATIENT: I will think it over and will let you know.

This is characteristic also of her discussion with a colleague:

1ST DOCTOR: I just had a young girl patient. She has lots of colds and I suggested cold shots. She seemed hesitant, due to the pain. How do you find them?

2ND DOCTOR: I have no trouble as I don't give them unless the patient requests them.

1ST DOCTOR: Yes, that is the case in about 90% of my patients.

2ND DOCTOR: They are not that successful in my experience.

The second subject in this situation was not interested in medicine but his interpretation of "another way to do it" was more successful. He, also, ignored the fear but introduced a motivation which had some effect:

DOCTOR: What seems to be the trouble?

PATIENT: I thought Mother explained it all to you. I suffered with colds all last winter.

DOCTOR: Do you think it important that something be done about it? Do colds interfere with your life?

PATIENT: Yes, they do interfere. I miss school and social affairs.

DOCTOR: Again I would like to ask if you think it is important that you try a cure for these colds?

PATIENT: Yes. I think that I should. Don't you?

DOCTOR: Yes. How much of a hindrance are these colds to your pleasures and your life?

PATIENT: They are a great hindrance to my normal everyday doings.

DOCTOR: There is no known cure for colds. No one knows the cause but there has been a serum developed only lately that helps in certain cases. There is no guarantee but it has worked in the past and it should work in the future. Are you interested?

PATIENT: It doesn't sound bad but I would like to know more about it.

DOCTOR: If you start to take the series of shots they may not work. They may work partially or they may be a complete cure. As I said, they have worked in the past and are the only known thing that resembles a cure.

PATIENT: Are they painful? The last series of shots that I had were not pleasant at all.

DOCTOR: I will say this: they are as painful as the allergy shots. People all over are taking these shots for different allergies and they have found relief without any apparent reaction. In your case there should be no reason to expect anything but a normal reaction.

PATIENT: Your wife suffers from colds. Has she had these shots?

DOCTOR: Yes, she has taken the series. She had positive relief and was very glad she took them. She said there was no pain involved.

PATIENT: How about taking vitamin pills?

DOCTOR: Good for deficiencies in vitamins, but in your case your Mother says that your diet is O.K. and there is no reason to suspect a vitamin deficiency.

PATIENT: What exactly is in the serum?

DOCTOR: It is a special culture that has been bred by the bacteriologists. It can't be explained according to ingredients.

PATIENT: Why do I get these colds?

DOCTOR: That is something that we haven't discovered as yet.

PATIENT: Do I have to take them all winter?

DOCTOR: Yes.

PATIENT: And all of next winter?

DOCTOR: Yes.

PATIENT: Why don't you stop giving them?

DOCTOR: We will stop if we see that they are of no value to you as a cure, or if you stop having colds.

PATIENT: Well, this can happen all along and I will still get the colds.

DOCTOR: You said a while ago that it was important to you to get over these colds and all I can say is that they will probably help you.

PATIENT: Well, I'll take one or two and if I see that they are all right, then I'll continue.

DOCTOR: That's fine. A few will show your reaction and some results, but you must realize that it takes a lot more than just two shots to show their worth.

PATIENT: Well, we'll see how they work out.

2, *Patience and earnestness*: In "the chronic appendicitis" situation

both subjects chose to ignore the instruction and put a "life or death" element into the consultations. One, however, took the patient's resistance as a challenge to his status and was oblivious to the patient's problems. The second gave her facts and figures as well as the feeling that he was really concerned about her welfare.

The group observing the "cold shot" problem as well as the patient (who is really afraid of injections) were extremely critical of the first subject's complete lack of warmth in talking to a young girl she was supposed to have known for 10 years.

3. *Motivational factors*: Socio-economic motivations do not come out directly but these and other motivational differences are revealed when the subject sets the scene with respect to describing his office, his car, etc. They are also revealed when the subject discusses the patient with another doctor after the consultation. As we have already seen (see p. 39 above) in the "cold shot series" one doctor was primarily concerned with proving the treatment. The other showed more concern for the patient:

1ST DOCTOR: I just had a rather peculiar patient. She's a young girl attending college and has been having trouble with colds which cause her to miss classes and her social life. She came to me for help and I suggested the cold shot treatment which seems to hold a terror for her for she seemed fearful and was reluctant to take them. After quite a discussion I was able to convince her to take them.

2ND DOCTOR: You were able to convince her?

1ST DOCTOR: Yes, I suggested that she take a few and that if the reaction was not too violent then she should complete the series. (Summarizes what he said.) How would you have handled this patient?

2ND DOCTOR: You did a good job. I would have done it much the same way. You pointed out the fact that she was losing time in college and in her social life and that the shots were easier than continuing to lose all that valuable time. It was a good approach, letting her decide the importance of what she was missing due to the colds.

1ST DOCTOR: This is a method that should be used more often.

2ND DOCTOR: Yes, I agree that more work along this pattern should be used in stubborn cases where the patient has to decide for herself.

4. *Poise and self-confidence*: Thus far these have best been reflected in differences in handling problems which are a challenge to their information and status. These can't be described in protocols. They need

recording by motion-picture cameras with sound tracks as they are manifested in postural and voice changes more than in content.

#### LOOKING AHEAD

Although the discovery that psychodrama can be used to solve the problem of realistic evaluation of personal aptitude for the practice of medicine has provided subjective closure, we have a great deal to do before the procedure is completely developed. It is planned to gather further protocols. We have enough clues now to develop the use of role projection into a situation test (5). It should include the following elements:

1. A diagnosis which is not a matter of "life and death" so that the patient has a choice as to whether or not to accept the doctor's recommendation.

2. A diagnosis that is not too dependent on specific medical knowledge so that the subject who is at the beginning of his studies will not be at a disadvantage on that score.

3. Opportunity for the subject to set the stage with respect to his economic level of aspiration.

4. Discussion of the consultation with another doctor in order to get an idea of other motivations and of the subject's understanding of the patient's point of view.

5. Discussion of the consultation by the patient in order to get his reaction to the doctor.

6. An audience "vote" from other potential patients of the acceptability of the doctor.

It will be interesting to compare students who are still pre-meds with those who are in medical school and interns. We want also to explore the training as well as the diagnostic possibilities of this method.

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## ROLE PLAYING AS A DIAGNOSTIC PROCEDURE IN THE SELECTION OF LEADERS

PERCIVAL M. SYMONDS

*Teachers College, Columbia University*

In the assessment program of the Office of Strategic Services a role playing test with the title "Improvisations" was used for diagnostic purposes.<sup>1</sup> This test was derived from Moreno's "Psychodrama"<sup>2</sup> which, although originally a therapeutic procedure, has more recently been shown to have excellent diagnostic value in sizing up a man's tendencies to take a dominant or subordinate role in a social situation, as well as his tact, resourcefulness, forcefulness, ability to take criticism and other important personal and social characteristics. In taking the test a man was asked to play a role with another man in a dramatic situation, usually involving conflict between the two men. The group was instructed somewhat as follows:

"Everyone at times finds himself in new and unfamiliar situations in which he has to exercise his ingenuity and resourcefulness. This evening we are going to place each of you in problem situations involving another man in order to discover how you can manage yourself. Two of you will be placed together to take these roles and you will be given certain facts. I want you to work out these situations in the most effective way you can. However, we do not want you to 'act' in the ordinary sense of the word, but we want you to be yourself and to behave as you yourself would behave in a similar situation in actual life. Do not act a stereotype. It is not necessary to do something unusual or to find some tricky way out of a situation. Do not invent 'wooden leg excuses' such as replying 'See, I have a wooden leg' to the question 'Why are you not in the Army?' These situations do not necessarily have to have happy endings. You do not need to make them humorous, as there will be plenty of fun incidentally as we

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<sup>1</sup>A description of the work of the Office of Strategic Services assessment school may be found in "A Good Man is Hard to Find" (Anon.) *Fortune* 33:3, pp. 92-95, 217, 218, 220, 223, March 1946.

<sup>2</sup>J. L. Moreno. *Who Shall Survive? A New Approach to the Problem of Human Interrelations*. Beacon House, New York, 1934.

J. L. Moreno. "Interpersonal Therapy and the Psychopathology of Inter-personal Relations." *Sociometry* 1: 9-26, 1937.

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go through the evening. We want to find out how you yourself as you are now tend to meet certain situations. You will have about five minutes for one of these situations."

Then the examiner slid into the test itself by addressing himself to the first member of the first team of two: "Sam, you said that after the war you intended to set yourself up in the grocery business. Well, as a matter of fact you are now the owner of a string of groceries located in several adjoining towns." Then a role was assigned to the man whom he was to play opposite, a situation was posed for them, and they were invited to commence the little drama. Occasionally it seemed desirable to send one man from the room in order to convey to the man who remained behind certain information which the first man was not expected to know. This helped to make the problem more realistic. When this information had been given, the man who had been sent out was recalled. In some situations both characters were sent out one at a time. It was customary to place one man in his home or office to receive the second man as his guest. Sometimes a man came in on his own initiative because there was something that he wanted to get from the man that he visited. On other occasions the man who came in had been sent for. In every case each man was given a motive for the meeting, and occasionally the situation was complicated by giving each man several motives. In addition, one man might have been told something derogatory about the other man—his motives or his morals.

In the use of this procedure in O.S.S. a special period was set aside for the preparation of the skits which were "hand-tailored" to fit the individuals who were asked to participate in them. The committee which planned these skits consisted of the persons who interviewed the several candidates in any one group and those who were best acquainted with them through observing them in various situation tests. The role playing episodes were planned in order to test out the reaction of candidates along lines about which the interviewer of a candidate felt some uncertainty. One wanted to know, for instance, how aggressive and objectionable a man might be in some situations, whether he could be forceful and assertive, how well he could take rejection, or how much tact he would show in a difficult social situation. Available during this planning period, which was given the descriptive name "Brainstorm," was a statement of the man's future plans following the war. It was necessary, therefore, to devise a situation that would be appropriate for two men in which both could participate and from which the assessment staff could make judgments concerning the candidates' tendencies to reaction.

An analysis has been made of 111 improvisation situations which were used in O.S.S. This analysis may prove of some help in formulating new roles in other situations. In every case the situations must be worked out afresh for each pair in the light of their background, future aspirations, and the special type of situation in which it is desired to see them act.

#### ANALYSIS OF IMPROVISATION SITUATIONS

Type A—*Personal Criticism*—one man is criticized for some fault or misdemeanor by the other

Work unsatisfactory—possibility of firing, reducing salary, etc.

Boss criticizes worker

Head of board of education criticizes teacher

Work unsatisfactory—cannot be fired

In these situations the person being criticized may have come in to request a raise in salary, etc.

Poor advice

On sales possibilities

Recommendation of unsuccessful mine

Failure to deliver goods

Failure to send liquor to cocktail party

Errors, slips, negligence

Magazine article full of errors

Yacht capsizes

Mistake in copy for ads on the radio

Messing up drawings for architectural firm

Poor work for fellowship in music

Failure to service radio before election night

Selling same time on radio to two persons

Slowness in turning in reports

Lawyer losing a case

Making poorly protected bank loan

Failure to change wording of contract so that goods fail to meet specifications

Architect late with plans

Nonpayment of bill

Criticism of the activities of another

Business executive criticizes man who runs dine-dance place

Radio broadcasts antilabor propaganda

Permitting bellboys to buy liquor in drugstore after hours  
 Movie script writer—rival company ahead with same plot  
 Man criticized for criticizing company for which he works  
 Business executive criticizes survey of market possibilities on basis of independent study

As was stated above, in briefing the men for the skit one or both men might be asked to leave the room. In situations in which one person was open to criticism the person being criticized might be sent out and his critic told the nature of the charges against him and possibly how the interests of the critic were being adversely affected. The critic might be sent out and the person being criticized told of some counter-charge he might make, some request he might make, some explanation for his error or delinquency, or he was told to come in to get a report on the work he had done.

In these situations of personal criticism the first person or the critic was tested for the following points: tact, tolerance, ability to discipline a subordinate, forcefulness, resourcefulness, tendency to be severe, sympathy. The person being criticized was tested for reaction to failure, reaction to attack, resourcefulness, tendency to give excuses, persuasiveness, diplomacy, ability to counter-attack.

Type B—*Interpersonal conflict of aims, goals, ideals*

Partnership dissolution

Insurance claims

Differences in point of view

Loans to factories or schools

For or against reciprocal trade agreement

Merits of Chinese art

Location of hospital

Location of factory—competition between commercialism and idealism

Socialized medicine

Competition

Competition in running dance halls

Building church rapidly with money collected, or waiting until the amount is larger

In briefing men for these situations one or both might be sent out. Each man might be told the point of view and motives which he was to

hold (to retain or break up the partnership) and the reasons for holding it (criticism of the other person, for his own advantage, or disadvantage of the other). For instance, in the partnership situation one man might be told that he wishes to retain the partnership because it is lucrative; the other wishes to dissolve it because he is dissatisfied with the work of his partner, the way he keeps the books, his ineffectiveness in the field, etc. In these situations of conflict both persons were tested for tact, social relations, forcefulness, resourcefulness, integrity, and ability to control the temper.

Type C—*Situations involving moral issues*—the dividing line between these situations and personal criticism is sometimes hard to distinguish

Plagiarism

Special privilege

Using club rooms for private clients

Permitting outsiders to enter factory classes

Discrepancy in accounts

Ration points don't add up

Violation of laws

Violation of pure food and drug laws

Druggist dispensing inferior drugs

Coaching failing students to pass

Selling wrong cattle

Telephone line to bookie joint

In briefing it was customary to send out the man who was at fault and to tell the other man the nature of the fault. In some cases the man who was the critic might be sent out and the person committing the fault might be provided with rationalizations for what he had done.

In these situations involving moral issues, the person making the accusation was tested for his tact, forcefulness, and tendency to be severe. The person against whom the charge was made was tested for his reaction to attack, resourcefulness, tendency to give excuses.

#### Type D—*Interview*

Prospective employee

Prospective bank manager, business manager, music teacher, etc.

Deciding whether to take a questionable job

With regard to a man's drinking habits

- With regard to the drinking habits of a third person
- To determine how something operates
- How to run a summer camp
- How to run a business
- Factors to be decided in establishing a factory
- Father of girl with suitor

In briefing, the interviewee was always sent out and the interviewer told what he was to find out—that he was to determine the fitness of the prospective employee, or was suspicious concerning his lack of qualifications. Occasionally the interviewer was sent out and the interviewee was told that he wants the job and is to sell himself, or he is to try to decide whether or not he wants it.

In the interview situation the interviewer was tested for resourcefulness in questioning, reporting ability, ability to judge and make a decision. The person being questioned was tested for his social relations, resourcefulness, and ability to sell himself.

#### *Type E—Rejection*

- Blackball for club membership
- Position which goes to another man
- Failure to get invitation to party
- Elimination of radio broadcast
- Discontinuance of garage patronage by business man

In briefing, the rejected man was sent out and the other man was told the nature and basis of the rejection.

In rejection situations the person doing the rejecting was tested for his tact, diplomacy, social relations, and forcefulness. The person being rejected was tested for his ability to accept rejection, his persuasive powers, assertiveness, and resourcefulness.

#### *Type F—Intrapersonal conflict and decision*

- Conflict of loyalties
  - Whether to give story to writer or be loyal to employer, miners, Army, etc.
  - Whether to refuse free advertising or lose good-will
  - Whether to use some service (such as public opinion analyst) or not

In these situations the man who was not in conflict was sent out and the man with the conflict was kept in and was told the nature of the conflict.

In situations involving a personal conflict and decision the person whose decision it was tested for his resourcefulness, ability to make a decision, and assertiveness. The other person was tested for his persuasiveness and resourcefulness.

*Type G—Authority—subordination*

Sergeant reporting a bread riot to a major

Sergeant criticising an officer for not sharing food

Motion picture producer securing permission from a consul to show a picture

The man in the authoritarian role was sent out and the man in the subordinate role was told the nature of the situation. Occasionally the man in the subordinate role was sent out and the man in the authoritarian role told about the attitude of the subordinate.

In these authoritarian-subordination situations the person in authority was tested for his resourcefulness, firmness and social relations. The person in the subordinate role was tested for his ability to take orders, to play the subordinate role, and to report.

Five minutes was allowed for each skit. After the skit was over a discussion followed in which those who watched the skit as well as those who participated were urged to describe the behavior of the two participants, and also tell how this behavior was like or differed from the behavior of the two participants as would be expected from their ordinary behavior. A discussion of the moral and practical issues involved was not encouraged.

*Summary*

This paper reports the use of role playing as a diagnostic procedure in the selection of leaders. Directions for administering the test are given. One hundred eleven actual situations as used in the assessment program of the Office of Strategic Services have been analyzed and classified under the following heads:

Type A—Personal criticism

Type B—Interpersonal conflict of aims, goals, ideals

Type C—Situations involving moral issues

Type D—Interview

Type E—Rejection

Type F—Intrapersonal conflict and decision

Type G—Authority-subordination

Each of these seven types is useful in evaluating certain personality qualities in the participants. A valuable part of the procedure is the discussion which follows a skit in which observers are asked to describe the personalities of those who performed.

It should be possible to combine role playing so that it may serve both diagnostic and therapeutic purposes at the same time.

## ROLE THERAPY

GERALD W. LAWLOR

*Brooklyn College*

Before discussing role therapy, it seems necessary to lay a foundation<sup>1</sup> for the discussion by outlining a conceptual framework, by describing a role psychology from which role therapy springs.

*Structure of a Person.* The person may be conceived as being composed of two parts: a central core which we may call the "ego" (corresponding to Mead's "I"), and a periphery, composed of a circular series of integrated patterns which may be labelled "roles" (corresponding to Mead's "me's").<sup>2</sup> Within the ego is contained such functions as the behavior release mechanism ("will"), basic behavioral directions ("character structure," "style of life"), world perception, self perception, and ego ideal. The roles are made up of the patterns of behavior exhibited when the person is playing a part in a social situation.

*Nature of the Roles.* Roles are behavioral patterns learned by the individual through the process of identification and imitation of other persons with whom he comes in contact from the time of birth. They are the parts that he plays in the groups of which he is a member. They are products of the culture and are acquired by the individual to enable him to function in accordance with the expectations of the members of this culture. As a member of society he is assigned a status<sup>3</sup> in each group in which he is a member, and other members of these groups expect that he will behave in accordance with that status.

*Nature of Adjustment.* A person's adjustment depends upon such ego factors as the strength of his motivation, his perception of himself, his perception of the world, his character structure; upon his role playing; and upon the intrapsychic relationships between ego and roles and between the roles themselves.

*Role Repertory.* Ordinarily a person has a greater chance of gaining ego satisfaction if he plays a large number of roles, i.e., has a large role repertory. In other words, the more outlets available, the greater are the chances of adequate self expression. A woman who plays the role of house-

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<sup>1</sup>J. L. Moreno, *Psychodrama*, Vol. I, Beacon House, New York, 1946.

<sup>2</sup>G. H. Mead, *Mind, Self and Society*, Univ. of Chicago Press, 1934.

<sup>3</sup>The term is used here, following Linton's suggestion, to indicate not only a person's prestige position but his place in whatever group he holds membership.

wife, mother, clubwoman, social mover, bridgeplayer and party hostess ordinarily gains more self satisfaction than one who is limited to the roles of housewife, mother and shopper.

It is possible, however, to have a large role repertory but still be unhappy because one gets little or no satisfaction out of any of the roles. A man may play roles that are not of his own choosing, that have been forced upon him by statuses assigned by the groups to which he belongs. For example, he may have achieved the status of a husband through machinations of relatives and be forced to play the role of a husband and perhaps of a father. He may have had occupational statuses and social statuses thrust upon him and thereby be forced to play roles in these areas that are distasteful to him.

On the other hand it is possible to find some with small role repertories who get adequate satisfaction out of the few roles they play. Some women seem to be able to put so much of themselves into their few household roles that they require no other outlets.

*Relation Between the Ego and Its Roles.* It is obvious then that the number of roles alone is not an adequate criterion of a successful adjustment. It is important to discover how much satisfaction a person gets from each of the principal roles he plays. Where there is little or no ego satisfaction obtained from a role, an analysis may indicate why. The individual is 1) forced to play the role; 2) he is afraid to play the role; 3) he doesn't know how to play the role; or 4) his ego structure is so rigid, distorted and compulsive that it disrupts his playing the role.

*Relation between Roles.* Sometimes the conflict is not between the ego and its role but between the roles themselves. A man while playing the role of a husband may feel guilty because he at another time plays the role of a Don Juan, and while playing the Don Juan role may feel restricted because he sometimes plays the role of a husband. A mother role interferes with the role of an illicit sweetheart. The role of a minister interferes with the role of a business man. This conflict is accentuated in our culture because our culturally ideal person is one who is integrated, who has a single set of standards, ideals and morals which are supposed to function in all his social relationships. The fact that they do not, in fact, can not, because of the varying standards existent in the roles themselves, is carefully glossed over by the rationalizations of society and by the individual himself. Anyone who attempts to live up to these role playing expectations, who attempts to be adequate in his roles, is accused by the mental hygienists of having a "compartmentalized mind", or of being "dissociated", and the methods

by which he attempts to integrate this diverse role behavior are known as "defense mechanisms".

