GROUP PSYCHOTHERAPY

Journal of Sociopsychopathology and Sociatry

PSYCHODRAMA

SOCIOMETRIC METHODS
ACTION METHODS
THERAPEUTIC FILMS

RE-GROUPING
RE-TRAINING
SOCIAL CATHARSIS

SOCIODRAMA

Volume IV MARCH, 1952 Number 4

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EDITORIAL

Alfred North Whitehead has observed that " . . in the modern world the celibacy of the medieval learned class has been replaced by a celibacy of the intellect which is divorced from the concrete contemplation of the complete facts."

It is this preoccupation with what Whitehead has termed the "acquirement of formularized information" which may account for some of the "sterility" and "artificiality" found in some contemporary social and psychological research.

A learned journal has some definite obligations in this connection. It may present reports of contemporary research, provide a forum for the systematic development of theoretical doctrine, or provide descriptive accounts of professional experience.

Perhaps no journal serves all these functions equally well—although it is probably equally true that all journals serve each of them in some measure.

What about this issue of Group Psychotherapy?

We present four articles which are essentially descriptions of professional experience involving the use of psychodramatic techniques. These are some of the things that are actually happening in state hospitals, army general hospitals, private sanitariums and educational institutions. The respective group therapists are, in addition to everything else they may be—practitioners.

It may well be that in our field the academician *as* an academician, must lag considerably behind the practitioner who, by the very nature of his action-oriented role must constantly be aware of the contexual implications of his facts and *act,* even in the absence of precedents and theoretical guideposts. Here, the sensitivity, improvisation, and "intuition," if you will, usually associated with the *artist* is needed at least as much the "impersonal" objectivity usually associated with the "scientist" in the folklore of cultural stereotypes.

It is on the firing line of daily clinical experience that facts are apt to be recorded in their most "complete" form.

In the following pages, then are some *facts*—more or less *complete.* Here, we hope, are unformularized accounts of professional experience. Your suggestions for subjecting the emerging theoretical postulates to rigorous research testing; your comments, criticisms, proposals, validations or refutations—are all most earnestly solicited.

It is to the marriage of the "academic-practical" intellect and the *complete facts*—to be found in what Moreno has repeatedly described as "situ"—that this issue is hopefully dedicated.

ROBERT BOGUSLAW

PSYCHODRAMATIC PRODUCTION TECHNIQUES

The Technique of Role Reversal, the Mirror Technique, The Double Technique and the Dream Technique Transcript of a Didactic Session

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Moreno Institute

New York City

Most of the difficulties encountered by inexperienced practitioners in the field of Psychodrama seem to stem from a limited insight into the purposes which some of its action techniques have been designed to serve.

An attempt to outline the scope of four major techniques was made at a didactic session conducted at the Moreno Institute in New York City. The audience included many students of nursing interested in learning something of the theory and practice of action techniques.

Dr. Moreno: Now, ladies and gentlemen, before I begin to work with you this evening, I would like to bring to your attention three techniques which are used today in psychodramatic work: the double technique, the mirror technique, and the reversal technique. These techniques in psychodrama can be significantly compared to three stages in the development of the infant: (a) the stage of identity (or the stage of the double); (b) the stage of the recognition of the self (the stage of the mirror); (c) stage of the recognition of the other (stage or reversal).

What do you see on a psychodramatic stage? You may, for example, see a certain person who is a mental patient. This person is mentally in such a condition that communication is extremely difficult. A nurse cannot talk to her, a doctor cannot relate to her. And then you use psychodrama in the following way: You will take a certain person, Mary, and you say to Mary: "Now, you may have lost any kind of contact with your father, with your mother, with your sister, with your brother. You may have lost contact with your husband, or your fellow human beings, but if you could only talk to yourself. If you could only talk to that person who is closest to you, with whom you are best acquainted. If we could produce for you the *double* of yourself, then you would have somebody with whom you could speak, with whom you could act together, because you belong together."

Now, this idea of the double is as old as civilization. It is found in the great religions. It has always been my idea that God created us twice. One time for us to live on in this world and the other time for himself. So what you see on the stage in such a production . . . you see two people who are really the same person. One person puts his arm this way (doctor demonstrates) the other does the same, if one bows his head the other does the same. The double is a trained person, trained to reproduce the same patterns of activity, the same patterns of feeling, the same patterns of thought, the same patterns of verbal communication which the patient produces. Now, of course, we don't want to put this double there merely as an aesthetic agent but in order to enter into this person's mind, to influence this person. What theoretical concepts are involved in constructing the double as an instrument of therapy? First in the metaphoric sense we envision that after conception the embryo and the mother are enjoined in the sharing of food and of locus until the child is born. Now, we do not know anything about the "mental" state of infants except that the mother HAS that infant, as a physical and psychological baby, on and on, within her, and that she, although not being in communication with it, exercises a tremendous influence upon the child. After the child parts from the mother at birth there are a few weeks of a particular kind of an existence. We call this particular phase in the growth of the child the "matrix of identity." This term involves an hypothesis of the socialization process. Nobody has ever talked with an infant immediately after it is born because the child has no means of communicating with anyone in a way which makes logical sense. But if we could talk with them, I believe that they, the infants, would agree with my description of the "Matrix of Identity," which seems to hold water when you hear my arguments in favor of it. The child experiences, if you want to call it experiencing, an *identity* of herself and all the persons and objects of her surroundings, with the mother agent—whether it is the breast, or the bottle or any other kind of immediate contact which is established with the infant. In other words, the body and the self of the infant doesn't as yet exist for the infant. There is no self, no person separated from the infant. There is an identity.

I want to emphasize the fact that by identity we don't mean identification. Identification is an entirely different concept and it is important that this difference be clear to you. Identification presupposes that there is an established self trying to find identity with another established self. Now, identification cannot take place until long after the child is grown and has developed an ability to separate itself, to set itself apart from another person. So we say "identity," and we mean it. It is the state of the infant, in which mother and infant

and all objects are a single whole. However, it is then and there that for all movements, perceptions, actions and interactions the phenomenon of the double is activated for the first time. You may say that it is there that an experiment of nature is in progress which I have called the double. Whatever happens later on during the growth of that infant, this primary conflict foreshadows its destiny. It emerges from it, grows and differentiates further and develops gradually into a complicated universe in which persons and objects are separated from one another. The matrix of identity suggests that unity and integration come first before there is differentiation.

Now, we enter a mental hospital, and when we meet a person who has deteriorated considerably along a psychotic line of experience, unable to communicate, the double technique can be applied with the aid of a specially trained auxiliary ego, the double ego. They often achieve valuable results with schizophrenic patients. I don't want to give you the idea that this double therapy needs a theatrical stage. It usually takes place in life itself.

Let me explain to you why the double technique is so important in the course of the production, particularly for the nurse, the attendant, and of course the therapist. Many have the idea that in order to start a therapeutic session the therapist and the patient have to sit down on a chair or relax on a couch—you know, the traditional "therapeutic chair" and the traditional "therapeutic couch." There are other ways of doing it. Therapy can take place in open space, on a therapeutic stage, in the fullness of reality and in full action.

Nurses have always known that. Nurses have always known that you may have to go to the patient, go to his bedside, take his hand. Perhaps if we could grasp all that the nurses know operationally from their concrete contact with patients, we would have a wonderful kind of practical text book for psychotherapy.

Let us now go to the second technique, which is also so important for the therapist. This is the *mirror technique.* You've often seen the great experience of children looking into the mirror, infants, you know, and then you hear that surprised laughter, that astounded look! And then they stretch out their tongues and turn up their noses. All this is a great experience to them. When the child realized that the picture in the mirror is a mirror of him, that is the turning point in his growth—an important turning point in his concept of self. There have been other psychologists of the young child who have developed theories of the growing self, but it has been the particular opportunity of psychodrama to develop techniques which can be specifically related to these infantile stages.

When we use the mirror technique in Psychodramatic sessions we are drawing from the fundamental relations which the infant develops to his mirror companion early in life. The first time that they look into water or into a mirror and don't recognize themselves, they think it is a stranger and they are frightened. Then there is a gradual, insidious change in expression and gesture. How many times have you seen children go to a mirror, see their images, touch it and maybe break it. And so all this, of course, has a great deal to do with the mirror technique. I will explain to you later on why the mirror technique can be used so effectively by nurses in their hospital work.

The reversal technique is the third stage, at a still later development of the infant. Now, in the mirror stage, we presuppose that the infant gradually learns to recognize himself as an individual separated from others. The reversal presupposes, in addition, that you can move out of your own position, into the position of the other and act his part. And so we may say that the double, the mirror and the reversal are like three stages in the development of the infant which have their counterpart in the therapeutic techniques which we can use in the treatment of all human relation problems but also in treating mental patients. When you practice these methods, I hope you'll realize that they did not spring out of role playing in a sort of naive way, but that they are profoundly related to the dynamics of human growth and the reason for their profound effectiveness is due to the kind of relationship that they have. Thus the utilization of these techniques has helped to further a theory of the infantile self and a basis for its empirical verification.

Now, let me see. This gentleman rather provokes me. (The Doctor speaks to a couple in the front row). Are you with him?

Audience Member: Sure am!

Moreno: How long do you know him?

Audience Member: A long time!

Moreno: Do you know him longer than the other one did?

(This young man had been to a previous session with another young lady).

Audience laughter.

Moreno: Or don't you know about the other one?

Audience Member: What other one?

Moreno: Oh, you don't know!

Audience laughter.

Moreno: How long have you known him?

Audience Member: Five years.

Moreno: You always bring such a sweet girl alone, she is very charming!

What's the matter with you? I think you just bring them here so you can get our approval.

Audience laughter.

Moreno: What is your name?

Audience Member: Helen.

Moreno: Will you come up for a minute?

(The doctor takes her by the hand and leads her up in front of the audience. She is very responsive. "The physical touch of the hand is a testing of the person's responsiveness.")

Moreno: What was the name of the other girl you brought along?

George: Barbara.

Moreno: Do you know about Barbara, Helen?

Helen: I don't. Apparently you do!

Audience laughter and applause.

We've sort of been together for a long time.

Moreno: What do you do together?

Helen: All kinds of things.

Audience laughter.

Moreno: How did you meet him?

Helen: We went to school together.

Moreno: That's a nice old fashioned way to meet someone.

Audience giggle.

Moreno: Do you know what we mean by the double, the reversal and the mirror technique? Do you understand it?

Helen: (Rather hesitantly) Yes . . .

Moreno: Alright, explain it then.

Helen: He didn't tell me anything about this before we came. I came completely unprepared.

Moreno: So that's how you bring your girlfriends up here?

Audience laughter.

I'd like to explain in action these various concepts. (speaking to the instructor who brought the group Is that what you had in mind, Miss Frank?

Instructor: Yes.

Moreno: Now I'd like to show this to the group.

Helen: I'm not a nurse.

Moreno: Student nurse?

Helen: No.

Moreno: Alright, I'll tell you what we'll do. We'll start demonstrating with the double technique. Now you must understand that you are really one

person, even though there are actually two people on the stage. Do you ever talk to yourself?

Helen: No.

Moreno: I don't mean talk loudly but think about yourself? About Bruce?

Helen: No.

Moreno: Do you put him completely out of your mind?

Helen: (with certainty) Completely.

Moreno: Who is on your mind, anybody?

Helen: Various people, my mother, my father, my boss . . .

Moreno: Now where are you most frequently by yourself?

Helen: In my room.

Moreno: What kind of a room is it?

Helen: It's a studio.

Moreno: What have you got in it?

Helen: I have two studio couches.

Moreno: Two! Why two?

Audience laughter.

Helen: Well, it sometimes happens that somebody has to stay over.

Moreno: Oh, I see, who is the somebody?

Audience laughter.

Helen: Oh, relatives or some girlfriend.

Moreno: I see, that makes it legal. Alright now, you're alone in your room . . . and what are you doing?

Helen: Combing my hair.

(Dr. Moreno motions to an auxiliary ego who comes up on the stage; he whispers to her that she is to act as Helen's double).

(Helen combs her hair and the double does exactly the same thing).

Dr. Moreno: (explaining to the audience)—The double always follows suit.

Double: Do I have to do this? Really? (combs hair).

Helen: (Seemingly confused) Should I let her talk or what?

Moreno: The double is you. You continue her thought or contradict whatever you want.

Double: I wish I could get it cut.

Helen: Definitely!

Double: Why don't I do it?

Helen: Oh, it looks more charming long and everybody has their hair short so this is a bit different.

Double: The only trouble is that other people don't have to take care of it.

Helen: And it takes so much time in the morning when I have to go to work.

Double: Why do I do it anyway?

Helen: Well I guess mostly to please other people.

Double: Why do I have to always try to please other people? Why don't I try pleasing myself for a change?

Helen: Well it pays off in most cases to please other people. That's how we live, to please other people and have others please us.

Moreno: (To audience) Do you see the warm up to the double?

Helen: Well it's all set now. Let's go to bed.

Audience laughter.

(Helen and the double proceed to go to bed.)

Moreno: Hold it a minute.

I'd like to make one point clear to you. You see how the double technique works. Intuitively she falls into line. She gradually responds to the double's movements, words and actions; and you see how significantly she moves into line. Now any response Helen I makes Helen II falls in with and they begin to weave together their toughts, their feelings and their actions as if they were one person. The matrix of identity (the process of growing identity) is at work. Now I wonder if you have seen a mother talk to her baby. She pinches it and kisses it. When the baby laughs or makes all kinds of noises she talks to it even more. Now of course, the baby enjoys it but doesn't understand a word that she is saying, but that doesn't concern the mother. She talks for the baby *and* for herself, and has a wonderful time doing it.

Audience laughter.

It's really the double technique applied in an unprofessional way to a natural situation. These operations of a mother cannot be easily replaced by any psychiatry or by any therapy. What we are trying to do in a modest way is to translate into scientific terms these precious dynamic experiences of a mother. If a double can arouse in a person such an experience, she has produced that level of communication, and before you know it they are like one person. You may think that the double communicates through empathy, but it is not only that. It is not only an empathy from one side, but it goes both ways. It is a two-way empathy which takes place almost simultaneously. It is something which is going from one to the other and back to the other again. It is a peculiar sort of inter-weaving of feelings. It is not only that the double enters the mind of the patient (into his actions and movements, how-

ever bizarre), but the patient begins to enter into the mind of the double, and they then begin to influence one another. It is this interaction process on the feeling level and action, this type of exchange which I have called the *tele*-phenomenon (like a "*tele*"phone it has two ends). Empathy is a one-way feeling. Tele is a two-way feeling.

Double: (in bed) You know, I'm getting sick of my job.

Helen: I like mine!

Audience laughter.

Double: I've always really wanted something much more exciting.

Dr. Moreno: Now, just a moment. You see, the double may say something which is not quite so. That is like a provocation to the self to contradict which is often very helpful and good to know. Now, don't think for a moment that the double must always be permissive. If such absolute permissiveness doesn't exist in the psyche—that is, the subject towards herself, why should the double be permissive. Why should the double be more permissive than the patient is (unless there is some good reason because of profound feelings of guilt with which the subject tortures herself). The concept of "permissiveness" can be stretched to the point where it theoretically becomes harmful. So always remember that often a double *opposes* in order to impart. This is often the door to important information. For instance, as you have just heard, the double (Helen II) said: "I'm getting sick of my job," and the other—the real self (Helen I) answered: "I like mine." That is exactly the kind of information that we would like to get. Alright now, go ahead.

Helen: I have a very nice job. It's really a pleasure to get up and go to work. I know that's unusual.

Double: Oh, I'm an unusual girl.

Helen: Well, naturally I have an unusual background. Where else could you meet people and have a chance to express yourself when you can?

Double: I'm sure lucky, but I still want more.

Helen: Not just yet.

Double: Telephone rings.

Helen: Not at this hour. Who on earth could be calling me at this hour?

Double: They should know better.

(Both get up to answer phone. Both pick up phone).

Helen: It's my brother.

Audience laughter.

Helen: Well, how's the family doing? Everybody here is alright; you don't have to call after ten o'clock to find out. You coming to supper this week?

Double: Somebody is knocking at the door.

Helen In the middle of the night. Oh, my God!

(Walks toward door).

What a night . . . Hiya, Nelly.

Double: Come on in.

Helen: It's a heck of a time to start calling.

(Listens to Nelly).

No, I'm sorry you can't watch the television set.

Double: Somebody is coming down the stairs.

Helen: I can't hear the stairs from here.

Audience laughter.

Besides this time I really don't care. I'm so tired. I've got to get up in the morning.

Double: I don't have to get up at *six* in the morning! Eight hours of rest isn't necessary. I don't see why I have to be so fussy about people phoning after ten . . . .

Helen: But I'll never know when I'll fall asleep with all this racket.

Moreno: Where does your mother sleep? What floor?

Helen: Same floor. It's an apartment.

Moreno: Where is the room where your mother sleeps?

Helen: (pointing) That a'way. (laughing).

Moreno: Does she sleep all alone?

Helen: No, I have a father too.

Moreno: Does he sleep with her?

Helen: I should hope so!

Audience laughter.

Moreno: Now you are returning to your mother's bed. You are your mother and you (points to auxiliary ego) are the double. You (in the role of mother) (are sleeping with your father in that bed).

Helen: No, separate beds.

Moreno: Oh, twin beds. Alright now, you are your mother. What is your name?

Helen: (in the part of her mother) Paula.

Moreno: How old are you?

Helen (role of mother) 40.

Moreno: How many children do you have?

Paula: Two.

Moreno: What is the name of the other one?

Paula: Ronald.

Moreno: Paula, you are in bed now, are you? (These questions are asked in rapid succession and are answered just as quickly).

Double: (Paula II, looking at her husband) *Is he sleeping?*

Paula: Yeah, fast asleep.

Double: He snores.

Paula: Sure does (said with great emphasis)!

Double: That's one of the reasons I can't fall asleep.

Double: I wish Ronald would have called during the day instead of at night.

Helen: Yeah, I wonder what we should have for supper this week. Let's see now, what should we have for supper?

Double: Oh, never mind about what we should have for supper. I don't care.

Paula: Now, what should I make Helen for lunch tomorrow?

Double: Why doesn't she get her own lunch? I'm pretty sick of always having to get her lunch for her.

Paula: She's getting to be a pretty lazy thing.

Double: She certainly is. I've told her that many times.

Paula: Oh well, I have to go shopping tomorrow.

Double: I'm worried about Helen.

Paula: Well, if she thinks that she's capable of taking care of herself then let her. Let her get herself straightened out.

Double: Let her move out and find a place of her own.

Paula: (more tenderly) I wouldn't like to take the chance of her moving out. She probably wouldn't know how to take care of herself.

Double: Oh, that wouldn't be so bad. She'll learn.

Paula: Well no, I'm not so sure (with emphasis). After all she is my responsibility.

Double: I don't know about that! She doesn't seem to think so.

Paula: (decisively) Just because she does not think so, that doesn't mean a thing. I'm older than she is and I know better.

Double: I think I do, but I really don't know with that one.

Paula: Things usually work themselves out right. They generally do.

Double: They didn't seem to with Ronald.

Paula: Well . . .

Double: He's still a problem.

Paula: Well, he's on his own two feet now and he'll just have to take care of himself. I'm not going to meddle anymore (Yawns). Maybe I'll try this side to sleep on (Turns over on the other side).

Moreno: And now you are both falling asleep. Paula, what is your husband's name?

Paula: Lou.

Moreno: Lou is now getting up and he's standing around. You are now Lou and his double is also there. You are now falling asleep again and beginning to snore. Then you wake up again. Alright?

Helen: (wearily) mmm.

Double: What woke me up?

Lou: (Helen in the part of her father) Must have been that mystery book I read before going to sleep.

Double: Maybe I just snored so loud that I woke up, like Paula says I do.

Lou: Well I guess everybody snores. What difference does it make anyway? It doesn't keep me awake most of time. (Stretching) Let's see what the devil was that book about anyhow?

Double: I shouldn't read mysteries before going to bed, really.

Lou: Well, I like to watch television, I guess.

Double: It gets kind of dull.

Lou: (with great zest) But gorry, that French wrestler. He's terrific! Just remarkable. Boy, he's just got a body full of muscles! But on the other hand, I don't know, either. He's got a bad leg.

Double: I got a bad leg too, sometimes. And I'm not a wrestler.

Lou: Boy, do they clean up, wrestling on television. What a farce that is!

Double: Yeah, I wish I was in that racket!

Lou: Well, I guess I just ended up in the wrong line. (Yawns) Ah, ah, television! Thank goodness for television! It gives me something to do at night.

Double: But what about the children? Don't they give me something to do at night?

Lou: Ah, let's see. The children are rarely home.

Double: That's the trouble.

Lou: (quickly) That Helen. She gets home kind of late.

Double: I don't know what's happening to this family. It's just falling apart.

Lou: Yeah, with Ronald moving out and now she's of age.

Double: It's a long time since I've talked to her . . .

Lou: (interrupting) She won't listen to me! So what's the difference? All I want to do is watch television.

Double: What about the boys she goes out with? They're pretty silly.

Lou: Nice fellows, only thing is that they don't have enough money.

Double: Oh money, that isn't so important. As long as she is happy.

Lou: Ah, she'll be happy with money. Anybody is happy with money. Money is a pretty terrific thing (knowingly). I know, and boy, I'll bet a bottom dollar on it.

Audience laughter.

Lou: Yeah, I'll say again. It's a pretty terrific thing.

Moreno: And now you fall asleep and snore.

Audience laughter.

Moreno: Go ahead, snore!

Lou: (snores very loudly interjecting whistles and all kinds of grunts and noises).

Audience laughter.

Moreno: (very loudly) AND NOW I AM TAKING YOU FAR AWAY FROM THIS HOUSE AND I'M TAKING YOU INTO THE HOUSE OF YOUR BOSS. He's with whom?

Helen: His wife, I hope.

Audience laughter.

Moreno: What's her name?

Helen: Ruth (lets out a joyous, musical kind of laughter).

Moreno: Alright you are your boss and you are his double. What's his name did you say?

Helen: Mike.

Moreno: So Mike. Get yourself ready, Mike. How do you sleep?

Helen: God knows! (giggles).

Moreno: You mean you never saw him sleeping?

Helen: (laughing loudly, with the audience joining her) No.

Moreno: How old is Mike?

Helen: Oh, about 46 or 47.

Moreno: Alright Mike, go to bed! What position do you have in bed?

Helen: (whispering) I don't know. (there's a bit of confusion at this point).

Moreno: You just had a dream.

Mike: (Helen has now assumed his role) Oh boy! I wish they'd come through with . . . Oh gee . . .

Moreno: Mike, Mike, Mike. Come on there!

Mike: Yeah. We're going to come through with that lawsuit. You must wait and see.

Double: It's a mess too, I don't know how I'm going to come out with it.

