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TRANSFERENCE, COUNTERTRANSFERENCE AND TELE: THEIR RELATION TO GROUP RESEARCH AND GROUP PSYCHOTHERAPY*

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INTRODUCTION

The time has come to evaluate the advances made by psychotherapy and to spell out, if possible, the common denominators of all its forms. Most of the leading protagonists of the classic period of the individual methods of psychotherapy are gone, from the American as well as from the European scene: Freud, Janet, Adler, Ferenczi, Rank, Meyer, Brill, Jeliffe, to mention a few. Only the glamor over their graves is left; sic transit gloria mundi. Most protagonists of group and action methods are getting aged and respectable, but the problem remains: *How can the various methods be brought into agreement, into a single, comprehensive system?* In the course of these lectures I am going to stress the *common denominators* rather than the differences. I will attempt to tie together all varieties of modern psychotherapy. Whether the therapeutic meeting is conducted on the couch, sitting on a chair, gathered around a table or acting on a stage, the principal hypothesis in all cases is that the interaction produces therapeutic results. One has to have an open, flexible mind; at times there may be an indication for using an authoritarian, at other times a democratic method, at times it may be necessary to be more direct or more passive, but one has to be willing to move gradually from one extreme to the other if the situation requires. Just as there is a choice of therapist there may be a choice of vehicle, couch, chair or stage, and there may be a choice of which system of terms and interpretations a patient needs, until a system is formulated which is able to attain the consensus of all.

I

Mesmer asserted that hypnotic cures are due to animal magnetism. Liebout and Bernheim demonstrated that it is not animal magnetism which produces cures, but the suggestibility of the subject. Freud discarded hypnotic therapy and claimed that the core of suggestibility is transference. We can go a step further and declare that also psychoanalysis as a therapeutic method has not fulfilled many of the hopes it aroused. Whatever

* From a series of lectures given by the author during his European journey, May-June, 1954.

unconscious material is delivered on the couch, group and action methods can elicit more easily and, in addition, materials which the couch vehicle hinders in being delivered.

Contrary to current opinion, group psychotherapy has within scientific medicine no therapeutic ancestor to emulate or reject. It is a new device. In order to develop as a therapeutic method it required a preliminary study of concrete groups and their dynamics, a carefully organized expedition into "group research". But no group research in the specific sense of the word existed before 1923, the year when the Viennese Stegreif laboratory was founded. The task and study of "real" groups through direct observation and calculated experimentation is, whatever its merits or demerits, the achievement of our generation. Neither the theoretical formulations and suggestive insights of LeBon and Freud, nor the lecture techniques of Pratt and Lazell can be considered as based upon "group research".*

But group research is an essential prerequisite to group psychotherapy. Regrettably, much group psychotherapy literature is written today in a dogmatic manner, with little or no emphasis upon research. Among the many concepts which are used uncritically and without sophistication are transference and countertransference. Therefore, we may consider first the smallest possible group which dominates modern counseling, the group of two, the "therapeutic dyad". In every therapeutic situation there are at least two individuals, the therapist and the patient. The interaction taking place, for instance, between therapist and patient is the first point in this discussion.** Let us see how psychoanalysis views this interaction. Freud observed that the patient projects upon the therapist some unrealistic fantasies. He called this phenomenon "transference": "A transference of feelings upon the personality of the physician . . . it was ready and prepared in the patient and it was transferred upon the physician at the occasion of the analytical treatment (Collected Papers, Vol. I, p. 475). . . . His feelings do not originate in the present situation and they are not really deserved by the personality of the physician, but they repeat what has happened to him once before in his life" (I, p. 477). A few years later Freud discovered that the therapist is not free from some personal involvement in return and this he called "counter"-transference: "Counter-transference arises in the physican as the result of the patient's influence on his unconscious feelings" (Collected Papers, Vol. II). Actually, there is no "coun-

* Because of the rapid growth of small group research inside and outside the borders of sociometry, it may be useful to define "group therapy research" as dealing directly with therapeutic problems and "group research" as dealing only indirectly with therapy.

** J. L. Moreno, "Interpersonal Therapy and the Psychopathology of Interpersonal Relations", *Sociometry*, Vol. I, 1937.

ter". Counter-transference is a misrepresentation, it is just transference "both ways", a two-way situation. Transference is an interpersonal phenomenon.