For example, a minister must play many other roles in connection with his work. On Sunday in his role of preacher, he is expected to show and even to lead others in a way of life that is in keeping with Christian virtues. On Monday he is required to play the role of a business man and if he is to play the role successfully so that the church gets as much benefit as possible out of the limited funds available, he must behave according to standards that must be at variance with those he expounded on Sunday. On Tuesday he may be called upon to play the role of the counsellor; and if he is to play it in accordance with the at present popular non-directional technique, he must completely give up his role of the guider and persuader into Christian virtue and set up an atmosphere in which everything is permitted and accepted regardless of its moral value.

This pattern of conflicting role standards may be found in everyone's role repertory. The scientist must forego scientific accuracy for the sake of pedagogical efficiency in the role of the professor. The professor must sacrifice professional detachment for the machinations required in the role of a faculty politician. The political role, however, is necessary in order to get time, space and opportunity to play the role of a scientist.

The author suggests that the solution to much of this difficulty is: 1) education on the nature of roles, and 2) training in the playing of roles. Through education an individual may come to realize the divergent standards of different groups in his social atom, and realize that any attempt to follow a single standard in his social relationships will result in ineffectiveness in his role portrayal. As a means of training individuals to play their roles, helping them to gain personal satisfaction and to become socially effective, the psychodramatic technique may be used. Before the training process begins, however, it is first necessary to make a survey of the subject's role playing. A questionnaire has been devised by the author for making this survey. Along the left side of the sheet are listed frequently played roles in our society. (Those listed were mentioned most often by 150 college students, ages 18 to 30, in a preliminary questionnaire.) These roles are classified into five categories; Family, Vocational, Groups and Organizations, Person to Person, and World at Large.

In vertical columns the subject indicates: 1) the roles he plays and adds others not listed; 2) his estimate of how well he plays these roles (1—very well; 2—fairly well; 3—indifferently; 4—poorly; 5—badly); 3) how much he likes to play each role (1—very much; 2—fairly well; 3—in-

different to it; 4—dislike it; 5—hate it); 4) how much he would like to play this role if he could play it the way he wants to (five point scale as in 3); 5) Lists the roles he would choose if he could play any role he pleases.

From this questionnaire the following information may be obtained; 1) the number of roles a person plays; 2) his conception of his social effectiveness in each role; 3) the amount of *ego satisfaction he gets from each role*; 4) whether his dislike of the role is because of the role itself or because of the way he plays the roles; 5) some indication of his ambitions and/or his fantasies and, from the type of roles he lists, his degree of satisfaction with his present roles.

The responses on the questionnaire may then be used as a guide to stage activity. If the role repertory is small and little satisfaction is derived from each of the roles, he may be aided in developing new roles. He may be allowed to play new roles on the stage, to "try them on for size". If they fit and he likes them, he can practice them in different stage situations until his adequacy feelings enable him to play them on the outside.

If he believes himself to be ineffective in the roles he plays, he may play these roles on the stage. If he is actually ineffective, his stage presentation will usually reveal why, and training may then be directed towards correcting those behavior patterns that mar his performance. If he is not actually ineffective but only believes himself to be, repeated portrayal with reassurance on the part of the director and auxiliary egos may build up his confidence in the roles.

If the person can get no satisfaction out of any of his roles and continues to get none after extensive work on the stage, a shift may be indicated from role therapy to ego therapy. His ego conflicts are so strong that expression cannot be elicited in any of the usual roles. He can get relief only by taking the role of a patient in a closed and protected situation with a therapist who can support him and help him to face his internal anxiety-producing images.

The author suggests that ego therapy (psychoanalysis) is indicated only *for those cases that cannot respond to role therapy; that unless there are strong indications in the beginning that the anxiety pressures are too great, role therapy should be tried first, it having the advantages of being simpler, shorter, paralleling more closely real life situations and having a more direct carry-over into real life. In addition, changes that occur in role therapy are more apt to be reflected in changes in life adjustment than changes that*

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occur in the artificial, protected, therapeutic environment of the analytic chamber.

Where ego therapy is indicated, role therapy becomes a useful adjunct both during the course of ego therapy and after it has been terminated. It can serve as an action space for the expression of the behavior that may have been released through analytic activity. It offers the patient who has completed his analytic sessions a chance to try out his new found freedom in lifelike situations. It enables him to integrate his changed perceptions with appropriate behavior before his old and rigid motor patterns block the free-flowing expression that should result from his inner reorganization.

## PSYCHODRAMA IN THE SPEECH CLINIC

ELISABETH STEVENS

*University of Kansas*

By the very nature of the problem found in cases where unacceptable speech patterns are the overt signs of maladjustment, therapeutic attempts must somehow or another involve a non-verbal means of communication. At the same time that this inability on the part of the speech defective to use the medium of verbalization to express his problem as he sees it presents a serious difficulty in some cases, the inability does present a valuable advantage.

An appreciation of this situation involves the assumption that to the extent that speech difficulties are not representative of a demonstrable somatic defect, the defect must be representative of a more basic personality maladjustment and that, consequently, the speech defect is a symptom of that maladjustment. It further implies the assumption that successful therapy, which aims at more than a superficial attack upon the symptom, depends upon guiding the patient to the proper insight into the symptom-cause relationship.

The problem of the 'speech therapist' may be brought more specifically to the point in the case of the college student who makes the statement upon his admission to the clinic, "I want to tell you what is the matter with my speech." At the very beginning it is obvious that the patient has centered his entire maladjustment upon a single aspect of his behavior. He looks at his problem as a defect in speaking only. He has, in effect, channeled his more general adjustment difficulty into the area of oral verbalization, which enables him to disregard the more painful causative fact situations. He has further made an identification of ineffective speech patterns with the more general causative facts. He has made the error of imposing the field characteristics of the larger problem upon the symptom, which only has artificial relationship to the real problem.

The therapist frequently cannot depend upon the usual medium of verbal communication in his work with the speech defective. Such a person has an additional insecurity in not being able to verbalize his conflict. This inability suggests a problem which is labored at this point for emphasis. The limitation of ability to verbally express his conflict, combined with an awareness of his speech in the presence of the therapist, makes the patient acutely aware of the artificial sign of his maladjustment. This reaction to

the symptom results in the patient's lack of concern for why he is defective in his speech and a great concern for the fact that he is defective. This reaction has the observed result of increasing tensions, which in turn results in a greater inability to speak acceptably.

At this point the therapist is forced to examine his methods. What are the specific limitations presented by the conventional interview-counseling type of therapy, and, if these limitations prove to prevent successful treatment, what alternative techniques are at the disposal of the therapist?

1. The conventional interview-counseling technique in therapy emphasizes the symptom to the extent that the symptom for the maladjustment is strengthened in its artificial relation to the causal facts in the overall personality maladjustment. In this connection, the employment of mechanical devices in treating speech defects warrants examination. Any treatment procedure which involves an attention to the mechanics of sound production and which mechanical retraining has not been preceded by an understanding of the symptom-cause relationship on the part of the patient, can only serve as an attack upon the symptom at best. It may result in increasing tensions and unnecessarily elaborated defective speech patterns. For example, the formation of the (*t*) sound requires that the tip of the tongue be placed in occlusion with the alveolar ridge. Air pressure is built up in the mouth and then released as the tip of the tongue is lowered. In the case of the patient who has a difficulty in making this sound, a mirror is used by many correctionists. The patient is directed to look in the mirror as he maneuvers his tongue into position for the sound. In this procedure the therapist is making the error with the patient of emphasizing how he speaks and not what is responsible for his defect. The therapist, in effect, aids the patient in his attempt to disregard the basic causal situations responsible for his maladjustment.

2. The inability of the patient to communicate verbally with the therapist minimizes the therapist's opportunity to gain insight into the conflicts involved. The incidence of wasted effort and the commitment of disturbing errors varies indirectly with the increase in insight the therapist has into the specific nature of the patient's underlying conflicts.

A realization of these two limitations in the use of the conventional interview-counseling devices in the treatment of speech defects points up the need for a non-verbal therapy. In the writer's opinion, the psychodramatic\* method offers an alternative which minimizes the inadequacies

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\*J. L. Moreno, *Psychodrama and the Psychopathology of Interpersonal Relations*, Psychodrama Monograph No. 16, Beacon House, New York, 1937 and 1943.

of the verbally dependent interview-counseling technique, and, in addition, involves a subtle but extremely effective advantage.

The mute situation in the psychodramatic technique has been used by the writer with surprising success. It has provided an occasion for the patient to express his conflict through the medium of non-verbal affective release of tension, and at the same time the patient is given the opportunity to evaluate the specific situations which result in increased tensions and, consequently, ineffective speech patterns. In spite of the fact that patients will from time to time spontaneously verbalize, this non-verbal technique decreases the attention to the symptom symbol of the total maladjustment which has become identified with the fact causes. It is also noted that the patient, on these occasions when he does verbalize, is significantly improved in his speech formations. This is especially noticeable in cases where word blockages and substitutions are characteristic of the normal speech pattern.

The additional advantage in this technique is observed in the fact that the patient is given an opportunity to see that his speech defect is the result of more basic causal situations and to gain insight into the specific nature of these situations. He can see these causal relationships without the coloring which verbalization puts upon them. He is aided by this non-verbal technique in getting at the reason for his symptom. With this insight gained, the patient is led with caution into verbal situations. Success in making this transposition from non-verbal to verbal situations in the employment of the psychodramatic technique depends upon the therapist's ability to restrict the dramatic stimulus to the level of the patient's ability to respond with spontaneity. To exceed this level involves the danger of emphasizing the symptom speech defect; whereas, to respect the level of ability, as signified by his spontaneity, gives to the patient the opportunity to apply his new symptom-cause insight to increasingly life-like situations.

The ultimate effect in the employment of the psychodramatic technique in the treatment of speech defective patients will be a reoriented and better adjusted individual, a human being who has been brought from an appreciation for the facts of his life situation on a non-verbal level to a point in the adjustment continuum where he can respond verbally and with spontaneity in a more acceptable and more efficient manner.

## ACTION CATHARSIS AND INTENSIVE PSYCHOTHERAPY

PAUL CORNYETZ

*Brooklyn College, New York*

Profound reorganization of the motivated action of an individual person generally cannot be accomplished in a few weeks, regardless of the frequency of contacts and the manipulation, however bold, of the inter-relations between patient, therapeutic actors, and psychotherapist. Of course, just as in life certain intensely meaningful situations may function to precipitate a psychodynamic disbalance in emotional behavior (which disbalance has been developing gradually beneath the threshold of self-awareness) so in psychotherapeutic sessions particular single situational experiences may function significantly in a favorable direction and elicit not only an immediate insight (in itself insufficient) but also a pertinent re-experiencing of the involved, exposed conflicts. Thus crucial situations in the sessions of psychotherapy, whether this be non-directive counseling, psychoanalysis, or psychodramatics, may enable the individual person to discover and discard, in word and deed, whole aspects of those problem-solving attempts which are termed psychoneurotic and psychotic because of their inner emotional contradictions. However beneficial in the immediate sense such a single and even crucial situation may be, it is difficult to see that two or three such events can be sufficiently effective to be considered a complete psychotherapy. Despite the Promethean dimensions of such emotional eruptions, the patient has to follow them up with the reality-testing of his roles in the involvements of real life. Thomas French and Franz Alexander, of the Chicago Institute of Psychoanalysis, point out to others that the real psychotherapy does not take place during the analytic hour but in the role-testing in real life. It is significant that the activist contributions<sup>1</sup> have led finally to this admission. The concept is certainly nothing new to the psychodramatists who have been the first to assert it.

Again, we cannot permit ourselves to forget that symptoms and their underlying conflicts, the basic conflicts, are not identical with those more obvious conflicts of daily interpersonal action which are the symptomatic expression of the individual person's failure to resolve his life problems. The psychotherapist should know with which level of conflict he is dealing, basic or derivative. Nor may we forget that these symptoms are not merely

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<sup>1</sup>By Otto Rank, Sandor Ferenczi, and others.

alien interferences, as a foreign body stuck upon the iris of the eye, but are distortions of normal approaches to love and security, distortions in the patient's perceptions of his adequacy to the problems of life and his acceptability to others, distortions—to return to the metaphor—in the very shape of the lens of the eye. Because of their inner emotional contradictions, the abnormal person's problem-solving attempts end in the conserve of symptoms. With the spontaneity released in the abreaction from conserving symptoms, the patient must test his ability to find himself in the newer surprise of reality. The patient must not only abreact derivative difficulties, not only be surprised by the exposure of the conflicts to which symptoms necessarily lead, but also perceive the relations between the symptoms and the basic conflicts. However, we cannot stop there. The patient must then reorganize his acts in terms of the larger surprise, the newly-perceived reality. It is this reality testing and not the instigating abreaction which brings closer to the individual person the promise of feelings of security and the ability to live productively.

Furthermore, the abreaction in one situation is not the complete catharsis of the fundamental psychoneurotic or psychotic conflicts. Neither single abreactions nor the catharsis of an hypnotic session is the equivalent of a *full* catharsis. As Otto Fenichel would point out, the abreaction in one session may be only the bursting of symptoms, no longer tenable to the self-awareness of the patient because their consequent (bound) conflicts are exposed as such to the patient. In other words, those lesser conflicts which derive from the denial of basic conflicts, a denial motivated by anxiety over exposure and accomplished to a degree in the symptoms, may indeed vanish suddenly in spectacular abreactions, but the psychotherapist cannot take this eradication of present symptom-configuration as the reliable indication of psychotherapeutic success. We must be wary for the patient at this point may even "accept" an interpretation which connects the symptoms to their origins in the basic conflicts. And why not? In his joyful feeling of sudden release, he can accept generously without bothering to grasp, emotionally, this deeper meaning of his symptoms. This is not a full catharsis, but neither is it careful psychoanalysis. The more cautious psychoanalyst will require the patient to work through these conflicts and to find deeper insights and thus a richer re-experiencing on the basis of the energy released by the previous insights. In this way the psychoanalyst so manipulates the therapeutic relations that the patient moves from insight to abreaction and then to a deeper insight and its fuller abreaction. Each difficulty must be seen repeatedly from different points of view. Not

a few but many psychotherapists will inform us that if this is not done, the sudden "cure" announced on the basis of a Promethean abreaction will prove temporary. The patient is likely to return, not to the same psychotherapist to be sure, with severer distortions in his image of himself (auto-tele) or to show a psychodramatist strong resistances to role-playing. There is no greater headache for the psychotherapist, psychoanalyst or psychodramatist, then to receive a patient who, released by an abreactionist several months before, can discourse on his conflicts or produce theatrical effects on the psychodramatic stage but who is deeply afraid to again experience the exposure of even superficial conflicts—for he has once lost the secondary gains of symptoms for the price of a brief feeling of release.

The catharsis of hypnosis is simply a matter of relief gained from the talking-out of the difficulties to which symptoms lead and is not serious enough a conception of psychotherapy to detain us further. Abreaction goes deeper than this. I speak of the single abreactions. In connection with the exposure of the symptom with its derivative conflict meaning, the patient undergoes the experience of an insightful surprise. The next psychoanalytic step is to require the patient to use this gain to probe further, to probe into the "background" of the symptom. If the psychoanalyst is sidetracked by the spectacular abreaction, this opportunity is lost—unless in the situation outside the office the patient is able to find in action the application of his new-found spontaneity and to again come up against the neurotic limits in his life. The members of the Chicago Institute of Psychoanalysis seem to realize this and they enter, in psychodramatic fashion, into the lives of their patients outside the office insofar as directions to the patients and instructions to the patients' relatives and friends (therapeutic actors now) will enable them to make this entrance. However, they do not control or observe the reality testing of the patients any further than this, which is merely the setting of the scene in consciously-pursued psychodramatic work. Nevertheless, even merely this setting of the scene for action entirely alters the psychoanalytic process; the psychoanalyst cannot remain incognito when he decides to take roles during the analytic hour and to instruct therapeutic actors as to their functions outside the hour. Let us note that he does not become a psychodramatic director but the leading therapeutic actor among a group of such participants. This is not psychodramatics in any thorough sense and it is a sharp departure from other psychoanalytic approaches.

Methods of psychotherapy cannot be based on the hope that each patient will be so good as to have a crucial experience in session within the

first few weeks and then go out and have the correct interpersonal experiences to train the newly discovered spontaneity, even if instructed to do so, nor can the psychotherapist presume that he often can so manipulate the therapeutic relationship as to provoke the Promethean abreaction. A valid psychotherapy must be based upon the realization that it is the reality testing of the patient which decides the progress of the treatment and that the insights and emotional upheavals alone do not indicate recovery. With this orientation the psychotherapist must decide whether (1) he will require the patient to work through his life problems, using each abreactional gain to probe further, focussing the analytic hour to the investigation of the interpersonal relations as they slowly change outside the hour, and forego the direct interest in role-testing or (2) choose the methods of action catharsis and spontaneity training.

Accepting fully that it is the testing of his roles in real life situations which is the psychotherapy of the patient, the psychodramatist orients his work around the two methods of action catharsis and spontaneity training. The patient achieves catharsis during the enactment of his interpersonal problems on the psychodramatic stage. The daily interpersonal action is brought in concentrated form within the scope of the psychotherapist's control. This enactment is a full realization in action of his life problems and exposes to his self-awareness the inner emotional contradictions within his problem-solving attempts. This is done by the patient in interaction with the therapeutic actors, special agents of the psychodramatic director introduced when the real persons of these life conflicts are insufficiently capable of cooperation. When the single abreaction, enriched because derived in action, occurs, it occurs not as the end of the effort but as the end of the warming up phase of the situational action. Since it is not a partial release but a release in the full dimensions of life, it is not termed *abreaction* but *action catharsis*. As the catharsis occurs, the patient does not halt the situation but continues on in the testing and training of his newly-found spontaneity. *The psychodramatist does not satisfy himself that the release took place, for here is the starting-point of the task of psychotherapy, not the finishing-point. The psychodramatist requires that the patient deal with resistances interpolated into the situation by the therapeutic actors. It is the patient's ability to handle these resistances which is the measurement of his gain. The insights and the emotional releases are necessary but they do not have to be spectacular nor are they considered sufficient. The training of the spontaneity liberated in the emotionally felt insight, an insight occurring during four-dimensional action, is the third necessary condition and it*

renders the psychotherapy effort sufficient. Psychodramatic therapy consists in the testing and training of the spontaneity which has been released from the binding conserve of the symptom by the action catharsis. Since no one situation, no matter how spectacular, can resolve the patient's life problems, the psychodrama continues. The self-awareness of the patient is increasingly strengthened in the repeated process of action catharsis and role-testing of reality-situations. In this systematic probing of interpersonal problems, the underlying conflicts are gradually exposed to the patient's self-awareness.

The answer to the increasing need for psychotherapy in our society is not the brief psychotherapy of abreaction and its disappearance of the presenting symptoms, but intense psychotherapy. For the psychoanalyst, who will remain orthodox, and there is nothing wrong with this, this means better handling of the transference relations, better understanding of how to make interpretations at the right time, and a careful working-through approach. The psychoanalyst, who is inclined to activist techniques, must make his decision between thorough psychoanalysis and thorough psychodramatic therapy. The need for intense psychotherapy is answered by the psychodramatist by the methods of action catharsis and spontaneity training in role and reality testing. The psychodramatist turns to the central problem of treatment: the direct manipulation of the interpersonal relations of the individual person and his difficulties in finding love and security within the framework of productive activity. Psychoneuroses and psychoses originate in the contradictions within the patient's approaches to his life problems and psychodramatic therapy penetrates methodologically to the core and the origin. *The daily interpersonal action of the individual person, enriched by the phantasy not permitted in outside life and concentrated with the aid of therapeutic actors, is projected onto the stage, unrehearsed, and the patient progresses through the methodological avenues of action catharsis and spontaneity training to those roles in which his reoriented emotions can find optimum expression and in which he can creatively relate himself to the others of his spontaneous choice.* It is thus that the psychodramatist accomplishes the profound reorganization of the motivated action of the individual person.

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REACHING OUT FOR THE PSYCHODRAMA  
INSTANCES OF NON-PSYCHODRAMATIC THERAPISTS SPONTANEOUSLY  
REDISCOVERING PSYCHODRAMATIC TECHNIQUES

JOSEPH I. MEIERS  
*Creedmoor State Hospital*

*Introduction*

In the April issue of the *Psychiatric Quarterly*, 1946, John N. Rosen, a New York psychoanalyst, published the first paper describing his earlier experiences with what he conceives of as a new method (or technique).<sup>1</sup> Rosen's seven cases—of which he describes three in his paper—were treated by him in Brooklyn State Hospital in 1943. Except in case 1 and 3, no exact follow-up is given; but it becomes still clear that all cases benefitted for many months, if not longer, from the shock-like, unorthodox analysis applied to them via a typically psychodramatic rôle-playing on the part of the psychiatrist while they suffered from severe hallucinatory catatonia and *appeared* entirely "inaccessible" to *any* environmental approach, let alone persuasion or any kind of usual analysis. At least those three cases described improved, within a few weeks,—without any physical shock treatment mentioned<sup>2</sup>—so much that they were paroled.

It appears that Rosen came to try some kind of "ultima ratio" analysis on all of his cases because they were in grave danger of life caused by their quickly progressing exhaustion (the type of it is described in the footnote below). He soon saw, however, that any "orthodox" analysis whatever was plainly inapplicable. Thus he,—in the true fashion of the physician whose supreme law is the patient's welfare, even if he had to "deviate" from the technique of the School—came to act as what the psychodramatic theory calls an "auxiliary ego", i.e. in the rôle(s) necessitated by the psychotic phantasies of the patient. In his report, he mentions that he acted as the patient's father (case 1 and 3) as required by their fears or cravings,

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John Nathaniel Rosen: A Method of Resolving Acute Catatonic Excitement. *Psychiatric Quarterly*, vol. 20, No. 2, Apr. 1946, State Hospitals Press, Utica, N. Y. Page 183-198.