Mike: The third one this year! Oh I'll be glad when I get out on the road selling. I don't like this being in New York in the office. That office can take

care of itself. It's got a good staff.

Double: I don't know about that.

Mike: I feel better out there. I have a better time out on the road.

Double: I might have a better time but I'm not so sure that the office is being taken care of. My God, there sure are a lot of scatterbrains around. Think of that Helen!

Mike: Ah, what do you mean? She's the only good possibility in that office (ends with laughter. The audience laughs loudly too). Well, I don't know but I think that girl is getting up in the world.

Double: But she's so young and so scatterbrained!

Mike: Ah, I think she's a pretty shrewd kid. She's going to start shoving a few people around out there. She's shoving already.

Double: But that's not what I want. I want *her* to get shoved once in a while.

Mike: (not seeming to listen) Boy, she certainly is learning fast how to shove. She certainly has learned how to handle those people. Get's along fine with them too. She'll make a terrific saleswoman. She's always got a smile ready. That's it, she knows how to enjoy herself. They're a bunch of old maids in the office.

Double: Well, what's the difference. She'll probably get married and then I'll lose her anyway.

Mike: The difference between her and those girls is that they think they can tell me what to do. And they usually do. Boy, that Kay! She really runs the show. In fact I think she wishes that I wouldn't be there most of the time. Well, I'm not going to be there.

Double: Kay won't be there either.

Mike: Yeah, I think I'd like to see someone else shove her around for awhile.

Double: Maybe Helen will be the one to do it.

Mike: Yeah, maybe she'll be the one. She'd be a darn sight better to look at than that girl. And above all, she would listen to me.

Audience laughter.

Double: Yeah, maybe *I* can shove her around a bit.

Mike: But then again, a girl like that probably wouldn't stay as long as Kay did.

Mike: True, it has possibilities.

Moreno: And so, Helen, you return back to your own room and you are again in your own bed and you are again back with your double and you are

again falling asleep. (Helen turns around, making herself comfortable and being absolutely relaxed).

Helen: Oh boy.

Moreno: Helen you are both falling deep asleep, both of you. When you fall asleep you dream don't you Helen? You had a dream just the other day, didn't you?

Helen: I don't remember.

Moreno: Well, why don't you try to remember? You had a dream. It was a beautiful dream which you had.

Helen: Oh, Gee . . .

Moreno: A long time ago.

Helen: Oh yeah, a long time ago.

Moreno: You remember that dream don't you?

Helen: Oh, it was in technicolor. I just couldn't forget it.

Moreno: Well! A dream in technicolor! What does that mean?

Hearty audience laughter.

Helen: Well, it was like this . . . .

Moreno: Let's not talk about it. Let's see it. (Instructs auxiliary ego to leave. Ego returns to her seat in the auditorium). Alright now, close your eyes! Close your eyes! And try to concentrate on that dream! Concentrate! . . . Do you have a perception of it? Alright. Now how do you sleep in bed? What position do you have?

Helen: Usually on my right side.

Moreno: How are you dressed in bed? What do you wear?

Helen: Pajamas.

Moreno: What kind of pajamas do you wear?

Helen: Flannel pajamas in the winter time and shantung in the summer time.

Moreno: What is it now, summer or winter?

Helen: Winter.

Moreno: So what do you have on?

Helen: The flannels.

Moreno: Are they comfortable?

Helen: Oh, they are wonderful!

Audience laughter.

Moreno: And so you are very comfortable now. Right? Do you stretch your legs out in bed? What do you do?

Helen: (Her voice goes very high on the oh) Ohhhh, folded up slightly.

Moreno: Alright, fold them up slightly.

Helen: (She sighs contentedly) Mmmmm.

Moreno: And so here we are and you are trying to fall asleep. Try to fall asleep, deep asleep. And here she is. And she is concentrating. Can you see the dream? And before we fall asleep we usually think of something or other. We have all kinds of images.

Helen: (shakes head dubiously) Well . . .

Moreno: Nothing goes through your head as you fall asleep?

Helen: No.

Moreno: Alright now, you are falling asleep, deep asleep and you are concentrating on that dream which you had on that winter evening. Concentrate! (very loudly) Concentrate ON THAT DREAM. WHAT IS THE FIRST THING WHICH YOU SEE BEFORE YOU EYES WHEN YOU HAVE THAT DREAM?

Helen: Blue sky.

Moreno: (loudly) Blue sky! And you? What are you doing? Sitting down, standing up?

Helen: I . . . don't . . . (slight hesitancy) I'm watching.

Moreno: You're watching. Can you see yourself standing or sitting?

Helen: Just walking.

Moreno: Then get up and walk. Walk, just as you walked in the dream! (Helen gets up to walk).

Moreno: Is this how you walk in the dream? In that direction?

Helen: No not in this way, but this way (reverses direction).

Moreno: Do you see yourself?

Helen: Yes, I see myself moving.

Moreno: Then move! Move on! (Helen moves around the stage).

Moreno: Do you see anything?

Helen: Very tall, dark green trees.

Moreno: Where are these trees?

Helen: On both sides.

Moreno: Which side?

Helen: Both sides.

Moreno: Green trees, what kind of trees are they?

Helen: They're very tall and very green. They seem to be Sycamore trees.

Moreno: Very tall and green. And you don't see yourself?

Helen: (Shakes head in the negative).

Moreno: Do you see anything else aside from the trees?

Helen: I see benches . . . Benches of white marble.

Moreno: Where are they? Touch them!

Helen: (Helen touches them).

Moreno: How high are they?

Helen: About two feet high.

Moreno: How big are the trees? How high?

Helen: Oh very high, about fifteen feet.

Moreno: And are they different from one another?

Helen: No they are all exactly alike.

Moreno: How are they placed? Show us.

Helen: (demonstrates to the audience) They are lined on both sides. Making a sort of path. (Moves her hands along her sides, swings them from the rear to the front of the stage).

Moreno: Lined on both sides. How many of them are there? Count them!

Helen: One, two, three—eight on each side (Has her eyes half closed in concentration).

Moreno: How far are you from them?

Helen: I'm far back.

Moreno: Back! Back!

Helen: I'm, I'm standing here. Back! And they're all down there about 5 feet away. And I'm looking at all of this.

Moreno: You are looking at all the benches and the trees. And what are you doing? Are you moving?

Helen: I'm standing in the middle; but back, not in it.

Moreno: And how do you feel about it?

Helen: I feel I'd like to go . . . it's so peaceful and so quiet and I feel that I'd like to go right into it.

Moreno: Do you go into it?

Helen: (very high voice) No, I'm walking toward it.

Moreno: Then walk to it. Then go . . . . . (Helen walks, suddenly stops).

Helen: (interrupting) But, but I don't get in.

Moreno: What happens then?

Helen: (in a low voice) Someone is calling me back.

Moreno: (almost whispering) Someone is calling you back. Once, twice.

Helen: Several times.

Moreno: Go back and take the part of that voice. (Helen does so).

Voice: I am the voice.

Moreno: Are you a man or a woman?

Helen: I am a woman.

Moreno: Do you hear the voice?

Helen: No, I mean, I *heard* the voice.

Moreno: You mean you *hear* the voice. Let's hear the voice!

Helen: It's melodious. It's like music and it calls me back.

(Moreno calls an auxiliary ego).

(Auxiliary ego comes upon the stage to present the voice in a different version).

The Voice: Helen. Come back, Helen come back.

Moreno: Is that the way the voice sounds?

Helen: No. It doesn't use those words. It says, "Come on back, come on back. Come on back; here we are. Don't go out there!

Voice of Auxiliary Ego: Come on back, here we are. Come on back.

Helen: It's not *pleading*.

Moreno: It's what?

Helen: It's just *telling* me.

Voice of Ego: Come back. Come on back; come on back where we are. Don't go out there.

Helen: This is the voice repeating the same words.

(The audience all participate in calling her, imitating the voice).

All: Come back, come back, here we are! . . .

Moreno: And what do you do?

Helen: (simply) I go back!

Moreno: And then you go back?

Helen: Yeah.

Moreno: Do you see anybody?

Helen: No.

Moreno: Do you still hear the voice as before?

Helen: No.

Moreno: And what do you do now?

Helen: I want to go back and try to go back. (Helen suddenly stops near stage door).

Moreno: You try to go back.

Helen: But I just can't.

(Moreno walks up to her and takes her by the hand).

Moreno: If you would have had the power to continue the dream, how would you have continued it? We will give you the privilege here to experience the dream the way you want it. We give you the poetic license to continue it, to end it the way you would have liked to end it.

Moreno: Go back to bed now! You're going to continue the dream. Go on dreaming! The last thing in the dream which you see are the trees. Is that right? Beautiful, tall trees, right? What goes on next?

Helen: I don't know.

Moreno: Alright, take the position which you have in the dream, now. Is this the position which you have in the dream?

(Helen gets back to bed).

Moreno: Alright, you are still dreaming. You have not awakened yet. So what do you do now?

Helen: I go back to the voice.

Voice of Ego: Come back, Helen. Don't go there. Come back to us!

Helen: I go back of my own free will.

Moreno: So you go back.

Voice of Ego: Come on back. Don't go. That's it, Helen. That's the girl!

Moreno: Whose voice is it that talks to you?

Helen: My mother's, I think. I wasn't sure when I dreamed it, but now I know.

Moreno: Does it *sound* like your mother's voice?

Helen: No, I *feel* that it is.

Moreno: Why don't you change parts now. (To auxiliary ego) You take the part of Helen. (To Helen) You take the part of the voice. (They reverse roles). Say it again now, and see for sure whose voice it is. You know how it should be spoken. Alright, Helen.

Voice of Helen: Come back, Helen! Helen, come back! Come on back, Helen! Helen, come back!

Moreno: You are back now. Feel better, now that you are back?

Helen: Yeah, I guess so. It is my mother's voice, I am sure.

Moreno: That is what you want to do. You want to go to Mamma.

Helen: (a surprised laugh) Gee, I never thought of it that way!

Moreno: You didn't think of it that way. But that is what you are doing.

(Auxiliary ego returns to her own seat).

As the double operates we can imagine the profound implications which is has because we saw how we moved the double and how it is related to these different role processes, how we moved the double from the mother to the father to her brother till we had the total configuration. We saw all the people in her mind, the people with whom she lives. We thus see the perception that she has of her social world. So we became acquainted with her world. We saw how the double moves from its earliest moment of living. We don't really know what happens in the babies' mind during the nine months of pregnancy. Of course all this is in the realm of theory. We know what happens physiologically and anatomically. We know the great thing which happens at birth. The decision to go out from the dark world into a beautiful world of colors and lights,

in technicolor. This is how it started for you twenty-one years ago. And that is the first relationship that we have to anyone which is within the matrix of identity, to that other which is a part of you, of which you are a part and that is what we call the double. And that of course has been exemplified and developed into a method of treating people who have lost their contacts. You are returning to the most intimate, to the most exclusive and to the most sensitive relationship which we have. The first thing to which we belong, the matrix of identity. When we work with so-called catatonic patients or when we work with so-called schizophrenic patients and suddenly they make a grimace, then the auxiliary ego makes a grimace too. We thus give them an experience which is that of someone understanding what goes on in the patient's mind. Maybe the patient has a tic or a way of moving her head or shaking it. Now, as you do it in the double technique you begin to come closer to that person and then as you do it maybe she will also begin to shake her head. Now for instance, you see the doubles eating together. Many situations can be doubled up in the life of the patient in order to understand the patient's feeling. Often you don't know what they are. As you are moving into her action matrix you begin to experience the same thing that the patient experiences. Now, of course, this double technique must be studied with a great deal of care. Double research and double therapy are important developments which we need for certain types of patients whom we cannot analyze, with whom we can only work in action. These techniques are action techniques!

And now after we have seen the double we go to the mirror technique. When we come to the mirror that is of course a technique which relates to an infant in a far later stage of development.

The next step is for the infant to look and to see something in the water or in a mirror. It sees another baby. The baby smiles when you smile and moves when you move. And when you cry, Mommy comes in to bring you the bottle. This happens to you—it happens also in the mirror.

Now, Helen, you sit down. You look very sweet in the mirror, as I look at you. You have fixed yourself up very nicely. She has earrings on and all the things that belong to a pretty girl. How do you know that you have earrings on? Can you see them?

Helen: I can feel them!

Moreno: Well, and so here you are now and you look into the mirror. You see, to have a double is one thing. There you are in the matrix of identity. Then in the course of time you begin to pay more attention to certain things. That there are certain things which are nearer to you and things which are

more separated from you. When they are hurt, you are not hurt. You hurt them. They hurt you. You see when you have a double and you hurt it, you hurt yourself. But when you begin to hurt somebody and the pain exists and is felt outside of yourself, then of course there is a separation between you and that object.

Helen, let me explain to you what we are trying to do. You see, we are studying a person who cannot act herself. We are studying how she gets up in the morning, how she acts toward her mother, towards her father. Now she herself can't show us because she is too sick to act for herself. She is in a stupor, so we take someone, an auxiliary ego, a nurse, who enacts it for her, like a mirror while she herself is sitting in the audience. You understand?

(George raises his hand).

Moreno: Yes?

George: I have a request to make. Would you let me make a telephone call to Helen on the stage? I think it will be very significant.

Moreno: Now you see this young man here wants to act.

George: It's all for her benefit.

Moreno: Yes, yes of course! You will have your turn.

Audience laughter.

It's a very interesting thing, and a very interesting phenomena about audiences but people come and they have an idea and a desire to act for themselves. And that's a very wonderful thing because it shows how infectious psychodramatic sessions are. They have an enormous amount of action in them which must have some kind of an outlet.

Now after the patient has been observed, then of course that particular individual will then produce particular activities which she has observed in the course of time. The patient will then see himself or herself in action. Alright now here comes Helen.

Helen: Helen, you are the client. Lets hear the situation which you wanted to have portrayed.

Helen: I'm not satisfied with the raise I got for Christmas.

(The real Helen seats herself in the audience and the "mirror" Helen, an auxiliary ego, steps upon the stage to take Helen's part, after a short talk with Helen).

Mirror Helen: Well, how do you like that? A $3 raise. What nerve he had! Boy, is he cheap! Giving me a $3 raise. I'm certainly worth more than that! What a cheapskate. I ask for a $10 raise and I get—

Moreno: (Interrupting) As you see the ego portraying a client sitting in front of her she presents a problem the client actually has. This is not just

"playing." Do you understand why we do it, Helen?

Helen: (shakes head).

Moreno: Well, I'll tell you. When a person looks at himself and sees himself looking ugly, he may try to do something about it. We want him to become provoked by the mirror. That is one reason we use this technique. The mirror portrays you in a distorted way. You may become angry with it because it does not appear to be you. We often notice about patients (as well as with non-patients) that they have a false perception of themselves. The technique has achieved its aim if the patient realizes that a mirror of him is attempted. If some part seems distorted or misrepresented, they step in and interfere with the mirror. They tell the portraying ego that he is an imposter! That is exactly what we want from a person who has been mute and uncooperative and non-active, in order to get him going. And so, we would like to get you active. So let's do it all over again. Now you get into action yourself.

Helen: But I don't know if that is the way I really am because I don't see myself.

Moreno: But you see Helen!!

Helen: (interrupting) My reaction?

Moreno: Yes, I want to show these nurses here how the mirror technique is used. You will show it to them, as we are here to help each other, and you help me to demonstrate. Have you ever been in a mental hospital, Helen?

Helen: (shakes head) No.

Moreno: No, well some patients are difficult to handle. Many of them don't know that they are sick.

Audience laughter.

So like a patient, it is true that you are now rather cynical, after having been coaxed and having people try to make you cooperate.

Helen: (sitting in audience) Should I contradict her right away (refers to ego).

Moreno: Whenever you feel that is not just quite the way that you would do it.

Mirror Helen: Boy, some nerve. Just a three dollar raise. I better go and talk to him. But what am I going to say? Gee, I'm scared in a way. Three dollars! I'm not going to let them do that to me. Who do they think I am?? If he thinks he can step all over me he'll be sorry. He'll find out soon enough that he's knocking at the wrong door. I got to talk to him. What if he refuses me? What will I do then?

Moreno: Here's the boss.

(Motions to another ego to come on the stage and take the boss role).

Mirror Helen: Mr. Calbata, Mr. Calbata, you know three dollars, you know, I'm very surprised. (hesitating) I . . . I . . . thought that you were more satisfied with me. (seemingly embarrassed) Wouldn't you . . . .

Real Helen: (interrupting) No, no, she's not . . . No! That's unlike me. She's showing him that she's scared.

Mirror Helen: (coyly) Hello Mr. Calbata, I guess you know why I'm here.

Mr. Calbata: Why no I had no idea.

Mirror Helen: Well I thought you were satisfied with me. I was surprised when I got my pay last week. You've put me in the showroom so I was very surprised when I received my pay last week. A three dollar . . . Don't you think that I deserve a bit more?

Mr. Calbata: Well, business isn't too good at present, you know and I don't think the firm could stand an added burden on its pay roll.

Mirror Helen: Considering the fact that you've given me added responsibility I really feel . . .

Mr. Calbata: Well perhaps if you stay a little longer and business improves we'll be able to take better care of you. In the meantime . . . (Real Helen is looking rather anxious and displeased with the course of events).

Moreno: Alright Helen, go ahead if you're not satisfied.

Helen: (hesitating) Well I wouldn't. I . . .

Moreno: Go ahead! Contradict her! It's your act.

(Real Helen goes on stage and pushes mirror Helen away).

Real Helen: I'm sure you must be pleased because you wouldn't have given me a job in the show room. You said yourself that you were surprised at the leaps and bounds that I've jumped. I've only been here a year. I didn't ask to be put in the show room. I really deserve a raise and I can't wait till Christmas for another raise.

Mr. Calbata: You wanted the work in the showroom, didn't you?

(Helen shakes her head in disapproval).

Moreno: Does your real boss act the same way?

Helen: Oh no!

Moreno: Alright then, reverse roles.

Helen: Well, first he would offer me a chair. (She pulls out a chair and has ego, in the part of Helen, sit down).

Moreno: (to Helen) What's your name?

Helen: Mr. Calbata.

Moreno: (to ego) What's your name?

Auxiliary Ego: Helen.

Audience laughter.

Mr. Calbata (as portrayed by Helen) Well when you came here you already had a five dollar raise. After all . . . You know, Dr. Moreno, he doesn't know about this so, I'll answer for him.

Moreno: Oh no you don't! He knows alright.

Mr. Calbata: True, when you came you said you expected $45 and we said we would start you off with $40 on a trial. Well, when I discussed it with the rest of the people, the accountant and the secretary, etc., they said that you already had a five dollar raise and they all felt that that would be sufficient. You know, Helen, how satisfied I am with you and how I appreciate the fine job that you have been doing. But I'll tell you what. When I come back from the road about May or so I'll have you put in the showroom and get someone else to take charge of your secretarial duties. Then I'll give you a really substantial raise. Don't let these few dollars bother you. You can trust me to take care of you. You're doing an excellent job. And who knows . . . maybe someday you'll fill in Miss Kays' place.

Moreno: What's the matter with you, George??

(George in the part of Helen, has been sitting, mouth open, throughout this whole dialogue).

Audience laughter.

Moreno: Why have you been sitting about? She or rather he hypnotized you?

Mr. Calbata: A few dollars can't mean that much to you, Helen. I can give you those few few dollars, you know, Helen. But personally I think you will be better off if you wait till May.

Moreno: Go on, there (to George who still can't utter a word).

Audience laughter.

Mr. Calbata: Well I know things will be alright and that they will work out and when I come back in May then you'll really be able to see how satisfied I am with you. Don't let it bother you. Now, Helen, let me tell you a bit about selling in that showroom—and off on a tangent we go.

Audience applause.

Moreno: Fine. Well, look at George. He's hypnotized now. Does he always act like that when you're around?

Helen: It's Mr. Calbata's effect upon him. He's a very hypnotizing person.

Moreno: Are you still working for him?

Helen: Sure am!

Moreno: What happened to the raise?

Helen: He came over to me the following day and said, "If it'll make you happier, here."

Moreno: You saw that even when the mirror is used on a person who is as regular as Helen, there is a violent response when things aren't done correctly. She couldn't sit there quietly when she saw her own self and her own life misrepresented. Now misrepresentation is at times often very subjective. I don't know if I've ever told you that the mirror is frequently used in mental hospitals. At one time a doctor at one of the mental hospitals had very great difficulties with the treatment of a non-cooperative homicidal patient. Eventually he manipulated the patient (Bill) into a psychodramatic session. Using the mirror technique, he reconstructed a situation during the war in which Bill was involved. His platoon was decimated, but he came out of it without any physical injury. It was in connection with this military action that Bill was decorated for bravery. Shortly afterwards, however, he became mentally ill, was a very sick boy, and was sent to a mental hospital. Now, as the action progressed on the stage he looked up somewhat bewildered—he did not hear his name mentioned in connection with the battle, although it was obviously his story. The mirror for Bill was given by an auxiliary ego, an aid who had been in close contact with Bill for several weeks. He heard instead another name mentioned —the name of his closest buddy, Jack. An auxiliary ego acting for Jack. IT WAS JACK WHO WAS RUNNING THERE! JACK WAS FIGHTING! JACK WAS A HERO! JACK RECEIVED THE MEDAL! The patient got up, pushed Jack aside, and said, "It's all a lie!" IT'S ME! I did it—NOT HIM! THAT'S HOW IT HAPPENED!" And then the real psychodrama began.

So you see how the mirror warmed him up and got him into the production. And that is where therapy in the form of the mirror is useful (because it is a real problem to the person for whom it is portrayed).

It was a slight change in pattern which provoked and aroused the warmup, and not simple recapitulation. At times simple recapitulation of a traumatic situation is sufficient. Often a slight change in the story is needed to motivate the warmup. But if the distortion is too great nothing happens. Of course, in a mental hospital there are hundreds of situations which can be portrayed. A large group of veterans with similar problems can be brought together as a group. You can see how the mirror can be applied on the group level. It isn't only Bill and Jack; there are others who have gone through similar situations.

Now, let us show them the technique of role reversal.

Helen: (laughing and with a slight moan) Oh, no.

Moreno: The technique of role reversal is a far more mature technque. We've discussed the behavior of infants. In order to experience the reversal properly they must be able to separate themselves from their surrounding individuals. Now the matrix of identity has been broken up, the mirror established itself.

The child can move now into the mirror and take the part of the mirror child; the mirror child can move out of the mirror and take the part of the real child. This is really the next step in the genesis of the technique. First comes the matrix of identity, with the double, then the mirror, with the self. And now the reversal with the other self. The reversal, of course, if often used in matrimonial problems. I imagine you will be married soon; right, Helen?

Helen: We're friends, that's all. Very good friends.