The definition of transference as given to us by Freud is obviously made from the point of view of the professional therapist. It is the therapist's bias. If the definition would have been made from the point of view of the patient, then the description given by Freud above could be *reversed* without change, except by substituting the word "physician" by the word "patient" and the word "patient" by the word "physician". "A transference of feelings upon the personality of the *patient* . . . it was ready and prepared in the *physician* and it was transferred upon the *patient* at the occasion of the analytical treatment. . . . His feelings do not originate in the present situation and they are not really deserved by the personality of the *patient,* but they repeat what has happened to him once before in his life." If this phenomenon exists from the patient towards the physician it exists also from the physician towards the patient. It would be then both ways equally true. That educational psychoanalysis produces a basic change in the personality of the therapist cannot be taken seriously. Irrational trends in his behavior continue. It provides him at best with a method of therapeutic skill. According to this we could just as well call the physician's response transference and the patient's response counter-transference. It is obvious that both the therapist and the patient may enter the treatment situation with some initial irrational fantasies. As I pointed out in the paper quoted above "a similar process—as in the therapeutic situation—happens between two lovers." The girl may project into her lover on first sight the idea that he is a hero or that he has the mind of a genius. He in turn, sees in her the ideal dream girl he has wanted to meet. This is transference from both sides. Who can say which is "counter"?

After having eliminated the bias of the therapist as the one which defines the therapeutic situation, assigning to himself a "special status", an unjustified status of uninvolvement and after some insight had come to display, still giving himself the benefit of being only "counter", we arrive at the simple, primary situation of two individuals with various backgrounds, expectations and roles, facing each other, one potential therapist facing another potential therapist.

Before we go further, let us analyze the two-situation from a different angle, as there is something to learn from it which is rarely pointed out. I observed that when a patient is attracted to a therapist, besides transference behavior, another type of behavior is taking place in the patient. Let me repeat the words in which I formulated my original observations in the paper

on the subject*: "The one process is the development of fantasies (unconscious) which he projects upon the psychiatrist, surrounding him with a certain glamor. At the same time, another process takes place in him—that part of his ego which is not carried away by auto-suggestion feels itself into the physician. It sizes up the man across the desk and estimates intuitively what kind of man he is. These feelings into the actualities of this man, physical, mental or otherwise are "tele" relations. If the man across the desk, for instance, is a wise and kind man, a strong character and the authority in his profession which the patient feels him to be, then this appreciation of him is not transference but an insight gained through a different process. It is an insight into the actual makeup of the personality of the psychiatrist. We can go even further. If, during the first meeting with the patient, the psychiatrist has the feeling of his superiority and of a certain godlikeness, and, if the patient experiences this from the gestures the physician makes and from the manner of speaking, then the patient is attracted not to a fictitious but to a real psychological process going on in the doctor. Therefore, what at first sight may have appeared to have been a transference on the side of the patient is something else." In the course of continued sessions the transference attraction towards the therapist may recede more and more and be replaced by another type of attraction, the attraction towards the actual being of the therapist, an attraction which was already there in the *beginning,* but somewhat clouded and disfigured by the other. Let us look now at the other member of the dyad, at the therapist. Also he started with a transference attraction towards the patient on the couch before him. It may be a young woman, her esthetic and emotional charm interfere with his clear thinking. If it would not be a professional situation he might be inclined to invite her for dinner. But in the course of consultations he begins to become acquainted with all her troubles and recognizing her emotional instability he may say to himself: "I'm fortunate not to be involved with such a disturbed creature." In other words, a process which had operated from the start, parallel to the charm produced by transference, is now coming more strongly to the fore. He sees the patient now as she is. This other process acting between two individuals has characteristics missing in transference. It is called "tele", feeling into one another. It is"Zweifühlung" in difference from "Einfühlung". Like a telephone it has two ends and facilitates two-way communication. It is known that many therapeutic relations between physician and patient, after a phase of high enthusiasm from both sides, fade out and terminate, often for some emotional reason. The reason is frequently a mutual dis-

* *Op. cit.*

illusionment when the transference charm is gone and the tele attraction is not sufficiently strong to promise permanent therapeutic benefits. It can be said that the stability of a therapeutic relationship depends upon the strength of the tele cohesion operating between the two participants. The physician-patient relation is, of course, only a specialized case of universal phenomenon. For instance, in a love relation, if the girl projects into her lover the idea that he is a hero and if her masculine companion projects into her the idea that she is a Madonna, that may be sufficient for the start, but after a short romance the girl may discover that her hero is in many ways a fourflusher or without accomplishments. And he, in turn, may discover various imperfections in her. She has freckles and she is not as virginal as he thought her to be. But, if after knowing and experiencing all this, the two still love each other, not only maintain their romance, but get married and start a home and a family, this is a sign that the tele factors are overwhelmingly strong. Here is a cohesive force at work which stimulates stable partnership and permanent relations.