<sup>2</sup>Except case No. 1, who had received 42 insulin treatments (with "some improvement" noted) and who after 3 subsequent metrazol shocks developed the above noted severe condition of catatonic excitement leading to a degree of physical exhaustion *intractable* by strong sedatives and unrelieved by all attempts at supply of liquids and nourishment.

while in case 2 he was compelled by the insuperable persecutory fears of the woman-patient to assume the rôle of "God", who alone was able to protect her against her diabolically wicked in-laws.

It is remarkable how reluctantly Rosen followed this path, away from the royal highway of Analysis as he had learned it, into the jungle—as it were—of his new "method" imperatively required by the deathly plight of his patients and so brilliantly justified by its final results.

Rosen himself characterized his way thus: "The author has applied certain basic psychoanalytic concepts to penetrate the psychotic systems of individuals in acute catatonic excitement in an attempt to re-establish their contact with reality through the medium of their contact with him.<sup>3</sup> In order to establish such contact, the author deliberately assumed the identity, or identities, of the figures which appeared to be threatening the patient, and reassured the latter, that far from threatening him, they would love and protect him."

Rosen then adds in what might be considered, without bias, an *apologetic* attitude for his "heretic" apostasis from the common psychoanalytic detachment of the analyst (limitation or suppression of positive transference on the analyst's part): "if this seems to be a rather dramatic<sup>4</sup> method and one calculated to arouse apprehension as to the subsequent relations between patient and physician, it can only be said that (1) the patients . . . selected for treatment showed mounting fever in spite of all . . . customary methods of treatment and seemed doomed to die; (2) and in no case did the outcome justify the apprehension."

*"Drama and the Evocation of Unconscious Images"*.

This, being the title of the paper published by Francis J. Mott,<sup>5</sup> a psychoanalyst (of the orthodox school), could be easily taken as a good, if fragmentary, description of what the psychodramatists, following J. L. Moreno, have maintained since nearly twenty years hence, as an important

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<sup>3</sup>It will be observed that Rosen re-established the patient's "contact with Reality" *not* through his (R's) "assuming the identities" of the various figures of the patient's persecutory phantasies. What evidently first took place was the patient's meeting his dreaded "figures" in reality: hearing and seeing them embodied,—in this case—by the doctor.

<sup>4</sup>Spacing mine.— J. I. M.

<sup>5</sup>Francis J. Mott: *Drama and the Evocation of Unconscious Images*.—*Journal of Pathol. Psychology and Psychotherapy*, New York, 1946, vol. IV, No. 4 (Apr.) pg. 783-93.

function and result of the drama: not every drama as such—but mainly of the spontaneous one, where the subject—"patient" or a "normal" person—presents his own problem, in connection with the problems of his life environment (his "social atom", in Moreno's term). Here, in Mott's paper, however, we do not find anything of this purposeful inter-actional *self-presentation* to which the patients (or—in sociodrama—groups of people) are encouraged and, where needed, guided by the skill of the director-therapist. Mott merely, lead by observations which are in themselves ingenuous and deserve to be read in the original, has arrived at the conclusion that it is preponderantly a dramatic situation which creates a psychic *trauma* and which, if and when re-enacted (or otherwise remobilized) tends to "resolve and so to heal the primary trauma with an often surprising—as it were: dramatic—swiftness." Mott himself brings in his paper only so-to-speak "passive" observations to prove the just mentioned thesis. E.g. he mentions the "drama" of birth as it, he believes, expresses itself in what he calls the Christmas time situation. This, in one of his examples, "coincides" with the childbirth given by an individual called Mary (the patient's sister!) which revives in the patient's mind the aboriginal traumogenic situation and, under a skillful approach by the analyst, removes the current symptom.

Further, Mott gives another interesting (and in this writer's opinion less strained) instance where a personal "drama" connected with a dream, revived in the author's mind the very traumatic experience of his youth: the secondary experience (present time) lead even to an interesting combination of psychic uneasiness and somatic disease—interpreted by Mott as psychogenically induced.

This author, as compared with the earlier described Rosen, is much less active in "bringing about" a psychodramatic situation (where life does not create it itself) and thus remains, as it were, somewhat below a true psycho-dramatic level. It is thus all the more interesting to notice that, at the end of his paper, he makes at least an effort to live up to the significance of what he has observed, and postulates the *desirability*(!) of producing or enacting dramatic situations, legends and folktales—having, evidently, in view a kind of revival of the medieval passion and morality plays. With these "suggestions" which Mott evidently considers as new, he *seems* completely innocent (it is hard to find another word) of all that vast work,—experimental, therapeutic, and reaching out for other provinces of human theory and practice—which the psychodramatic school, grouped around the Psychodramatic Institute and the journal *Sociometry* has done and taught.

*An important general trend*

There are still other non-psychodramatic authors and researchers who ought to be named in this connection who have shown, in various degrees and directions, an increasing approximation towards psychodramatic *ideas* or, at least, techniques (Reichmann; D. Levy; S. Horwitz;<sup>6</sup> during the World War II, also Grinker; H. P. Rome—to enumerate but a few). However, this entire problem of the tendency of the individualistic psychoanalysis and other psycho-therapeutic schools towards dramatization and, almost simultaneously, towards *groupization*,<sup>7</sup> will have to be considered in a special paper. Moreno, in the last few years, has often “predicted”—as it were—and constantly directed the attention of his students and co-workers to this phenomenon.<sup>8</sup>

Things being what they are, it goes without saying, that very few among the non-psychodramatic authors (who make trips into the psychodramatic territory) deem it necessary to give due mention to the earlier discoverers, especially Moreno and his co-workers. On the other hand, it is almost a sad sight to observe that because of such *ignorance* (I am groping for a more polite word) of all the large territory covered by the psychodrama in the last 15-20 years in research, techniques and systematization, those psychotherapists who dab into the dramatic aspects, fail to see the wide implications and opportunities opened up by the psychodramatic, sociometrically grounded, school both for *diagnosis* and *therapy* of neuroses and psychoses (of individuals and groups), and thus are frustrated in using these powerful instruments while, ironically, they would need but learn to stretch their hand in order to reach out for them.

*Rosen looks for the rationale of his “method”*

It is of course, significant to register what J. N. Rosen himself considers the *cause* of the effects indubitably shown in his therapeutic experiments and efforts. We find it best expressed in his own words: “Summary.—A rapid method of psychotherapy for patients in acute catatonic excitement, sufficiently effective to relieve cases in exhaust status, is pre-

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<sup>6</sup>Selma Horwitz: Spontaneous Drama as technic. in: *Nervous Child*, vol. 4, (1945) pg. 251-73.

<sup>7</sup>To avoid the easily misleading term *socialization*.

<sup>8</sup>See: J. L. Moreno: *Psychodrama* (Collected Papers), Vol. I and II. Beacon House, Inc., New York, 1946.

Further: Joseph I. Meiers: *Origins and Development of Group Psychotherapy*, New York, 1946, Beacon House, (44 pg.)—page 17-21, and the Bibliography.

sented. It is essentially based upon a *dramatization*<sup>9</sup> by the physician of the role or roles of one or more of the infantile figures which appear to threaten the patients with death. It is suggested that this method *derives its efficacy*<sup>10</sup> by establishing a symbiotic relationship between the weak ego of the catatonic and the strong ego of the therapist".

*Critical Evaluation of some of Rosen's assumptions*

It is nearly evident that Rosen himself still *believes* that the beneficial results of his technique are due to the application of typically psychoanalytic (Freudian) methods, namely: helping the patient to "gain insight" (into the futility of his fears, etc.) by using the (free) associations of the patient, and that he, Rosen, now has "added" merely the interplay with the patient in order to establish a transference which is believed lacking in the inaccessible (excited) catatonic. He apparently fails to see that, by adding the "*symbiotic relationship*"<sup>11</sup> between patient and therapist, *he has left far behind* (and, in a way even destroyed the bridges to) the land of individual orthodox Analysis and has fully embarked upon the open expanse of the (psycho-) dramatic, interactional group therapy. In his case—evidently unobserved by him—the group is existent: consisting of the patient and his "infantile figures" which are—with such good curative result—embodied by Rosen himself. Rosen, it is true, thinks that this effect is due to the interplay of patient and *physician* (acting the role of a hallucinated figure). That this is not so (but only an incorrect conclusion of Rosen's, due to his limited experience) is proved by the results obtained in the analogous enacting of delusional "figures" of psychotics by the "auxiliary egos" (=therapeutic actors) first suggested and practiced on the psychodramatic stage.

In this latter case the "physician" (=director-therapist, in the terms of Moreno) did not play any role whatever, he remained completely invisible to, and apart from the patient who came in direct contact only with his "co-players"—and the therapeutic effect was still the same! We may say, therefore, that it is proved with a wellnigh experimental exactitude that it is *not*, or at least not mainly, the "symbiotic

<sup>9</sup> <sup>10</sup>All spacing and italics *mine*.—J. I. M.

<sup>11</sup>Factually, in this writer's opinion, Rosen's approach should not be called a "symbiotic" relationship; it constitutes definitely a *psycho-dramatic* relation, essentially. That this differentiation is far from quibbling with words becomes evident when one considers 1) the shortness, 2) the dramatic character (dialogue, etc.) of these encounters between patient and physician in this case.

relationship" at large that has produced analogous and useful therapeutics both in the case of the psychodrama and of Rosen's tentative and welcome beginnings. It is, demonstrably, the *dramatic* (interactional) *principle* which has worked here mainly. That other factors, like psychological (analytic) skill and—last, not least—empathy do help in the result shall not be denied. However, among other things, such basic differences as that between Freud's concept of *Transference* and Moreno's (comparable but more comprehensive) concept of *Tele* would have to be gone into; which will have to be done on another occasion.

### *Provisory Conclusions*

Phenomena like the above shown "first steps" taken towards psychodrama by distinguished workers in their psychiatric (psychoanalytic) field—as Rosen, Mott, and others—can be but heartily welcomed by the older researchers and therapists of the psychodrama. It ought to be added, indeed, that those neophytes, as it were, of the dramatic approach will greatly benefit in their new exploits by giving due attention and hard study to the results of the ample work of their pioneer precursors, the psychodramatists.

Our newcomers will, no doubt, profit not only for their practical ventures, acquiring far more intensive and extensive techniques. By studying the writings and,—most of all—by learning psychodrama "on the (non-theatrical) stage", they soon will convince themselves that they have to possess the whole of the psychodramatic system. Without acquainting themselves with such basic and useful *ideas* as: the Spontaneity principle; the *Tele*, the Social Atom into which the individual is integrated (to name but a few) they can remain only "role-players" but would fail to gain the greatest benefit obtainable from the social science *and* art of the psychodrama.<sup>12</sup>

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<sup>12</sup>Basic and indispensable is the acquaintance with Moreno's fundamental work: "*Who Shall Survive?*", Washington-New York, 1934.

PSYCHODRAMA IN THE GUIDANCE CLINIC  
A REFINEMENT OF THE CASE HISTORY APPROACH

GERTRUDE SCHWARZ HARROW  
and  
ROBERT BARTLETT HAAS  
*Ohio State University*

In a recent session at the University of Chicago, we experimented with presenting psychodramatic methods to a group of guidance workers. Some description of our procedures, since they were relatively successful on this occasion, may be of interest to others who are working with the application of psychodrama to specific subject areas.

Two considerations shaped our session. First, we wanted to present an explanation of psychodramatic techniques in the course of the demonstration. Second, we wanted, as directly and effectively as possible, to relate these psychodramatic procedures to the guidance concepts already familiar to the students.

We decided, therefore, to build our session around the "case history approach" to guidance. We knew we could count on maximal understanding if we started this way, for members of the seminar had each recently completed a case study. One of these, "The Case History of William N.," was lent to us by the instructor the day before our session. From this we got our idea of actualizing the absentee-client, William N., by means of the psychodramatic participation of seminar members themselves.

PRE-PLANNING

We were allowed an hour and a half for our session. As a matter of pre-planning, we prepared a digest of case history which went somewhat as follows:

*The Case History of William N. (Abridged)*

William N. age 20, is an only child whose parents are divorced. He lives with his mother and maternal grandparents. He was referred to the clinic by his mother because he failed to make the scholastic standing necessary to remain at Cornell.

William stated his problem as "fear of flunking out all through college". He felt he had an inferiority complex due to the buildup given Cornell by his family. He was disillusioned when he found college to be no Utopia. He never succeeded in making friends there, although he tried. He

could not bring himself to participate in the drinking parties of his classmates, and a back condition which he had developed during high school limited his participation in sports. The brace which he was required to wear by his physician caused his rejection by the army. At Cornell he was more than once accused of draft-dodging.

His parents had been divorced when he was six. Although William stated a "dislike" of his father, he had hardly seen him in 15 years. His mother and her family were very kind to him, but oversolicitous. They were unanimous in their very strong desire that William graduate from Cornell, and no state college or smaller institution seemed appropriate to them.

William's social adjustments were further influenced by his mother. She often became worried when he was playing away from home and telephoned neighbors to check his whereabouts. She did not allow him to go to the movies alone until he was 16, and she had chosen all of the girls he dated except two with whom he went out on the sly.

Results of William's psychological tests show (1) he has about average college ability, but he is functioning at a much lower level, (2) he has a marked reading disability which results in his not getting at the central ideas in his reading, (3) he is emotionally and financially dependent upon his mother; he lacks any semblance of self-sufficiency and needs to gain a feeling of independence and self-confidence, (4) a series of counselling sessions at the clinic is recommended.

Next, we briefed out a number of conflict situations suggested by this case history. We chose those we thought provocative enough for enactment. Our list went something like this:

1. *Client-Mother Situation*: William discusses with his mother the reasons for his failure at Cornell and his desire to go to an easier college. The mother is adamant, and insists on a college of similar prestige value.

2. *Client-Mother-Grandmother-Aunt Situation*: William, projected into the female-dominated home, is questioned about his future plans by his over-protective family.

3. *Client-Date Situation*: William talks to the date his mother has chosen as he is taking her to the movies on the streetcar.

4. *Client-Date Situation*: William talks to the date he has chosen secretly himself and in the same streetcar situation.

5. *Client-Collegemates Situation*: William enters a dormitory room during a bull session. He refuses an invitation to go out drinking, and a returned veteran accuses him of being a draft-dodger.

6. *Client-Cornell Professor Situation*: William, in his dismissal interview at Cornell, talks to an authoritarian professor about his poor work.

7. *Client-Father Situation*: William has an imaginary interview with his father.

8. *Client-Job Interviewer Situation*: William applies for a job. If he proves unsuccessful, he is then retrained psychodramatically for a more successful approach to the employer.

9. *Client-Mother-Counsellor*: William, seen presumably at the conclusion of his counselling sessions, is tested to discover whether he has developed emotional independence of his mother. He is to tell her in the presence of his counsellor that he is going to a small college of his own choice rather than to Cornell.

These nine situations, we tentatively structured in our own minds, working out the role instructions which one of us would necessarily have to give during the session to those who volunteered as auxiliary egos. Having agreed on a general outline, we were able to proceed as a team with no pauses for planning during the demonstration.

We consider preplanning to have been doubly important in our session. First, it insured "smoothness" of production which is of particular importance in those sessions where the demonstration of psychodrama is the chief objective. Then, too, the pre-structuring left us free to encourage the spontaneity of the participants rather than having to worry that the production would not shape up within the hour and a half allotted to us.

#### *The Session*

During the actual session we began with a simple explanation of action methods, done in dialogue—each of us spontaneously interrupting the other as we thought of things that needed saying. As the audience discovered that we intended to be completely informal and non-academic, they began to warm up to the whole idea. As we observed this, we encouraged questions and included more and more members of the group in a rather brisk discussion of psychodramatic theory and procedures.

When we felt the "atmosphere" was right for psychodrama, one of us gave a brief description of how psychodramatic methods had been used successfully in an actual guidance situation. (See *Sociometry*, May-August, 1946, pp. 254-262) The description was given partly "in action", with fragments of the conversation and action presented with the description, that is. This climaxed the introductory portion of the session, giving some insight into ways psychodramatic procedures might be utilized by guidance workers and setting the tempo for the action-work of the later participants.

At this point we introduced a swift review of the case history of William N. We encouraged questions about the case analysis, and members of the group who had worked with him in the clinic were able to supply additional details about his personality.

Then the director said, "We really get quite a 'feel' of the personality of William from a careful case history, don't we? Have any of you ever *known* a person *like* William? Does his personality 'come through' to any one, especially? Do you feel especially sympathetic towards him? Do you recognize this type of problem or behavior?"

Several hands went up enthusiastically. Because members of the group were familiar with the form and interpretation of case history materials, many had rather quickly got a feeling of William as a person. The director capitalized on this enthusiasm by choosing one member of the seminar, a young man, who seemed to have been warming up especially well during our introduction.

He was simply asked in a matter of fact way whether he would "come up for a moment and help us to explore William a little further".

He came willingly and without self-consciousness and sat beside the director who indicated to the group that because of his *sympathy* for William this particular student would undoubtedly be able to help us especially well to gain further insight into William's problems.

The director then said to the volunteer, "Now, in spite of the fact that we all know something about William's developmental history, his family, his educational, social, and occupational adjustment, even the results of his psychological tests and the treatment which was recommended for him, still wouldn't we know a lot *more* about him if we could just see him for a moment in action—in operation?"

"If, for example, you had been able to peek down unobserved on William at the very moments in his life when he was experiencing his problem situations, which ones would you have chosen to oversee?"

The student suggested three: (1) William with his father, (2) William being flunked out of college, and (3) William with his girl.

The group was then asked, "What other situations in William's life, as suggested by the case history, would you most like to see?" The group suggestions were: (1) William with mother, (2) William applying for a job, (3) William with his counsellor, (4) William with boys at school. All of these suggestions the director accepted with enthusiasm.

If these suggestions are compared with our own pre-planning situations, one may observe that every area we had considered provocative was suggested by the group as well. In the course of the session, therefore, we were able to meet not only the suggestions of the group, but our own standards of production. In addition, we embellished our basic plan as we proceeded in order to demonstrate particular techniques or to point up cer-

tain areas of conflict which emerged in performance. For example, "William being flunked out of college" was actualized as William talking to an authoritative and unappreciative Spanish professor at Cornell; "William with his girl" was actualized in the two situations we had pre-planned (William first with the mother's choice, then with his own) because contrasting qualitative aspects of an interpersonal situation were effectively demonstrated in this way; the mother was shown in three sequences rather than in the one requested in order to demonstrate William in various stages of his relationship to her; the "William applying for a job" situation was elaborated with a double role reversal, in order to demonstrate a psychodramatic retraining process; "William with his father" was played so that William took both his own role and the role of his father in order to demonstrate the substitute role technique.

After the situations suggested by the group had been pooled, the director turned again to the volunteer student and began the "psychodramatic interview."

DIR: What is your name?

SUBJ: Temple, John Temple.

DIR: Oh, no! Not your *real* name. Your name in the psychodrama.

SUBJ: Oh, I see. William?

DIR: Sure! I'm very happy to meet you, William. Tell me something about yourself—your home life, where you live, where you go to school, your likes and dislikes, what you expect to do in the future.

SUBJ: Well, I lived with my mother until I went to college. My father and mother are divorced. They were divorced when I was seven. Then we came to live with my grandmother. I attended high school and got along swell until I went to college. Couldn't get along with the kids. Went to Cornell because my mother insisted I go there. Everyone else in the family has gone there, etc.

In this fashion, the transition was made into the action portion of the session. The two of us had now divided our functions into (a) Director and instructor of primary ego (William) and (b) instructor of auxiliary egos. This division made possible the rapid instruction of the participating students in their auxiliary roles and insured, in this way, an effective building of conflict situations for the involvement of William.

In the protocol fragments below some impression may be got of the degree to which the participants accepted the psychodramatic reality:

*No. 1 Conversation with Mother*

WILLIAM: Hi, Mom!

MOTHER: Hello, William. What are you reading?

WILLIAM: Just got a letter out of the mail box.

MOTHER: Where is the letter from?

WILLIAM: From Cornell.

MOTHER: What does it say, William, and why are you getting a letter from Cornell?

WILLIAM: Aw! Mom, it's just that—well, ah—I flunked out, I guess. I didn't do so well in Spanish.

MOTHER: William! What do you mean? Of course you did well in Spanish. And if you didn't, why not? You know Cornell is a wonderful school and our family has always gone there.

WILLIAM: Yes, mom. I know Cornell is a wonderful school, but I don't know what happened. Everything was going along fine and then something happened.

MOTHER: But William you *must* know what happened. What was the matter?

WILLIAM: I don't know, Mom. Honest, I don't.

MOTHER: What professor was it that you had trouble with?

WILLIAM: Spanish prof.

MOTHER: Spanish! But you know a lot about Spanish.

WILLIAM: Well, what I know didn't make a bit of difference to him. I know this is a disgrace. I wouldn't want to hurt you, but the work was just too hard.

*No. 2 Aunt-Grandmother Situation*

WILLIAM: Hello, grandmother. Hello, auntie. How are you this afternoon?