Moreno: She's a very smart girl. She just says "we're friends." By the way, how many friends do you have? (Audience laughter). Not many? What's the matter with you, George. She says "not many." Why don't you take over from here?

(George shakes his head. He doesn't quite know what to say.)

Moreno: Give us a little insight into the present dilemma of you two? What is going on between the two of you?

Helen: We have a very good friendship. If I find something that he would like I take him there and if he finds something that I would like he takes me there.

Moreno: Alright then, now let's start with that. You create any situation.

(Helen laughs and giggles.)

George: Alright . . . (takes the initiative) I'm making a phone call.

Moreno: Go ahead, make your call. By the way, how old are you?

George: I'm 22.

Moreno: And you, Helen?

Helen: 21.

Moreno: Together you are how old?

Helen: 43.

Moreno: That's good enough.

Audience laughter.

Moreno: Are you still living with your parents?

George: Yes.

Moreno: Brother?

George: Yes.

Moreno: Sister?

George: She's married. She just moved away.

Moreno: Helen, do you know his family?

Helen: No.

Moreno: Do you know her family, George?

George: Yes.

Moreno: Whom do you know in her family?

George: I know her mother, father and brother.

Audience laughter.

Moreno: He always knows everything on her side. Why doesn't he introduce you to his people?

Helen: He comes to my apartment. I don't go to his.

George: She came to the store once but they weren't there.

Moreno: Was it an empty store?

George: No, one of the men were there.

Moreno: Oh I see. You fixed it that way?

Audience laughter.

Moreno: Was it the same man?

George: That's right.

Moreno: What's his name?

George: John.

Moreno: (with enthusiasm) That's right. John, the same guy. Tell me now, and so you are here and you're making a telephone call?

George: I'm in the store making a phone call.

Moreno: Alright go ahead. Where is the store?

George: In New York City.

Moreno: And where is she?

George: In her apartment.

Moreno: Then go to your apartment. That's it!

(Helen goes over to the left of the stage).

Moreno: How many times do you call her?

George: Mmm. Once in a while she calls me and once in a while I call her. I would say about once every month.

Moreno: Alright, call her.

George: Dials the number.

George: Hello, Helen?

Helen: Yeah.

George: How are you?

Helen: How are you today?

George: O.K. Boy, our last meeting was pretty swell.

Helen: Yeah, it certainly was. We really have to talk about that. I got notes all over the program.

George: Well, I don't know when we could talk about it.

Helen: Oh, don't you want to go to the next meeting with me?

George: No, I wasn't thinking about that. It was, oh well . . . whenever

I've asked you to go out with me sort of on a Friday or Saturday night you've always hesitated. I've always wanted . . .

(Helen interrupts with a giggle).

Moreno: Change parts, now you have the reversal technique. Try always to use a strategic moment for the reversal. Go ahead!

Helen: Shall I do it just the way he did?

Moreno: Absolutely. You start from the point where *he* left off. Go ahead. (Dr. Moreno claps his hand). And you (to George), start from the point where *she* left off.

Helen: (in role of George) You're always sort of hesitant about it. Are you getting married or something? Just wondering. You're willing to go to meetings with me but you don't seem to want to make it more social. Is there anything wrong?

George: (in role of Helen) (Pause) No, not exactly. I'm not going steady. It's just that I'd like to see you on a friendship basis. (Pause) More or less.

Helen: (in role of George) That's fine. Let's make a friendship out of it. I want to go out with you. Let's make it Friday night.

George: (in role of Helen) No parking, or stuff like that.

Helen (in role of George) Parking is not a prerequisite of going out. It's just a matter of—you feel it's expected of you, so you park. You react . . . . well, you're afraid that maybe a girl will think that there's something wrong with her if you don't.

George: (in role of Helen) (Pauses) Well . . . . (Audience laughter).

Moreno: (interrupting) Change parts!

George: Well after all, if you go out with a girl it isn't as though you were checking your hat. Of course it depends on how you feel about the girl.

Helen: I'm just telling you the facts. (pause) I don't want you to feel that you're wasting your time. If you want to keep it company and just company, fine, you're welcome anytime. I thoroughly enjoy your company. But if you feel that going out on a Friday or Saturday night means necking or the general thing (pause) that goes with Friday or Saturday night then . . .

Audience laughter.

I'll go to meetings with you.

George: Of course you have a point there. Girls do have a problem. Because after all if a girl does go out with a boy she doesn't know why he is going with her. Whether it's for her or whether it's because of what he'd like to do. Of course there is one solution, you could say, well, o.k. I won't do anything with any boy and as a result if a boy goes with me then I'll really know that he likes me. That could be one solution.

Helen: I don't think I have to find out whether you like me or not. I like your company, we have a fine time together. I thoroughly enjoy speaking to you and well (pause) I enjoy speaking to you.

Audience laughter.

I have a very interesting evening of it but I just want you to know that there is nothing else and I don't want you to feel that I led you to expect something.

George: What makes you think that it's like hammering against a stone wall, for instance?

Helen: (whisper) what stone wall??? Oh now I'm beginning to know!

Audience laughter.

Moreno: Change parts!

George: (in Helen's role) I like our friendship the way it is and I think we should keep it just this way.

Helen: (in George's role) Fine, I didn't say I wanted to keep it any other way. It's just that I thought you'd like me to take you out on Saturday night and most of the times all I see you at is meetings and then all we talk about is politics. I thought you might want to talk about something else and go for a drive. And just because . . . Oh, what do you expect to find something separate in each person, a conversationalist, a tennis player?

George: (still in part of Helen) Of course you know I told this to other boys and they don't like it at all. They won't go out with me anymore. And I think people can be very diversified and you can find some things in some individuals and you can find something else in others.

Helen: (in George's role) (very sophisticated tone) What I would like to know is . . . (short pause).

Moreno: How much did this telephone call cost??

Audience laughter.

George: My father pays for it. He doesn't know yet how much it was.

Helen: (in George's role) What I would like to know is if this holds true for everyone or do things run differently with other people. It's just a question of curiosity.

George: (in Helen's role) Of course, naturally the same things don't apply to everybody. But there could be a difference that applies to different people.

Helen: (in own role) It doesn't sound like George but me (laughter). (back in George's role) I just wanted to bring out the fact.

Moreno: (interrupting) Finish the phone call! Change parts.

George: Of course, you know when a boy goes out with a girl it sort of makes him feel peculiar to know that she is going out with other fellows and that different things happen with them. But look, how about Friday night; we're going down to see Dr. Moreno. I think I mentioned it to you before.

Helen: Well, O.K., pick me up Friday night.

George: About 8:30?

Helen: No, 8 o'clock.

George: O.K., I'll be there. On time.

Moreno: Thank you very much, both of you. You were very helpful. Well, now, Helen is very lovely. Come on back; don't go away yet.

(Laughter)

Well, these techniques were demonstrated so that you may be able to apply them in your professional work. Moreover, in the meantime something happened which is very significant for psychodramatic sessions. We became acquainted with what is called in technical language a dyad. A dyad is a pair, a couple of people in a group. And you see there how they are interwoven in their feelings. However, at the same time we became acquainted with two very fine people. (To Helen and Bruce): I think that you did very well. You certainly have been a great service to us. You gave us a very vivid illustration with your native spontaneity of what we wanted you to do. I'm sure that all of us are very appreciative. If your mother had been here, Helen, what would she have thought of it?

Helen: I think she would have been a little disturbed.

Moreno: Because mothers don't like to see their girls grow up so fast as you.

Helen: I don't think she would like to see me on the stage in front of all these people.

Moreno: But these people are the world. You see that is exactly what we need. These people are a part of you and of me. They are just people like you, and you give them a lot of your youth and of your warmth. I think your mother would say, deep down inside her heart, "She is really very good."

Helen: She probably would.

Moreno: (laughing) Thank you very much.

(Applause)

Audience Member: Doctor, why did you pick Helen at the beginning? Was their anything about her which made you do it?

Moreno: Well, of course, this is one of the frequent questions. Why do I pick certain people to go up on the stage? I started once to systematize it. Now this is an open group. I don't know who is coming. Of course, a good director has

the responsibility of choosing a protagonist which will on the whole represent the group. Now, this was not so in Helen's case. I had no intention of running a regular session. I was asked to demonstrate and to introduce to a group of nurses some of the principles of psychodramatic procedures and to give what is called a didactic session. And so I thought anyone whom I might pick to illustrate the technique was good enough. You ask why I picked Helen. Well, of course, I'm always attracted to young women. I often pick girls anywhere between 18 and 75.

Audience laughter.

To come back to Helen—well, she sat in the first row and . . .

George: That was my fault.

Moreno: You put her there! (Audience laughter).

He really did 90% of the job. He brought her here. He had all kinds of reasons for coming here tonight. Now, here you come to a very dynamic element of why I picked Helen . . . From the point of view of microsociology, George set the stage. He wanted to treat her. I was merely a victim.

Audience laughter.

The kind of session I run always differs with the type of group I have to deal with. Now, if you were all—let us say psychiatrists—the usual procedure would be to have a presentation of psychological or psychotic problems. Now, I always try to fit the subject to the requirement of the group. In this particular group we had a group of nurses who specifically wanted to observe the various psychodramatic techniques in action. So any member of the group would have been sufficiently adequate to fulfill this purpose. We were very fortunate in having as talented and spontaneous a protagonist as Helen has been.

Now, every session has a period in which you warm up your audience, either by lecture or by questions. Then comes the second part of the session—the production. Of course, this was a didactic session and so you haven't seen an intensive psychodramatic procedure. Now, I invite you to participate and to respond to whatever has happened on the stage. Is there anyone who has something on his mind which affected him particularly about what he has just seen? Again, a true group participation cannot be confined to a discussion of other people. It always involves a giving and taking. It is not a discussion of general principles. That is not the point. On the group psychodramatic level you don't discuss Helen and George. You just participate with them and someone might join in and tell what happened to him five years ago. Someone else might say: "This could have happened to me;" or "That is how my sister is." But let us not intellectualize at this point—to give analyses and points of

view, etc. That is degrading. In other words: they have given much and they have a right to expect something from us. *Remember that it is the function of group members to return the love which the protagonist has given.* If you do that, then the group session will become very, very real instead of being flat and meaningless.

THE TREATMENT OF SEXUAL DEVIATES WITH GROUP PSYCHODRAMA

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The treatment of sexual deviates[1], a difficult and relatively unexplored area in psychiatry, has been stimulated in recent years by the enactment of "sexual psychopath" laws in 15 states and the District of Columbia[2]. California[3] in 1950 amended its sex psychopath law to provide for treatment of sexual offenders in two of its state hospitals. This is a report of treatment program undertaken at the Mendocino State Hospital during the year September 1950 to September 1951, involving 75 patients convicted of sexual offenses, ranging from incest to lewd and lascivious conduct, who were regularly committed under this law to the hospital. Most of these men were above average intelligence, representing a cross-section of occupations ranging from clergyman, professor, lawyer, to mechanics and truck drivers. The treatment employed was that of group psychodrama. The groups met twice a week for more than two hours each session. In addition, half of the treatment cases were seen individually and all were given psychological tests (Wechsler-Bellevue, Rorschach, Draw-A-Person).

To facilitate description of the dynamic changes occurring under treatment, the vicissitudes of only one group will be detailed.

Participants in the psychodrama were patients, therapist, staff members and occasionally visiting professional personnel. The sessions were held in an audi-

1. Cruvant, B.A., Meltzer, M., Tartaglino, F.J., An Institutional Program for Committed Sex Deviants, Am. J. of Psych., Vol. 107, Sept. 1950, p. 190. Abrahamson, D., et al, Report on Study of 102 Sex Offenders at Sing Sing Prison, Submitted to Gov. Thos. E. Dewey, N.Y., March, 1950.
2. Guttmacher, Manfred, Sex Offenses, The *Problem, Causes and Prevention*, W.W. Norton & Co., N.Y., 1950.
3. California Welfare and Institutions Code., Chap. 4, Sec. 5500, 1950: "As used in this chapter "sexual psychopath" means any person who is affected, in a form predisposing to the commission of sexual offenses, and in a degree constituting him a menace to the health or safety of others."

torium, before a three-level platform approximating Moreno's stage[4]. Usually the sessions began with general conversation which often developed into a group discussion. Although the discussion varied in duration, psychodrama invariably became the central focus of each session.

The total group activity was conceived as a *group experience,* both motoric and verbal.

Although there were many rapidly changing cross-currents in the individual patients, relations between patients and between staff and patients in this group experience, it is felt that the group dynamic profile can be demonstrated as an integral behavorial and socio-psychological whole. The group changes will be described first. An attempt will be made later to relate individual changes to group modifications.

Early Phase—Warming Up—Emergence of Anxieties

During the early sessions after desultory discussion, therapist presented pictures from detective magazines and tabloids which implied sexual or criminal activities. The patients were requested to develop psychodramatic situations on these or any subjects. Up to the 10th session, the patients were mildly obedient, the productions closely followed the pictures presented by the therapist but the post-enactment discussions evaded the subjects brought up. The productions concerned a fear of being adjudged "insane," wariness lest a trap was set by therapist to obtain more sexological material for the courts, fears lest their material become part of a "book" therapist was alleged to be writing, rumors that he would leave soon, etc. A tense 35 year old exhibitionist, B. W., of superior intelligence said after a play of an army camp scene featuring a quarrel among the G.I.'s, "You might slip: might be mistaken for insane, become a forgotten man" (8th session).

Presently, the patients seemed secure enough to develop psychodramatic situations based on spontaneous themes.

It was noteworthy that scenes about hospital activity were resorted to on many occasions when deeper anxieties were stirred in the psychodramas. "Hospital" scenes meant being close to home, perhaps to mother, and were a defense against anxiety developing on being confronted with sexual problems in a social setting.

The tendency to settle a situation decisively was common at this stage. Frequently a doctor or psychiatrist was called in to make a decision in a hospital situation or the last scene was played in a court-room terminating with a judicial decision. This closure principle was fused with guilt reactions and represented apparently a masochistic desire to conform to authoritarian stand-

4. Moreno, J.L., Psychodrama, Vol. I, p. 263, Beacon House, N.Y., 1946.

ards. For example in the 16th session the situation concerned an insurance fraud: after the local doctor examined the prospective policy-holder, a specialist was called in to settle the question of insurability. Throughout the early sessions, patients asked for permission to speak, raised their hands and addressed therapist as "sir" in the face of his own group participation. When freedom to talk with therapist as a member of the group was achieved, the patients made requests for lectures on sex, for individual treatment sessions and more individual case discussion. These requests were especially frequent on the part of the homosexuals. Such indications of a sibling struggle for attention from therapist became unmistakably clear at the 19th session. At this point in a hospital scene L. W., a young rapist, said to a homosexual playing the role of a discharged hospital patient, "I will treat you without that lovey, dovey stuff."

By the 22nd session female staff members were introduced[5]. An ensuing flurry of excitement faded after a few sessions. One alcoholic patient suspected of homosexual interests related an anxiety dream he had (24th session). The patient while intoxicated felt he was two persons, one falling and sinking into a coma, the other observing him. The dream was enacted in a play. Two patients portrayed the split personality. The audience was dissatisfied and a third patient took the role of the comatose and dying patient, acting with vividness. Then a fourth patient, a homosexual, M. L. took over the role: he portrayed a delrious alcoholic with evident pleasure. The vividness of this latter role frightened and moved the audience, particularly the non-homosexual patients. The homosexuals, sensitive to the psychological currents implied in the dream of split personality, quarreled with the non-homosexual patients in impatience with the latter's artistic shallowness on the stage. Two sessions later (26th) an open rift appeared between the homosexuals and other patients. The homosexuals talked sneeringly of the heterosexual deviates, were prideful of their assumed superior status and gained leadership in the plays because of their intellectual and artistic facility. A 19-year old pedophile, H. W. said loudly, "Queers should be analyzed or locked up." In a play (27th session) a scene was arranged in which two teams debated the issue of the alleged superiority of homosexual men, before a Parent-Teacher Association group. The debate was won by the homosexuals because they insisted they had "something" the heterosexual men did not have.

As the action in the 27th session developed, the homosexuals called each other "she," became exhibitionistic in their on-the-stage behavior and demon-

5. The staff consisted of therapist, psychologist, psychiatric social worker, secretary, occupational therapist. All were used in the plays including visiting doctors, nurses, psychologists, attendants and lay visitors who made irregular stage appearances under the same principles as governed regular staff participation.

strated "swish" openly (an exaggerated, dramatized femininization). During the sessions they were vivacious with each other, living out their own special community life to the exclusion of other members of the group. It was obvious that the homosexuals were testing the social value of homosexuality within the group for the "benefit" (the seduction) of the therapist and staff. The "heteros" as they were called, in the audience reacted by aggressive disinterest. Some announced their differences from the "homos" and the bantering moved into recrimination and tension. As open tension mounted, discussions took the place of plays.

In the 28th session, therapist made an interpretation of so-called homosexual "swish" as a piece of acting-out, incorporating unconscious wishes. This was interpreted as a wish to befuddle and to "take" others, akin to a swindling maneuver: the vivacious behavior and pride in superiority covered a deeper wish to embarrass, humiliate, or ensare (and destroy) heterosexual individuals. The interpretation preciptated emotional reactions lying behind the homosexual-heterosexual tension, primarily of a defensive nature. In the 30th session a situation in an Army post was structured and later, one in a state mental hygiene agency. Here psychiatrists in administrative authority were shown to be inefficient and confused: red tape and officiousness made the granting of a simple request impossible. There was considerable merriment in the audience as doctors and army officers were lampooned. Later (31st session) "back-ward" deteriorated patients were depicted as being neglected and crowded. The post-enactment discussion dealt with injustices done patients in the hospital.

Situations dealing with the hospital community showed a different character at this point than when this subject was first introduced (circa 13th session). Now the judgment of doctors and governmental heads was impugned. Officials were played as confused persons unable to empathize with patients or their needs (30th session). What seemed to represent a regressive manner of humiliating the staff was illustrated in the 31st session in a hospital play where the anal habits of "back-ward" patients were exhibited to the great glee of the audience. A 23 year old patient, D. F. convicted of oral copulation with several puberty boys demonstrated a "night on the ward." A staff nurse spontaneously took the role of a ward therapist attempting to control destructive, untidy behavior with simple occupational methods.

This regression gave rise to a reaction-formation within a few sessions. In the 34th session the theme of will power as a means of controlling sexual misbehavior was brought up. The discussion evidenced obvious reactions of shame among the patients. A situation was constructed in this session demonstrating how to handle temptation. The scene was set in an office as a visiting salesman

fought his temptation to steal from an open safe. 35th session. Another situation in this session concerned two youths who wished to "roll" a drunk in the streets. The players and audience were unwilling to portray thievery. The discussion on ethics that followed exposed confusion and difficulty in comprehending the meaning of will power and the general problem of social ethics. The discussion on will power was initiated by G. C., a young exhibitionist and satyrist. It seemed to be related to the homosexuals' attempted seduction of therapist and staff, a movement which was still in progress in plays of this period. In the same session (35th) the homosexuals offered to demonstrate graphically their "hold" on non-homosexual men in later psychodramas.

Midde Phase—Emerging Dependence Reactions

During this period, starting about the 36th session, it became easier for patients to tolerate their own aggression toward therapist and staff. In the 36th session a play was enacted in which an argument developed between therapist and charge attendant as to who had final authority over the patients. At the end of the action on the stage which was chiefly in the form of a controversy over granting a parole card* to a patient, two homosexual patients, T. P. and M. W. asked the therapist what he wanted from psychodrama. They offered the opinion that he wanted to "mature" himself and to learn something to help him with his own children. They complained that the staff was gaining insight at the patient's expense. This projection was interpreted as an expression of sibling jealousy, behind which was deep feeling of dependence on therapist.

In reaction to the interpretation, T. P., the spokesman for the homosexuals stated that the homosexual's objective was to help young people, i.e., to keep younger men from falling into homosexuality. He also stated, with considerable heat, that homosexuality is a degrading subject even for those who practice it. To illustrate this a scene was arranged in the 37th session in which a homosexual became employed in a factory. He was quickly ostracized by fellow workers. In several rather prolonged discussions, it became obvious that the struggle for social recognition of homosexuality and its earlier idealization, has been replaced by a more vital dependence need on the part of individual homosexuals. There were free expressions of basic inferiority feelings experienced by homosexuals, in part occasioned by a release of the homosexual's open interest in the younger psychopathic patients on the ward whom they had been attempting to help.

The struggle for social acceptance of homosexuality continued for several sessions but the essential meaning of dependence demands on the therapist was demonstrated in session 45. During the action in this session, the most active

*Limited liberty on the hospital grounds.

homosexual protagonist, T. P., suddenly requested that the chairs be re-grouped around the stage. The chairs were then moved up almost instinctively as a simultaneous act on the part of all patient: an observable improvement in emotional ease was evident in everyone when the change had been effected.

After the scene, which reenacted the offense of a patient, G. A. who had been caught kissing and fondling his 13-year old daughter under suspicious circumstances, the two homosexuals, T. P. and M. W. were emboldened to remark sarcastically, "Who in hell do the staff think they are—a jury?" These patients had requested that the staff play the auxiliary roles assigned to patients in the psychodrama. This was done and patient M. W. stated, "We want to make the staff ridiculous—so we can accept them." The ambivalence toward the therapist and staff in actuality, as well as toward symbolic parent figures on the stage, became increasingly evident along with open expression of dependence.

Psychodramas during this period continued to deal with hospital subjects, staff doctor attitudes, patient discharges, etc. as a constant reality testing of the emotional relationship emerging between patients and therapist. In a negative way the patients complained of the need for more emotional warmth. After one scene (39th session) depicting a psychiatric meeting, a 25-year old patient, C. A. convicted of a forceful attack on a five-year old girl, said "Doc is a paid performer and we are chapters in his book." Many of the patients were freer to criticize the staff.

In the 44th session, the situation involved a group of students in a campus coffee shop. The students asked a professor if he recommended dianetics and threw out a member of the staff who acted the part of a freshman to the accompaniment of much merriment and sarcastic remarks by the audience. Some of the evidences of open expression of aggression were made in relation to discussions of the curability of homosexuality. Clippings were brought to the group to be read and articles by psychiatrists were discussed, not without some hostility.

One young homosexual, M.L. hereto withdrawn in the group, began seductively to attack a younger male member of the staff, bringing up the problem of domination of one person by another (46th session). The older homosexual, T. P., explained, "We are like women, we watch your weak points and ensnare you" . . . "we manipulate men until we get them where we want them." An interpretation was made at this point that the alleged superiority of the homosexual lay in a secret that did not exist as such. The aggressive intent of this "secret" was interpreted also. The expression of aggressive intent on the part of homosexuals resulted in a renewal of the request to re-group the pa-

tients more closely around the stage by a young pedophile, H. W., who suggested that the edges of the rectangular stage be rounded off, (46th session). Discussions about domination and influence of one person by another, about fear and disinclination to be cured of homosexuality continued. In a scene featuring a boxing match in Madison Square Garden (48th session) the sophisticated homosexual, M. W., took out a nail file and leisurely cleaned his nails while he, a principle in a championship boxing match, ignored his opponent.