Here is the conclusion: the immediate actualities between therapist and patient in the therapeutic situation at the moment of treatment is designated as the focus of attention. They are given equal opportunity for encounter. If the therapist is attracted to the patient or rejects him he is to give his secret away—instead of hiding it behind an analytic mask and if the patient is angry at the therapist or attracted to him he is free to express it instead of hiding it behind fear. If there is a meaning to this attraction the therapist is free to explain it, and if there is a meaning to this anger the patient is free to explain it. If the perceptions of each other, adequate or distorted, indicate reference to the past of the patient's or therapist's life, they are brought into focus. It is therapeutic love as I defined it forty years ago: "A meeting of two: eye to eye, face to face. And when you are near I will tear your eyes out and place them instead of mine, and you will tear my eyes out and will place them instead of yours, then I will look at you with your eyes and you will look at me with mine."*

The next problem to consider is what reality underlies transference behavior. The poetic idea that beloved or hated figures in the past of an individual are stored in man's unconscious, to be transferred at a moment's notice upon the personality of the therapist has been an article of faith of psychoanalysts of all colors now for over forty years. It is indisputable in a private conclave of two as long as a particular patient agrees with a particular therapist as to the interpretation of his transference. But beyond

* J. L. Moreno, "Einladung zu einer Begegnung", p. 3, Vienna, 1914.

this "existential validation à deux" such experiences are in want of a more substantial framework of theory, even within a subject's frame of reference. Freud has postulated the genetic origin of transference, that "it does not originate in the present situation, that it is a repetition of what has happened to a patient once before in his life". "The patient sees in his analyst the return—the reincarnation—of some important figure of his childhood or past and consequently transfers to him (the therapist) feelings and reactions that undoubtedly applied to this model." The vague, frequently shifting and changing character of transference-countertransference behavior makes clarification particularly difficult.

A clue for a fresh approach to this problem came to me from another observation made in the course of therapist-patient situations. Transference does not take place towards a generalized person or a vague Gestalt but towards a "role" which the therapist represents to the patient, a fatherly role, a maternal role, the role of a wise, all knowing man, the role of a lover, of a gentleman, of a perfectly adjusted individual, the model of a man, etc. The therapist, in turn, can be caught in experiencing the patient in complementary roles. Careful observation of therapists in situ added fuel to this point of view. They "look" and "act" a certain part already marked by their gestures and facial expression. I concluded then that "Every individual, just as he is the focus of numerous attractions and repulsions appears, also, as the focus of numerous roles which are related to the roles of other individuals. Every individual, just as he has at all times a set of friends and a set of enemies, also has a range of roles and faces and a range of counter-roles. They are in various stages of development. *The tangible aspects of what is known as 'ego' are the roles in which he operates.*"

This is the gist of my critique of the transference concept, made eighteen years ago.* Although it has penetrated into some phases of psychoanalytic literature** the consequences of this position especially for group psychotherapy have still remained obscure.

II

The individual therapist facing a group of patients in interaction can not automatically transfer his knowledge and skill to it. Heretofore he

* J. L. Moreno, "Interpersonal Therapy and the Psychopathology of Interpersonal Relations," *Sociometry,* Vol. I, 1937. Also "Psychodramatic Treatment of Marriage Problems", *Sociometry,* Vol. III, 1940.