AUNT: Hello, William. My, it's a hot day. How is your back? Has it been troubling you lately?

GRANDMOTHER: What are you doing home, William? You are all right, aren't you?

AUNT: Of course he's all right. William, tell us about school.

WILLIAM: There isn't much to tell. Anyway school is just over for the year.

GRANDMOTHER: Now, William, that is all we have to think about here, and we want to know about Cornell.

WILLIAM: Well—if you must know, I flunked out.

CHORUS: Flunked out! William! But you couldn't!

GRANDMOTHER: You know, William, your mother has always sacrificed for you to go to Cornell. Ever since you were a little boy you were to have followed in the family footsteps. What went wrong? This is a disgrace.

WILLIAM: Well, if you really want to know the reason, I never did want to go to school there.

AUNT: But William! You know it is a lovely school. What went wrong?

WILLIAM: I don't know. Something was wrong with me, I guess.

AUNT: What?

WILLIAM: Aw, I don't know. (Walks out disgusted).

*No. 3A Date Chosen by Mother*

WILLIAM: What show would you like to see this evening, Joan?

JOAN: Why, I don't know. What would be good?

WILLIAM: (Long pause) I dunno.

JOAN: Why are you sitting so far away from me, William?

WILLIAM: (Long pause) I dunno. I really don't know. I wish you'd pick a movie and let's go.

JOAN: Well, there are three shows: Keith, Strand, and State.

WILLIAM: Hm.

JOAN: William, aren't you having a good time? You act bored.

WILLIAM: Oh no, no. Let's get off here. We might as well.

*No. 3B Date Chosen by William*

WILLIAM: Gee, Mary, I know a swell show we could go to.

MARY: What do you think would be good?

WILLIAM: Well, how about the stage show at the Strand?

MARY: Gee! Do you mean a real stage show? I haven't seen very many, really.

WILLIAM: Yea! Come on, this is where we get off. Do you think you'll like it?

MARY: I know I will. Or if it's too expensive we could go to the State and see Gary Cooper. I'd love to see Gary Cooper, but I guess *men* don't like Gary Cooper.

WILLIAM: What do you mean men don't like Gary Cooper?

MARY: You really like Gary Cooper?

WILLIAM: I like him better than Clark Gable.

MARY: Well, I do, too. But let's go to the Strand. You can see Gary Cooper any old time.

*No. 4 William with Father*

FATHER: Hello, William, how is your mother?

WILLIAM: Hello, Father. She is just fine, I guess.

FATHER: How is school and what are you doing?

WILLIAM: (Pause) Well, I didn't do so well. I flunked out.

FATHER: Why, William. Your mother had her heart set on you graduating from Cornell.

WILLIAM: I know. I tried hard, though.

FATHER: Now, son, this isn't what interests me. You're a fine looking boy, William, and I know you can do the work. Now go out and have a good time. That's probably the trouble.

WILLIAM: What do you mean?

FATHER: Well, how do you get along with the girls?

WILLIAM: I don't go out much.

FATHER: What! No dates? Don't you like the girls? A boy as old as you should start looking around. I'll bet you haven't even had a glass of beer. William, you know your mother and I never got along, but let me tell you this: if you aren't having a good time, you should. When I was your age and in school I had the best years I ever had. Be sociable. Get out and have a good time. Don't worry about Cornell.

*No. 9 Mother, Counsellor, and William*

WILLIAM: Mother, I would like to have you meet Miss James.

MOTHER: How do you do.

MISS JAMES: How are you today? Won't you come in and be seated?

WILLIAM: Well, I brought my mother. Thought we would come and see you.

MOTHER: Miss James, I had no idea that William had talked over these things with you. It seems to me if my son has any personal problems, he should come to me first. As his mother, I should know everything there is to know about my son and he should not be bothering you with his troubles.

COUNSELLOR: You are pretty disturbed, aren't you, Mrs. Niven?

MOTHER: Well, I should be pretty disturbed. All the things my son has told you.

WILLIAM: Aw! Mom, I never said very much.

COUNSELLOR: You don't think she should be so mad, do you William?

WILLIAM: Well, she wanted to talk to you. I guess I haven't said anything about it at home, Mom, but I want to go to State.

MOTHER: Well, I am very glad to know about it, especially if you are doing things behind my back. Well, do other boys do this?

WILLIAM: I shouldn't say many do. But I got in Cornell and couldn't make friends. I was just scared. I tried not to be scared.

COUNSELLOR: You didn't want to go to school at Cornell, did you William?

WILLIAM: No, I wanted to go to State.

MOTHER: Let me tell you, every man in our family has gone to Cornell, and my plans have been laid for William since he was a small boy. It means a lot to me to have him graduate from Cornell.

COUNSELLOR: I thought maybe you could get some feeling about it. I don't know how much is William's fault.

(At this point, William was so obviously falling under his mother's domination again, that we stopped the situation and introduced some role training for him. After William had sustained a dominant role successfully, we resumed the previous situation so that he could demonstrate a growth in his ability to maintain independence in dealing with his mother. The following section illustrates his change.)

One other observation may be made: the student taking the role of the counsellor was highly trained in non-directive counselling. In these two sequences she utilized both non-directive and directive counselling procedures, rather interestingly demonstrating that psychodrama may be *either* directive or non-directive in character, depending upon the planning of the therapist and auxiliary egos.)

WILLIAM (on a new tack after his retraining): Mother, James is down at State and he is getting along fine. And James is one of the few friends I have got. He got into an engineering course. I think if I could go to State, I could get along all right.

COUNSELLOR: You seem to think it would be a better situation if you went to State.

MOTHER: Maybe I should have talked to Mary. She was down there. But William, I wash your shirts and take care of you, do all the things a mother should do for a child. It seems to me sometimes you don't appreciate the things I do for you. I don't see how you can with all these people dabbling in your affairs.

WILLIAM: Now, Mother, if you would just listen to me. . .

MOTHER: Now, William, you know—

WILLIAM: Mother, I'm through with all that. My friends are there—

MOTHER: Now, William, you know about going to Cornell. My heart is set on—

WILLIAM: I know all that. I don't like Cornell. I don't like the school. I don't want to go back to Cornell. And I'm *not going* back to Cornell.

#### CONCLUSIONS

After the session the instructor led a discussion on the possibilities for the use of psychodramatic techniques in the guidance field. We note these comments made by the students at that time:

1. Pd "orchestrates" the behavioral data for the case worker, giving him insight into the client in action and into his personality dynamics within the framework of real-life situations.
2. Pd reveals sharply and quickly the attitude the client has towards others in his milieu, also, one can discover what the client believes the attitude of others to be towards him.
3. Pd provides a double clarification process: the client is working out his own insights and at the same time revealing to the case worker the conflicts which are disturbing him. The process itself contains therapeutic and cathartic power.

To these observations we wish to add some further suggestions of our own. If action methods were to be used with *actual* clients (rather than with a substitute as we were obliged to in our demonstration) the methods and objectives would differ slightly. The demonstration factor, naturally, would be totally absent. Instead, the counsellor would be concerned with the three phases: *exploration*, *diagnosis*, and *retraining*. The first of these, the exploratory phase, we tried to demonstrate in our session, using action methods to gain "a refinement of the case history" data. Psychodramatic protocols provide the counsellor with permanent data for the second phase, diagnosis. In the retraining phase, the counsellor would plan his treatment (which may be at his discretion either directive or non-directive in character) in terms of the preceding data. As in any counselling situation, the three phases may be going on at times separately, at times together. When the duration of the treatment must be limited to a single interview, the counsellor would probably hope to be able to intensify the situations so as to include all three phases and insure maximal catharsis for the client. When

he can carry on extended treatment, the retraining phase may be delayed to insure maximal development of the client's self-understanding, clarification and insight. Numerous examples of the diagnostic and retraining phases of psychodramatic procedures are available already in *Sociometry*.

Procedurally, psychodramatic counselling would require three or four highly trained auxiliary egos who could pre-plan with the director from the case history data, who are flexible and spontaneous enough to meet the requirements of the client in the moments of action, and who are intelligent and sensitive enough to plan with the director for the subsequent phases of an extended treatment when such is possible.

Studies need to be made of the use of action-counselling to determine when it is most effective and when least. For example, the non-directive techniques of Carl Rogers have been widely accepted recently; they are in sharp contrast to the "dominative" counselling procedures which rob the client of his initiative and put off counsellor's ready made decisions on to the client.

Both the Rogers techniques and psychodramatic procedures are concerned with providing a permissive atmosphere for the client in which he may explore his problem and reach insights or solutions for himself. Not generally understood, perhaps, is the fact that the psychodrama may progress either directly (indirectly, through the auxiliary egos) or non-directively, depending upon the degree to which the therapist wishes to structure the counselling situation.

Granted, counsellors today tend to help the client to be active in his own behalf and not a mere receptacle for the counsellor's suggestions, we must be aware of the difference between the "active" client of non-directive therapy and the "client-in-action" of psychodramatic therapy. Some study needs to be made, at present, comparing the "releasing atmospheres" which are created in each of these types of therapy.

Is the spontaneity sufficiently released by all clients in the permissive interview situation? When are the warming up processes of psychodrama justified in stirring "them up to be on the stage where they are, more deeply and explicitly than they appear to be in life reality?"<sup>1</sup>

In other words, if we accept as valid the "active" and "permissive" concepts of non-directive counselling, are we not yet one step closer to an effective therapy when we encourage the client to be active *in action*? It

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<sup>1</sup>Psychodrama and Group Psychotherapy, J. L. Moreno, in *Sociometry*, May-August, 1946, p. 251.

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seems reasonable to assume that if we can objectify conflict situations with the client in action, in a setting as close to his reality as possible, he may in some instances find a transition to real-life situations again which is psychologically more direct for him than by way of the armchair of the counsellor's office.

SOCIODRAMATIC CLARIFICATION OF LEADER AND GROUP  
ROLES, AS A STARTING POINT FOR EFFECTIVE  
GROUP FUNCTIONING

RONALD LIPPITT

*Research Center for Group Dynamics  
Massachusetts Institute of Technology*

LELAND P. BRADFORD

*National Education Association, Washington, D. C.*

KENNETH D. BENNE

*Teachers College, Columbia University*

The newly appointed committee, or the two day professional conference, or the two week workshop is about to begin work. The members or delegates are new to each other, they are all unacquainted with the leaders, and the leaders do not know them.

Again and again this situation occurs. Usually the warm-up process of group members to each other and to the leader is a slow process, fraught with many misunderstandings, feelings of frustration and unmet expectations. Often the leaders' picture of the appropriate leadership role is not at all similar to the expectations, conscious or unconscious, of the group members for a satisfactory leader. Frequently the group member's image of appropriate delegate participation is very different from, even incompatible with, the expectations for his behavior in the mind of the chairman or conference leader.

After the first session the leaders of the work groups irritably remark, "What a dead bunch. . . . I just can't pull them out. . . . They seem to want me to do all the thinking. . . . I just had to keep on talking to keep things moving at all, etc."

On the front steps a number of the delegates who have begun to know each other a bit from corridor relationships remark a bit cautiously and mildly to each other, "They don't seem to know quite where they are headed for in this conference. . . . I hope we'll have a real chance to get in to the discussions soon, I've got a lot of questions I want to bring up. . . . I wonder what they were driving at in that session. . . . I couldn't see the point to bringing up my problems when they asked for them; they know the field better than I do, etc." "Just the same old conference—the leaders talk about their problems, so why say anything about ours". And

the result of this conflict of misunderstandings about each other's expectations is often a group that drifts nowhere as the gap widens, or one that is pushed autocratically by the leader toward a goal he perceives but which is in no way really accepted by the participants.

Participation in a variety of such "starting sessions" convinced us that these unproductive, and even negative, warm-ups to effective group functioning could be prevented if there could be a straightening out of some of these crossed expectations as a first step in the group process. This should include both a mutual acceptance of the definition of satisfactory leader and member or delegate roles, as well as shared anticipations as to the type of group experience which lies ahead.

In a recent two week state workshop\* for fifty-six community workers concentrating on improving their techniques of bettering local intergroup relations we experimented with a role-clarifying sociodrama as the opening session. The delegates were a very diversified group—teachers, social workers, group workers, housing project personnel, parents, religious leaders, industrial management representatives, etc. They came from some twenty different communities of the state. There were some cliques of acquaintanceship, but relatively few. The leaders were all strangers to the group, except

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\*The Connecticut Workshop in Intergroup Relations is the core of a cooperative project in the discovery and development of community leadership and the evaluation of its effectiveness in dealing with community tension.

The Workshop was initiated, organized, promoted, and will be followed up by the State Advisory Committee on Intergroup Relations comprised of representatives from the State Interracial Commission, the State Department of Education, and the Connecticut Valley Regional Office of the National Conference of Christians and Jews.

It was conducted by the Research Center for Group Dynamics at the Massachusetts Institute of Technology which organized and directed the faculty.

The experimental phase of the total project and the evaluation of the workshop is being conducted cooperatively by the Commission on Community Interrelations of the American Jewish Congress, the Research Center for Group Dynamics, and the State Advisory Committee on Intergroup Relations.

Organization representatives: Frank T. Simpson, State Interracial Commission; Charles E. Hendry, Commission on Community Interrelations, American Jewish Congress; Kurt Lewin, Research Center for Group Dynamics, Massachusetts Institute of Technology; Siegmund J. Blumberg, Jr., National Conference of Christians and Jews; Palmer Howard, Bureau of Youth Services, State Department of Education.

Workshop faculty: Leland P. Bradford, Director, Division of Adult Education Service, National Education Association; Kenneth D. Benne, Teachers College, Columbia U.; Kurt Lewin and Ronald Lippitt, Research Center for Group Dynamics.

Project Director: Ronald Lippitt.

for a certain amount of "prestige from a distance" knowledge the delegates had received about them.

The sociodrama was planned to illustrate successful leader-delegate interaction. The roles planned for the demonstration were: the commentator standing at the elbow of the audience, who prepared the audience for the demonstration, who broke in on the scene from time to time to clarify and reinforce for the audience certain strategic points in the scene, and who briefly summarized the demonstration at the end; the group leader role in the conference; the auxiliary leader who served as group recorder (chosen in each group from the delegates) and the delegates. Persons to play the delegate roles were chosen from the members of the state group and from the delegates at the conference. The state group were picked deliberately to play "bad" participant roles so that the delegates would not feel that they were being held up for ridicule.

A brief warm-up session was held prior to the demonstration with those in the sociodrama at which time the purpose of the demonstration was quickly clarified and discussed by the group and decisions made as to what typical delegate roles each would take, i.e., the vague thinker; the one who started a statement and then timidly retreated, the dominant center of attention, those who did not participate.

Following is an edited recording of the sociodrama.

COMMENTATOR: This promises to be a very unique workshop. We can only hope that it is not the workshop to end all workshops but rather the workshop to start better workshops in the future. I think that as we consider the kind of workshop that we want to have we will need to think fairly clearly and deeply about how we act or behave in this workshop. Let's think a few moments about the roles of the various people in our workshop during the coming two weeks. These are the roles of leaders, delegates, observers and resource persons.

In too many workshops the leader is supposed to be the person who knows all things, has infinite wisdom, while the participants are to come in as complete vacuums. The problem is to transfer the knowledge from the leader with the infinite wisdom into the vacuum of those who are completely ignorant. If this is the kind of conference you are expecting, I am sure that you will be greatly disappointed. Rather, I think that we can consider that the leaders are bringing to this workshop skill and experience in the techniques and methods of helping all of us find our problems and do something about them but it is up to the delegates to supply the problems on which to focus our work if we are to make any progress during the next two weeks.

This brings us to the role of the delegates—the role all of us are to play. One thing we have already mentioned is the responsibility of the delegates to provide the material for our workshop—the problems we have. This means that we have the responsibility of really coming out with our problems, of not sitting back and saying, “Well, let somebody else tell them.” Because, maybe no one else does tell them and my problems are never mentioned and consequently the rest of us get a distorted sense of the total picture or situation. *Second*, it is the responsibility of the participants to be just as concerned as the leader is in this process of keeping on the ball, of keeping direction. It should not be the responsibility of the leader to say, “Well, we are off the track. Let’s get back,” pulling them back like sheep who strayed away.

*Thirdly* it is the responsibility of the participants to be concerned with the results of the group. You have all seen discussion groups or workshop groups to which a number of people came who were only interested in getting the answers to their own problems, not really caring about the other member’s problems and not noticing the relationship of their problems to the others. Then, there are others who know all the answers before they get to the workshop and usually all the answers are just one answer. They have the same answers for all problems and they are insistent that everyone agree with this answer—this one cure-all. Even if they are right, in some cases, it is rather tough on everyone else. It is the responsibility of the participants, all of them, as well as of the leader to have the attitude that this is our group; we need to keep our own direction; and we need to keep on the ball; and we need to be willing to look at all sides of the picture so that we can test and can see which solutions of our problems are the best and the most adequate solutions.

We have talked about the roles of leaders and the roles of delegates. Equally important is how they work together. If the leaders go one way and the delegates go another, no conference can be successful.

I think we would all agree, furthermore, that how we get started during the first session is extremely important in determining how things go for the rest of the conference.

For this reason we are going to look at a group like ourselves get started on a workshop like this. After they are finished we can discuss how they did. This is a group which has not had any particular preparation and is composed of a group of delegates from a number of communities in Connecticut, meeting at a workshop for the first time. I think that as we watch them and participate with them we shall catch a lot of little things

which will help us this afternoon as we get started in our work groups. I'm going to be standing over here at the side, and I shall occasionally break in and comment on two or three things that they are doing. My purpose is to highlight and emphasize points which will help us in playing our own roles successfully. There they are and we shall just let the group go right ahead from here. This is their first meeting.

*(Group gradually walks on stage and sit down around a conference table.)*

LEADER: Here we are, ready to get started together in our workshop. We represent a variety of communities. It seems to me that each of us is at least three things—we are someone from a given community, which is similar to being from a foreign country and we must show the others how it feels to be in our particular shoes; and then we are from different organizations, with certain kinds of responsibilities, and we have the obligation of getting before the workshop certain problems from our organizations; and then thirdly, and perhaps most important of all, we are individuals who represent ourselves and have certain questions of information we'd like to have, for we have all had experiences of bumping our heads against stone walls and wishing we knew our way around them. Therefore, our job here now is one of suggesting the kinds of problems and difficulties that we would like to have considered on the agenda of this workshop. From other groups here at the workshop who are doing this same thing we are going to get their problems and put into one large pool these ideas that all of the members of the workshop have as to what should be worked on during the conference. Then we are going to be getting together a smaller representative group tonight and will decide on what particular groupings these problems fall into. It is our job now to be free and easy and reflect and tell each other our problems, difficulties, and kinds of information that we would like to have some help on in this workshop period. We'll get our list up here on this sheet, with our recorder to help us.

COMMENTATOR TO AUDIENCE: I think it is a good point to think about here, that although we are each working in one group, the problems we have are being shared with other groups so that we are not losing anything by staying with one sub-group here at the workshop. Anyway this is an important thought while we are working through our problems. *(all remarks of the commentator were of course spontaneous reactions to the unfolding sociodrama.)*

LEADER: Who has an idea to start us off on?

DELEGATE 1: I believe that we should have a greater stress on a happy

family life. Radio and visual aids are our greatest mediums of education today and we can use those two sources to great advantage. If we begin, in terms of a 'motion picture, showing the children in the home and the contribution that each child makes as the family grows up and we can show that the happier an individual that child is the 'greater contribution it can make as it goes out into life in the community.

LEADER: Your suggestion is 'then that the workshop could show how to influence family life in a more constructive way. You have some good suggestions about the techniques of solution to the problem, but 'perhaps here we should just get the problems on the agenda and then as the problem comes up 'you can discuss the techniques and have more than enough chance to bubble over with ideas. We now have our item number one; the problem of improving family life. Who is next? (*recorder writes on sheet and turns each time for affirmation of his wording.*)

COMMENTATOR TO AUDIENCE: Note 'that the leader makes no evaluation of the suggestions by the delegate. Now he is concerned with getting people to feel free and easy in talking about problems 'they have. All he does at this point is to suggest that it is too early for solutions until all the problems are seen.

DELEGATE 2: I feel that suggestion and problem just mentioned is a fundamental one and yet in some senses there are some other problems perhaps more immediate and which we can hope to tackle with more success. Among these would be the very fundamental one of just how do we get together in a community. We have a lot of good will in communities but how are we going to organize in the community to use that latent good will in the most effective manner?

LEADER: So it is how to go from latent good will to organized effort?

DELEGATE 2: Yes, that is the problem.

LEADER: We all no doubt have many problems in mind. Let's go right ahead bringing them out. Who has another one?

DELEGATE 3: Mr. Chairman,—er—no, I don't think I'll bring that one up. Let me think about it a little more. It's probably not an important one.

LEADER: Let's have everybody's problems—no matter what they are—problems of dealing with your maid more effectively or whatever the problem may be.

COMMENTATOR TO AUDIENCE: Here is a situation where the delegate doesn't feel that he should contribute to the group discussion. He starts and then stops timidly. He is still worrying about what other group mem-

bers will think of him rather than feeling free to think and contribute spontaneously as a group member.

DELEGATE 4: Well, I'd like to bring up something which has a personal angle to it. I am a veteran's wife and I think that the housing problem is a very serious one, and I would like for us to tackle the problem of how to bring the groups together. I would like to see better housing for veterans and for other groups—in fact, this whole problem has me down.