The theme of need for affection and unconscious dependence on therapist reappeared in an enactment (49th session) concerning a hospital scene where a child lay dying. Nurses and doctors were called in to save the child. Finally a specialist, P. W., not a "staff" doctor, was called; he said the child would be alright. The action was realistic, the audience tense and involved emotionally in the hospital scene. At one point tension was dissipated by the suggestion of patient, L. W., who said in an offhand way, "Stick the baby in hot water," a remark which evoked a sudden gust of laughter.

There was a general tendency to display inventiveness on the part of the patients, the situations being closer to multiform life experiences. Psychodramas dealt with marriages, deaths, births, engagements and other aspects of family life. There was an observable reality use of female members of the staff in structuring the scenes. In session 51, a portrayal of a suburban family was given: the young lady of the household sat on the porch (behind the stage) from whence issued sounds suggestive of spooning. Responses of the audience to this scene varied. In the main, fantasies of sexual activities at various levels were reported. Several patients became alarmed at the pantomime. During the following session (52nd) renewed demands were made on the therapist for explanations of the technique of cures and complaints that not enough practical help was offered. One elder pedophile, Z. G. remarked to the other patients, "You are looking for a shot in the arm instead of working out your problem."

The "family" situations brought a reaction in which several patients requested that women staff members be excluded from the group: this was done temporarily. Immediately (54th session) a series of brief scenes were enacted at the instance of an exhibitionist, G. C., detailing his family history. These showed the patient's promiscuous natural father, several step-fathers of differing character, his relative rejection by these step-fathers, etc.

The next scene deals with ward life, featuring horseplay of distinctly homosexual coloring. Several patients complained that female staff members were absent and demonstrated their irritation by demands for more individual attention and requests to see their Rorschach results.

As an experiment the Rorschach of one patient, S. E., was read. The reaction was a hushed silence with many requests from others for their Rorschach reading. It was noteworthy that one female staff member protested that giving out a Rorschach report to a patient was a breach of professional practice. Therapist interpreted the wish to see the Rorschach results as a scoptophilic tendency. It also meant "we gave you our feelings, why don't you give us something: attention, warmth?" (56th session).

Throughout this period it was observed that the patients were more concerned with the content of the psychodramas and were displaying a tendency to act out freely. Throughout the "breaks," patients tended to discuss the inner meaning of the situations in relation to each other's feelings and problems. In the 59th session a prison scene spontaneously developed. The scene was realistic: one warden was permissive but the other was a disciplinarian. An escape was planned and executed: prison yard activity and cell life were enacted faithfully. The audience was absorbed in the action: one aggressive homosexual, K. J. said, "I lost myself in the play." The patients felt most secure with a firm warden against whom they could complain than with a humanitarian warden.

The interplay between dependence and unconscious aggression came out in a startling way in the 60th session. After a long discussion concerning the effect of broken homes in the history of sexual deviates, P. I., a 60-year old homosexual school teacher, developed a situation involving "cops and robbers." The psychodrama was full of action and abandon. The patients jelled around the idea almost instinctively. The therapist and staff were kidnapped, therapist was held ransom and the noisy rebellion on the part of the robbers was pursued to the point of exhaustion. The activity was enjoyed immensely by everyone. The unity among the "robber" group was noteworthy, as was the satisfaction consequent on the mock-killing of cops by robbers and the reverse. The central vein of this piece of acting-out was repeated in the 62nd session in a situation at a ceramic plant in which the workers struck. The plant was picketed and production was halted to the accompaniment of great hilarity.

In the preceding session (61st) one of the pedophiles P. W., had insisted in an interminable harangue that he was not receiving his just "rights," i.e., as a hospital patient. Explanation of administrative rules did not break through the "neurotic stupidity" of P. W. as the group clearly recognized. The shunting off of perception of social rules (administrative rules) on the basis of persistent infantile anger was recognized by the group in the case of P. W. The ready participation in the "cops and robbers" play by everyone, including P.W., was used to demonstrate how infantile aggressive impulses could be tolerated by the ego if allowed kinetic expression (acting out). This was brought into

relation also with actual reactions to reality frustrations of hospital life.

Later Phase—Acting-Out: Portrayal of Individual Problems

With greater freedom in acting-out on the stage, came greater social activity on the ward. An elaborate ward party was organized, accompanied by generosity, politeness and a developing social sense on the part of the entire group of sexual deviates. The staff and attendants were feted and entertained. During this period, greater social use of parole privileges on the grounds occurred. The group jelled around an inter-family pattern. Gayer clothes were worn, the patients groomed themselves more carefully and there was more social contact with female staff members and with female patients who had been allowed ground parole. The plays reflected this channelling of aggression into social living and feeling, more camaraderie was present and in the plays also, less sarcasm was evident in the interchange during the discussions. The male members of the staff were treated in a more rough and tumble way and there was an obvious "brotherly" tone to the relations within the group, not excluding the counter-transference reactions on the part of the staff. This freedom of emotional expression also allowed more open expression of repressed libidinal and regressive trends as was shown in scene of the 63rd session.

In this session a restaurant scene was enacted. One patient complained of a fly in his soup, whereas patient M. W., hitherto caustic and withdrawn, became the fly, dressing in outlandlish fashion. Two homosexuals in the restaurant became hilariously flirtatious with female staff members and the scene approached a Bacchanalian feast in pantomime. M.W. dressed even more oddly, offered patient D. M. to the diners as a lobster. He then proceeded to eat patient D. M. cutting slices off his buttocks with relish. The audience was apparently entranced by the outcropping of almost psychotic behavior on the part of M. W. and discussed the symbolic meaning of the action rather openly.

The situation was repeated in the 66th session in a scene referred to as "Laugh, Clown, Laugh" by the patients. This was cast as a circus side show with considerable realism and involved all the patients. In an atmosphere of enjoyment, M. W. portrayed a catatonic clown, vividly dressed in odd bits of rags gathered backstage, who laughed hysterically and then suddenly fell dead. The tension over this sham-death was extreme: several patients rushed to feel M. W.'s pulse and D. M. removed part of the "dead" clown's costume, dancing a jig dressed in a yellow veil. The meaning of the extensive acting-out of M. W. was discussed thoroughly and the group perceived the implication of his acting, as "I laugh—but I die within." Another patient, C. A. commented, "He showed feelings which we are holding back: we are afraid of them."

The entrance of individual psychological problems into the group activity had been evidenced sporadically since the early sessions. The clown scene opened the way to a jelling of the group around the analysis of the underlying emotional problem of one individual—the clown, patient M. W. Patient M. D. who assumed the role of interpreter by dancing a jig over the prostrate body of the clown after adorning himself with the latter's costume, was in fact, working through the meaning of the sham-death symptom in a kinetic way. Within a few sessions (69th) this patient, D. M., a pedophile, became involved in a scene in which he gave candy to children playing in the street. This was a graphic approach to depiction of his own offense with children. In session 70, D. M. assumed the role of a fortune teller. He called patient M. L. to the stage and conducted an intimate, quiet tete-a-tete with him. D. M. questioned the patient as a psychiatrist would across a small table.

The same theme of crude imitation of psychologic analysis, reappeared in the 72nd session, with an ambivalent identification with the staff. Here a female staff member represented a depressed patient brought to the emergency room of a general hospital after the usual home measures proved of no avail. She had been "cheered up" by the family, a new car bought from an optimistic salesman, a trip was suggested by a friendly neighbor, etc. In the hospital, nothing helped the depressed woman. Finally D. M. was called to the bedside, as a psychoanalyst. He recommended an enema and suggested to the parents of the depressed girl, "stay out of bed with each other." During these sessions (68th to 72nd) sexual problems were openly discussed. Patient L. G. (homosexual) proudly allowed his masturbation before an open copy of Esquire to be discussed. Other intimate details of ward life were disclosed. The sustained interest in character difficulties as defenses against and derivatives of deeper emotional elements was given impetus by a dramatic reaction in the community.

For several weeks tension had been mounting in the hospital and community, because of the increasing socialization of sexual patients. A surge of hostile feeling was expressed in local clubs, P.T.A. groups and among the hospital staff. Particularly irritating to the local public (medical and lay) was the observable reduction in feelings of degradation by the sexual patients. The demand for strict restriction of sex patients under treatment was overwhelming. The culmination of this trend was an administrative order to lock up all sex patients, (before the 71st session) with a vengeful restriction of privileges for all patients classified as criminal or psychopathic. The immediate reaction to this action was a stronger jelling within the group with increased loyalty to the therapeutic ideal which had been freely discussed throughout the sessions. In the play of the 71st session, a mass meeting of citizens and the Parent Teacher

Association was enacted which presented a realistic appreciation of society's anxieties regarding the treatment of sexual offenders. The sociodrama demonstrated a closer awareness of the social implications of sexual crimes.

Paradoxically, however, community pressure with consequent lock-up seemed to relieve guilt feelings within the individual patients and increased their security feelings. One patient, a pedophile, K.R. said at this session "If you can't do time, don't do crime." As the lock-up continued and promised to be permanent, the situations reflected consternation on the part of the patients and mounting anger as the possibilities of terminating the treatment became more certain.

In the 75th session a legislative session was enacted, involving the whole group wherein state senators allowed consideration of a pending bill on sex offenders to trail off into political scheming and aggressive jocularity including the unseating of one staff member because of improper credentials.

Final Phase—Ambivalence: Reality Appreciation

The finality of opposition to the sexual therapy program consolidated an attitude on the part of patients which held the therapist and staff in a realistic role: the therapist was no longer completely identified with authority. Ambivalence was evidenced in gossip on the ward and was expressed more freely in group discussion (76th session). Simultaneously exposure of basic emotional problems occurred more freely. In the 76th session, a homosexual, M. L. brought up the problem of why he cannot like men without trying to "make" them. Another patient interpreted this as a fear of M. L.'s being unloved. Masturbation was discussed fully, especially by the obsessive patient, D. M. Then patient M. L. described his "rocking" tic which was played out in a nursery scene (74th session). This rocking tic which the patient still utilized in adult life for falling asleep, was interpreted as a reaction to early rejection.

Ambivalent feelings stimulated by the forthcoming cessation of therapy was reflected in a spontaneous play of a duelling scene (77th session). The scene was laid in 1876 and started in a quarrel in a restaurant. The patients enacted the scene realistically. When patient G. C. was shot in the duel he was removed from the stage, then brought to the chapel where an elaborate funeral service was staged. Although there was much subdued "kidding," genuine emotions were aroused at the funeral. The mock-corpse was strikingly passive during the funeral service which consumed a full session. The details were highly imaginative, even to the weeping widow and mourners and reading of psalms. The successful duelist, L. G., paid the widow $1000 at the funeral as a voluntary compensation. Considerable anxiety developed in some patients as G. C.

remained immobile on the stage: patient D. M. touched the body in "curiosity" as he explained. In the ensuing discussion the duelist who had been "killed" asserted he had been treated unfairly by the referee. He claimed he was not allowed time to bring out his second gun which he secreted under his coat in addition to the mock weapons both duelists were given. The unsuccessful duelist planned to use the small gun after he failed with the larger one. This device was interpreted as a defense against his passivity and masochism towards therapist (the hidden small gun). A further interpretation was made that the duel and death derived from unconscious death wishes against therapist. The formalism of the scene and the generalized emotional display was pointed to as being significant in the play. Neither interpretation was accepted during the discussion.

At the next session (78th) the discussion turned to fear of further punishment by the attendants if the patients expressed themselves openly in reaction to the continued restrictions on the ward. It was pointed out by therapist that the patient's fear of being punished further was unwarranted and arose from a deeper guilt reaction to the patient's own unexpressed hostility. A general discussion as to the characteristics of sex deviates developed in which self-consciousness, inferiority and supineness were felt to be outstanding traits. The character trait of supineness was acted out in pantomime by staff and patients. The group felt that confrontation of a specific symptom by acting, facilitated their perception of the social effect which various symptoms produced. The scene which followed (79th session) was laid in a bar-room and the patients attempted to show their freedom from supineness by rowdy, aggressive behavior.

The last two sessions (80th and 81st) were devoted to a realistic discussion of the administrative restrictions to further treatment imposed under community pressure. The feeling of cohesiveness within the group as they discussed their psychological position in society and their individual attitudes toward sexual deviation, was clearly visible. Out of this grew motivation for continued therapy. Increased maturity was evident in the patients' view of their own deviations. Almost universal was the statement that each patient felt less tense, less fearful of groups of people. Ability to verbalize feelings and attitudes and greater ease in expressing themselves motorically (kinetically) was apparent to all the patients. All were agreed on their decreased self-consciousness and on their own inner magnification of the repulsiveness of their offenses and the expectation of punishment. Fear of ridicule when speaking about their offenses was freely recognized by the patients in the early sessions. As a corollary, actual fear of women staff members, a strong disinclination to be too close to them physically, was revealed by the patients as an expected finding.

Another common statement from the treated patients was their recognition that sex deviates are not "born" or more accurately, that deviation is not necessarily related to physical factors, obesity, shortness of stature, size of ggenitalia, quantity of sexual "passion," etc. Many felt their "knowledge" of sexual life increased, by which was apparently meant, a perception of the universality of sexual part-functions and concomitant impulses. Perhaps the most outstanding development, in the behavior of the patients, was a feeling of solidarity, a "we" feeling in the group. Patient M. L. stated, "Even the heteros talk to me now." An interesting therapeutic result was the relief of a sense of isolation common to all sexual deviates. This was partly due to the experience of acting-out and partly to the development of group solidarity. The reality factor of community hostility had the effect of bringing the patients to an acute perception of their need to understand, if not to solve, their anti-social behavior.

I

Discussion

One of the crucial aspects of psychodrama in contrast to other types of psychotherapy, is that of acting-out. In psychoanalysis and individual psychotherapy, acting-out is discouraged since it is considered a type of resistance to the perception of unconscious motives emerging during the treatment process. For this reason, verbalization of unconscious material and memories is encouraged to facilitate its recognition and integration within the ego. In psychodrama, however, where acting-out is also recognized as a species of resistance, it is used to demonstrate the influence of other-than-conscious motives in a way few patients can evade. Acting-out is encouraged in psychodrama in an atmosphere of socially acceptable play. The function of play, accepted as an adult occupation within the framework of the group, is to allow anxieties and instinctual drives to be more readily tolerated and comprehended by the patient's ego.

Play itself, representing a graphic channelling off of emotional tensions, is one approach to anxiety-laden situations. In childhood, it is a characteristic behavior. Children master dangerous or exciting situations by reproducing them in miniature, so to speak, in play thus reducing their emotional charge. This function of play has been studied by psychodramatists and child analysts and utilized by them in treatment of child neurosis. For the psychopath in general and the sexual deviate (sexual psychopath) in particular, playing in a permissive atmosphere, is the only way in which a symptom or character structure can be objectified preliminary to its study. Further, play lends itself to acting-out by constructing a loose, yet restricting spatial limitation for the

expression of instinctual drives clothed in fantasies.

Psychopaths act out constantly in their daily lives because of the intense anxiety generated within them by the onrush of instinctive impulses. Acting-out for them is a defense against this tension which has become solidified into a behavioral pattern. This classical defense of the psychopath becomes doubly stimulated on the approach of an authoritarian figure and is the reason for the inhibition of the potential development of a transference. The psychopath reacts to treatment by running away, i.e., acting-out. He cannot tolerate an impending emotional relationship with a therapist because it stimulates his deep and intolerable unconscious dependence on the authoritarian figure, against whom he also has conscious aggressive feelings since the latter represents society. Hence the psychopath is notoriously resitive to psychoanalytic therapy. We have found in our group experiment that a potent means of dissolving the defensiveness to therapy among character deviates is psychodrama of a relatively undirected "playful" type. If an atmosphere of play becomes acceptable (aided by participation of staff in play-acting and by the absence of structuring), acting-out can then be the subject of later study and analysis. The ego-supporting significance of this process is of course, an important collorary element in the therapy.

The part played by the stage itself, when used as a focus for study of interpersonal relationships in patients, requires consideration. It was commonly observed by patients and staff (including visitors) that the preliminary embarrassment on mounting the stage was often accompanied by anxiety and discomfort. This was experienced as a fullness in the head, a sense of somatic disorganization not definitely localizable: feelings of stiffness of the extremities and of immobilization. These body image changes were accompanied by a self-critical attitude, probably related to the exhibitionistic urge stimulated. This anxiety soon faded in most individuals, as they "warmed up" (Moreno) and physical comfort associated with a slight euphoria superceded the uncomfortable feelings.

We have assumed that these changes were related to the extension of ego boundaries that occurred when one leaves the audience for the stage. In the new situation in which he finds himself, the individual's customary narcissistic protection which had become established in the mileu of the audience, is ruptured. The new environment, the stage, interrupts the narcissitic equilibrium which the ego had established to a definite spatial-personal situation. The patient is no longer "of" the audience: his space identity has been altered. As the play developed and the actor assumed an emotional role, his narcissistic protection was re-established, and an equilibrium in the new spatial environment,

on the stage, relieves him of anxiety. There are undoubtedly individual elements relating to exhibitionistic urges in the several patients affecting the sequence of events sketched above. Nevertheless, it has been a matter of observation that improved interpersonal relations and decreased feelings of isolation follow changes in space orientation. It is the sense of belonging to a new spatial group that accompanies the re-establishment of narcissistic equilbrium which allows the patients to tolerate interpretations or confrontations presented pointed at their acting-out on the stage.

The modification of ego boundaries during participation in psychodrama is a potent force in increasing group identification. The members of the audience also, as they had themselves experienced narcissistic changes following space reorientation, are better able to identify with the actors and hence empathize with those whose motives are being studied. One reaction to the anxiety occasioned by the rupture of narcissistic equilibrium, was evident in the request of patient H. W. and T. P. that the stage be rounded or the audience brought closer to the stage (and therapist). Among staff members and visitors also, mastery of ego boundary disequilibrium after acting on the stage brought decreased anxiety, increased empathy with the patients and a better group identification. A corollary to these changes of great therapeutic import, was the reduced unconscious hostility towards sexual deviates. It is worthy of note that the attempt to spread this technique of ego-boundary extension to attendants, staff physicians and the local community, was strongly resisted. There is good reason to believe that resistance to a treatment program for sexual deviates is an unconscious perception of the potentialities for oncoming empathy with sex offenders, a group which society has always consciously repudiated.

Within the treatment situation, the problem of social hostility towards sex offenders had to be dealt with in miniature as each staff member and visitor exposed his unconscious social prejudice. In a sense this perception increased the group solidarity and consequent ability to express ambivalance toward the therapist and staff. The expressed fears that the therapist was "fooling" them (48th session) and that they were "fooling" therapist was in part a reality testing situation in which the extent of participation in social prejudice on the part of the staff was being plumbed. This phase of treatment, which reappeared regularly in decreasing frequency, was dealt with by frank statements of the therapist's position in the social-punitive-therapeutic scheme in which the sexual deviates were being treated.

Thus the patients experienced the inescapable psychological fact that the staff, as members of society, recognized their own social and cultural uncon-

scious bias while at the same time the latter maintained their therapeutic interest. In this way the projection to the therapist of a magic, omnipotent, protecting role tended to be neutralized. The basic need to have the patients objectify their sexual psycho-pathology could only be accomplished in a reality setting. By the device of including psychological reactions of the staff in the discussions and interpretations, the accepted therapeutic aim became a plausible one. This aim was to send patients back to society equipped to face their problems realistically through decreased ego tension (anxiety) with insight into the neurotic basis of their deviation, understanding of the symptomatic displacement of their aggression, perception of their confusion in sexual identifications and improvement of their interpersonal relatedness.

The highlights of psychodrama, viewed as a permissive group experience, promises, with further technical refinements, to be an effective means of treating sexual deviates. In the face of widespread clamor for segregation, imprisonment, and even castration of sexual psychopaths, this method begs for further employment.

PSYCHODRAMA IN AN ARMY GENERAL HOSPITAL

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Psychodramatic techniques were used extensively by this author in the treatment of mental casualties in the Army in an evacuation hospital in Germany and in several general hospitals in this country, and finally at the Brentwood Hospital of the Veterans Administration in Los Angeles.

Because of the recent flare-up of hostilities in Korea and the possibility of an extension of this conflict, the availability of psychodramatic techniques for treatment of psychiatric conditions brought on by the war should again be emphasized. For this purpose, the records of a patient who—during the last war—was treated with psychodrama in Army General Hospital (Butner General Hospital, North Carolina) was selected.

The technique of J. L. Moreno was used, generally. No set lines were given either the patient or the auxiliary egos—the "script" developed as the scene progressed, with a short summary or idea of the scene given before the acting started.

In an Army Hospital there was no stage available, and the scenes were largely a matter of improvising settings and locales needed. Scenes were simulated with chairs, boxes, desks—whatever was at hand. Although some scenes were done in the actual ward itself, where other patients were used to form a platoon—or called on to take the part of an officer or non-com, most of the treatment was given on the back porch of the ward. This porch is a well-lighted, closed-in room of 20 by 10 feet, furnished with a desk, several chairs and a small stenographic table. A stenographer was present at each session, so we are able to give a complete, verbatim transcript of the scenes.

The case of Private Z, presented here, is not in any way unusual. It is presented, rather, because it is not unusual and therefore is typical of many cases.

Private Z is the son of immigrants—the father, a coal miner in a small settlement in Pennsylvania, is Russian the mother is Polish. No mental or nervous disorders are in the family history.

The patient, as a small child, became nauseated at the sight of blood, was afraid of the dark and afraid of snakes. Private Z graduated as an honor student from high school at the age of 16. He suffered a great disappointment during his senior year when he was rejected from the Air Corps because of color blindness. After school he worked for short periods of time as a coal miner,

then at a soda fountain, and as a member of the maintenance crew on a railroad. He states that he did not stutter before entering the Army, and had never had sexual relations with girls before he went overseas.

Private Z was inducted into the Army in October of 1943 and had basic training at Fort Benning, Georgia, as part of the Army Specialized Training Program. The ASTP was discontinued shortly afterward and the patient felt that he was railroaded into the Infantry against his will. He was not successful as a Platoon Sergeant and was transferred to the Parachute School. He became frightened when he had to jump and was again transferred. He was sent to the front (landed in Europe in January, 1945) as a Radio Operator, but was again placed in the Infantry. He was in combat, doing house to house fighting for three months.