RECORDER AT THE BOARD: The problem of housing. Do you think just the veteran problem is the greatest one in housing?

DELEGATE 4: Well, I think that the veteran problem has made the whole thing so much larger. I am thinking of the real estate boards and the tremendous growth in industry, making the manufacturers the chief buyers and sellers of property.

DELEGATE 5 (whose role is "to think vaguely"): I think I might be interested in the educational system or something like that.

LEADER: Let's see if we can get a little more explicit about this. What exactly do you see is the problem in regard to education?

DELEGATE 5: Well, I don't know exactly where this will fit in, er—I'm not quite clear about it in my own mind.

COMMENTATOR TO AUDIENCE: This is a situation where the participant has not thought through his problem and feels that someone else will straighten it out for him; he is, therefore, letting someone else take the responsibility for working out the stating of the problem.

DELEGATE 3 (the timid one): I'm not quite certain that it is the sort of thing we want, but (hesitates) I have noticed that in playgrounds and places like that we may have clashes of groups and fights, but how can we know whether they are because of racial prejudice or because of childhood differences and personality faults?

LEADER: Then the problem is whether these differences have an intercultural basis or are problems for child psychology. How can we tell whether a problem has its roots in intercultural difficulties—interracial, and so on? You have certainly put your finger on a key problem.

COMMENTATOR TO AUDIENCE: You see here an example of what is usually the case. He had a lot to contribute once he took the responsibility to become a participant.

DELEGATE 5: (the hazy thinker): We shouldn't forget the UNO in this discussion. We should give some time to that.

LEADER: You are bringing up an interesting point. We should, as we

go along, look at the larger and more international aspects of the common problems that we have locally. Is that the idea?

COMMENTATOR: If only he could be a little more explicit the leader would not have to do the rather dangerous thing of "making something" out of what he says.

DELEGATE 5: Yes, I would also like to bring up the question of just what constitutes a good program of intercultural education.

LEADER: In the school-system, in the community or where?

DELEGATE 5: In the school-system first, I believe, for discussion here.

COMMENTATOR TO AUDIENCE: Note how the leader has carefully not blamed the delegate for his hazy thinking but has gradually helped him to think more specifically.

LEADER: Now, we have quite a few interesting problems.

COMMENTATOR: You will notice that there are still members of the group who have not taken up participant roles and have not decided whether they are present psychologically or not. They are not taking their share of the leadership role that they as participants should play. Perhaps they shall become members of the group in a little bit.

*(Here leader invites the forty-five delegates in audience to become part of group. They are obviously very warmed up to the discussion.)*

DELEGATE FROM FLOOR: Mr. Chairman, I wonder, how does prejudice come about?

LEADER: Yes, how is prejudice developed? Are you thinking largely in terms of individuals or what?

DELEGATE: I would like to raise the problem of how to build a curriculum and of how to develop skills in community leaders.

LEADER: You have two problems there, it seems to me—one of how to build the curriculum and one of how to give community leaders the necessary skills to meet the problems of intergroup relations effectively. What do these leaders need to know about prejudice, intergroup relations and so on? These are closely related problems.

ANOTHER DELEGATE FROM FLOOR: He is raising the teacher education aspect of the question. And I am also interested in how can these community leaders become active in the communities in which they are to work. They need to learn many techniques in order to do this and I am most interested in our approaching this problem of getting specific techniques.

ANOTHER DELEGATE FROM FLOOR: I would like to bring up the problem of the program planning techniques and skills for all organizations. I am particularly interested in the PTA organization on this problem.

*(Discussion comes faster and faster from floor.)*

LEADER: Well, our time is running short and I guess we will need to continue this discussion at our next session. Now let me give some picture of our work ahead. We plan to get together in smaller groups to continue this discussion after lunch, and try to organize the lists a bit tonight. Then we want to call in our resource people, not to solve the problems for us, but to ask them how they see these problems, how do these problems look in other states (for we will have some national people here) and perhaps they can give us a large understanding of these problems so we can go ahead and work on them with greater perspective.

COMMENTATOR TO AUDIENCE (as demonstration ends): Just one or two comments to close us up. I think that we saw an excellent picture of a pretty good group session, although there were still a few people in the group to be heard from and there are probably some things about the leader's performance you might like to raise questions about. I am certain the other delegates would have entered into the spirit of things before very long. I think we saw how necessary it was for the delegates to enter thoroughly into the discussion. Delegates who hung back were not really working members of the group. However, the leader can do much to help delegates enter in. The leader we saw was interested in the ideas the delegates had. He did not evaluate them or judge them which might have made some delegates afraid to speak. He did help to sharpen up some of the points and he did help the delegates separate problems from solutions. We noticed also how he helped the one delegate go from vague hazy thinking to clearer thinking. We have a good start for the afternoon group sessions, I believe. We are warmed up to each other and to our joint job.

#### SUMMARY

In planning the sociodramatic demonstration, the workshop leaders were very clearly aware that they were interpreting their idea of leader and participant skills to the delegates, rather than using sociodrama to uncover and reconcile differences in expectancies of each subgroup for the other. Certain purposes of the present conference, however, made it desirable to employ sociodrama as here described as a starting point.

Again, the depth of leader or participancy skill demonstrated was not great. The attempt was to take just a first step from the existing sensitivities and skills of the delegates. It was important not to introduce inhibiting effects through too high a standard of group process. Much of the conference emphasis was to be placed on developing increasingly deeper under-

standings on the part of the delegates of the process of successful leader-participant interaction. At the opening session it was desirable to develop mutually accepted expectations of "how we will work together," which would be quite different from those of most delegates with their previous backgrounds of experience in passive, unspontaneous educational procedures. It had the further purpose of preparing delegates for future daily evaluation sessions in which the groups would look back objectively and critically at their own group process. Sociodrama used in this way is thus an introduction to using the workshop as a laboratory in skills of group process as well as for the solution of the action problems for which the workshop has been called.

The research observers at the workshop secured delegate reactions to this use of the sociodrama. These evaluations showed a feeling that the opening demonstration had been of great help in giving them a good idea of how they would work in groups, and of their responsibility for being active participants from the beginning—and sharers of their problems if the workshop was to get off to a good start, and to move "on the beam" in the desired direction.

## SOCIODRAMA IN A SMALL-COMMUNITY THERAPY-PROGRAM

BERT HANSEN

*University of Montana*

In the fall of 1944 the State Board of Education in Montana set up, in its system of higher education, a small-community therapy-program known as The Montana Study. The plan calls for an activated research program exploring the human resources of Montana's small communities and also is designed to develop a pattern for community self-improvement. The experimental phase of the project is extended over a period of three years and is financed, in large part, by one of the great Foundations interested in the humanities. Sociodrama is playing a vital and significant part in this program of community therapy.

The first year of the project was devoted to the preparing and editing of a small book called "Life in Montana." The book contains a suggested program for a series of ten discussion group sessions based on economic, social, and cultural problems that a typical small community faces in the American scene today. The plan of procedure asks that a number of persons of different age levels, different beliefs, different occupations, different training, sit around a table to study the common problems of their community and to try to act cooperatively towards their solution. The work is grounded in the belief that as long as the people of the American communities will walk together as neighbors, the democratic way of life will endure.

This work, however, has one disadvantage as a community therapy-program. The discussion groups are made up of about thirty citizens and, while the minutes of the meetings and the research reports are mimeographed and made available to all, it is recognized that relatively few people of the community outside the study groups will take the time or trouble to read them. So it was considered important, at the end of the first year, that some central activity be advanced in the communities that had study groups in which a large number of citizens could work together towards an objective large enough to ultimately absorb nearly all of them. The answer seemed to be a program of community self-centered drama. I was given leave from my duties at Montana State College to develop this phase of the work.

As I studied the project it seemed clear to me that sociodrama, originated and chiefly developed by Dr. J. L. Moreno,<sup>1</sup> was the dramatic vehicle best

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<sup>1</sup>J. L. Moreno, *Psychodrama*, Volume I, Beacon House, New York, 1946.

suiting to the purposes of The Montana Study. Of course it has been necessary to make certain adjustments in the sociodrama techniques as outlined by Dr. Moreno, but in the over-all program as practiced in Montana, the principles are the same as those advocated by him.

The sociodramas as developed in Montana, however, are not strictly spontaneous. Spontaneity is encouraged and in all the experimental work there has been a certain amount of it, but all the dramas have been rehearsed sociodramas.<sup>2</sup> They have, however, been prepared in accordance with the main principles of sociodrama. In all cases the dramas have been made up of a series of related episodes about the life of the community and have been conceived, written, and acted by members of the community for their own benefit and the benefit of their fellow citizens. They are true sociodramas in that they are concerned with both exploration and catharsis; they were a collective experience involving nearly all the people of each community either as participants or spectators; and they dealt with social realities in terms of the common man, not in terms of sophisticated art nor in imitation of the commercial theatre.

To date there have been three experimental sociodramatic productions developed in connection with the community therapy program of The Montana Study. Each has been adapted to the particular needs of the community involved and for that reason each has been in subject matter and in form somewhat different from the others. They have all, however, had this one thing in common—the drama aspect has not been an end, it has always been a means to an end. And that end in all cases has been improved community living through an integrating activity. A brief discussion of the circumstances which brought each of the three dramas into being will show how sociodrama proved to be a proper dramatic medium for our community-therapy-program.

In the fall of 1945 the last logging train left Darby, Montana. The great forests of yellow pines on privately owned land had been cut out. The only timber left was a limited supply on the National Forest Lands which was subject to the policy of selective logging effective on all Forest Reserve lands. Neither the limited supply nor the selective logging policy appealed to the large logging operators. So, as the saying in forest areas goes, "they cut out and got out." With the closing down of the large scale lumbering operations went Darby's chief reason for existence. It had been,

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<sup>2</sup>Two of the groups who produced rehearsed sociodramas are now working on a program of spontaneous sociodrama.

since its beginning, a town supported mainly by lumberjack trade. When logging operations cease, lumberjacks leave; the towns that depend upon their trade become, after a while, ghost towns. Darby might well become such a town.

Many citizens didn't understand the problem at all. Some did but didn't want to face it. The few who saw the danger, and wanted to save their town, felt it was necessary to make the critical situation as emotionally clear as possible, as quickly as possible, to all. They not only wanted to make the situation clear; they wanted also to present plans that might cure the situation.

The Darby Montana Study Group felt that a drama about conditions would be the best means of making the whole community conscious of its predicament. Consequently, a sociodrama called "Darby Looks at Itself" was written by the citizens and produced on December 7, 1945. Fifty-three people out of a population of five hundred had a part in the writing, and one hundred twenty-seven took part in the acting. The drama was written in nine episodes. The first group of three dealt with long range planning programs in connection with the community's natural resources; the second three with immediate plans for better economic stability; the last three dealt with less tangible qualities—community spirit, religious tolerance, and moral obligations to the returning veteran. All business houses closed for the show, including the local motion picture theatre, and nearly the whole population turned out to see it.

The community of Stevensville, where a second sociodrama was staged, presented an entirely different situation. The town is one of the oldest in the Northwest, having been established as a missionary center and as a trading post in 1841. It is today chiefly a small trade town of seven hundred people supported by serving itself and the farmers and ranchers of the countryside. Although it is a relatively stable community, it has a very disintegrated social life. Furthermore, it is a town, like many American small towns, that has lacked, in recent years, a vision for its future, an interest in its present, and it has a distinct lack of appreciation of its singularly historic past.

The Stevensville Study Group wanted to sponsor an activity that would bring the people of the town and the rural area together in a common undertaking. An out-of-door historical drama was suggested to them. It was explained that it was not to be an ordinary historical pageant, but a socio-drama in the form of a pageant. It was to be a kind of drama that would not only give them an understanding of the community's place in history,

but give them a pride in and awareness of the fact that their town did have an interesting and extraordinary history. That kind of a drama, they were told, would approach the problem of disintegration with a solution.

The drama that grew out of the idea realistically portrayed the story of a fifty year period of ruthless aggression on the part of the white men, and of their determination to drive the Flathead Indians from their native lands in the fertile Bitter Root Valley where Stevensville is located and was for many years the only white settlement. Documentary evidence was used, however, to show that the white supremacy aggression movement was promoted by interests outside of Stevensville, and that the white settlers and religious leaders living in the area during those years understood and sympathized with the plight of the Indians and did all they could to help them. Indian roles in the drama were played by full blood Flathead Indians invited from the Reservation (fifty miles away) to take part in the production. Many of the roles of the white settlers were taken by sons and grandsons of the early pioneers.

The drama was deeply moving to both Indians and whites because of its solemn adherence to a belatedly recognized truth that had never before been told by Indians and whites together at a public gathering. Interestingly enough the production had only a few rehearsals and the last part of the final episode (depicting the departure of the last Flatheads from Stevensville) was not rehearsed at all but was directed from the large acting area by the writer, dressed in an Indian costume.

Like the Darby sociodrama, the Stevensville drama involved many citizens in the writing, acting, and staging of the play. Members from all churches took part, men from the Farmers' Union and the Grange worked side by side, Indians, townspeople, ranchers, farm hands, laborers and college students, the well-to-do and the poor all united in a common effort. To the amazement of all, a crowd four times the size of the town attended and came from all parts of western Montana to see the performance on the night of August 18, 1946. The plan is to repeat the sociodrama year after year with both the Indians and white citizens adding such new material as is needed to increase its power and effectiveness.

A third sociodrama developed at Lonepine, Montana, fitted into the situation in a quite different way from the other two. Lonepine is really not a town. It is a rural area which centers a social life around a store, a schoolhouse, a church and a community hall. The area around Lonepine had been part of the Flathead Indian Reservation until 1910 when it was opened for homesteading. At once all the available land was filed upon by

homesteaders coming, in the main, from the Middle West. These young men and women, in the new, almost primitive area, had to adjust themselves not only to new farming methods but to an entirely new social environment as well. Interestingly enough, the social adjustments were made more quickly and more easily than the farming adjustments. Lonepine has had for many years a community spirit of harmony that is widely known and much respected. By 1947 they had also adjusted to the farming methods, and they are now a prosperous and, within the limits of human possibilities, a contented people.

Maybe it was this feeling of contentment, maybe it was a feeling that they were growing old, maybe it was a desire to commemorate companions who had passed on, maybe it was a feeling that what they had accomplished should be recorded—it may have been a mixture of all of these things that caused these pioneers of Lonepine and their children to write, as a group, an analytical and critical sociodrama of their years between 1910 and 1947.

Four homey episodes, linked together by a narrator, relate a story of the trials and joys, the critical struggles for survival and the unexpected turns of good fortune in the words of these Lonepine folk who this fall and early winter sat around a schoolhouse room and wrote of the days of their lives. A preacher they loved; a banker, in a nearby town, they respected; a housewife who in the early days brought every baby of the community into being without, as they say, "losing a one, by God"—these and others are eulogized. Some, retired but still living in the community, are given due credit for their part in the area's development (mostly in a humorous way because after all they are still here.) When on March 7th and 8th this production, which is now completely written and cast, is put on in the community hall, the people from all around will know that drama can exist without the fabulous trimmings of a motion picture story. They will know that their living has been interesting—if not to the multitudes, at least to themselves.

Here then are three experimental sociodramas of a character suited to the rugged pioneering state of Montana, which is in a youthful way still unsophisticated and unspoiled in its social behavior. The dramas have been sociodramas chiefly concerned with the social relation of man to his physical environment; the natural resources from which he draws his livelihood and his inspiration. While not strictly spontaneous, there is, nevertheless, a sense of spontaneity in the simple, direct, and natural way in which these dramas have been written and played.

## PSYCHODRAMA EXPLORES A PRIVATE WORLD

MARGHERITA ANNE MACDONALD

*Chicago*

With Comments by J. L. Moreno

I am a graduate student in the Human Development Department of the University of Chicago. In May of 1946 we heard that Dr. Moreno was to visit the University and give a demonstration. I was very excited because I had heard a little about Psychodrama and wanted to watch Moreno at work. On the appointed afternoon I was seated in the auditorium in the very first row in order to be able to watch everything that went on very closely. The room seated approximately five hundred people and had a large open stage on which stood only several chairs. By the time Moreno arrived the auditorium was full to capacity. The audience was composed of graduate students in Psychology, Human Development, and the Social Sciences, and many professors and their associates from these fields. Among those present were Dr. Robert Havighurst, Dr. Carl C. Rogers, Dr. Ernest W. Burgess, Dr. Daniel Prescott, Dr. Caroline Tryon, and many other outstanding people.

The audience was an academic one and the purpose of the session to follow was to give everyone present a clear picture of some of the techniques used in Psychodrama, the way a session moved as the subject warmed up, and the way in which the subject became more understandable to himself as he portrayed his own life situations.

Several of the students from one of Dr. Roger's classes had volunteered to act as subjects if Dr. Moreno should decide to use them. These students sat beside me wringing their wet palms and quaking for fear that they would have to reveal themselves before five hundred people. There was an air of tenseness among the audience for there were many differences of opinion concerning Moreno's techniques and principles. For some reason these tensions had not conquered me; I felt that I would find something at that session and I sat leaning forward intensely interested in the audience reaction and in Dr. Moreno's method of warming up his audience.

He spoke briefly concerning the didactic purpose of the session and then asked for a volunteer from the audience. This fell as a thunderbolt and there was a buzz and then a hush as everyone busied themselves looking at their fingernails. Moreno stepped down into the audience and spoke to a few people. Instead of scrutinizing my finger-nails, I changed my po-

sition to watch his every movement carefully. The result was that Dr. Moreno abruptly left the person to whom he was speaking and addressed me:

DR. MORENO: What is your name?

PEGGY: Peggy Macdonald.

DR. M.: What are you studying?

PEGGY: Psychology.

DR. M.: *Would you like to come up on the stage so that you can meet all these nice people and we can chat?*

Before I knew it Dr. Moreno and I were seated on the stage facing one another. There followed the preliminary interview that brought out the material for the rest of the session.

DR. M.: How old are you?

PEGGY: Twenty-two.

DR. M.: Are you married?

PEGGY: Yes.

DR. M.: How long have you been married?

PEGGY: Two years.

DR. M.: What is your husband's name?

PEGGY: John.

DR. M.: How long did you know him before you were married?

PEGGY: Seven years.

DR. M.: What does he do?

PEGGY: He's a photographer.

DR. M.: Where are you from?

PEGGY: We're both from Massachusetts and lived in neighboring towns.

DR. M.: What brought you to Chicago?

PEGGY: The University—I came to study.

DR. M.: Where do you live?

PEGGY: 6141 South Greenwood Avenue.

DR. M.: What is your telephone number?

PEGGY: Plaza 9429.

DR. M.: Were you married at home?

PEGGY: *No, in Chicago.*

DR. M.: Do you like John's mother?

PEGGY: Yes, she's wonderful. But my parents didn't like John.

DR. M.: Your family didn't like John?

PEGGY: They didn't, but they do now.

DR. M.: Do you have any problems?

PEGGY: I don't know now, but I did have a few months ago.

DR. M.: What do you mean?

PEGGY: Well, we had a problem, but I talked it over with someone and we worked it out.

DR. M.: What was this problem—does John have a girlfriend?

PEGGY: (laughs) Oh, no! It's just that he would often come home for dinner an hour late without calling and dinner would be ruined and I'd waste all that time when I could be studying.

DR. M.: Do you live far from where he works?

PEGGY: No, we have a small apartment on Greenwood, right across from the campus.

DR. M.: What is it like?

PEGGY: Oh, it has a large room, and a kitchen, and—

DR. M.: Why don't you show us where everything is, just the way you would if you were coming home after class to prepare dinner. (Dr. Moreno and I leave the stage.)

#### SCENE I

I walk up the stairs leading to the stage and pretend that I'm coming into the building where we live, with one arm full of groceries and the other full of books. I look for mail and phone messages, walk up to the apartment, go in, dump the groceries in the kitchen and the books in the living room and flop into a chair, exhausted. Then I look around, think of all the jobs I have to do and get up. I describe the arrangement of the room, make the bed, then go into the kitchen, put the groceries into the refrigerator and start to prepare dinner.

Moreno stopped me and said that he would now bring in an auxiliary ego to play the part of John coming home late. He chose one of the men from the list of those who had volunteered. I briefly instructed the auxiliary ego in John's ways while Moreno talked to the group and then we went into the situation.

#### SCENE II

AUX. JOHN (coming in): Hello dear.

PEGGY: Hello. Well, it's about time you came home. The least you could have done was call me. The food is all spoiled. I have been waiting around for you to come home and I haven't been able to get anything done. I have so much studying to do!

AUX. JOHN: M-m-m- that food smells good. Let's eat.

PEGGY (putting food on table): But honestly, something has to be

done about this. I know that you want to stay at the studio some nights, but if I only knew what nights, it would be all right. But this way, I spend hours preparing dinner and expecting you and I don't get anything done.

AUX. JOHN: M-m- This steak is good. Excellent dinner. Now don't worry about it, dear, eat your dinner before it gets cold.

PEGGY: But I can't help but worry about it—it bothers me. Now if we only *had a schedule or something it would be all right. I have studying* that I can do and you have extra experiments up at the studio, and if we could only set aside, say, two nights a week, I would know that you weren't coming home, and then I wouldn't have to spend hours waiting for you. I could just come home and study, and you could stay up at the studio and work without having to worry about rushing home. Do you have any ideas about how we could do it?