It was during the last days of the war that the patient had some experiences which were to hinder him later on. American soldiers looted German homes and on two occasions he raped German girls at the point of a gun. He stated that he did it to prove to the fellows that he was a real man. At another time he threw a hand grenade into a German hospital and was preoccupied later about it. The patient, all his life, has had a feeling of inferiority and has —over and over again—acted in what he thought was an impressive manner, to assert himself.

Private Z was hospitalized after a summary court-martial for "completely forgetting" to report for guard duty. At the hospital where he was first confined he is described as "seclusive, withdrawn, constantly biting his nails and rubbing his hands. His speech was characterized by severe stuttering." The patient expressed numerous paranoid ideas of reference, especially feeling abused by the Army. He stated that all the dirty jobs were given to him and that everybody was making fun of him.

The patient was oriented in all spheres. His recent and remote memory were fair. His intelligence, according to the Wechsler-Bellevue Test, was 11 years 11 months (IQ-85). At the General Hospital on an open ward he had many arguments with wardmen and nurses, feeling abused whenever they suggested that he should participate in the maintenance of the ward. He was transferred to the closed ward in December of 1943. Here he received several sessions of psychodramatic therapy—re-enacted his past life history and his traumatic experiences overseas. Then re-training was begun with special emphasis on the correction of his speech. It was attempted to readjust him to the world which he would have to face after leaving the hospital. The patient improved greatly, he was less tense, his speech was better—his stuttering less severe. He had no difficulties with the ward personnel, participated well in ward

activities, enjoyed calisthenics and Occupational Therapy, and was looking forward to working on his uncle's farm after he was released from the hospital.

Following is a description of a few situations which were enacted psychodramatically:

SCENE 1

Doctor: Private Z, Christmas is coming soon and we want you to imagine that you are in a Department Store buying gifts for the members of your family and for your friends. This nurse will be the saleslady. Pretend that this desk is the counter and you come up to the counter and buy whatever you like.

Saleslady: Good morning. Can I help you?

Private: Good morning. Yes. I want to buy some stuff for gifts—for Christmas—you know. I want to buy something good—something real good. Can you suggest something?

Saleslady: Whom are you buying the gifts for?

Private: First I want to get something real good for my mother. You always get the best for your mother and what is left over goes for your dad. I've got a lot of money—and I think—that she could use a washer. You got those new ones? Bendix, I think?

Saleslady: Yes. We have those.

Private: Well, that's what I want. I would like one of them where all you have to do is flick a button. That's for my mother.

SCENE 2

Doctor: How do you remember your father?

Private: We kids would be playing when the miners would come home and the other kids would leave the game and run to their dads—and they would throw the kids up in the air and let them have their dinner pails and eat what was left in them. At these times I just didn't give a damn. I would go the opposite way from my dad.

Doctor: Suppose we act this out. The Sergeant here will be a playmate and I will be your dad coming home from work (Patient and auxiliary ego stoop down and pretend to be playing marbles).

Playmate: *Hey—Ed—here comes your dad. Let's go meet him.*

Private: No—Let's go over here around the building. Come on—let's go before he gets here (Moves off hurriedly—playmate hurries to catch up with him).

Playmate: How come—Ed? Don't you like your dad?

Private: No—I don't care for him.

Playmate: Gosh—How come?

Private: He's dirty—comes from the mine—and he'll make me quit playing.

Playmate: Yeah—but my dad and the other kid's dads are dirty too when they come from the mine.

Private: Yeah—but—come on—let's get out of here.

SCENE 3

Doctor: How do you remember your mother?

Private: My mother—she was very good to us—but she did have arguments a lot. My dad never hit my mother but he would always yell at her.

Doctor: Do you remember one occasion when that happened?

Private: Yes—I can remember a lot. I remember we had a chicken coop in the back and we had to lock it up in the evenings. My mom did that but when my dad worked in the daytime he usually did it. But this time my dad worked at night and my mom forgot to lock it and a cat came in there—and the door was open—and it killed a few baby chickens and the other ones ran away. We got them back—but the next morning my dad blessed her out about it.

Doctor: Where did this happen?

Private: In the kitchen.

Doctor: Show us how your father talked to your mother. This Lieutenant will be your mother and you play the part of your father.

Private: (In the role of father) Well—Dad came in (Patient keeps his eyes on the floor and explains in an aside: "I remember Dad never looked at Mom." Patient resumes part of father).

Private: (In the role of father) Damn it, why don't you do your work—why don't you wise up—you old lady. You should watch your chickens. We don't grow them on trees. You're just plain lazy.

Mother: I'm sorry. I forgot.

Private: (In the role of father) Them other women are on the ball. You just don't give a damn. You don't give a damn about running this house. You expect me to slave in the mine and also run your house and raise kids. Wise up. You should know better. You're always goofing off. I'm fed up with it all. You should get on the ball.

SCENE 4

Doctor: You have told us about your father and mother. Now tell us something about some of your friends.

Private: My best friend in high school was Tommy P_____. We were very good friends there. We were always together and in our senior year they wanted Naval flyers—seventeen year old boys to apply to be flyers. I wanted

to fly for the Navy—more than anyone. *Tommy didn't mind. I had no trouble* getting him to see my way. I was rejected—and he got in.

Doctor: Let's act that scene. The Sergeant here will be the man at the Induction Center—and this patient will be your buddy, Tommy. You describe the Induction Center to us.

Private: It was a small room and had a big table there—and had a chair on either side. There was a shelf there and a big stack of books on the side. The man was sitting behind the desk. There was a window behind the desk. (Patient points to places designated as table, chairs, windows, etc.).

Recruiter: Good morning, fellows—what can I do for you?

Private: My friend, Tommy, here and I read where you want seventeen year old boys to enlist as Naval flyers and we would like to enlist.

Recruiter: I'm sorry, fellows. We have too many applications now. We can't take you.

Private: You can't do that. You got announcements in the papers and over the radio that you want kids to join.

Recruiter: I know—but we have reached our quota and we can't take any more.

Private: Okay. I can't help it. You are bound to have lots of them flunking out so you'll probably have another quota.

Recruiter: Sorry, fellows. (Patient and friend walk out—as patient says to Tommy:).

Private: He doesn't know what is going on. Let's go over and see somebody who knows something. This Lt. Commander will know the score (Patient and Tommy go to another desk where an auxiliary ego acts the part of Lt. Commander).

Officer: Good morning. Could I do something for you?

Private: I got a complaint. We was talking to the recruiting guy and he said that they are not taking any more applications for V-5 and I read in the papers where they need seventeen year old kids to join and this fellow said they are full and don't need any more.

Officer: Are you high school graduates?

Private: No—but we will graduate in June and we want to enlist in the reserves of V-5. This guy didn't even give us an application.

Officer: Why do you pick the Navy?

Private: Tommy and I are on the beam and there is more glory in the Navy.

Officer: Fill out these applications and we'll see (Patient and Tommy fill out applications and give them to the Lt. Commander).

Officer: Congratulations, Tommy. You qualify. But, Ed, we have to reject you because you're color blind.

Doctor: What did you do then?

Private: I couldn't say nothing. I couldn't say nothing. Tommy was yappity-yappity all the time but I couldn't say anything. Later on I often wished he would die. When I thought about it I wished the Japs would shoot him down and he would get killed. I was so jealous. Often when I was lying on my bunk I thought about it and wished he would get killed.

Doctor: Let us see how that was. This will be your bunk. Now speak out loud the thoughts which went through your head on such occasions (Patient lies down on bed and begins speaking his thoughts out loud).

Private: Tommy, the lucky bum. He got a good deal there. Boy, that kid sure is in now. He should really be enjoying himself there and I'll probably wind up in the Infantry and take all that mud they are going to throw at me. I just hope to heck that the Japs catch up to him some day. Aw phooey, that's what should happen. You try to help somebody and you just get a boot shoved in your face all the time. I just hope the Japs shoot him down and he gets killed.

Doctor: What happened to you overseas?

Private: Well—there was the time me and my buddy were in France—and a couple of girls came along and invited us to go home with them. I didn't want to because—because I'd never slept with a girl before—but I was afraid not to—I was afraid my buddy would laugh at me.

Doctor: Let's see how that happened—and tell us what you thought as well as what you said. Sergeant, you be the buddy—and Lieutenant you and this other nurse, please, be the French girls (Patient and his buddy sit down—the two girls approach).

Girl: Hello, soldier.

Buddy: Hiya.

Private: Uh—hi.

Buddy: Sit down. Sit down.

Girl: You like to come home with us—no?

Buddy: Okay. Sure.

Private: You go if you want to, Joe, but I'm tired (Patient says in an aside, as he speaks his thoughts: "I never slept with a girl before. It's a sin—I know it is—and anyway—you get all kinds of diseases).

Girl: Come on soldier.

Buddy: Sure, come on Ed.

Private: (Aside, speaking his thoughts) He will think I'm a sissy. He'll tell the others and they'll make fun of me. They'll all be laughing at me. I have to

show them that I'm a man. (To his buddy and the others) Okay—come on—let's go.

Doctor: Now, show us what you said, and what you thought when you and your buddy left the girls. (Patient and his buddy walk down the street).

Private: (Braggingly) Boy, did I have a good time! She was some stuff all right! (Patient says his thoughts in an aside) That was disgusting, no fun at all—but I can't let him know it or else he'll laugh at me and tell the others—and they'll all laugh at me.

SCENE 5

Doctor: Did anything like this happen any other time?

Private: Yes. This time we raped the girls.

Doctor: Where did this happen?

Private: In Germany. In Essen.

Doctor: Describe how it looked.

Private: Well—windows were blown out everywhere—a lot of houses had been bombed—about every second or third house was bombed. I remember there was a street car still standing on the rails—it was all broken down. There were a lot of chimneys and factories around—some of the chimneys were blown away—or part of them. This time another buddy and I were walking along—and we saw two German girls in a window (The two women auxiliary egos take places behind a desk to represent the window—and the patient and his friend walk in front).

Friend: Hey, look at them Frauleins . . . Let's ask them if they got any Schnapps.

Private: Okay. Hey, have you got any Schnapps?

German Girls: Yes, we have.

Friend: How about a drink?

German Girls: All right—come in.

Friend: Let's go in. We have our guns. We can have anything we want from these Frauleins—anything! This is war.

Private: (To his friend) We aren't supposed to fraternize. (Aside to himself) We can get in plenty of trouble for this. They court-martial you for fraternization.

Friend: Aw—who will know? What's the matter—you yellow?

Private: Well—no—come on, let's go. (Patient explains to doctor) Afterwards it was the same way as before. I told my friends that it had been great—and I'd had a good time. But all I could think of was those poor girls—and how they cried—and begged us not to hurt them. They were real nice girls too.

The scenes reported so far were intended to explore the past history of the patient and revealed him as an individual who all his life had been suffering from feelings of inferiority and was over-compensating for them. The scenes which follow were planned to correct his handicaps and to bring about a better integration of the patient in society. They are rehabilitation and retraining situations—For reasons of brevity, only a few of them are included here.

SCENE 6

Doctor: Now, let us suppose that you are sitting with your buddy at a table in a cafe. Two girls that you know come over to your table. They know you but do not know your friend. You carry on a conversation with them (Patient and auxiliary ego sit at a table. The two girls approach—the patient does not stand up).

Doctor: Let's try it again—you should stand up when young ladies come to your table, and wait until they are seated before you sit down again. (The girls go out and come into the scene again. This time the patient and his friend stand up until the girls are seated).

Private: How are you Margie—and Sue?

Doctor: (Interrupts) Just a minute. They don't know your friend. The first thing you should do is introduce them. Say the girls names first and then the man.

Private: Margie—Sue—this is my buddy, Joe. (All acknowledge introductions).

Private: It's a nice day, isn't it?

Girl: Yes, very nice.

Private: We were walking and we got so damn tired we came in here.

Doctor: (Interrupts) Just a minute. Gentlemen don't swear in the presence of ladies. Say it again.

Private: We were walking—but we got tired, so we came in here (Patient stutters over several words).

Doctor: Speak slowly—say each word carefully.

Private: (Patient repeats what he has just said saying it carefully, without stuttering) We were walking—but we got tired, so we came in here. We went to the movie last night.

Girl: Did you like it?

Private: Hell—it was terrible.

Doctor: Take it again—without the "hell."

Private: I thought it was lousy—er, terrible. The technicolor was all right and the dancing was pretty good, but I thought the acting was lou—er—rotten. Did you see the picture?

Private: Sure, it was all right, but it makes me mad when I think all the money them damn guys in Hollywood make (He stutters—and snaps his fingers when he does).

Doctor: Hold your hands to your sides when you talk—and talk slowly—be careful about saying "damn."

Private: (To doctor) Okay, sir. (Says each word slowly and carefully.) It makes me mad when I think of all the money those guys in Hollywood make.

SCENE 7

Doctor: Can you see yourself as a soapbox orator? Stand on this soapbox (chair). You are in Hyde Park. You can say anything you want to—talk about anybody you want to. Just go right ahead.

Private: This whole Army stinks! It has been proven that if this damned Army ever done anything it has always been for the swindle of it's helpless and oppressed victims—by that I mean the soldiers in it. It's been proven that if the damned Army ever granted its victims a raise it always made them work all the harder for it so that in the end it wasn't worth it. I know because I've been in it so long. The swindlers claim that all soldiers get a months furlough every year. Well, the only people I ever saw go home for a whole month were the stupid suckers that re-enlisted. The scums claim that the Yankee G. I. gets the best food in the world—but don't tell me—I know—because I've been in the stinking mess known as the Army for over two years and it stinks. If you so much as say boo—they'll throw the whole damned book at you and make life so miserable for you that you would rather be shot or in a concentration camp instead. Talk about concentration camps—why—if there's one of them that is worse than the Army on this lousy earth—I'll give you a million dollars for each one you find. Of course, there are those scums that mill around the Sergeants and Corporals just for the sake of trying to get a miserable promotion out of them so they could go on abusing the poor G. I. but that kind of promotion just stinks with the foul odor of slavery. I believe that a man should have dignity and have pride instead of stooping to be nice to some damned hillbilly Corporal who probably drank a still full of bootleg whiskey before he ever found out about milk. (During the above scene—many times the patient stuttered, gestured wildly, and snapped his fingers. Each time he was advised to speak slowly and hold his hands to his sides).

SCENE 8

Doctor: Now—let's pretend that you have already been discharged from the Army—and you go into an employment bureau to see about a job. The Sergeant will interview you for a job. (Sergeant seated at a desk as patient comes in).

Man: Good morning. Please be seated. What can I do for you?

Private: I want to see about a job.

Man: Fine. What kind of a job would you like?

Private: I'd like to be a truck driver.

Man: All right. We have lots of calls for truck drivers. You drive a car?

Private: No—I can't.

Man: Well—maybe you'd better get some other kind of a job then. You see—you can't get a job—unless you have had some training for it.

Private: I might go to school.

Man: That would be fine. What would you like to study?

Private: Something easy—like—maybe diplomacy.

Man: Well—that takes a lot of training too. You should know a lot of languages, and quite a few things. What else is there you like to do?

Private: I like to be out of doors. You know—like on a farm.

Man: Do you like life on a farm?

Private: Yeah. I do. I got an uncle that's got a farm.

Man: Why don't you go and work for him? That would be a good job for you.

After a number of session in which special attention was given to his speech defect and during which an effort was made to build up his ego—it was possible to discharge the patient who was now prepared to meet the world beyond the confines of the hospital ward.

Summary

1. Psychodrama proved useful as a method of clearing a patient in a comparatively short period of time, and returning him to private life.

2. Psychodramatic scenes, guided and selected, brought to a sharp focus some underlying personality problems of the patient. It enabled him to see himself as others saw him, and to understand that self.

3. Psychodrama clarified the patient's mysterious feelings from which his inferiority stemmed. He gained a practical understanding of his motives, his identification with his mother, his resentment and fear of his father.

4. Psychodrama helped build up the patient's ego. The very fact that he found the group before whom he worked kindly and understanding gave him confidence that he would be well-received by society when he would return to civilian life. Actual practice in social activity, normal participation in the usual life-scenes, gave the patient assurance with which to meet those real life scenes.

5. Psychodrama, as a means of "getting things off his chest" enabled the patient to air his suppressed resentments. Repetition of the scenes eased and desensitized the emotional sore spots.

6. Courage came to the patient through psychodrama before his "friends" —the hospital group. Their sympathy and decent treatment renewed his faith in himself, and the human race—that faith without which a man falters in life.

7. Careful coaching to avoid stuttering after the patient came to understand the cause of it—gave him confidence in himself and his ability to overcome handicaps. Psychodrama enables the group to share a mass kindness and understanding that makes possible a gradual improvement in a physical handicap such as stuttering.

8. Psychodrama served to make clear to the patient his emotional development. It helped him fill in the gaps that had subconsciously worried him. He understood himself and was not fearful. The confession before his friends was good for his conscience, it unburdened and relieved his guilt feelings.

9. Repetition of the scenes made them clear by a non-directive method. Each time a scene was repeated the patient, who did not have a high level of education, understood a little better his deep seated fears and maladjustment. In time this desensitized him until his fears vanished and he was able to return to society.

10. By psychodramatic rehearsal of many "future scenes" that the patient would meet upon his return to society, possibility of a relapse was minimized. The patient learned to handle situations that he would meet, so that later when he actually came across these or similar situations, they would have a pattern of action and confidence.

11. Psychodrama proved itself to be a practicable method of handling war neuroses and quickly returning men to service or civilian life.

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PSYCHODRAMA OF DRUG ADDICTION

By Betsy Buck

Under the supervision of J. L. Moreno, M.D.

Psychodramatic Institute, Beacon, N.Y.

Transcript of a Session

Moreno: You four are here for drug addiction, to find a solution to this problem. Many years ago people would come to a doctor, especially a psychiatrist, and think that they could solve their problems. It has taken us years to realize that you can help the doctor and each other far more than you realize. Your feeling that the solution has to come from the priest, rabbi, or the psychiatrist is underestimating the power of healing which is within each of you, and also what one of you can do for another. Now, that is why we are meeting in groups, in a controlled environment we are trying to see what we can do to help one another.

This is the group "warm-up" period. Dr. Moreno draws the group together, helps them feel that they are a group, and from this matrix Frank emerges as the protagonist.

(The group seemed to agree with this. Frank nodded eagerly and, at Dr. Moreno's request, stepped upon the stage and sat down beside him).

Frank: I can see how one man who's in trouble could help another.

Moreno: Now Frank, let's be perfectly honest. Why did you come here?

Frank: Well, for one thing, the main thing, I wanted to cure myself of drug addiction.

Moreno: Have you been a consumer and also a peddler at times?

Frank: Yes.

Moreno: Give us now a picture of that situation. Where do you live?

Frank: I live at 41st Street and Lexington Avenue. In a housing project.

Moreno: Do you live alone?

Frank: I live with my parents, my mother, my father.

Moreno: How old is your mother?

Frank: About fifty-six. And my sister-in-law, and my brother, Johnny, and one child live there, too.

Moreno: How much do they know about you?

Frank describes his social world, his surface social world, the family con-

stellation. His family knows nothing about Frank's other activities. This is his front.

Frank: Nothing, they are completely in the dark.

Moreno: And have you been peddling recently?

Frank: I've been peddling all along, until the last day when I came here, the cops were on my trail again.

Moreno: But how can you conceal the drugs from your family?

Frank: I have an apartment separate from the family.

Moreno: You have an apartment independent from your home?

Frank: I have an apartment independent from my home for the purpose of cutting the drug.

Moreno: Alright Frank, now with whom are you connected?

Frank: Well, I do business with an Italian fellow in the city.

Moreno: What's his name?

Frank: Chops.

Moreno: Chops. Where does he live?

Frank: He takes care of a theatre on 105th Street.

Moreno: How old a man is he?

Frank: About thirty-eight years.

Moreno: Married?

Frank: No.

Moreno: How did you meet him?

Frank: I know him from the neighborhood.

Moreno: When do you meet him?

Frank: I meet him mostly at night in his apartment.

Frank describes his underground social world. It consists of the dope ring, includes the higher up-Chops, who receives the drug from the smugglers. Frank, in turn, sells the drug himself and has distributors who sell it for him.

Moreno: Now, let's reconstruct the situation. Where do you meet him?

Frank: At 110th Street, between Second and Third Avenues.

Moreno: What is his telephone number?

Frank: None, they took it out. He used to be in the bookie business, and he lost his phone.

Moreno: Where do you meet him, in the living room?

Frank: Well, I'd drive up in my car and he'd be standing about three buildings away on the street.

Frank peddles the drug in order to support his habit. In addition to this job he has a legitimate job as a waiter in a well known hotel restaurant.

Moreno: You fix the car on the stage, and you (George) take the part of Chops. You explain it to him as you go along.

Frank: I've already told him about it.

George, another addict, has never acted in a psychodramatic production but, through his gradual "warm-up" into the situation, and by virtue of his familiarity with the same type of situation that Frank is dramatizing, he proves to be extremely competent in all the parts that he plays in the production.

Moreno: Here is Chops. What is he doing?

Frank: He is standing there waiting for me. We had an appointment, that we made the previous day.

Moreno: Have you any money with you?

Frank: I have my money with me.

Moreno: How much do you have?

Frank: One hundred and fifty dollars.

Moreno: Go ahead and act.

(The action begins, George in the role of Chops and Frank as himself).

Frank: How's everything? Looks pretty good.

Chops: Come on inside the door. You want anything?

Frank: You know what I want and I hope you have it ready for me.

Chops: You want to taste it?

Frank: No, I know you wouldn't take me for anything. If its the same as I got last time . . . I got a couple of complaints from my customers. Some come back and they tell me its no good.

Chops: After it leaves my hands I can't help what you do with it.

Frank: Well, I don't cut it after it gets in my hands, when I get it from you. I put it on the market the way it is.

Chops: Just like it is?

Frank: Being as you don't use it, you don't know. But I use it and I know.

Chops: I know what I'm buying though.

Frank: But how can you tell the quality of the stuff if you don't taste it yourself? You can't take another person's word for it.

Frank tries to get something more from Chops. He claims the drug wasn't any good, not through any fault of his own. Later he admits he did cut it more for his customers.

Chops: Why do you buy it from me then?

Frank: Why do I buy it from you? Because I've been getting good stuff lately.

Chops: Then you've been cutting it down yourself.

Frank: But I get complaints . . .

Chops: Did you use it yourself?

Frank: Yes. It was wonderful for me because I didn't cut it.

Chops: Did you cut it for your customers?

Frank: Yes, for my customers.

Chops: Then you must have cut it too much.

Frank: No, I didn't cut it too much. I put a spoon and a half of milk sugar to the quarter of an ounce.

Chops: I don't see how there are any complaints unless . . .

Frank: Well, let's not argue about it.

Frank changes the subject. He has been cornered in his lie about cutting the drug.

Chops: I give you good stuff and what you do with it is your business.

Frank: I'm a little short this week, five dollars short.

Chops: Well, that alright.