AUX. JOHN: M- that sounds like a good idea to me. Boy, this is good—are there any more potatoes?

PEGGY: Well, what will we do—set two evenings aside?

AUX. JOHN—M-m-m.

PEGGY: Shall we say Monday and Thursday?

AUX. JOHN: Sounds O.K. to me. Ah—that was really an excellent dinner.

A short interview followed in which I told Dr. Moreno that this was very close to the way it had actually happened.

DR. M.: How did you meet Johnnie?

PEGGY: At home, he was a friend of my brothers.

DR. M.: You said that your family at one time did not like Johnnie. Did you have any trouble about him, with your mother for instance?

PEGGY: Yes. She did not like him and did not want me to see him.

I went behind the scenes with a trained auxiliary ego and decided what situation from my life I would portray. I choose the time when my Aunt came to tell my mother that I had surreptitiously had a date with Johnnie. I portrayed my mother and the auxiliary ego, my Aunt.

### SCENE III

Place: Hometown. Time: Eight years ago. Mother is fixing and canning tomatoes. The Aunt comes in, both sit down, working and talking.

AUX. AUNT: I don't mean to pry, but I'm worried about Peggy.

AUX. MOTHER (Peggy): Yes, she is a problem. Young people these days are so headstrong you can't do anything with them.

AUX. AUNT: Well, I think you should do something about it. I have

it from my Dee that she went to the movies last night with this Johnnie. Now, this can't go on. Who is he anyway? Why, we don't know anything about him. And she's only fourteen, much too young to go out with boys!

AUX. MOTHER (Peggy): I've told her that she can't see him, but now I'll have to give her a good talking to.

AUX. AUNT: Well, I think this is very serious and you should take care of it immediately. How did you ever let it happen? I've never had any trouble like that with my girls! Why, I'm surprised at you!

AUX. MOTHER (Peggy): Now don't be silly, Adeline—you know that your biggest worry for years has been Dee. Why, she's been getting proposals since she was eleven, and you haven't been able to do a thing with her. I've been telling you for years that you ought to be more strict with her and put your foot down.

AUX. AUNT: Yes, I know. But it's your daughter we're talking about now. What are you going to do with her?

AUX. MOTHER (Peggy): Well, I'll just have to give Peggy a good talking to.

A short interview followed. I told the Doctor that my mother did speak to me, and we decided that the next situation should represent this talk. I was to take the role of my mother and also of myself. Two chairs were placed opposite each other, and by these would be illustrated the shift of personalities.

#### SCENE IV

AUX. MOTHER: Well, Peggy, it's about time you came home. I want to talk to you. I thought I told you that I didn't want you to see this Johnny. I know you've been disobedient and went to the movies with him last night.

PEGGY: Well, I don't see why I can't. You don't want me to do anything, except stay at home and clean the house. After all, I'm not a baby. I'm almost fifteen and I don't see why I can't go out with boys and have them to the house if I want to.

AUX. MOTHER: You're too young. You're a little girl yet, and you don't know anything about the ways of the world, and I'm not going to have you running around—and especially with Johnnie—why, he's old enough to be your father—he's an old man, and I'm not going to have him leading my little girl astray. I don't want you to see him ever again, and when he comes here next time I'm going to tell him.

PEGGY: He is not an old man! He's only six years older than I am.

He's a good boy. The best in the world, and if you wanted to know him you could talk to him when he comes to see the boys, but you just don't care, you don't want me to know anybody—you just want me to stay home and be your little girl.

AUX. MOTHER: In Europe, the children respected their parents, and did as they were told. They knew that their parents had lived longer, and understood the world better, and the children knew that what the parents said was right, and the best in the end.

PEGGY: Oh, mother, this is America, and they do things differently over here. You never forget the way you did things when you were a girl in Europe. Well, this is a different world, and I was born and bred here and I'm part of it. I want to get out and do things and meet people and get to know the world. You say I can't go out because I don't know the world. Well, how can I ever learn about it by staying stuck at home here in the kitchen. You won't let me do anything; I can't wear lipstick, I can't go to the movies, I can't go out alone, I can't see any boys—and yet, Nick and Don (brothers) can do whatever they want to. That is not fair.

AUX. MOTHER: That's completely different. They're boys and they can take care of themselves. The man's place is out in the world, meeting people and doing things, and besides, they're older than you are. But you're a little girl and your place is beside your mother learning about the home, and how to be a good woman.

A short interview followed. I told Dr. Moreno that my mother since then has changed, and that she loves Johnnie very much and thinks that he is wonderful, and almost too good for me. The last situation illustrated the Double Ego technique, representing my mother's feelings at the present time. I portrayed the deeper feelings of my mother and a trained auxiliary ego was my mother's more superficial self.

MOTHER 2 (double): Well, it's a good feeling to have brought up three fine children.

MOTHER 1 (Peggy): Yes, I certainly am proud of my children. I couldn't ask for more; Nick and Peggy are happily married. I just wish that they were a little closer by so that I could see them more often. But they have their own lives to live, and that's the way it is.

MOTHER 2 (double): I wonder if Peggy is really happy with Johnnie?

MOTHER 1 (Peggy): Oh, yes—I'm sure she is. He's such a wonderful boy, and he's doing well in his work. I know that he will take care of Peggy and provide her with everything she needs.

MOTHER 2 (double): Yes, she'll have all she needs—but will she be happy?

MOTHER 1 (Peggy): Oh, I'm sure of that. They lead such a full life. Peggy is going to school and getting her degrees. She'll have something to offer the world. She will finally have what she wanted for so long—a career and the ability to do something constructive in the world.

MOTHER 2 (double): Peggy certainly is a lucky girl. She didn't let anything or anyone stop her. She went after the things she wanted. Maybe I should have done that, but a girl couldn't in the days when I was young.

MOTHER 1 (Peggy): Yes, I wanted to be a nurse and go to school and do something with my life, but in Europe it was unheard of at that time. You had to get married. If you didn't there was nothing to do but stay with the family and listen to everyone in the village talk about the possible reasons why no one had wanted to marry you.

MOTHER 2 (double): I wonder if my husband ever thinks about the way I feel and the things I could have accomplished.

MOTHER 1 (Peggy): No, I'm sure he doesn't realize those things, but we've had a happy life together. We brought up three good children and given them a nice home and training. I'm so glad that they're doing so well, even though I miss them terribly at times.

MOTHER 2 (double): Maybe Peggy and John will start a family right away and Peggy will have to give up everything she worked so hard for.

MOTHER: (Peggy): No, I'm sure they won't. I know how they feel for I talked to them about it when they were here and I agree with them. They won't start a family until they're ready for it and until they have a home. And even then Peggy doesn't lose anything, because she always has her education and she can do whatever she wants with it anytime.

MOTHER 2 (double): Peggy was right in wanting to go to college. This is a different world—a land of opportunity. Girls can be equal to men here.

MOTHER 1 (Peggy): Yes, I'm grateful for my children. They are my greatest satisfaction in life. They are all I could ever hope for.

MOTHER 2 (double): Peggy has done everything that I wanted to do. It makes me happy just to watch her stride ahead.

MOTHER 1 (Peggy): I just hope that she doesn't work too hard. I'm glad that it all worked out this way. Life has been worthwhile because of my children.

*Audience Reaction*

After the last situation, Dr. Moreno asked if there were anyone in the audience who identified with my problem, and the people I had presented. Many of those present were skeptical of the values of psychodrama. They had come to scoff rather than to learn. Because of these factors there was a general air of hesitancy and a number of individuals were afraid of committing themselves before so large a group. They were asked for which of the *three central roles* portrayed on the stage, the *wife*, the *husband*, and the *mother*, they felt particular affinity. Seven young women stated that they had a problem similar to mine, five young men said that they identified with Johnnie, and three of the older women felt that they identified with my mother. Two young women who were roommates said that they could never marry a man like Johnnie because he let himself be led around and let me make decisions for him. At that point I told the audience that the auxiliary ego had been very weak, unlike Johnnie in manner, and that if the real Johnnie had been there they all would have fallen in love with him. As if seeking an excuse two young men said that they couldn't identify with the problem because they were students and did not return home at a specific time. This illustrates the general desire to avoid committing themselves, for no matter who we are or what we do, we all have the problem of getting to classes and appointments at a specific time and of keeping some schedule in our lives.

*My Own Feelings During the Session*

We must remember that I went to the session with an open mind, not prejudiced either for or against Psychodrama, but with the desire to learn more about it. Therefore, when I found myself up on the stage conversing with Dr. Moreno I was interested in the ability of the man to warm himself and his audience up with such ease that it all happened naturally. I did not feel that he was impinging on sacred and forbidden territory when he started asking personal questions, for it seemed a process of give and take. Besides, the information I gave was but a minor part in the development of the session and what was created from it.

I was somewhat aware of the audience at first, not as an inhibiting factor, but merely because many of those present were my professors. I was cognizant of their feelings toward Psychodrama and wondered how the session would affect them. As I moved into the situations, I warmed up to my life's environment which I had created about me; the audience fell away,

and I became completely oblivious of the five hundred people seated before me.

The first situation, in which an untrained auxiliary ego represented my husband, had the function of warming me up and of opening the way for the following scenes. John, my husband, is very energetic and active in all things and I had explained this to the auxiliary ego. But the auxiliary ego John was dull and phlegmatic. This factor irritated me at first, but the irritation that I felt was enough to reawaken within me the actual life situation of having John come home late, and to make my emotional reaction on the stage similar to that in reality. The ease with which I threw myself into this situation, and became as angry at the man on the stage (whose only fault was portraying Johnnie weakly) as I ever had to Johnnie, intimated two facts. The first is that getting angry is my way of responding to all situations not to my liking, and the second is that the underlying emotional elements of the problem had not been resolved. Before the session I had not been aware of the existence of either of these facts. Suddenly in the middle of this first situation I realized that I was getting angry at the auxiliary ego because he was Johnnie and what he did to me and then because he was not being at all like Johnnie. Right then and there I tried to curb this reaction, to be more sensible and less emotional about working out the problem. I can honestly say that the anger which came out during that situation was nowhere near as violent as it might have been if I had not suddenly become aware of my own anger response. I realized how futile it is to approach anyone with anger, and determined that in that situation and in all others I would try to solve problems that irritated me without anger. (I will save the discussion of the second fact until a later and more pertinent moment.)

What I have stated in the preceding paragraph is an excellent illustration for the point that it is not the auxiliary ego per se who is important in warming the subject up to the absentee person. Another point which stands out is that a situation does not have to be an exact replica of a real life scene in order for the subject to react as he normally does. It is essential that the total situation be represented, and that it be endowed with all the qualities of real life. Therefore, it doesn't matter if the auxiliary ego is extremely weak and unlike the absentee person, because the situation has its own atmosphere, and the auxiliary ego functions to a certain "degree" as a symbol.

The second situation in which I portrayed my mother while a trained auxiliary ego represented my aunt enabled me to see my mother and the

affect of her cultural background on her attitudes much more clearly than I had previously. At the outset of the scene I sat still, conversing with my aunt, but as I did I realized that my mother would never sit quietly talking to anyone. I immediately created some tomatoes and put myself and my aunt at work peeling and canning them and talking as we worked. The picture of my mother in an active role is much more realistic, and it came to me naturally as soon as I tried to put myself in my mother's place.

I felt sure that I knew my mother's attitude toward me in relation to the problem, but I felt handicapped for a few minutes because I have never actually seen my mother discuss her children with anyone. This difficulty was aggravated by a language factor. Although my mother speaks English, I know that in conversation with her sister she would invariably use her native tongue. Each time I opened my mouth I wanted to speak Italian rather than English, because it seemed impossible to translate her feelings into my English. It affected me so much that at one point I felt a strong urge to stop the session and say, "But you don't understand, I can't do this because my mother wouldn't say these things; she speaks Italian." This feeling demonstrates that I had not completely warmed up to my mother's role.

This element was completely erased when the auxiliary ego portraying my aunt made the remark that "she had never had any similar trouble with her girls". That remark was so false, implying that her daughter was so much better than myself, that I immediately forgot everything else except the fact that I was my mother, and I spoke fluently and naturally about a familiar subject. This incident again illustrates the function of the auxiliary ego. The auxiliary ego is not concerned with reproducing a perfect likeness of the absentee person, but rather with stimulating the subject to be realistic and spontaneous. That is exactly what happened in my case; it was not until the auxiliary ego dropped this bombshell that I was able to forget about myself and the language handicap completely and to be my mother and actually experience her feelings.

The occurrence of bi-lingual difficulty raises an interesting point, and some might wonder if it would not be better to use the real language of the person represented. Had this particular session been openly for *treatment*, speaking Italian would have been helpful, perhaps even essential. But since it was an academic, didactic meeting it would only have been confusing and meaningless. (It became a treatment situation indirectly.)

The situation which I have just described served as a warm up for the fourth scene in which I portrayed both my mother and myself. It enabled

me to slip easily—except for a few minor adjustments of bodily position, such as *not* crossing my legs when I represented my mother—from my mother's to my own role. Because each separate scene had been a progressive step and building block, in this situation I was able to clearly divide two roles, two opposing sets of thought, physical bearing, voice, background, and attitude toward a common problem, and therefore, make it possible to distinguish two unique beings; one, my mother, a strictly brought up European woman, and the other, her young daughter, a product of two cultures.

For me this scene illustrated how much the subject creates a life-like atmosphere for himself when he is warmed up, and how the absence of props is not only not detrimental, but actually beneficial. This absence stimulates the subject to create for himself, this creation in turn makes his presentation more realistic, and the training derived from the situation more genuine and applicable to life.

For instance, the situation which I portrayed actually took place one late evening when I returned to find my mother stiffly sitting on the third step of a massive stone entrance which is the front door of the paternal home. As she started speaking, I could see that she was angry, and I perched on my favorite roost to the right of my mother on the last large incline that marked the wall of the entrance structure. Behind this opening stands a small fir tree which in growing has pushed out until it almost fills the total space. Directly below the steps is the walk which is gravel.

In the scene on the stage I sat tall, straight and stiff when I was my mother. When I moved into my own role I sat on the very edge of the chair, crossed my legs, and moved my foot in a circular pattern on the floor. I could actually feel the prickly bush sticking into me, and I had to sit out as far as possible to avoid being too uncomfortable; I felt the gravel beneath my feet and I played with it as I always have; I could smell the perfume of the flowers and hear the crickets.

The last and most intensive situation, that with the Double technique, left the most vivid impression on my mind. The reason for its vividness was the depth of thought and meaning that was reached through the subtle guidance of the auxiliary ego. The auxiliary ego was to have represented my mother's more superficial self. But after the conversation had rested on her familial accomplishments for a few minutes, the auxiliary ego delved into material untouched in our interview and began probing into the future my mother might have desired as a young woman—how she'd had to put her dreams aside and then actually found them fulfilled in her children. At the initial outset of the probing I was slightly startled because I think that

never before had I actually been able to feel my mother as a young woman, although she had related her desire for a career to me many times. I quickly recovered from the first shock of discovery, and I, too, started probing. The material that came out enabled me to see my mother in a completely new light. I gained a deep insight into the life that my mother gave up for her family and for custom. This insight made me realize that as children we did not suffer from our mother's unfulfilled desires, but that she made us her career. For the first time I came to understand what my life and the way I have chosen to live it has meant to my mother. I became aware of the great similarity between us and of how much a part of her I am still although I succeeded early to assert my independence from her.

#### *The Immediate Effect of the Session:*

The evening immediately after the session, I was elated. The cathartic effect of the session was tremendous. It served the function not only of relieving my emotions, but also of giving me insight and training. I realized that the scheduling problem with Johnnie had never been solved, and that it never would have been if I had continued to attack it in my usual manner. It became clear to me that my supposed consideration of him had been quite superficial, that I must learn to control my emotions so that we could work out a real solution together.

I felt as though bursting with the joy of all the discoveries that I had made, and that evening when Johnnie came home, described the session to him. He was very interested but somewhat amazed to realize how much these little things had been bothering me and we had a long discussion that marked the beginning of better understanding between us.

#### *The Reaction of Various Members of the Audience*

From the time of that psychodramatic session I have been a landmark on the campus. Through it I have gained several invaluable friendships. Invariably, in the course of a week, six or seven individuals who were complete strangers to me would stop and talk about the session and my reaction to it. Some of their remarks were favorable and others were unfavorable. But I realized that what might have been a simple demonstration of technique had actually turned out to be a great learning experience for me. At the same time it had raised questions which opened the way for thought and further development of a new idea in the minds of many people who had witnessed the session.

One young woman told me that I had restored her faith in psycho-

drama. Before the session she had felt that it was worthless. But she was extremely moved by the ease and continuity of each situation, the way that all the scenes together formed a unit-series of insightful and training giving experiences. The value of psychodrama and its action principles became clear to her.

One of the most interesting outgrowths of the session was a discussion that took place in one of Dr. Rogers' seminar groups. Several of the more withdrawn people could not possibly understand how I had the courage to bare my soul, as it were, before such a large audience. They felt that I must have held back many things, and played cat and mouse with Dr. Moreno; that I must have "stayed two jumps ahead of him so that he could not bare me completely". But that is not so, for I was completely frank and honest with both myself and the Doctor, because I felt that the experience would be one from which all those concerned would gain something to think about. I did not feel in the least embarrassed, because I have been in the field long enough to know that no matter who we are and what our profession we all have problems. The crux is to recognize the fact that a problem exists and to actively construct a solution for it immediately. The foundations of my problems were not unusual. I have the feeling that at least ninety percent of the people in the audience rebelled under their family's authority in adolescence and had many adjustments to make in marriage, whether they will admit it or not. By having admitted mine and thought them through, I am probably a step ahead of those who shudder to think of all the personal information I laid open: some of my problems are solved and theirs may be still lying dormant and affecting them in many diverse ways.

Some people felt that such an experience could only have the effect of a great trauma, that the session reduced me to a shattered broken-down being. They looked at me as if they expected me to disintegrate momentarily, crumbling in a heap of ashes at their feet. These individuals must have been completely ignorant of the amount of training that had skillfully been interwoven with the abreacting and organizing of my material. I was a much stronger person after the session than I had been before.

There is one interesting question that arose in relation to the direction which the session took. Someone asked why, since my original problem had been with my husband, the Doctor had left this topic and turned to my childhood relations with my mother. Had Johnnie been present it would have been different, for we both could have worked out our problems together. But as Dr. Moreno only had an extremely weak auxiliary ego to

represent John, further efforts would merely have gone in circles without adding to the value of the initial situation. I was the dominant figure with whom he could work. Therefore it became clear to him that it would be much more valuable to me and interesting to the audience to go back and explore my relations with my mother; to examine the ways in which her personality traits stirred me to establish my independence at an early age, the degree to which I had assimilated her attitudes, and the force that these ties still exerted in binding us together. All of those past experiences were shadows behind the original problem, and a light had to be thrown on them in order for the present to be more clear and understandable.

*The Same Problem Treated Through  
Non-Directive Counseling and Psychodrama*

In the original interview with Doctor Moreno, if you recall, I said that I did not have any problems at the present, but that I had one a few months before. The reason for this statement was that I had an opportunity to talk the problem out non-directively, and I considered it solved.

During one of Dr. Rogers' seminar hours, members of the class expressed a desire to watch the way in which he would conduct a non-directive interview. I volunteered to act as the client, and Dr. Rogers took his own role, that of the non-directive counselor. The twenty minute session took place before the group of twenty-five graduate students who were learning and practicing non-directive counseling. The audience is not a usual part of non-directive therapy, but it was used in that instance because the purpose of the session was a didactic one. I will give some excerpts from the interview as illustration of what took place.<sup>1</sup>

P1: I never seem to be able to get any of the things done that I want to. I'm in the field in which I am vitally interested, I want to do the work, and yet I want to be with Johnnie more. After all, I am married and that side of my life is very important. I have so many things to do that nothing seems to get done right. Then I see all these people over here who don't seem to do anything else but study—they don't seem to have any other life. I know that a lot of my friends have the same trouble, and yet, I wonder if I'm any different or what? It makes me wonder.

C1: You know that others are in the same spot but still you're concerned. You feel that maybe you are different—that this discrepancy disturbs you more than it does others.

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<sup>1</sup>I am greatly indebted to Dr. Carl Rogers for giving permission to refer to him and to use the material yielded by his interview.

P2: I wonder if they think about the other side of life at all? I wonder if they want to do other things too?

C2: You feel that you're different in that respect.

P3: Maybe yes—maybe no—I've always been able to do very much—I worked all through college and still got A's. Now I feel as if I never have time to do anything, and then if I do have time I feel so tired that I don't do anything anyway.

C3: You want to accomplish things, you know you have the ability and still you don't achieve them.

P4: It seems that when Johnnie and I are together we never get anything done. And yet if he doesn't come home till late, why I miss him and I can't do anything. The ideal thing to do would be to coordinate our separate activities so that we'd both be doing work in our own fields at the same time and then when we came together again, we could relax and play together. But we always seem to conflict in our schedules. Even if we do plan and I'm supposed to study and he stays late at the studio I can't study because I feel lost without him.

C4: You plan, but even when you have planned you wish that you were with him.

P5: I can't understand it because I'm doing what I most want to do, so why don't I do it?

C5: It makes it most puzzling.

P6: I wonder if others feel this way, or if I'm peculiar in relation to others.

C6: You wonder if someone else could handle the situation better and if you're different.

Pause . . . .