Frank: So, here's the money, count it.

Chops: (Counts).

Frank: Everything alright?

Chops: Yeah.

Frank: So you can expect me some time the day after tomorrow.

Next scene begins. Moreno warms Frank up to further action. The "network" through which the drug is distributed is explored.

Moreno: Now, Frank, you are buying from Chops?

Frank: I am the direct connection with Chops. I am the only one that does business with him.

Moreno: Well, Chops works with a lot of people.

Frank: Well, the connections that he has, he gets it direct from smuggling into the country from Canada.

Moreno: Do you know the way he gets it? Have you ever been with him?

Frank: I've taken him in my car to pick it up.

Moreno: Let's see that. Frank is now taking Chops in his car, but where do you go?

Frank: We're all dressed up, pretty sharp. We're walking back and forth. "How much stuff are you getting Chops? (George is now taking the role of Chops and Jim is in his own role).

Chops: A few ounces. Come on, we'll go down town.

Frank: Same place I took you last time, that's by the Eighth Avenue subway, right?

Chops: Right.

Frank: So what do you want me to do, drop you off a block or so . . . ?

Chops: Yeah, and wait.

Frank: Who you get the stuff from?

Chops: If I tell you, then you'll know too much.

Moreno: Where are you now?

Frank: Sitting in the car.

Moreno: You are sitting in the car. Where does he get it from?

Frank: He gets it direct from the smugglers.

Moreno: The only one you know is the deliverer. What's his first name?

Frank: John, he's about forty-five.

Moreno: Does he take anything?

Frank: No. Chops has a record for smuggling, too.

Moreno: Frank, I want you to be Chops now for a few minutes. You are in the role of Chops. Do you have a record?

Moreno has Frank take the role of Chops so that he can explore Frank's perception of Chops, and also to facilitate the "warm-up."

Chops: Yes.

Moreno: How much?

Chops: I'm a two time loser.

Moreno: Are you now on parole or something?

Chops: No, I'm out.

Moreno: How do you keep out of jail? How is it that they don't get you?

Chops: Well, I usually have people go down and work for me. There are young fellows around here, they like to make money, they like to dress nice, so, I give them a package to deliver, I give them maybe five or ten dollars, depending on . . . some I gotta give more and some I give less. Depends on how much they know. They deliver the packages for me and they bring me the money. You'd think they would run away with it, but they don't, they bring it right to me.

Moreno: When did they get you last?

Chops: The last time was sometime in 1945.

Moreno: The last six years you must have made a lot of money.

Frank: I haven't been in business that long. I lost my car the last time, I had a '41 Cadillac. I lost the car because the drugs were in the car and the cops took it. I was on parole a year after that.

Here Frank "falls out of the role" and starts to tell about himself. His future perspective is revealed. There is no future except jail. In listening to the playback of the recording after the session Frank told us that he had fallen out of the role here.

Moreno: *How long was your last sentence?*

Frank: It was for a period of 18 months.

Moreno: You know what you will get next time? (He would probably receive anything from 20 years to life).

Frank: But it's worth it, I am making money.

Moreno: Alright, Frank, go ahead with the scene. You are to take the role of the smuggler from Canada. You're going to meet Chops. Go ahead with it.

Frank: Alright. Well, I'm waiting out in the street. I see Chops as he approaches me. As he's coming toward me I turn and we're walking together down the stairs into the subway. As we walk he has the money in an envelope and he takes it out. I pass him the package, we don't stop to look at the contents of the package. We know that the money is there.

Frank takes the role of John, the smuggler. George is in the role of Chops. The scene is partially acted out and partially talked out.

Moreno: You don't count it?

John: No, we've been doing business for a long time. There're too many people involved to try to do any dirty stuff. So before we break off we want to make it seem quiet and everything, and so we shake hands. "O.K., take it easy Chops." I take the money and he goes up the stairway. In the meantime Frank's been riding around the block in the car. Then Chops gets in the car with Frank. It all looks natural, nobody catches on. Then I drive Chops home.

Moreno: Now what do you do?

Frank: I get back into my car and drive away.

Moreno: Get into your car. Where do you drive now?

Frank: I drive to my furnished apartment on 17th Street and get the keys from the landlady.

Frank: (to the landlady) You don't mind if I bring a friend up, do you?

An auxiliary ego comes on stage to take the part of the landlady.

Landlady: No, it's alright.

Moreno: Who is the friend?

Frank: Rocky, he's outside.

Moreno: What relationship does he have to you?

Frank: The relations that we have are purely business. He has the scales.

Moreno: Does he have it on him?

Frank: He has it in a small case. Then the two of us go into the apartment.

Moreno: Then go. (George comes on stage to take the part of Rocky. The action begins).

Moreno: Does the landlady know what business you do?

Frank: No.

Moreno: Does she have the slightest suspicion?

Frank: She has not the slightest suspicion. She thinks I'm a very clean cut boy.

Again the deception in which Frank lives comes to the fore. The landlady in in the dark about his real business just as his family is.

Moreno: Do you ever sleep here?

Frank: From time to time.

Moreno: Go ahead.

Jim: Well, while I'm getting the teaspoon he's preparing the paraphenalia, the scales, the cutting equipment, and so on.

Moreno: Alright.

Frank: I come into the room there, we have a table, something like this here. (Pointing to a table on stage) I take out the ounce package from my pocket. It's in a cellophane envelope.

The private world. The remainder of the session revolves around what we have designated as the "Private World." This is the major area in which Frank functions and finds gratification. He is the master of this world, the "little boss." The addicts come to him for the heroin which is the center of their lives.

Frank: The hereoin is in powder form. I put it down on the table. Then on the bottom of the table I have a shelf. I have all different kinds of paper, packets, small cellophane envelopes, and I pick them up and put them on the top of the table. I get another piece of cellophane and I empty the contents of the one ounce package onto this piece of cellophane. And there it is (Pause). Next, Rocky here, takes the milk sugar and we cut it in proportion like to the quarter of an ounce we put two spoonfulls, heaping teaspoons of milk sugar to the quarter of an ounce (George acts this out as Rocky as Frank explains).

Frank: I think you got a little too much there. It's too hard to be pushing junk. I like to have good stuff. This is for me here. Don't cut that. That's a quarter of an ounce for me.

Moreno: Does Rocky get something from it?

Frank: Yes, he gets his drugs. He's also a drug addict. In the meantime I'm preparing a hypo-needle for myself.

Moreno: Where is the needle?

Frank: It's stashed under my bed. I have it attached under my bed with a piece of tape, because the landlady comes in and cleans up my room everyday. So I take the tape off, and I remove the works. And as I pick them up, I walk over into the room and I lay them down on the table. I go back into the bath-

room and get some water, hot water. I take my spoon, it's a large spoon. I unwrap my packages, it's in a little pocketbook, I have two hypo-needles. I still have some drugs left over from last week, but I put them aside. I want the new stuff, the better stuff. I take out two spoonfuls, which is about the equivalent of six caps. I put it in the spoon. Then I take my eyedropper which has a baby nipple on the top, a pacifyer. I take that and I put it into the spoon and I draw up some water, half way about. I put the water into the spoon to dissolve the hereoin. Next I have a little lamp I use, usually use matches, but at my apartment I have these different conveniences, so I light my lamp. I take the spoon and I start to cook my heroin. In the meantime he's still working. "I hope this stuff is good, Rocky."

In this passage it is interesting to note the "large volume of words" used to describe the business of cutting and taking the drugs as compared to the volume of words used to describe previous situations. This, of course, indicates the relative importance of this phase of Frank's life as compared to the other phases of his life.

Rocky: Well, make it fast, I want mine, too.

Frank: I'll let you know. If I get a good goof off, I'm liable to give you a little extra stuff, if I'm feeling good. pick up my eyedropper, the needle is not attached to it. I put a little wad of cotton into my spoon and draw up the heroin. Then I attach the needle to it. After I attach the needle I ask Rocky for his belt, "Give me your belt, Rocky."

Rocky: It's a new belt, don't bite it.

Frank: Ha, ha. I attach the belt around my arm. And then, to get the veins to pop out, I shake my arm. I usually hit main line, as you can see by my marks. Then I make myself comfortable, I always must be comfortable. I lean back, cross my legs, and ask Rocky to light up a cigarette. After I get the heroin in me, I have a strong desire for smoke. Rocky lights up a cigarette for me, I'm waiting.

Moreno: Just a moment now, Frank, as you are now sitting here, now do you need that?

Frank: Oh yes, I'm craving for it.

At this point the audience became restless, they moved in their chair leaned forward intently, watched every move. The other addicts in the group were completely involved, living through their own remembered feelings. Afterward Margaret said that she craved the heroin so much at this point that she almost left the session.

Moreno: What is it, what's the matter?

Frank: I'm sick.

Moreno: What do you mean sick?

Frank: I have hot flashes, I'm always continually yawning and sneezing.

Moreno: Where do you have the hot flashes?

Frank: All over my body.

Moreno: What else do you have?

Frank: I have chills at several intervals. Cold. I have an anxiety to get the needle into my arm, to get the taste of the medicine.

Moreno: Do you like the taste?

Moreno is again warming Frank up to a further intensity so that he can relive and condense into this scene the thing that has been the focus of his life in the past.

Frank: Yes, I like the taste. I like the taste cause I know the stuff is good and will have a better effect on me if the taste is good.

Moreno: Do you take your pulse once in awhile?

Frank: Yes, it's irregular.

Moreno: Now when you take it, try to reproduce exactly the position that you are in. Is it about how you are now?

Frank: I don't always use a belt, I use a handkerchief.

Moreno: You use a belt or a handkerchief, and you are relaxed when you sit. Do you do it anytime when you are laying on the bed?

Frank: Several times at night I do it laying back on my bed. I have the radio on.

Moreno: Rocky is just helping you out. He doesn't do it himself at the time.

Frank: After I take my injection he'll take his.

Moreno: Go ahead in action. He is ready for you.

The psychodramatic acting out has led to an "intensification" of interview.

Frank: Umm. My viens look good today, don't they? So I take the hypodermic and I put it next to my vien, in diameter with it, and I tap it in. I tap it into my vien and I usually hit right away. I never miss. I remove my belt immediately, because I don't want my needle to clot. And I take the pacifyer and I squeeze it very slowly into my vien. Before the full contents of the eyedropper are in my bloodstream I already feel the effects. And I say to Rocky, Oh, this stuff is good (All of this is said slowly and with much feeling).

Rocky: Sure, it's good, but come on, let's go. I want to get mine.

In the role of Rocky, George was warmed up to himself at this point and showed real impatience to get the imaginary needle into his own arm.

Frank: It's gone, man, let me boot myself. This is the kick, I got to bounce it, after all. It tastes just like it ought to.

Rocky: I'll wash it out.

Moreno: What goes through your head at the time?

Frank: Well, I'm enjoying myself. I'm thinking how good the stuff is, and I'm already thinking about when I'm going to take the next shot. As soon as it wears off I want to have more. It's very good.

Moreno: It's very good. How long does it take you until you feel good?

Frank: Instantly, a matter of seconds. We're doing business with a man, well, he gave me good merchandise. It was anywhere from forty to fifty per cent pure. And if an addict in New York gets heroin that is twenty per cent pure, he's getting good stuff. I was dealing with customers who were old timers, ten or fifteen years, junkies.

Moreno: Go ahead from there.

Frank: I'm through with my injection. Rocky is through packing everything, all the decks are in, he has them by the hundred. Puts a rubber band around them. He's preparing his hypodermic.

Rocky: It will only take me a second to fix this one (Rocky goes through the motions).

Frank: Be careful you don't get an overdose. I'm really goofy, this stuff is great, man.

Moreno: Did you ever get an overdose yourself?

Frank: Yes.

This is Moreno's clue to the next scene, the "overdose" of heroin. He immediately takes this clue and explores it further, bringing out the situation and warming Frank up to it.

Moreno: What happened?

Frank: I went out, I lost consciousness.

Moreno: How long ago is that?

Frank: About a week before I came here.

Moreno: Were you alone?

Frank: No, I was with a friend, Joe.

Joe, 19 years old, is Frank's homosexual companion. Through introducing Joe to the drug, Frank has managed to get complete control over him. Frank gives Joe the heroin. Without Frank, Joe would not be able to supply his habit. He has a wife and two children to support. Joe is an addict and could not voluntarily give up his habit. Therefore Frank has retained his power and has made Joe virtually his slave.

Moreno: Did you call a doctor?

Frank: No, there was a druggist.

Moreno: He is in the gang?

Frank: No, he was just passing by. I was laying on a Central Park bench. He didn't know me, he never saw me before, but he saw me laying there. Maybe he thought that these fellows were holding me up, but he came over anyway and took my pulse.

Moreno: You take the part of the druggist and you take the part of Frank being unconscious on the bench (Frank takes the druggist's part and George takes Frank's part).

Druggist: I'm taking the dog for a walk. As I pass by I hesitate and stop and look at the man who is laying prostrate on the bench. He is very pale. Seems to have no blood in his body at all. I bend over and the first thing I do is take his pulse. After I take his I open up his shirt, and he is perspiring profusely, and I put my hand under his heart. I tell the fellows, "You'd better get this man to a hospital." And then I walk away.

Moreno: Go back and take your own role, Frank. Now what happens from here?

Frank: The whole thing took about four hours. In that time two of the fellows left and one, Joe, he remained, he was my constant companion.

Moreno: You are still unconscious at that time?

Frank: I'm still out, like I'm moaning. I'm half conscious and half unconscious.

Moreno: Change the lighting.

White lights are changed to blue-red. George takes the role of Joe, Frank's friend, and Frank is in his own role. The lights assist in the warm-up to this production of unconsciousness, sickness.

Moreno: Try now to go back to that level if you can, you are back on the park bench, one fellow is alone with you. Stretch out on the bench, make yourself comfortable. Close your eyes and breathe deep, breathe deep, try to go down, deeper down. Now try to feel yourself into that mood when you took an overdose, a week before you came here. Just at that time you had taken an overdose. What is going through your mind at that time?

Frank: I'm very weak.

Moreno: Very, very weak, you are very weak.

Frank: And I'm dizzy.

Moreno: You are dizzy.

Moreno repeats the words Frank says in order to push him into the feeling he had at that time.

Frank: My eyes are half-opened.

Moreno: Do you know what has happened, Frank?

Frank: Yes, I'm aware of what's happened, and I'm afraid.

Moreno: You are afraid. You are afraid that you might not be able to wake up again, or what?

Frank: Yes, that is my main worry.

Moreno: Why don't you go to a hospital, Frank?

Frank: I'm afraid that I might be arrested if I admit myself to a hospital.

Moreno: They might find out?

Frank: Yes, they report those cases to the police.

Moreno: You think they might see the effect of heroin on you and . . . and so you can't afford to call a doctor.

Frank: Well, the main reason is that in New York they give you a cold turkey cure. That is my main fear, why I do not go to any hospital or to the authorities. Because I have already kicked one habit, cold turkey, and I know just the way they treat you.

Moreno: So you don't call anyone.

Future perspective: the future holds nothing for Frank but a painful withdrawal from the drug, sickness, jail, or death.

Frank: Yes, I take a chance by myself.

Moreno: Now, what do you think as you are laying there on the bench, Frank?

Frank: Well, I feel a little disgusted about taking heroin.

Moreno: Do you really feel that way at that time?

Frank: Yes, I feel disgusted with myself for being in such a condition, and the novelty has worn off.

Moreno: And when you see yourself in such a pitiful condition . . .

Frank: I hate myself for being in such a condition, and yet I excuse myself by saying that my body needs it. I let it go at that.

Moreno: And so here you are, and how long are you laying there?

Frank: I'm laying here about three and a half to four hours. Joe learned at the penitentary that when they get this way, walk around as much as you can. So he grabbed me by the arm and started . . .

Joe: Come on, man, get on your feet, let's walk. If the law passes here and sees you goofing off like this we will both end up in the can. Come on, keep moving, now.

Frank: Aw, let me sit down for awhile.

The effect of the repeated warm-up is seen in this scene which continues uninterrupted and in which the production reaches its climax for Frank.

(Joe pulls him up from the bench and helps him walk around).

Joe: Come on. You got to walk, you got to.

Frank: Get me some milk, I feel a little better now.

Joe: Alright, alright, just keep moving.

Frank: Take me down to the avenue, will you?

Joe: Why to the avenue, what's so hot down there?

Frank: I want some milk. It will cut down a lot if I get some milk. I want some milk. Take me down to the Blue Room.

Joe: How can we walk through the streets like this?

Frank: We'll have to tell 'em I'm drunk. Did you hide the stuff?

Joe: Yeah, I got it under the park bench.

Frank: I don't want to lose that stuff now, shall we go back and get it?

Joe: Leave it go, what's a few caps or so?

Frank: A few caps.

Joe: Compared to a few years in the can. Two more blocks, you got to keep moving, watch the lamp post. You are better off walking, come on.

Frank: I want to throw up.

Joe: Go ahead, heave.

Frank: I didn't eat anything, I can't.

Joe: Put your finger in your mouth.

Frank: But I got nothing to throw up, don't you understand? I didn't eat anything since this morning. Wait awhile will you, can't you see the way I am?

Joe: Come on, though. You want to stay here and die here?

Frank: Well, I told you if you want to go, go.

Joe: I don't want to leave you here. Do what I say. We'll get something to eat.

Frank: We better take the table in the back where I can lean back.

They enter the restaurant and take a table in the back.

Joe: Don't goof now. D. K., what do you want to eat?

Frank: (Whispers) Just milk.

Joe: (Gets the milk) Drink this, maybe it'll make you vomit. Frank, Frank, come on.

Frank: I can't hold the glass. I got the chills.

Joe: But look where you are. You gotta control yourself. Drink some of this. Come on, come on.

(Frank vomits at the table).

Joe: That's good, vomit, vomit, all you can.

Frank: Give me some more milk.

Joe: Go ahead, drink and vomit, that's the best thing.

Frank: Hold the glass.

Joe: Do you feel like walking some more?

Frank: No, I'm too tired.

Joe: How do you feel?

Frank: I feel a little better. The chills are wearing off. I don't know how to thank you.

Joe: It's alright, you would have done the same for me anyday.

Frank: I don't want you to feel you are obligated, you can go anytime you want to. I know your girl is waiting for you. I feel better, I can do alright by myself.

Frank tests Joe's loyalty, then, finding his answer, suggests they take a shot together.

Joe: You'll be alright, now. It happens to everybody now and then.

Frank: I may sound crazy to you, but I know the only thing that will take these chills away is another shot.

Joe: I know it is, I'm waiting for you to walk.

Frank: I'm better already. (They get up and leave the restaurant). I got flashes, and yet I get cold. Do you want to go back to the bench, you know where I was sitting?

Joe: I know.

Frank: Right under there.

Joe: You want to wait here?

Frank: Yeah, just let me alone.

Joe: Come on, Frank, snap out of it. Frank, get on your feet.

Frank: I'm okay, get the stuff, will you?

Joe: I'm afraid to leave you here. You want to go back to the can, huh?

Frank: I'm goofed, man.

Joe: Yeah, you're too goofed. Come on.

Frank: Don't make me get up, will ya?

Joe: What do you want, down here?

Frank: I shouldn't have taken so much.

Joe: You're always the wiseguy.

Frank: The stuff was so good I couldn't help it. I'll have to take that other shot. I have an overdose now, and I take more, it'll make me worse, but the last time it did me good. Come on, let's go, I don't want anybody else to find the stuff.

Joe: You had it stashed good.

Frank: You can let me go now. I want some candy.

Joe: We'll find a store.

Frank: But I want a shot.

Joe: Well, then come with me, what's the matter with you? Which one is it? (meaning the bench).

Frank: The one on the end.

Joe: Yeah, it's here, you stashed it good.

Frank: We'll go to 98th Street. We'll go up to the roof, go to the bathroom, we'll shoot up there. I hope you don't mind if I take the first shot?

Joe: Yeah, you can take it.

Frank: O.K., let me go. Here we are, you go up first. Anybody up there?

Joe: No, it's clean, quick.

Frank: Just lead me to the top floor. Look out for the landlady. Open the door. Be quiet. Hold the stuff in your hand in case you have to throw it away.

Joe: Yeah, yeah, go on, walk.

Frank: Light over the roofs, they'll hear you. We gotta cross three roofs.

Joe: Take it easy, boy.

(They reach the bathroom).

Frank: Put the seat cover down (They sit down and prepare the shots). Give me a deck, one deck is good.

Joe: You don't want a whole deck, I'll give you half.

Frank: It's my stuff. Give me a deck. You going to give me a deck?

Joe: I'll give you two-thirds.

Frank: I want a deck, or I'll fix it myself. Look, I'm asking you as a friend. Give me a deck, the whole thing (shouts).

Joe: Listen, if I fix up a deck for you, you won't walk out of here. Understand that? You listen to me for once.

Frank: Why don't you fix the deck, what's it gonna cost you? Nothing, you can have . . .

Joe: It may cost you though.

Frank: Just fix me the deck and you can have two later.

Joe: Oh, you're getting generous, huh?

Frank: Don't talk like that, you know everytime I've got stuff you have it too. I always share it with you. Why don't you give me a deck?

Joe: You'll kill yourself.

In this scene, Frank continually plays his power against Joe. It is a continuous power struggle. By taking an overdose of heroin Frank has put himself in the weaker, dependent position. He struggles to see that Joe doesn't take advantage of this weakness.

Frank: Arguments, arguments, all the time.

Joe: Alright, you got cotton?

Frank: I'm sweating like a dog.

Joe: I got six pairs of shoes home, no cotton in them.

Frank: Mother always sees there's no cotton in my shoes, and says "where's the cotton?" and I tell her it wears out. If she only knew. You know I've been taking stuff for so long and they never get wise.

The secret life is again evident.

Joe: One day they will get wise, one day they'll blow.

Frank: You got the stuff?

Joe: Yeah, give me your arm.

Frank: Man, this stuff is great.

Joe: Bounce it back a few times so you'll know what you're getting.

Frank: Massage my arm a little bit. My viens, I can hardly see them. You put too much water in it, man, I told you.

Joe: Go ahead. Shoot it that way.

Frank: You weakened the stuff. If it wasn't that I liked you so much. I can't hit.

Joe: Come on, let's get high.

Frank: You know, everytime you get an overdose you only have a bigger desire after.

Joe: Yeah, I know all that crap. Shoot it in.

Frank: That's the crazy thing, huh?

Joe: Come on, shoot it in, I don't see how you can miss it.

Frank: Loosen the belt. Easy, will ya? Don't move the needle. What's the matter with you? Take it off easy, now leave it on, in case you have to tighten it again. Maybe I haven't got a bad hit. Let me bounce it once. Yeah, I got a hit, man! Boy, this stuff is great. Whew! I feel better already. This is like . . .

Joe: Shoot it already.