P7: It seems funny to me, because I can see all the sides of what I do and analyze them. I am critical of myself and have to know the reasons for my behavior. And when I have this thing down pat nothing happens.

C7: The real problem seems to be that the whole thing is clear to you and yet nothing happens.

P8: Yes, but why doesn't it, that's the question? And then the question of responsibilities come in. We share in everything, work and play. And now I'm not doing anything except studying. Johnnie won't let me do things because he says I should be studying. Oh, I get the meals, but he's always cleaning the house and doing the dishes and things like that. So that when I come home during the day and see the house in a mess, instead

of studying, I start straightening it out. John doesn't mind doing the work, but I feel guilty having him do it all. I'm the one who feels peculiar.

C8: You know that he accepts the unbalanced share, but you feel badly about it.

P9: I feel that my full responsibility is not being carried out and I do feel that I should attend to that part of my life—after all, he has work responsibilities too.

C9: You wonder if you're being fair to him and your responsibilities as the situation has worked out.

P10: I talked this over with someone last night and I wouldn't and couldn't accept my limitations. I don't want to rationalize the problem away. But for the past five years I have been studying all day, working for money until midnight every night, and besides that I've had a full social life and been part of all the extra-curricular activities going on. I'm wondering if perhaps I can't do as much anymore. I've always run around and done a million things every day and never got more than three hours sleep a night. And I didn't need that much. And I still got good grades and felt wonderful. Now I'm wondering if maybe I just can't be a super-woman anymore, if I need rest.

C10: It seems that there might be actual physical limitations, but you don't want to excuse yourself simply on those grounds.

P11: I thought that might be just an excuse.

C11: You're willing to face it if it's real, but you're not sure that it is real.

The evening after the counseling I told Johnnie about my experience and we discussed it. He was able to show me why I wasn't getting the studying done, but that seemed to be only the effect while the cause had not been touched in the interview.

Several weeks after the counseling incident we got together and decided that we had to have a schedule. We set aside two evenings in the week when I would know in advance that Johnnie would stay at the studio and I would not have to bother about shopping and cooking, but could get right at my work. To all the appearances the problem was solved.

I had considered it a closed book until my spontaneous production in the psychodramatic session showed me that I had never really discovered the emotional factors that had caused it to become so important in my mind. These only became clear to me when delving into my background relationship with my mother and realized the way in which many of her attitudes, which I had learned in childhood, were affecting me. The discovery was

made possible by the action principles of psychodrama which enable the subject to work and think out the situation in the real setting, to have interpersonal relations even if he is completely alone on the stage.

Although the non-directive method gives the individual the opportunity to express whatever he feels without receiving approval or disapproval, it is still unrealistic and stilted. The individual sits in a chair opposite another individual and talks, but he does nothing else. It is very infrequent that a person would remain so passive in a real situation. In non-directive counseling the client is limited by the structure of the situation which permits him to do nothing but just sit and talk about his problem.

The psychodrama enables the subject to form his own framework and to move within that framework as he normally does. He is creative and realistic at the same time. No individual, no matter how defensive, could help but play his own role as events move along, because he is actually his self in his own particular environment. My own case illustrates this point: although I thought that my problem was solved, my reactions when I created the atmosphere showed that it was still alive.

I feel that the psychodramatic and the non-directive sessions can be validly compared because the purpose of both was in my case principally didactic, they both took place before the same type of audience, the problem was the same in each, and both were relatively short.

It is interesting to see how each of these methods affected me and what I carried from them. In the non-directive interview I seemed full of concern for the details that stemmed from the problem rather than the problem itself. The matter at hand was not that I couldn't study, that I was tired, or that I missed my husband. These were the ramifications of the original stimulus. The crux of the matter was that because I was tormented by the uncertainty and instability of my husband's arrival for dinner, my whole life was tinged with doubt and insecurity that seemed to permeate everything, from my ability to concentrate to my self-evaluation as a wife, a homemaker and a student. The problem could not be solved satisfactorily until the basis for these attitudes within me was discovered, and the interview situation did not allow their expression.

During the interview I felt at ease in the presence of the group. I completely forgot about them, and yet I felt pressed. I felt that I must go on speaking rapidly for someone might stop me, or that they would not understand what I was trying to say. After the interview I had a vague, undefined feeling; I felt better for having talked to an outsider who was educated and understanding, but I did not have a clearer conception of my-

self and my role. I could not recall the step-by-step process of the interview and the areas that I had explored; nor could I find from the experience the path that led to greater understanding.

Although the physical act of scheduling had been achieved before the psychodramatic session, the emotional motivations that had precipitated the problem had not come to light. It was not until after the second session that the problem took on real meaning. Then the reasons for it became clear and were finally understood.

Johnnie and I had discussed our future life together many times before our marriage. He realized, and was grateful for the fact, that he would not have a wife whose major concern would be cleaning house, but that she would be working on interests of her own just as he would. We were aware that for the first few years before we were able to have outside help, the domestic tasks would have to be shared by both of us depending on which one had the most time when the situation arose. This should have been, and I thought it was, clear in my mind. Yet, from the psychodrama I realized that the attitudes that I had learned at my mother's knee were still affecting my efficiency and that they had *not been resolved*. She had taught me that the woman's place was in the home, that she was subordinate to the male, and that her greatest value was in fulfilling her husband's expectancies of good food, a clean house, darned socks, and well taken care of babies. I had fought her on this issue since childhood, and Johnnie and I had decided that our life together would not follow this conventional pattern. But I had not realized that these attitudes were still a part of me.

Through the psychodramatic meeting with my mother I learned that her old philosophy had been affecting me sub-consciously: that Johnnie, merely because he was a male, must be dissatisfied with my role as a wife. Our understanding had not been enough to wipe out what I had assimilated *from my mother* until the existence of the influencing factors was realized. They had worked to create a fear in me that reached its climax when Johnnie seemed to want more time for his work. Underneath I interpreted this as his way of telling me that he was dissatisfied with me. From this grew a feeling of dissatisfaction with myself, and a search for the solution to a problem which I did not know existed. The psychodrama made me realize where the trouble had been, and whence it came. The light of discovery made the mountain that the past had created seem ludicrous and removed the conflict because it had been based on a false premise.

*Johnnie's Awakening*

Although Johnnie was not present at my psychodramatic session it affected him. He had been so wrapped up in his work that he did not realize how upsetting our life was to me. He knew that something was aggravating both of us, but he could not quite understand what it was or why. It wasn't until I came home that evening and descriptively told him about everything that had gone on in the session that he became aware of the part that he played in our difficulties. Although I had often complained to Johnnie and we had fought about his lack of cooperation in notifying me of his plans, he had not realized its importance but had considered my dissatisfaction merely a product of our complicated, busy schedule. He was astounded to learn that what he had considered insignificant had been my greatest conflict.

Seeing himself for the first time as I and five hundred others saw him represented on the stage, he was so ashamed that such a little detail had been causing us so much unhappiness that he decided to do something about it immediately. From then on, evenings that he spent working at the studio were planned in advance, and I was notified about emergencies as soon as humanly possible.

Here we have an illustration of the way in which psychodrama can treat the *absent* individual. Aside from the understanding that I found for myself, I also acted as Johnnie's auxiliary ego. It was through me that he lived on the stage, and through my attitude that he finally saw himself. Increased understanding and change were effected in him although he did not play an active part in the session.

*Conclusive Results*

It is impossible to expect that all the training implied in that one session was applied over night. But I can honestly say that after seeing myself in interaction I was constantly spurred to keep working on controlling my emotions in personal situations of aggravation. For a few months after the session I was attempting control and often failing, but I had had the futility of approaching problems with anger illustrated to me far too vividly to think of giving up. Now eight months have passed and I can say that I am successful.

It was not until after my psychodramatic session that I really achieved the independence from my mother which I thought to have mastered many years ago. Ever since I was a child I fought to establish myself as her equal. In my mind the climax came when I broke away from home *against* her wishes and went away to study. My psychodramatic experience revealed

how powerful a figure in my life she had been, that my supposed independence had been superficial, and that her attitudes were still affecting my life. Once the existence and origin of these attitudes were realized I was amazed. Clarifying them has had the effect of erasing them, for they are not a part of the life I have chosen. Since the session, through thought, I have been able to identify the areas within me that are willingly taken from my mother and those that are a product of my own experience and desires. There are closer ties between my mother and I now than there were before, because I am no longer striving to achieve freedom from her. I will always be some of her, and I am grateful for what she has given me, for today I can recognize its value. True independence is now mine.

The problem that existed between Johnnie and me was solved immediately because the session revealed so much to both of us. It also served to stimulate our interest in each other's fields, to bring our two careers together in a more meaningful way.

One psychodramatic session has seemed to permeate our lives. The understanding that we gained has been applied successfully in many different situations. The areas that it opened for inspection will always be remembered vividly by us. This memory will produce further thought and development and act as a guard that will keep past progress from being torn down.

Besides the immediate improvement that the session brought us, the thoughts that it provoked seem to be constantly with us. We have seen them grow over a period of time, and feel that they will probably be with us for the rest of our lives, growing, deepening our understanding of each other, and helping us, by past example, to adjust to new and different problems.

#### *Further Comments to the Session by Dr. Moreno*

1. "Does John have a girlfriend?" Such a *directive* question is often purposely thrown at the subject by the director if he thinks that by taking the subject unawares deeper levels of feeling are rapidly exposed and precipitating a climax.

2. The introduction of the place where one lives in such a photographic and psychographic manner is a technique for warming up the subject to the familiar things of his private life and conditioning him to forget the audience and the stage. It structures also for the director the intimate atmosphere of the subject's milieu. For some people the gathering place in the home is the kitchen, for others the bedroom, for some it is the porch. Apparently trivial items, the books a person reads, the letters he receives,

his telephone number, the name of the street where he lives and the number of the house give the director many significant clues.

3. How does a director know that a subject is acting out the truth? Being taken by surprise and perhaps unwilling to expose the inner workings of his mind, he "may" confabulate things as he goes along. The subject is asked by the director to act out truthfully the atmosphere in which he lives; whether a patient or a subject for research he is expected to cooperate and usually does. It often happens that the subjects mix fantasies into the presentation of facts. That the director expects and will disclose in the analysis which follows. Rarely, however, will the subject start his act with systematic confabulations. He may try to deceive the director. A technique of deceiving which subjects often use is to lie in every respect, to confabulate a story which is as much as possible different from the actual one. It is our experience that there are subjects who can warm up to a story which leaves out his own personal secrets; he doesn't have to think, telling a chain of lies is easier than reporting a chain of events which actually have taken place. The latter produces often hesitation when the subject tries to think and remember; lying is so much smoother as it does not matter what you say and do, there is no actual model which you follow in your presentation. The question is: "How can we catch the confabulant and expose him?" There are several techniques which can be used. I may ask a subject casually, "What is your telephone number?" If the confabulant tells me a telephone number which is false, as spontaneous lies are not remembered, if he is asked again casually a few minutes later, he may not remember his own lie. If he would have given his actual telephone number, he would have repeated it correctly and easily. Another technique is to ask a subject for instance, "how many children do you have, and what are their names?" If he says he has three children and gives three names which are manufactured, if he is asked again casually a few minutes later, he may not remember his own lie and give different names. This way the director becomes aware that the subject is falsifying facts. If, however, such insignificant items as telephone number, the street on which you live and the number of the house, the name of your children, etc., are correctly given, according to the mechanics of the warming up process, the subject is propelled by his own statements and actions to report also other things truthfully, to stay within his reality path and not to step into a fantasy path. At times there are, besides verbal, gestural and situational discrepancies, for instance, a subject who introduced herself in the interview as living alone, when portraying her studio room on the stage described the location of two couches. This brought out her spontaneous admission that she was

secretly married. Indeed, it is easier to tell either the truth *or* to lie exclusively, but it is difficult to do both, lying and telling the truth at the same time. The subject moves to a path, *one way or another*. This is so when the production is spontaneous. The subject could, however, *plan* his confabulations in advance, like a spy or a malingerer, but in a psychodramatic session they do not know the situation in which they are to be placed in advance. Planned confabulation is therefore defeated by the spontaneous method.

4. A psychodramatic session has the character of an organized *production*. It is not a series of vaguely related, spontaneous abreactions which require post hoc an interpretation as to their symbolic meaning. Spontaneous abreactions, as they happen in verbal free association, happen at times in psychodramatic production. When they emerge they are immediately used by the director, auxiliary egos, subject and even the audience to stimulate the production. Playing a role, the one of your own self or of your mother or sister is not a formless array of thoughts, slips of the tongue or whatever comes into your mind. A great deal of it is evoked by the subject and created by him, it is a focalized constellation of inner events. When occasionally an act or a feeling rises against his will it flows into the production or we mold it into it like an artist lets the brush paint for him. Director and auxiliary egos are aids in the production. There are many mental phenomena which a subject, for instance a psychotic patient, cannot express himself although they operate in him; he may need an auxiliary ego to portray a hallucination which he has experienced.

The production takes place in the midst of several relationships in which the subject is engaged. First is the relationship to the director. This relationship is powerful regardless of whether the director is passive or active. It may operate even if he is absent from the session altogether, the image of him may be suggestively present. The relationship to him is shaped by three factors, a) the tele factor, operating between director and subject as private individuals, a two-way evaluation; b) the tele factor operating on the role level, the "prestige role" of the director; finally, c) a transference factor, a one-way relation, the projection of false, unfounded ideas upon the director. Second is the relationship to the auxiliary egos which is equally threefold, with the addition that they are actively engaged in portraying roles of persons who have a part in the subject's private world. Third, the relationship to such persons of the subject's private life who take part in the psychodrama session, whether in the flesh or portrayed by egos. Last, not least, the relationship to the audience, to its individual members and to it as a symbol which, when mobilized, opens up the second, equally important phase of a session, audience analysis and therapy.

PSYCHODRAMA  
ITS RELATION TO STAGE, RADIO AND MOTION PICTURES

ZERKA TOEMAN  
*Psychodramatic Institute, New York City*

FIRST DIALOGUE

SETTING: The Theatre for Psychodrama, New York City  
DRAMATIS PERSONAE: J. L. Moreno and Zerka Toeman

SYNOPSIS

The author plans to bring, at regular intervals, dialogues showing the genesis of psychodrama in contemporary and classic literature, as well as in other forms of art-production.

TOEMAN: I am making the rounds of live and motion picture theaters, broadcasting and television stations, to examine the pseudo-therapeutic devices and detours by which they influence the public mind, and to see what psychodramatic methods can do towards their improvement. Perhaps they can learn from each other. What do you think of it?

MORENO: It is a fine idea. The creative artist of all ages, as the poet, historian, novelist, especially the dramatist, could not help but trespass the esthetic boundaries of his genius and turn into a priest, educator, sociologist and psychotherapist. He must have had intuitive flashes of situations of great therapeutic potentialities which he may have, at times, used to excess, at other times with insufficient vigor.

TOEMAN: This may be the reason for the unevenness of cathartic effects of artistic production.

MORENO: It may be well to differentiate between the "Daimonic" catharsis of the artistic dramatist and the "therapeutic" catharsis of the scientific dramatist.

TOEMAN: In other words, what the artist and dramatist does hit or miss, relying upon his intuition, the psychodramatist does in a systematic way, relying upon a sort of systematized intuition, spontaneity research.

MORENO: In order to enlarge our knowledge and to develop a "science" of the drama, which I presume is the aim of your expedition, our first task would be: 1) to identify the *standard techniques* used in the drama of all times, but especially in contemporary drama—drama being used here in the broadest sense of the word—which appear to have a therapeutic involvement; 2) to identify techniques which appear with regularity and to tabulate the frequency of their appearance; 3) to evaluate the effects which

each has upon groups exposed to them; 4) to compare them with the standard techniques used in our theatres of psychodrama and to explore their genesis; 5) to suggest how the artistic techniques currently used by artists can be improved; 6) to study the behavior of audiences before, during and after the process on the stage.

TOEMAN: This is approximately what I had in mind. My first step in this quest was to see Shakespeare's *Othello* once more. As you will remember, *Othello*, a dark skinned man, presumably part-negro, marries a white woman, kills her in the end and kills himself. It is a standard technique of the drama to tap a solution in a *terminal* form without leaving in the mind of the public the possibility of an alternate solution. In psychodrama there are alternatives of treatment and solution. Here Shakespeare is dictating the solution.

MORENO: He gives it an ultimate form. The suggestive power of Shakespeare's imagination must strike the mind of the public attending very deeply.

TOEMAN: Well, as I was following the plot I wondered whether this effect was the most favorable one for the people who were experiencing the play with me. The playwright, under the cloak of objectivity seems to tell his audience: "That is what happens when a black man marries a white woman. It is bound to happen this way, it ends in tragedy."

MORENO: You mean, he does not say explicitly that it *might* happen this way.

TOEMAN: No, he does not. I asked two negroes who attended the show as to their reactions. One of them said: "Although I was carried away by its poetic beauty and the intensity of emotions involved I was very much angered by the continuous efforts which were made by the white people in the play to break up the marriage because he was black and she was white, and therefore incompatible. In fact, I felt that he was driven into frenzy by them and that the murder was suggested to him. *They* were the murderers, not *Othello*." The other one stated: "*Othello* was called a moor by Shakespeare. What would have happened to him if he would have been a full blood negro?" The implication was that they would not have permitted him even the dignity to be a mad murderer, that they would have lynched him immediately. In the play he was given the permission and honor to kill himself. What do you think that Shakespeare would feel if he would live today and witness the effects of his play upon an audience of both white and colored in the United States?

MORENO: I believe he would write the play anew, for every new au-

dience before which it is played. In other words, he will turn into a psychodramatist, or more precisely into a sociodramatist. He would have on his staff, besides the professional actors who are therapeutically trained a number of informants on negro-white relations.—By the way, that was quite a provocative remark, that Othello was not the true murderer of Desdemona, he was only the hand, she was killed by her own people. Can you explain this?

TOEMAN: Yes. That brings us to Shakespeare's personal involvement. It is another standard technique of playwrights, in order to propel their play and to introduce their pet ideas or values, to use certain characters as their spokesman. This is often done unconsciously by the playwright, and hidden by the mask of dramatic objectivity and logic of events. In the case of Othello it is particularly Iago who carries Shakespeare's own ideas, methodically, step by step, as a sort of "esthetic auxiliary ego," and not the conflict.

MORENO: Do you think that these were Shakespeare's own private feelings in the matter?

TOEMAN: Not necessarily. He may have been a tolerant man, but he tries to explain, to himself and the audience the chain of causes leading up to such a tragic end, both Desdemona and Othello losing their life.

MORENO: You mean that Iago as "Deus ex Machina" of our cultural value system shapes the plot. He substitutes the playwright and portrays his ideas. The subjectivistic type of playwright can be contrasted with the objectivistic, one who keeps himself systematically and consciously outside of the play, trying to move his characters in accord with the principles involved in the conflict. As your negro audience members suggest, the end of "Othello" is a prototype of an *un*therapeutic finale. If the audience is made up of white women, it warns them to keep away from the negroes. If it is played before negro audiences it threatens them to stay away from white people, their noblest efforts will end in failure. The great playwright acts as a reactionary force, propagating and promoting racial prejudice. Here the therapist could guide the artist.

TOEMAN: I have noticed, in this respect, an increased influence of psychodramatic techniques upon the dramatic production of contemporaries. For instance, in Terence Rattigan's "O Mistress Mine" performed by the Lunts, there was some evidence of this phenomenon.

MORENO: Does it have psychodramatic significance?

TOEMAN: Indeed. The story goes like this: A young man, returning from overseas, finds his widowed mother living with another man. He re-

sents his mother's friend and brings about their separation. In the last act a kind of psychodrama takes place:

**MORENO:** Let's hear about that.

**TOEMAN:** Well, the mother and son live now alone. The mother's former friend comes to see them. He finds the son concerned about a girl who prefers another boy to him. The older man shows in an improvisation how the son can win the girl's affection. In that improvised scene a restaurant is imagined in which the girl and her other boyfriend are supposedly dining. They do not actually appear on the stage, they're projected by the gestures of the boy's stepfather-producer. The psychodramatic implication here seems to be the following: the stepfather-to-be had a double motive. On the surface he wanted to teach the boy by what strategies the girl could be won. In a deeper sense, however, he wanted, through identification with the son, to force the boy to identify with him in the wooing of his mother.

**MORENO:** A sort of role reversal! He shrewdly divined that the son would understand him better when undergoing a similar experience and being helped in the solution by him.

**TOEMAN:** In the improvisation the son wins the girl away from his competitor. With this the projection ends but when immediately afterwards his mother comes into the room, the older man asks her to marry him and all three go into the restaurant to actually get the girl for the son. Because of the psychodramatic interlude the play ends "on the stage" with a catharsis for everyone concerned. How does this strike you?

**MORENO:** It sounds like a well known technique in psychodrama, the mirror technique. The stepfather-to-be, by becoming the auxiliary ego of the son, makes the resistant son an auxiliary ego of the father. This way he breaks down the son's protest against him for being in love with his mother and helps the boy to get a substitute for the mother, a girl of his own.

**TOEMAN:** And that way the son does not mind giving up his mother.

**MORENO:** The drama itself, if it would have been "written" without this interlude, might never have attained the therapeutic catharsis within the play which the son needed in order to permit his future father to make love to his mother.

**TOEMAN:** In turn, without this mirroring process, the audience would have been deprived of a necessary therapeutic effect.