Frank: I gotta bounce it. Let me get high. Do I bother you when you get high?

Joe: You bother me all the time lately.

Frank: Bother you all the time, yeah. You don't mind when I come and give you stuff, huh? Why don't you learn to get it on your hustle. What would you ever do if I stopped giving you drugs, anyway?

Joe: I'd get my own drugs.

Frank: What would you do? How? Yeah, you got a wife and two kids, you can hardly support them, how are you going to supply a habit?

Joe: I'll support my own habit, if that's the way you want it. I'd march around the whole damned city and find it. If you want to cut it, we'll cut it.

At the threat of dissolution of the relationship, Frank uses his trump card. Joe cannot supply his habit without Frank.

Frank: Aw, stop bothering me. Keep quiet, will you? Here, take a shot.

Joe: I'm gonna take a whole deck. I haven't got no overdose like you.

Frank: You're going to take a deck, huh? Alright, go ahead. For being such a hog, maybe you'll get what I got.

Joe: I won't get it, I'm alright, now.

Frank: Got a smoke on ya?

Joe: Yeah.

Frank: Gimme 'em.

Joe: Here. Aw, you're always arguing, always arguing.

Frank: It's always this easy to get stuff, maybe this racket isn't so hard.

Joe prepares to take his shot.

Joe: Where's the cotton?

Frank: Look, I always keep cotton in my works, why don't you keep cotton in your works? I don't know, some of you junkies, you keep your works so dirty, wrapped in paper, why don't you keep them clean, and a clean wad of cotton?

Joe: You're the guy who always keeps the same cotton.

Frank: It's how much you know, you won't even listen.

Joe: Tonight you weren't saying nothing.

Frank: You remember the first time I hit you?

Joe: Yeah.

He is giving himself his injection.

Frank: Gee, your arm is so light I could see those marks a mile away. Did you hit yet? Why don't you sit down?

Joe: Unuh.

Frank: Boy, that stuff is great, man.

Joe: Oh yeah?

Frank: I'm starting to goof again, ya know? We'll pick up on the flick after this. Go downtown. I won't be able to drive though.

Joe: I gotta watch my shirt.

Frank: Yeah, you better.

Throughout this entire scene Moreno has not had to interrupt once. Frank had reached the peak of his involvement and proceeded spontaneously through the scene.

Moreno: Cut here. Thank you, George. (George returns to his seat in the audience). Let's stop here for a moment. I would like to talk to you about this now. I tell you, Frank, we are interested in the relationships you have to other people. For instance, you have a girl friend. Did you ever get her to take hereoin?

Frank has a girl friend, older than he, who he exploited. In exchange for making love to her, she gave him money, and other things he might need. He had nothing but contempt for this girl and her love.

Frank: No, that's one thing I consider very cheap, to get anyone on the habit. I got one man on the habit, and to this day it bothers my conscience. That was Joe. He's married and has two children.

This is the beginning of the group discussion, the purpose being to re-integrate Frank into the group and to draw out from the group their reactions and their own experiences in like situations.

Moreno: You see, it's a peculiar thing. The way it is with the drug is like the way you make a girl. You want a closer relationship with someone. Tell me, as I was watching you there with Joe, do you know what an orgasm is?

Frank: Pardon me?

Moreno: It is the climax to the sexual act.

Frank: Oh, intercourse, yes.

Moreno: It is as though you had a sexual act with the drug. You do not want to have it alone. You need someone there with you, like Joe. As the drug takes away your desire for the sexual act, you use other substitutes.

Frank: That's right. Maybe that's why I had Joe come with me that time. You don't want to do it alone, you want someone there.

Moreno: There are some drug addicts who want to take it alone, and there are others who need warmth and affection, a companion, who will do the drug "act" with them. It takes you out of that loneliness, and you then have friends. You know that Joe is alright, he is one of your own kind.

Frank: I only permitted this one fellow to know about me. I kept it away from everyone else.

Moreno: Of course, there is the fear of discovery but there is one exception, if he is in the same shoes with you, if he takes it too. The fact is that Frank here gave it to Joe.

Moreno: How did it start with you and Margaret, George? Did you fall in love with her before she started taking the drugs?

George: No, first it was the drug. First we took the drugs together and then I got interested in her.

The drugs served as a "warm-up" to love relationship.

Moreno: I see.

George: First of all we smoked reefers.

Margaret: It's a funny thing, Dr. Moreno. George didn't pay too much attention to me until I decided to try the stuff one day. Then we began going around steady; he'd invite me to parties with some other friends of his. I knew

I had to take it or lose George, and so I took it. I was scared stiff, I was so scared I cried.

Moreno: Yes, Margaret.

Margaret: I soon found out that it made me feel so good that I wanted it in spite of George. I guess I became more of an addict than he was. Then we got married. We became addicted after that.

George: I tried to break away from it once, we went out and lived with my aunt and uncle, but Margaret wouldnt' stay there. I knew I couldn't do anything while I was taking it, but I couldn't stay off it. I lost my job, we used up all our money, pawned everything we owned in order to get money for the drug.

Moreno: But George, what did you think you would do when everything was pawned, when you didn't have any money left?

George: We just didn't think about that. It's a funny thing, when you have the drug in your body, everything seems easy, you don't worry about the future, you feel great. You don't even care about eating much, so all the money can go for the stuff.

Moreno: How is your sexual life while you take the drugs?

Margaret: Well, after you become addicted you are always so exhausted that you don't want it much for that reason. The desire is still there.

Moreno: The desire is still there, but the exhaustion is so great that the desire cannot pull through. Is this true also about men, George?

George: Well, this feeling we've had of exhaustion, we can't carry on a normal sexual life. It just happened in the last few months. We've been using it for three and a half years, at first off and on, and just since we were married, steady. When you first use it steady I think we carried on more.

Moreno: (To the audience) The future perspective is as lacking for this couple as it is for Frank. Their whole being is concentrated in the present satisfaction of desires. I would like to explain something to you, George. Society operates on many tracks. The warm-up to any object or person is exclusive. You cannot warm-up in several directions at the same time. And so, if one track becomes to you the main line of communication for emotions, feelings, values the other tracks become obliterated, you don't use them anymore. Disuse of function plays a great role in all warming-up, also in sex, love. So it may be that what George acknowledges after a long use of the drug, the desire for the drug is predominant, and the sexual desire itself begins more rarely to emerge. Have you ever done this in groups, four or five, taking it together?

Frank: We had a "shooting gallery" just before I came up here.

Moreno: How many did you have there?

Frank: They came from all over. Sometimes ten or twelve.

Moreno: Where did you do this?

Frank: On 115th Street, between Park and Lexington.

Moreno: How do they go there?

Frank: One drug addict always comes with another, and if they haven't the works they go with someone who has. In order for one to use the hypo who hasn't got one, they would have to give the owner a certain amount of drug.

Moreno: They do it together. Do they also make love to each other?

Frank: No, it's really just the drug that brings them there.

Moreno: Is it a club or just a gathering?

Frank: Just a gathering, every day a different hour of the day.

Moreno: Do they pay for it?

Frank: No, only for the drug. They must share what they have.

Moreno: Do they have a certain enjoyment seeing each other in action?

Frank: They do, they seem to like to see the effect on the other fellow. And they find out where to get the best drug.

Moreno: It's a certain support you get from seeing someone else do it.

Frank: That's right.

Moreno: There is another question that comes to my mind, a very important question. How can we solve the problem from the point of view of the public? It seems to me that there are three different types of people connected with the drug. There is the peddler. Then there is the peddler who is also a consumer, who peddles the drug in order to support his habit, like you, Frank. Then there is the plain consumer, like Margaret and George. They are the weaker ones because they are not cold and objective. They are mixed up emotionally with it.

George: That's true. You can't think about it when you are on the habit. You know it doesn't do you any good, but you can't stop.

Moreno: Well, there are several things we, as society, could do. We can prohibit it by law, as we are doing now.

Frank: That doesn't work very well. If you really enforce the law you just drive the peddler further underground. You'll never catch the big boys, or stop it entirely.

Moreno: Then there is the idea that we could make it legal, sell it freely.

Frank: That wouldn't work.

George: I think it might work better.

Moreno: If we did that we would have to teach people to discipline themselves to not want it. This would be the same thing as having laws against it, but the laws would be inside each one, they would be internalized laws.

Frank: That sounds like the first one to me. Some people would do that and some wouldn't. I don't know why people want to take it anyway, it gives you a kick, but you sure have to pay for it.

Moreno: Well then, perhaps the solution lies in re-examining our society. I mean by that, to find out just where it is that our everyday living fails us and makes us look for and need the feeling that the drug can give to you. Why is it that people take the drug? Why is it that people can't get the feeling the drug gives them in some legal way, in some way society approves of?

We agree that the first two solutions are not enough. The answer may lie in finding out what is wrong with our cultural order and in working on it from that end. Let's think about these things and talk about it at the next session.

Frank, George, Margaret, Barbara and others, I want to thank you for your cooperation, for thinking through and sharing with us your thoughts and feelings.

(The session comes to a close. In this last part of the group discussion Dr. Moreno has attempted to bring the group from the specific to the general, from their individual problems to the society in which these problems were born and to which they will have to return).

IMMEDIATE THERAPY*

(With special emphasis upon psychoanalysis and psychodrama)

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All schools of therapy of the psyche have reported cures. Those who have investigated the claims of various schools of psychotherapy have come to the conclusion that as far as can be told no very great difference in kind or in quantity of success has been reported by any school of treatment over any other (1). Also, we have learned more recently, it doesn't seem to matter what one says one is doing in therapy, good therapists seem to do more or less the same, no matter what the nature of their theoretical background (2). This is a matter that Dr. Jacob Moreno has stressed again and again. There seems to have arisen a magical semantic misunderstanding so that people who do exactly the same thing nevertheless claim they are doing different things. It is as though we saw a column of men all marching alongside each other in step, and yet each man proclaimed he was going in an independent direction.

The point of these introductory remarks is that it very well may be other matters than methods of treatment, or systematic, theoretical understanding of the nature of character formation and personality change that are behind successful treatment. If I understand the meaning of the early findings of the Chicago experiment on the evaluation of methods of therapy it is that the locus of treatment is not on the method but on the therapist. It was this point that Dr. Thomas Gordon emphasized in his remarks on the theory of psychotherapy.**

Now, if for the moment we can accept the fact that we really know nothing about the comparative value of different methods of treatment, let us see what we know about the time-economy of treatment. We shall find—I warn you—that we shall come up with very little that is certain, but even with the prospect of failure we may go on, hoping to find some unexpected crumbs in the empty larder.

Psychoanalysis, we know, is generally considered slow and expensive. The patient lies down, the analyst closes his eyes, and hour after hour in the tra-

*Paper delivered June 7, 1952 at the Mid-West Section of the American Society for Group Psychotherapy and Psychodrama.

**Gordon, Thomas, Some theoretical notions regarding changes during group therapy. Group Psychother., 1951, 4, No. 3, 172-178.

***Corsini, Raymond, Criminal Conversion. J. Clin. Psychopath., 1945, 7, 139-146.

****Corsini, Raymond, Psychodramatic treatment of a pedophile, Group Psychother., 1951, 4, No. 3, 166-171.

ditional analysis the patient free-associates, and two, three or more years later the patient is released. I have known several people who have been psychoanalyzed. Perhaps I have met a biased sample, but none of them felt he had finished. One of them had no fewer than four long analyses over a period of several years. Only one of these people did I know before and after. In my opinion he had improved, but unfortunately he felt that he still had a lot to go and was unsatisfied.

I would like to compare the traditional psychoanalysis with psychodrama. While the stereotype of psychoanalysis is the couch, the stereotype of psychodrama is the stage. While the stereotype of the analyst is the grave, pensive Freud, the stereotype of the psychodramatist is the ebullient, dynamic Moreno; while the essence of analysis is deep thought and no action, in psychodrama it appears to be action and emotion. May we not conclude on the basis of all these differences that psychoanalysis is ponderous and slow and that psychodrama is lively and quick. Now, if we go back to a previous statement that I made, namely that all methods of psycho-treatment have shown cures, and that as far as can be told no method is superior to any other in terms of demonstrated quality of treatment, what conclusion do we seem to be coming to? None other than that, if psychodrama as a method of psychic cure is as good as any other, that since it appears to be faster, that at least from an economic point of view it is of greater social value than psychoanalysis.

Let me now return to an earlier point before I really get down to the heart of my argument. You will recall that I claimed that a great many methods of treatment were really the same although the protagonists said they were different, and that I argued that it was then the therapist and not the method that did the trick. Now, what I really meant to say was that all of the individual methods were really the same! Let us see two people in individual therapy, let us listen to them. Who can say whether it is a Freudian, an Adlerian, a Jungian, or a Rogerian analysis? Actually, I suspect that by the time the therapist begins to talks, after listening to his patient, that the therapy has already occurred. The patient listens to some story about the ego, or organic inferiority, or racial unconscious, but by this time he is already cured. I of course exaggerating this matter for a good reason. The reason is that speaking from an operational point of view psychodrama is actually a completely different kind of therapy from all other purely ratiocinative methods. Therefore, if in the complete analysis of therapy we wish to correctly evaluate methods, we have to compare methods that are truly different. All individual methods probably have more in common than any group method, since all individual methods are essentially alike. In group therapy alone are

enormous real differences possible. Also, of all the group methods that I know of, none approaches psychodrama in terms of the possibilities of affecting the individual. This is the most radical of the methods, and I believe that my own variation of this method is one of the most radical of the variations.

My topic refers to Immediate Therapy. I am concerned with economy. I am now discussing psychodrama, especially with reference to my own experience with this method of treatment in penal institutions, notably San Quentin and the Wisconsin State Prison. The point that I am going to make shortly is that Immediate Therapy can take place—or, that Therapy does not have to be long and drawn out.

I hope that I am touching upon a controversial point. I am sure that many of you, especially those of you who have not had the experience of doing or participating in psychodrama must be convinced that I do not know what I am saying. You are probably thinking: "Does not the speaker know that the formation of neuroses takes years and that the removal of the effects must take months? He is talking about psychotherapy, not surgery."

You will grant me that we still do not know all the answers about psychotherapy. You will at least agree with me that the avalanche of psychic ills that are engulfing us requires us to have tolerance for even crackpot ideas. Therefore, I am going to insist that psychotherapy can learn from surgery. What have the surgeons learned? This—that a quick operation is often best. It reduces the dangers of surgical shock and is best for the patient (3). I am going to argue now that quick psychotherapy is possible and I shall give what I regard to be proof of this, and I shall also give you some hypothetical constructions to account for these ideas.

Let me begin with a simple case having to do with a symptom. Harold in the first session of group therapy informs us that his problem is sleep-talking and sleep-singing. He has not skipped two nights in succession in over twenty years. He tells us that his parents have taken him to dozens of doctors, psychiatrists and psychologists. They have informed him that his sleep-talking behavior can be explained on three bases: (1) he is introverted, keeps things to himself during the day. This dams up his psychic energies which find release at night; (2) he is the victim of a habit, which he contracted in childhood at which time he used sleep-talking to awaken his mother whom he hated. Now the sleep-talking is functionally autonomous and persists even though he is away from his mother; (3) there is some vague and unknown brain lesion that affects his sleep.

Harold asks me whether I can do anything for him—can I make him sleep peacefully when a score of others have failed? I tell him that I don't know

but I feel hopeful. I ask him to be a member of the group. He stays in the group for a number of weeks and seemingly I pay little attention to him. When I believe he is ready, I ask him to talk. He tells a story that clearly implies that he has hatred for his mother, and he reveals that he has become a criminal mainly to bring shame on his mother. He reveals what I call the Samson complex—Samson killed his enemies by bringing the temple down on the heads of his enemies, but also lost his own life thereby***. As he goes on I begin to accept the second theory, namely, that his sleep-talking is now a functionally autonomous act which started as a child as a means of punishing the mother.

We now enact a psychodramatic situation taken from a real incident in his life. We work Harold into a passion of emotion. In one scene he has a make-believe gun in his hand, and he is threatening to kill his mother. He breathes deeply, his nostrils flare, his eyes are open, he calls his cowering mother names as he threatens her. He is deeply moved. I slap my hands twice. I send Harold out of the room, not to appear for a whole week. This is the end of the psychodrama.

Now you can see why I said that my variation of the method of psychodrama is radical. One could add that it is cruel and that it is dangerous. I will only admit the first of the three. I shall argue now that this radical method is neither cruel nor dangerous. One of these charges I can dispel by logic, the other by experience.

Is it cruel for the surgeon to amputate an arm without anesthetics? Not if the surgeon has no anesthetic; not if the surgeon's intention is to help his patient; not if not to operate means death.

But is it not dangerous to do such radical things: to create unbearable anxiety; to work a patient to a point where he cries; to have him suddenly and dramatically discover that he is a weakling; that he hates his father; that he is a homosexual; that he is dependent on his mother? All I can say is that I have seen each of these and many more, and have found absolutely no harmful effects. I have dealt with people diagnosed as psychopathic, psychoneurotic, paranoid, schizophrenic. I have had cases checked before and after by psychiatrists and psychologists, and I have found in no case when the proper precautions were used where any unfortunate result occurred.

Perhaps the structure of this paper is too complex, but I would like to return to Harold for a moment and then I will discuss what I mean when I say "proper precautions."

Harold came back to group therapy the next week. It was quite evident to all that something had happened to Harold. He looked better. He smiled.

He spoke in a more confident manner. Finally I asked him, "What were your reactions to the rather unpleasant experience of last week?"

Harold answered: "I see now where I used to hate my mother. I don't any longer. I pity her. And, besides, I don't think I have spoken a word in my sleep all week. And, the strangest thing: Sunday I overslept. I never did *that before.*"

This is already a long paper and I still have much to say and so we will leave Harold in prison, thanking him for merely demonstrating that a single psychodramatic session lasting no more than one-half hour has apparently done what twenty specialists over twenty years were unable to do. Let us go on to the question of the proper procedures for conducting psychodrama, then, I shall postulate some theoretical principle to account for some of the facts of psychodramatic treatment and I shall be done. (4)

The first principle involved in proper treatment is this: In doing psychodrama you are doing individual therapy in a group situation. That means you must create the proper relationship with each individual. He must believe in you and you must want to help him. Unless a common bond of understanding is created, there is no therapy.

The second principle refers to self-direction. The subject must assume ultimate control and responsibility for the therapeutic effort. The therapist works with him, not against him; the therapist treats him but only after continued permission.

The third principle refers to control. The therapist must expend all his energies to achieve a peak of emotional effect, which should be within the subject's limit of tolerance but beyond the threshold of control. It is the therapist's responsibility to refuse to work in group therapy with anyone whose limit of tolerance appears to be low.

These three principles will guarantee a minimum of danger, but there are other reasons why psychodrama is not as dangerous as it looks. First, let me explain to those who do not know what psychodrama really is, and that must take in everyone who has not had experience with it, that psychodrama is not role playing, any more than children playing house is really living in sin. Role-playing, or the acting of a part, is but a device, a phase of the whole treatment, one that takes but a few minutes. Psychodramatic treatment is a fairly extensive procedure having a number of definite stages of which the dramatic action is only one. For the drama to have any therapeutic effect, for it to be more than simple role-playing, it is absolutely necessary for the subject to have been properly prepared, for him to have been matured to the point that he is ready to reveal himself and be ready to be treated. Also, there are steps

that follow the treatment that are of some importance.

At this point you may begin to wonder about my insistence on economy. If you will recall that in psychodrama, as I practice it, there is one therapist and fifteen subjects, and that we average two psychodramatic situations per session, you will see the economy.

Also, and this is a point that I would like to emphasize, the process of permitting the patients to become therapists by means of allowing them to be auxiliary egos and discussants has a tremendously powerful social therapeutic effect. They become forced to pay attention to others, to help others, to be concerned with others. This philanthropic effect combined with the therapeutic effect of their own treatment assists them in their resocialization and tears down their narcissistic egoism.

Let me finish this penultimate segment of my talk by saying that the best proof of my contention, as far as I am concerned, is the expression of satisfaction of the treatments from ex-prisoners who have written to me who have told me of the benefit it has had for them. I realize that such proof is weak, but it is the best I can give you at present.

And now, I would like to conclude this presentation by the listing of a number of hypothetical ideas that I have come to accept in reference to group therapy. Many of the ideas come from others. Who they are may now be difficult to discover. But that is of little importance. I submit that these principles that I shall give you are for the most part capable of test; and also I submit that each of them is essential to the rapid ameliorative change of people, which is my definition of therapy.

1. Therapy should, all other factors held constant, be rapid.

The reason for this is that resistances increase as one goes along. Countertransference is undesirable. The patient is backed into a corner, as it were, by an analytic exploration. The more one probes, the more one hurts the patient. Therapeutic shock will be minimized by rapid treatment. A radical method like psychodrama can achieve results quicker than can conservative methods.

2. Tension—the Gestalt analogy.

One of the essential aspects of psychodrama, as I do it, is to create anxiety —and then to refuse to reduce it. The reason for this is that I believe that this experimental (but real) anxiety serves the purpose of reordering the structure of the personality. The individual stumbles out of the therapeutic room in a state of enormous agitation, but this excitement of his emotion has taken place in a neutral field. He cannot displace his anger on anyone except himself and during the process of obtaining emotional homeostasis he gains insight into the causes of his problems. This process of self-reconstruction done alone and

away from the therapist is, to my mind, the apogee of the therapy.

3. The principle of irradiation.

This next point I believe is the single most important idea that I will present. I have noticed that even though, when one works with psychodrama, one is restricted to a single idea or problem, that the successful solution does not only affect the area of the problem, but also other outlying problem areas. It would seem that therapeutic effects irradiate. It is a good thing that they do, else one would have to spend a great deal of time to clear up innumerable tiny problems. There is a corollary of this principle of irradiation and that is the principle of the ordered hierarchy. It is as though there are levels of problems. The solution of a problem at a certain level of depth, also solves some other problems on that level as well as all other problems below that level. Also, the solution of problems at this level makes it possible to attack problems of a greater depth at a later period.***

The function of the therapist includes the ability to see the strategy of defense in depth on the part of the subject and to refuse to be made to skirmish with the simpler problems, but to drive in, select a harder or deeper problem, and dispatch it. The subject himself will mop up these other minor problems. On the next attack the therapist is able to go directly to a deeper level.

4. The principle of release.

I have one other further analogy which will assist in understanding my conceptions of personality and personality change. This is the analogy of the log jam. As logs come down the river they sometimes jam. Because of one or two logs, millions of others are blocked. Loggers solve the problem by blowing up the jam, and this releases all the other logs. In psychotherapy the destruction of a key error also releases many smaller problems. Traditionally, the therapist solves the log jam from the rear, as it were, taking one log away at a time until finally the ultimate cause is found. This takes too much time. It is cheaper to blast your way out!

And now I come to point five, my last theoretical notion. I think that at this point all my positivist operationalist friends will throw up their hands and they will feel that I have sold out to the metaphysicians. I refer to the principle of teleology.

5. Principle of teleology.

I refer you back to my analogy of the log jam. What happened after the jam was blown up? The logs flowed down the stream to the saw-mill. They knew where to go. This is essentially true of subjects who have been subjected to the shock of psychodrama. They are not lost; they know where to go; they know what to do. But the aspect of this that interests me is that the direction

of change is always good. They never need guidance. They act better, think better, do better. It is almost as if they had been freed of their chains, and could now do what they had wanted to do for a long time but were unable to do.

It is as though everyone wants to be good, to be healthy, to be normal. Abnormal states are never accepted as normal by those who are afflicted. The idea that the psychotic believes himself normal and all others abnormal is nonsense. Following successful therapy I have invariably seen what can only be regarded as a better, freer, more tolerant, happier, and generally contented state. People see things differently because they are different and, also, they do things differently and they do them better after therapy.

Summary

I don't think I will try to summarize the mass and perhaps the mess of ideas that you have been subjected to. Let me merely emphasize some of the conclusions: therapy must become more economical; rapid, deep, verbal-shock therapy of the group type may be one answer. I believe that psychodrama of the type that I have done may be considered as a possible solution. I believe that the apparent dangers of deep psychodrama are over-stressed and that the therapist capable of producing any change will operate in such a fashion to avoid doing any great harm.

May I finish by indicating that all of my group therapeutic experience has been in prisons and that I do not know whether I am deluded about the whole matter, and if not deluded, I do not know whether similar results can be obtained with other populations. I trust that right or wrong, I may stimulate some others to independent evaluation of some of these ideas.

Addendum

1. A number of questions and comments were raised at the reading of this paper. One question related to my claim that "as far as can be told no very great differences in kind or quality of success has been reported by any school of treatment over any other." For further information on this matter, the reader is referred to the following:

Charen, Sol. Brief methods of psychotherapy—a review. Psychiat. Quart., 1948, 22, 287-301.

Kant, O. Choice of method in psychotherapy. Dis. Nerv. Syst., 194 , 5, 325-329.

Katzenelbogen, S. Psychotherapy. Ann. intern. Med., 1944, 21, 412-420.

Knight, Robert P. A critique of the present status of the psychotherapies. Bull. N.Y. acad. Med., 1949, 25, 100-114.

Wilder, J. Facts and figures in psychotherapy. J. Clin. Psychother., 1945, 7, 311-347.

2. A second point that was contested was the statement that "good therapists seem to do more or less the same, no matter what the nature of their

theoretic backgrounds." Substantiation of this point is to be found in the following important paper.

Fiedler, Fred E. A comparison of therapeutic relationships in psychoanalytic, non-directive and Adlerian therapy, J. consult. Psychol., 1950, 14, 436-445.

3. The analogy to the importance of speed in surgery was disputed. Of course, not being a surgeon, I should not have accepted one opinion as being accurate. Whether all other factors being constant, surgery should or should not be quick, I do not know. But there can be no question that any therapy that is equally effective as any other method should be preferred if it is more economical.

4. The case of Harold is not presented as a case of "cure." We still do not understand what we mean by this term. Even in the literature of psychoanalysis successful cases are mostly those where the symptoms no longer exist. The important matter in this case is that the symptom was affected spontaneously when no attention was paid to it. From my point of view a "cure" results when the subject goes out of prison and stays out.

ANNOUNCEMENTS

American Society of Group Psychotherapy and Psychodrama

The American Society of Group Psychotherapy and Psychodrama held its Tenth Annual Meetings in New York, May 16, 17 and 18. The papers read were representative of research and experience on a national and cross-disciplinary basis. A "model" constitution patterned after those now in use in other professional societies was accepted. Among other things, the constitution provides for rotation of offices and classification of membership (Fellows, members, associates). Membership requirements are, generally, an M.D. or Ph.D. (psychology, sociology or related fields) and a minimum of one year of experience in research or practice with Group Psychotherapy. Provision is made for meeting membership requirements on an experience basis. New members must have the sponsorship of at least two members in good standing. Serious students may apply for associate membership, but must get the sponsorship of at least one member.

Officers of the society are: President, J. L. Moreno (Director, Moreno Institute); President-elect, R. Dreikurs, (Department of Psychiatry, Chicago Medical College); Secretary-treasurer, E. F. Borgatta (Laboratory of Social Relations, Harvard University). The elected council of the society consists of twelve Fellows; the fields of Psychiatry, Psychology and Sociology are equally represented on the council. Persons interested in further information should communicate with the secretary-treasurer.

CONSTITUTION AND BY-LAWS OF THE AMERICAN SOCIETY OF GROUP PSYCHOTHERAPY AND PSYCHODRAMA

As Amended at the 10th Annual Meeting

1952

THE CONSTITUTION

ARTICLE

Name

The American Society of Group Psychotherapy and Psychodrama, founded in 1942 by J. L. Moreno as the American Society of Group Psychotherapy and Psychodrama, is hereby established under this designation.

ARTICLE II

Objects

The objects of the American Society of Group Psychotherapy and Psychodrama (hereinafter called the Society) shall be: (a) to further the study of subjects pertaining to the nature and treatment of emotional disorders by

Group Psychotherapy and Psychodrama; (b) to further the interest and advance the standards for all hospitals, clinics and other agencies utilizing these methods; (c) to further education and research in these fields; (d) to apply the knowledge and principles of Group Psychotherapy and Psychodrama to medicine, to other sciences, and to the public welfare.

ARTICLE III

Members

1. There shall be the following classes of members: Fellows, Members, Associate Members, and Honorary Members.

2. All classes of membership are unrestricted geographically, but must meet membership provisions.

3. A Committee on Membership of six Fellows shall be appointed by the President and approved by the Council. Each member of this committee will serve a three-year term and then be eligible for immediate reappointment. Two members of this committee shall retire each year. The terms of the first members appointed after the adoption of this constitution shall be adjusted accordingly. It shall be the duty of this committee to make a report and recommendation to the Council on every application for every class of membership. It shall also be the duty of this committee, after its organization and from time to time afterward, to submit to the Council plans for the procedures by which it proposes to pass upon the fitness of new applicants for membership and of present members of the Society, make such other recommendations as it may deem advisable from time to time, and perform such other duties as the Council or the Society may assign to it. Its plans and recommendations must be approved by the Council.

4. Fellows hereafter shall be chosen from members of not less than one year's standing who have specialized in the practice of or research in Group Psychotherapy and Psychodrama for not less than five years and who are practising (or doing research in) Group Psychotherapy and Psychodrama, either in private practice or institutional work; and whose accomplishments—position, publications and activities—on behalf of the Society are approved by the Council. The accomplishments may be: (a) of a scientific nature; (b) in the field of education; (c) in position and prestige; in hospitals, clinics, national and local organizations; or (d) outstanding services on committees and in other ways. All evidence of accomplishments shall be weighed by the Membership Committee, and their evaluation submitted to the Council. The nomination for Fellowship is made by the Council, and a two-thirds vote of members at an Annual Meeting shall be required to elect, provided that mail ballots received prior to the meeting shall be counted.

5. Members hereafter shall be chosen from psychiatrists, psychologists, sociologists, social workers and other professional persons who have contributed or show promise of contributing to the advancement of Group Psychotherapy and Psychodrama.

Section (1) Psychiatrists shall have attained an M.D. degree; one year's experience in hospital, clinic or any other reputable institution devoted primarily to the care and treatment of personality disorders; and have specialized in the practice of Group Psychotherapy and Psychodrama for at least one year (or in research thereof).

Section (2) Psychologists shall have attained a Ph.D. degree or its equivalent and have specialized in the practice of or research in Group Psychotherapy and Psychodrama for at least one year; or a Master's degree in psychology and two years of full time or its equivalent in part time experience in clinical psychology or research, one year of which has been spent in the practice of or research in Group Psychotherapy and Psychodrama.

Section (3) Sociologists shall have attained a Ph.D. degree or its equivalent and have specialized in the practice of or research in Group Psychotherapy and Psychodrama for at least one year; or a Master's degree in Sociology and two years of full time or its equivalent in part time in relevant sociological experience, one year of which has been spent in the practice of or research in Group Psychotherapy and Psychodrama.

Section (4) Social workers shall be graduates of a recognized school of social work, with three years of full time or its equivalent in part time experience, of which at least one year shall have been spent in an approved clinic set up, and one year under qualified supervision in the practice of or research in Group Psychotherapy and Psychodrama.

Section (5) Persons who have made outstanding contributions to the advancement of Group Psychotherapy and Psychodrama in the allied fields of the medical, educational and social sciences which are recognized as extending knowledge, promoting treatment or otherwise alleviating problems in behavior are eligible to election to membership. The Membership Committee shall evaluate the contributions of such candidates to determine whether the requirements of Section 1, 2, 3 and 4 shall be waived. The Committee shall also consider the potential contributions of such persons to the advancement of the Society and its purposes.

Section (6) Each application for membership shall be endorsed by three members of the Society, of whom at least one shall be a Fellow. The Secretary of the Society shall request each endorser to send a letter stating his knowledge of the applicant and his background, and specifically reporting on whether the

experience stated by the applicant meets the requirements for membership outlined in this Article. The Secretary will submit to the Membership Committee all applications and supporting papers.

6. Associate Members shall be students, interns, or any other qualified persons whose interests are devoted primarily to specializing in the field of Group Psychotherapy and Psychodrama, but who have not as yet attained the training and professional experience required for membership.

7. Honorary Members shall be those who have distinguished themselves by attainments in the field of Psychiatry, Psychology, Sociology, Group Psychotherapy and Psychodrama, or related sciences; or who have rendered signal service in philanthropic efforts to promote the interest of Group Psychotherapy and Psychodrama.

8. The Council may suspend or expel any Member or Fellow for conduct harmful to the aims and purposes of the Society, other than non-payment of dues, after complaints have been investigated and a hearing held, and such action is recommended to the Council by a Special Committee appointed by the Council. The majority of this committee shall not be members of the Council.

Article IV

Officers

1. The officers of the Society shall be a President, President-Elect, a Secretary and a Treasurer whose duties may be combined, and a Council to include the above officers and twelve Fellows of whom the retiring President shall be one.

2. Past-Presidents after their service in the Council shall thereafter be ex-officio members of the Council without the right to vote.

3. The President-Elect will be installed as President on the final day of the Annual Meeting next following the Annual Meeting at which his selection as President-Elect was announced. If the position of President-Elect becomes vacant during the term, the Council will select a Fellow to serve as President-Elect and he will be installed as President at the Annual Meeting next following.

Article V

Privileges

Fellows and Members only shall be entitled to vote at any meeting or by mail ballot; or to propose amendments to the Constitution and By-Laws; or to nominate for elected office. Fellows and members shall be eligible to office in the Society.

Article VI

Election of Officers

1. The President-Elect, the Secretary and Treasurer, and the appropriate number of Councillors shall be elected annually by mail ballot as provided in the By-Laws and in accordance with Section 7 of this Article.

2. The President, President-Elect, Secretary and Treasurer shall hold office for one year. Councillors shall serve for three years. The President, President-Elect, and the four retiring Councillors are ineligible for re-election to their respective offices before three years have elapsed from the date of their retirement.

3. The President, President-Elect, Secretary and Treasurer shall enter upon office at the close of business at the annual meeting at which they are elected. Other officers shall enter upon their duties immediately after their election. All officers shall serve until their successors are elected and qualified. The Council may fill vacancies occurring among elected officers.

4. A majority of the members of the Council shall constitute a quorum.

5. Any Fellow nominated for office by a petition signed by 25 or more Members shall be considered an eligible candidate and his name shall be included on the official ballot for the next general election, provided that such petition has been filed with the Secretary prior to January 21.

6. Not later than January 1, the Nominating Committee shall announce the selection of a panel of candidates, at least one for each vacancy.

7. An official ballot will be prepared by the Secretary, on which will be included the names of all candidates selected by the Nominating Committee or nominated by petition. The official ballot will be mailed to all eligible voters between February 1 and February 15. The date on which ballots will be tallied shall be announced in a memorandum accompanying the ballot. This date will be not earlier than two weeks nor later than one week before the opening of the Annual Meeting. All properly sent ballots returned prior to the time of tally shall be counted and the person who receives the greatest number of votes for each single office will be certified as elected thereto; and the candidates for office as Councillors who receive the highest number of votes will be certified as elected to the Council. Results of this election will be announced at the Annual Meeting.

Article VII

Powers

1. The President shall appoint the personnel of all committees unless otherwise provided. He shall preside at the annual and special meetings of the Society. In his absence at any time the President-Elect shall act in his place.

2. The Secretary shall keep the records of the Society and perform all the duties that may be prescribed for him by the Council. The Treasurer, under the Council, shall receive and disburse and duly account for all sums of money belonging to the Society; he shall submit a financial statement each year to the Council at its annual meeting; he shall be placed under bond to an amount which the Council each year directs.

3. As soon as the Society is able to finance it, the Council should establish a central office to organize, develop and integrate the activities of the Society; and should appoint an Executive Assistant or Secretary on a salary to carry out such duties as may be assigned by the Council. The desirable location would be New York, since that city has the greatest potentiality for the expansion of the Society toward the goal of a membership which could conceivably finance a central office, and also affords opportunities for contacts with Foundations for the sponsoring of special projects.

4. Any Assistant who shall be given power to receive and deposit moneys for the Society shall be bonded in an amount to be determined by the Council.

5. The Council shall elect an Executive Committee to consist of the President, the Secretary, the Treasurer, and two others of its members, which shall have the powers of the Council (at such times as matters important to the Society must be decided and it is considered unnecessary to call the Council together) between meetings of the Council.

6. The Council shall control the funds in the possession of the Society. It is empowered to appoint Committees from its own membership to expend money for special scientific investigation in matters pertaining to the objects and business of the Society, to publish reports of such investigations, to adopt a budget for current expenses of the Treasurer and Committees for the ensuing year, and to apply the income of special funds to the purposes for which they were intended.

7. The official organ of the Society is GROUP PSYCHOTHERAPY, a Journal of Sociopsychopathology and Sociatry, published by Beacon House Inc., and the Council shall make arrangements with the Beacon House Inc. to have the members of the Society receive a copy of the Journal four times per annum, against a payment by the Society of $5 per annum per member. The Journal shall present annually the proceedings of the meetings and shall print all news pertaining to the Society.

8. The Council shall choose annually a Fellow of the Society as a moderator to preside at all its sessions. In case the moderator be not a member of the Council, he shall have no vote.

9. The Executive Committee derives all its powers from the Council and the Council derives all its powers from the Society.

ARTICLE VIII

Amendments

1. Proposals to amend this Constitution may originate either (a) by a petition signed by 50 or more Fellows or Members or combination thereof; or (b) by resolution of the Council.

BY-LAWS

ARTICLE I

Order of Business

1. The meetings of the Society shall be held annually, each meeting to extend over at least two days. The place of each meeting shall be named by the Council and reported to the Society for action at the Annual Meeting preceding. Each Annual Meeting shall be called by printed announcements sent to each member on its rolls at least three months previous to the meeting, and by publication in the Journal.

2. On the second day, elected officers shall be announced and amendments to the Constitution and By-Laws shall be considered. Following the foregoing, elections to the different classes of membership in the Society shall be held. The lists of candidates submitted shall have been passed by the Committee on Membership and the Council. Before the end of the meeting, the President, the President-Elect, and the Secretary and Treasurer shall be inducted to office.

3. The Council shall hold an annual meeting concurrent with the Annual Meeting of the Society; and shall hold as many sessions and at such times as the business of the Society may require.

4. The President shall have authority at any time, at his own discretion, to instruct the Secretary to call a special meeting of the Council, and he shall be required to do so upon a request signed by six members of the Council. Such special meetings shall be called by giving at least two weeks written notice.

ARTICLE II

Dues

Each member shall pay to the Treasurer such annual dues and assessments as shall be determined by the Council at its annual meeting.

ARTICLE III

Resignation and Dismissal

1. Any member of the Society may withdraw by signifying his desire to do so in writing to the Secretary; provided that he shall have paid all dues to the Society. Any member who shall fail for three successive years to pay dues after special notice by the Treasurer shall be regarded as having forfeited mem-

bership, unless such payment of dues is waived by the Council for good and sufficient reasons.

2. The name of any member declared unfit for membership by two-thirds vote of the members of the Council at an annual meeting of that body shall be presented by the Council to the Society, from which he shall be dismissed if it be so voted by a number of not less than two-thirds of those present at the Annual Meeting, registered and voting.

ARTICLE IV

Affiliated Societies

When any state or provincial Group Psychotherapy and Psychodrama society of a geographic division in North America or dependencies of the United States shall express a desire to become an affiliated society of the American Society of Group Psychotherapy and Psychodrama, it shall submit to the Council of this Society a copy of its constitution and by-laws showing the requirements for membership and a list of the members. If the Council recommends to the Society at an annual meeting that the said society be accepted and this recommendation be adopted by a vote of not less than two-thirds of the Fellows and Members registered and voting at the session at which the recommendation is submitted, the society making application shall thereafter be designated as an Affiliated Society of the American Society of Group Psychotherapy and Psychodrama.

ARTICLE V

District Branches

When a group of not less than twenty of the membership of the Society residing in any state or group of adjoining states shall make application to the Council of this Society to organize a district branch of the Society and the Council approves, the Council may recommend to the Society at an Annual Meeting the establishment of such a district branch, to be named according to the state or group of states where it is to be organized. The recommendation may be adopted by a vote of not less than two-thirds of the Fellows and Members of the Society registered and voting at the session at which the recommendation is submitted; provided, however, that no one shall become a member of the district branch who is not already in the membership of the American Society of Group Psychotherapy and Psychodrama. Each district branch may elect its own officers, arrange its own programs of meeting.

ARTICLE VI

Voting by Mail

1. All Members and Fellows shall be eligible to vote by mail on (a) candidates for office, (b) proposed amendments to the Constitution, (c) proposed

amendments to the By-Laws or proposed enactments of new By-Laws, and (d) matters referred for mail ballot to the Council.

2. *Voting for Candidates.* Between February 1 and February 15 of each year the Secretary shall prepare and mail to each voter an official ballot.

3. Prior to the mailing of the ballots, the President shall designate a Board of Tellers consisting of three persons, at least one of whom shall be a Fellow of this Society; and the President shall likewise designate one or two employees of this Society as custodians of the Ballots.

4. *Voting on Amendments to the Constitution and By-Laws.*

After a proposed amendment to the Constitution or By-Laws has been circularized or published in the Journal, pursuant to Article VIII of the Constitution, the Secretary of the Society shall prepare an official verbatim text of the proposed amendment or the proposed new By-Law, preceded by extracts of the portions of the Constitution and By-Laws that would thereby be amended. Under this text matter, there shall be printed the phrase "Are you in favor of this proposed amendment?" and the words "Yes" and "No" on separate lines with space to indicate the voter's choice. Under these words shall be printed a brief certificate reading "I certify that I am eligible to vote on this proposal and that this is the only ballot I am casting at this referendum" or words to that effect; and under this certificate there shall be space for the voter's signature.

5. *Effective Dates.* Amendments, new By-Laws, and referenda shall be effective on the date of the certification by the Board of Tellers unless a different effective date is indicated within the text of the proposal.

6. *Certification.* After the tally of each mail poll, the Tellers shall prepare a written certificate, indicating the number of ballots counted, the number of votes cast affirmatively and negatively and for each candidate, the number of ballots disqualified and the reasons therefor, and the next results of the election. Except in the case of candidates for office, the complete text of this certificate shall be published in the next issue of the Journal. In the case of elections of candidates for office, the full text of this certificate shall be published in the first issue of the Journal to go to press after the Annual Meeting at which the election results have been announced.

ARTICLE VII

New Sections

The Council upon its own initiative or upon the application of not less than 20 Fellows or Members may present to the Society a proposal for a section which shall have its own program. Upon approval of the Society the following plan shall be adopted:

1. A section of the American Society of Group Psychotherapy and Psychodrama shall be established and appropriately named.

2. A section chairman and secretary shall be elected by the section. The chairman shall be a Fellow of the American Society of Group Psychotherapy and Psychodrama.

MORENO INSTITUTE

Announces

Its 1952-1953 Program of Training Courses,
Lectures and Workshops

101 *Park Avenue, Room* 327, *New York* 17, *N.Y.*
259 *Wolcott Avenue, Beacon, N.Y.*

A Provisional Charter has been granted to the Moreno Institute by the Board of Regents of the State of New York for a five-year period, from 1952-1957.

OBJECTIVES OF THE MORENO INSTITUTE

1. To offer facilities to graduate students for the study of interpersonal relationships, utilizing the action methods of Psychodrama, Sociodrama, Role Playing, Sociometry and Group Psychotherapy.

2. To develop operational standards in the use of these methods, and to encourage further research in their application to significant social problem areas.

3. To serve as a liaison among educational, clinical and research organizations using and developing these methods, and as a center for dissemination of information.

BOARD OF TRUSTEES

Wellman J. Warner, Chairman, New York University
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Robert Boguslaw, M.A., Educational Director
Gerhard Schauer, M.D.
James M. Dysart, M.A.
Nahum E. Shoobs, M.A.
John Mann, B. S.

TRAINING COURSES CONDUCTED UNDER THE SUPERVISION OF J. L. MORENO

COURSE I: Monday, September 15, 7:30-9:30 p.m. for 15 weeks, at 101 Park Avenue, New York City. *Group Action Methods in Education,* Counseling and Social Work. Principles of Sociometry, Sociodrama, Psychodrama and Role Playing. The use of these methods in practical problems of teaching, guidance and social work. Prerequisites: A degree from an accredited institution of higher learning, with specialization in psychology and/or sociology. No charge for late registration.

Fee: $30.00 2 semester hours

Instructor: Nahum E. Shoobs

* * *

COURSE II: Friday, September 19, 5:30-7:30 p.m., for 15 weeks, at 101 Park Avenue, New York City. *Laboratory for Research and Practice in Group Action Methods.* Psychodrama, Sociodrama and Role Playing

applied to actual problems of inter-personal relations in industry, social institutions and everyday life. Prerequisites as above. No charge for late registration.

Fee: $30.00 2 semester hours

Instructors: Robert Boguslaw, James M. Dysart, John Mann

* * *

The program of public demonstrations, every Friday at 8:45 p.m., at 101 Park Avenue, New York City, will continue throughout 1952. Special programs can be arranged for large groups, who may obtain a group rate if reservations are made in advance.

Fee: $1.75 per person

SPRING—SUMMER—FALL, 1952

Workshop Conferences

Decoration Conference—May 31 through June 2.

Independence Conference—July 4 through 6.

Labor Conference—September 1 through 3.

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