**MORENO:** There is another consideration. An audience in our culture may in their "private" minds tolerate a genuine love between two people

and resent the son who interferes with their plans. But in their official mind two unmarried people are not supposed to be in love and live together. Some corrective is essential in the dramatic production on the stage, to bring it up to the moral standard of the audience. If the production would have taken place without the audience, in the anonymity of living itself, it might not have needed this correction. In front of an audience which represents public opinion this interlude is a remedy. It adds to the triple catharsis on the stage, of the father, mother and son, that of the audience. Everybody goes home in a happy mood. Illegitimate love is made legitimate and the son is on the way to conquer his own love.

TOEMAN: Yes, but let us compare the method of the playwright with the methods of the psychodramatist. Let us imagine that the son would have been an actual person with this problem. Suppose that—like in the play—two elderly people who are in love and perfectly contented with their situation would have consulted you because she has a son by a previous marriage who is disturbed over their relationship. Wouldn't you have handled it differently?

MORENO: In the play the mother is willing to sacrifice her own love for the happiness of the son. She takes her own pill. But in the psychodrama this would already have become *part* of the treatment, because she might have lost her lover for good by giving him up. On the other hand, she may refuse to give up her lover for her son. Each alternate situation would then be worked out on the stage and the subjects, each of the three in turn, would become the pivot around which the action revolves. Step by step, past relationships and frictions, future projections, besides the present conflicts, would then be re-integrated and analyzed, with possibly an entirely different set of solutions being found by all three.

TOEMAN: There is another play on Broadway concerning which there has been much publicity lately. That is "Christopher Blake" by Moss Hart. It strikes me as being greatly under the influence of psychodramatic principles. In fact, to such a degree, that I thought at times that the playwright may have been a guest or subject at our sessions, at one time or another. It is first of all a *situational* play. There is *one* situation, a court room setting, where two people are appearing before a judge in order to divorce. Their son is to make a choice which parent to live with. While trying to come to such a decision (the dramatic reality of this part is reduced to a minimum) he has daydreams, mental flights of fancy, which are shown to the audience by being enacted.

MORENO: That comes close to one of the basic psychodramatic prin-

principles, which is to *let the subject or patient instantly act out on to the psychodramatic level the situational reflections which the life setting does not permit him to express*. It is from a therapeutic point of view important for the patient-subject as well as for the audience. That is why the author of Christopher Blake allows the boy to dramatize his experiences.

TOEMAN: As a patient in a psychodramatic theatre that is exactly what he would be encouraged to do. The trouble is however, that Christopher's projections showed artificiality at times, they seemed "made to order" rather than created by the anxieties of a real patient. But without these pseudo-psychodramatic interludes the play would be just an old fashioned, ill-conceived court trial. It is these interludes which give the play its punch.

MORENO: If the author would have presented the play in the regular dramaturgic manner the sequence of events would have been within the dimensions of actuality: a court scene, a judge, husband and wife, a son, all kinds of side scenes, building up the climax, etc.

TOEMAN: Again, if there would have been a mental patient in the play it would have been within the realm of actuality to portray some of his delusions and hallucinations on the stage. Or it would have been equally plausible along the classic lines of quasi-psychodramatic involvement, as Shakespeare did in Hamlet, to let Hamlet consciously put a play within a play. Hamlet, by projectional methods showed his royal parents that he knew how cruelly they had conspired the death of his own father. But in Christopher Blake the interludes are not "pretended" to be produced by Christopher, they are made by the playwright-producer, as an extension of a narrowly-bound life situation.

MORENO: Suppose Christopher Blake would have been a fairy fantasy, outside of actuality, then imagined situations would have been natural within one and the same dramatic continuity. But it is a new principle, used here, to work simultaneously in *two* dimensions, to extend an actual situation because something is happening in the mind of the subject at the time when the actual situation is left out; in other words, to give a psychodramatic portrayal *besides* the portrayal of life-actuality of a particular scene.

TOEMAN: The more normal and regular a certain actual scene is, the more shocking is the effect of a psychodramatic portrayal of it side by side.

MORENO: Similar tendencies have appeared from time to time in dramatic literature, but its conscious and systematic use is largely to be credited to psychodramatic production methods. Don't you recall parallels in our sessions?

TOEMAN: Yes, I do. However, the salient point about psychodrama is that the subject is the producer of both the actual and projected scenes, instead of having "an author" set them down for him and imagining that this is the way the subject feels. The psychodramatic actor reflects not only what really happened but also what he experienced and projected into the situation. For instance, do you remember the case of a young man who went AWOL while in the army?

MORENO: Did not he work it out on the psychodrama stage? If my memory does not fail me he was discharged because of the incident which was diagnosed as an amnesic fugue.

TOEMAN: That's right. When he portrayed both the actual and psychodramatic dimension, this byplay took place alongside the "real" scenes. Not only was he producer and subject of both levels of experience, but he was more intense and dynamic in his projections. By contrast, Christopher moved as if in a trance in the projections, pushed by the playwright. It is an "as if" projection.

MORENO: We may put it this way. The play consists actually of two productions, one is that of Christopher living out his torments, the other is that of the playwright which he sandwiches between the actual scenes. Although the author means to imply that they are expressions of experiences going on in Christopher at the time, nevertheless he acts like a god, putting them into the play from above, without Christopher's consent. Whereas in psychodrama both productions are of one piece, dynamically unfolded by the subject. That may be one of the reasons for the artificiality of the projected parts in Christopher Blake.

TOEMAN: As long as the author moves "as Christopher" his language has a certain natural flow but when he assumes the role of god in behalf of Chris he becomes peculiarly unreal. Obviously, in the "as if" the playwright loses the capacity of affective speech and produces a distorted pattern of dialogue.

MORENO: I believe I know the cause of this phenomenon. The playwright felt that projected interludes *must* have a sort of *dream* character and be patterned after the distortions of dreams. That is the true reason why some of his projections are artificial, purposely exaggerated and childish, influenced by experiences a person may have had in the course of having been psychoanalyzed, especially his dreams. As a matter of fact this very rarely happens in genuine psychodramatic production where subjects have extremely lucid visions of their experiences. When they project them they bring them into a form which has more the character of a created compact whole than of an unreasonable and unorganized dream. The idea of letting

Christopher fall into a trance-like or dream state is at the core of this artificiality. Actually Chris did not fall asleep, he was merely sitting in a court anteroom and thinking. Maybe we should invite the author to come to a few psychodrama sessions *before* he writes his next play.

TOEMAN: Nevertheless, you must admit that the playwright has skillfully interwoven or taken advantage of various psychodramatic techniques in the course of these interludes, bringing actual people (the parents of Chris, for example) into them. That is a "realization technique." Trying to influence his mother's decision against divorce by making her watch him as an actor portraying the woes of a "divorce orphan", that is like a mirror technique. There are "future projections" in which Christopher's parents have landed in the poorhouse while he is in a powerful position as a wealthy ranch-owner adopted by South American foster parents.

MORENO: Admittedly these are quasi-psychodramatic techniques. But apart from them the play as a whole is more like a dream than the real thing. There is no adequate motivation given why the two parents should divorce at all. If the author would have brought a third person bodily into the conflict, another man or woman, it might have attained a great deal of strength. All the psychodramatic techniques he employs don't help Christopher to make a decision which is in accord with imaginative logic. Just as the divorce remains unmotivated, so does the choice of the father. The author's own biases may have something to do with the formulation of "causes for divorce" and "choice of parent," a result which, because of its ultimate authoritative manner may have a deeply untherapeutic effect upon audiences. Here we may consider the harm which even a creative playwright may do to audiences when presenting and solving, without the proper intellectual foundation, such intricate problems as matrimonial conflicts.

TOEMAN: How is it, Moreno, that you who know so much about the drama never became a playwright?

MORENO: True enough. This is a personal question. I was many times on the way to become one, but my "Demon" stopped me, whispering: "How can you write a play before having seen one?" And so I went into a theatre. While I was sitting in the auditorium, trying to enjoy the drama in which a then famous actor, well known for his alcoholic habits, was attempting to play a king, my Demon prevented me from enjoying it by whispering: "He is not the king and does not act like one." I made a scene in the theatre, stopped the action on the stage and harangued the actor to play "himself", not to borrow from a king. I was arrested and forced to leave the theatre. From then on I preferred the drama which comes spontaneously and looked for it in the streets, the homes and the places where people themselves live.

## NOTE ON THE SPONTANEITY THEORY OF BIRTH

J. L. MORENO

*Psychodramatic Institute, New York, N. Y.*

Here is additional evidence that spontaneity has "something to do" with arriving in this world—as pointed out by me on many occasions and as elaborated in a treatise especially dedicated to this subject.<sup>1</sup> The following citation is from an article by E. R. Bryant (Muskingum College) "Heredity and Length of Gestation", *Journal of Heredity*, November 1943, page 339.

"It has generally been assumed that the length of gestation depends upon the constitution of the individual carrying the fetus.<sup>2</sup> Recent data<sup>3</sup> on the comparative lengths of the gestation periods of Aberdeen-Angus and Hereford cows carrying purebred and crossbred calves, however, have given clearcut evidence that the genotype of the fetus, rather than that of the dam is the determining factor. Purebred Hereford calves are carried in gestation 16 days longer than are purebred Aberdeen-Angus calves, whereas crossbred calves are carried for periods intermediate between the averages of the parent breeds."

"My attention was recently called to a human family pedigree which suggests that similar variations in gestation periods may occur in man. In this family pedigree . . . three sisters had gestation periods of 10 months for one or more children, and two of them had gestation periods of 9 months for other children. The data shown here suggest a fruitful field for further investigation."

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<sup>1</sup>J. L. and F. B. Moreno, Spontaneity Theory of Child Development, Psychodrama Monograph No. 8, Beacon House, 1944.

<sup>2</sup>Lush, Jay L. Animal Breeding Plans, Collegiate Press, Ames, Iowa. 1942.

<sup>3</sup>Rife, David C., P. Gerlaugh, L. Kunkle, G. W. Brandt and Laurence Snyder, *Journal An. Sc.* 2:50-52. 1943. Muskingum College. E. R. Bryant.

## NOTE ON "MODELS" OF REALITY

By J. L. MORENO

There are three dimensions building the human mind: memory, intelligence and spontaneity (with a fourth—tele—building human relations). Spontaneity is probably the oldest of the three. It is the perennial foe of inertia. Just as it aids the infant to be born, it hinders any mental experience from being permanently fixed. In the Freudian world there are only memory and intelligence, there is no spontaneity in it. But memory is not all-powerful, it is continuously checked by a positive factor, that is spontaneity. There is no original trauma. When the psychoanalytic idea of traumatic fixation is abandoned all experiences of early childhood gain a new significance. The relationship of the infant to his parents and to his siblings, to his own body and to extraneous targets must be interpreted in their relationship to spontaneity. As it operates from birth on he can never become their victim as analysts imagine. As there is no original trauma and a mental fixation to it, it is meaningless to talk about repression towards it and speculating that as soon as a certain set of fixations are established the rest of living is a more or less unchangeable chain of events.

The reality model of Freud is like a house with permanent and rigid "exits." It is finished in essence when the child is four years old, from then on just to be used. All emotions have to abreact through these exits exclusively. A person falls mentally ill when he does not use these exits and creates substitutes for them. The patient gets well when he learns to conform or return to the exits he has established in early childhood, and to discharge his emotional strivings again through them.

The reality model of a psychodramatist differs substantially. The building of the house goes on as long as man lives. It cannot stop ever. There are no rigid exits. The original exits move imperceptibly from their original positions to different sites. A person falls ill because, in want of spontaneity, and creativity, he is not able to produce new exits indispensable to his new aspirations.

## ANNOUNCEMENTS

### *Policy of Sociatry*

The aim of SOCIATRY is to sponsor all procedures of group and inter-group therapy, action methods and action therapy, with emphasis upon a scientific development of their methods.

### *Activities and Meetings*

This section welcomes notifications of meetings of group therapists and psychodramatists, including details as to time and place. Such notifications should be sent to: SOCIATRY, Post Office Box 311, Beacon, New York.

### *Darby Community Study Group*

The Darby Montana Study Group, under the direction of Bert Hansen and Superintendent A. B. Cole, is conducting a series of sociodramas throughout the state of Montana. For information write to: Mrs. A. B. Cole, Superintendent, Darby High School, Darby, Montana.

### *Town Hall Forum of the West, San Francisco*

Dr. David Seabury and associates present "Therapeusis through Psychodrama." Write to Dr. Albert Rappaport, Director, 524 Geary Street, San Francisco, California, for details.

### *Sociometry, Volume 10, 1947*

Contents of No. 1; issue editor: Helen H. Jennings; contributors: Frank A. Stewart, "Sociometric Survey of a Community"; Helen H. Jennings, "Analysis of Inter-personal and Inter-group Behavior"; J. L. Moreno, "The Social Atom and Death"; Henrik F. Infield on sociometry and the organization of cooperative societies.

Contents of No. 2; issue editor: Merl E. Bonney; contributors: L. L. Young, "Sociometric Work in a Private School"; M. H. Elliott, on sociometry in the junior high school; Nahum E. Shoobs, sociometric data help in classifying students for work purposes; Dan H. Cooper, on using sociometric data in school administration.

Contents of No. 3; issue editor: Joan H. Criswell; contributors will deal with statistical problems in sociometry.

Contents of No. 4; issue editor: Leslie D. Zeleny; contributors: Emery E. Bogardus; Margaret Mead; George A. Lundberg; Helen H. Jennings; Leslie D. Zeleny; dealing with sociometry and sociology.

### *Group Psychotherapy—Psychodrama—Sociatry,*

### *Mid-Summer Conference at Beacon, N. Y.*

The conference will take place at the Psychodramatic Institute, on

Saturday and Sunday, July 12th and 13th, and leaders in the above fields are to be invited. The proceedings will be presided over by J. L. Moreno, Director of the Institute. Students who plan to participate in the conference are urged to enroll for the weekend now. The full fee for the two days, including room, board and attendance to all sessions, is \$25.00. The sessions will cover the application of group psychotherapy, psychodrama, role training, and to matrimonial, industrial and cultural problems. Students who enrolled for the intensive training course at the Institute during the summer at the time of the conference may attend it as a part of their training course.

*Tavistock Institute of Human Relations*

Upon the invitation of the Tavistock Institute of Human Relations of London, England, Dr. Moreno will introduce sociometry and sociatry to British scientists with special emphasis upon application of sociodrama and group psychotherapy. The lectures and demonstrations will be given during the fall of 1947. Among the groups interested in these lectures are hospital administrators, physicians, psychologists and sociologists.

*Centre d'Etudes Sociologiques*

The Centre d'Etudes Sociologiques has invited Dr. Moreno to give a number of lectures in Paris, the topic to be "Sociometry and Sociology".

*American Psychiatric Association Meeting, New York City*

This meeting is to be held at the Pennsylvania Hotel, from May 19th to 23rd. A paper on "Psychodrama and Insulin Treatment" will be presented by Dr. J. L. Moreno and Dr. Morris Schwartz during the meeting.

*Beacon House, Publishers*

The publishing company will have an exhibit at the American Psychiatric Association meeting to be held in May 1947 in New York City. New books and monographs which are to be displayed and available for sale:

SOCIATRY, Journal of Group and Intergroup Therapy, Volume 1, Number 1, March 1947, and Number 2, June 1947.

Psychodrama Monograph No. 3, "The Theatre for Spontaneity", the long awaited translation of the pioneer book on psychodrama, sociodrama and spontaneity training, entitled "Das Stegreiftheater" written by J. L. Moreno.

Psychodrama Monograph No. 20, "The Warming up Process in Simple Group Situations", Anita Uhl, Joseph Sargent and J. L. Moreno.

Sociometry Monograph No. 9, "Sociometric Study of Social Acceptance", by Merl E. Bonney.

Sociometry Monograph No. 11, "Personality and Sociometric Status", by Mary L. Northway, Esther B. Frankel and Reva Potashin.

Sociometry Monograph No. 12, "Psychological Organization of Groups in the Community", J. L. Moreno.

Sociometry Monograph No. 13, "Time as a Measure of Inter-Personal Relations", J. L. Moreno, H. H. Jennings and Joseph Sargent.

"God and Man, A New Hypothesis of the Self", J. L. Moreno.

Beacon House will occupy Booth No. 23.

#### *Journal of Human Relations*

The publication of a new scientific quarterly in April 1947, "Human Relations", is jointly announced by the Research Center for Group Dynamics of the Massachusetts Institute of Technology in Cambridge, U. S. A., and the Tavistock Institute of Human Relations in London, England.

#### *Meetings of Societies*

American Sociometric Association, Pennsylvania Hotel and Sociometric Institution, May 20th, 1947; The Training Laboratory in Group Development, Gould Academy, Bethel, Maine; June 16th to July 4th, 1947; American Group Therapy Association, the Fourteenth Annual Conference took place on January 10th and 11th, 1947, in New York City.

#### *Altruistic Man, Altruistic Group and Altruistic Social Relationships*

Professor Pitirim A. Sorokin is planning, under this title, a long time research. The study of the problems of inter-personal and inter-group solidarity is considered. The practical reasons for such a project are obvious: without an increase of solidarity or altruism in overt human behavior and group relationships nothing can prevent future wars, revolutions, and bloody conflicts that will result into a still greater catastrophe than World War II.

#### *Report of Special Commission, European Theater, 1945*

The report is written by Drs. Leo H. Bartemeier, Lawrence S. Kubie, Karl A. Menninger, John Romano and John C. Whitehorn, and appeared in *The Journal of Nervous and Mental Disease*, Vol. 104, No. 4, October, 1946, under the title of "Combat Exhaustion." It should be read by every sociatrist as it indicates in a striking fashion the turning of psychiatric attention from the individual to the group, and the widespread use of group methods and action methods in all theatres of war.

#### *An Account of Kurt Lewin's Work*

In the current issue of *Sociometry*, Volume 10, No. 1, an account of Kurt Lewin's work, with a biographic sketch and a complete bibliography is presented by Dr. Ronald Lippitt of the Research Center for Group Dynamics at Massachusetts Institute of Technology.

## PSYCHODRAMATIC INSTITUTE PROGRAM—1947-48

*Part Scholarships Available*

*Special Rates for Veterans*

In 1947 it will be eleven years since the Psychodramatic Institute opened its doors. During this period its Therapeutic Theatre has been applied to treatment, training and research.

The Institutes of Beacon and New York have organized facilities for the enrollment of one hundred students for the course during the coming year. All students are to receive instruction and training in sociatry, socio- and psychodrama, sociometry and group psychotherapy, covering among others, the fields of: Nursery School, Child Guidance, Public School Education, Juvenile Delinquency, Speech Disorders, Intercultural Relations, Leadership Training, Family and Marriage Problems, Music Therapy, Therapeutic Films, Rehabilitation of the Returned Soldiers and their Families, Community and Religious Problems.

The objectives of the program are: (a) Training of directors of psychodrama and group psychotherapy in the conducting of sessions; (b) Training auxiliary egos (therapeutic and research actors), of group interviewers and group lecturers; (c) Training of social analysts in clinical and actual situations; (d) Seminars covering the fields of psychodrama, socio-drama, sociometry, group psychotherapy and therapeutic motion pictures; (e) Research and field projects in psychodrama and group psychotherapy, with study of methods and analyzing and classifying psychodrama, socio-drama and sociometric materials.

Teaching and training will be given jointly at the auditorium of the New York Institute and at the Therapeutic Theatre of the Beacon Hill Sanitarium.

Students fall under two categories: Category A: the Beacon Group-Enrollment in this group is limited to 30 students. Classes and sessions begin on June 1st and last for 4 months, until October 1st. Students of this group receive their room, board and training at the Psychodramatic Institute at Beacon, N. Y. The fee for students of this group is \$60.00 per week, \$240.00 for a four weeks' stay. Directorial work is part of the training of this group. Applications for enrollment in this group should be in our hands by June 15, 1947, with registration fee of \$5.00. Members of the Beacon group may attend New York sessions at a small additional expense.

B: The New York Group-Students live in New York (those who have private residence) or commute from out of town and attend the classes

at the New York Institute at 101 Park Avenue. These courses are continuous throughout the year. For this group sessions and classes are given 3 times a week in the late afternoon and evening, so that they are able to pursue a professional occupation during the day, or other academic studies. The full enrollment capacity of this group is 80 students. The weekly tuition fee is \$20.00, the fee for a 12 weeks' course is \$240.00; with additional training in directorial capacity the fee runs to \$360.00. There are a number of half scholarships available. Students who qualify for and obtain such scholarships pay half the tuition for the 12 weeks' course, \$120.00 and \$180.00 respectively. New York students may attend weekend sessions at Beacon, N. Y., staying at the Beacon Institute for the weekend if room is available, for an additional fee. Such weekend training is meant especially for students interested in directorial techniques and work with mental patients. All students are required to pay a registration fee of \$5.00 in advance.

J. L. Moreno, M.D., Director of the Psychodramatic Institute in Beacon and New York City, assisted by a staff of instructors, will conduct the seminars and sessions. Students will be permitted to use the library at the Psychodramatic Institute. Every student is expected to formulate and work out a research project related to his own field of application, under guidance. Upon completion of the course every student will obtain an official acknowledgment from the director as to the duration of the course and the accomplishments of the student.

Students interested in training courses in 1947 and 1948 may file their applications *now*; they will be placed on a preference list which will assure their admission.

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