** Michael Balint, "Changing Therapeutical Aims and Techniques in Psychoanalysis," *Int. Jnl. of Psychoanalysis,* 31:117, 1950. H. S. Sullivan, *Concepts of Modern Psychiatry,* 1938.

was one versus one, now he is one versus many, vis à vis a still more enigmatic power structure. Explaining group behavior in terms of transference-countertransference appeared even more unsatisfactory than previously in the two-situation. We had to start from scratch and try new methods of analysis. Mesmer, Bernheim, Charcot, Freud, Adler and Jung, they all started with the premise that the physician or the counselor is the therapist and that the patient is the patient. This was held by them as an unalterable relationship. It was one of the highlights of sociometrically oriented group research when it could show that the relationship can be reversed, that the physician can become the patient and the patient the physician, that any member of a group can become a therapist to every other. We must differentiate, therefore, between the overall "conductor" of a session and the "therapeutic agents." The therapeutic agent in group psychotherapy does not have to be an individual who has professional status, a physician, priest or a counselor. Indeed, the one who has professional status may be, for that very reason, harmful to a particular individual needing attention. If he is a wise therapist he will eliminate himself from direct face to face rapport with the patient and work through other individuals who are in a better position to help than himself. According to group method the therapeutic agent for a particular member of the group may be anyone or a combination of several individuals. In critique of the professional psychotherapist one must come to the conclusion that the *choice* of therapist should not be limited to trained people, priests, physicians, counselors, social workers, etc., but that the choice should be as universal as the range of individuals who might help in a particular case. These were the new postulates: a) the group comes first and the therapist is subordinate to it; b) the therapist, before he emerges as the therapeutic leader is just another member of the group; c) "one man is the therapeutic agent of the other and one group is the therapeutic agent of the other".*

It is to sociometric group research that we owe a more accurate analysis of tele and transference phenomena. The deeper understanding of tele behavior came through the sociometric test and we will hear later that recent studies of sociometric perception are able to throw some new light on transference behavior. The original circumstances which brought about the construction of the tele hypothesis were the need to explain some elementary sociodynamic data. If A wants B to be his partner in a common activity, this is only one half of a two-way relation. In order that the relationship should become productive and complete, the other half must be added. It may be that B wants A in return, or that B rejects

* J. L. Moreno, "Application of the Group Method to Classification", 1932, p. 104.

A, or that B is indifferent towards A. If A would be left by himself or B by himself, the balance within either A or B is sufficient. Each is a psychodynamic unit. But in order to be engaged in a joint action the balance must be not only within them but also *between* them, forming a sociodynamic unit. Our chief hypothesis was, therefore, the existence of and the degree to which a hypothetical factor, tele, operates in the formation of groupings, from dyads and triangles to groups of any size. It was found that real sociograms differ significantly from chance sociograms. The greater number of pairs, triangles, chains and other complex structures could not be explained if chance only would operate in the formation of the real sociogram. It was concluded that a specific factor operates here, responsible for the cohesiveness of the group and for its potentialities of integration. It was also observed that those participants in sociograms who produced a greater degree of cohesiveness in their group formation than others showed also in life situations a higher rate of interaction than those in the sociogram with a lower degree of cohesiveness. The trend towards constancy of choice and consistency of group pattern was also ascribed to tele.

Because of the ambivalent character of transference it is easy to express it in attraction-rejection-indifference terms which makes plausible the linkage between transference and tele. But recently it became possible to recognize the dynamic patterns which may be responsible for inducing the transformation of tele into transference behavior. By the use of sociometric perception scales the way at least opened for a systematic investigation of these borderline territories of interpersonal and group behavior. The subjects were asked in the course of sociometric testing to guess and rate the feelings others have for them, depending entirely upon their intuition, in reference to specific, ongoing activities. By comparing the perceptional data with the real data it was found that individuals have sociometric perceptions of each other of various degrees of accuracy. A thinks, for instance, that he is chosen, B that he is rejected by everyone. C thinks that he is chosen only by one particular individual, whereas D thinks that he is rejected only by one particular individual. E and F think that A, B, C, D, reject them and reject each other. Several types of perceptual behavior patterns were discovered. Category 1, there are patients who underestimate their own status and overestimate the status of the therapist and of other members of the group. Category 2, there are patients who overestimate their own status and underestimate the status of the therapist, and of other members of the group. Category 3, there are patients who consider themselves as most attractive and acceptable to the therapist or to other members of the group. Category 4, there are patients who con-

sider themselves as rejected by the therapist or by other members of the group. Category 5, there are patients who consider themselves as accepting the therapist or other members of the group. Category 6, there are patients who consider themselves as rejecting the therapist or other members of the group. Each of these categories can be broken down into a number of subcategories, for instance, Category 1, the patients may overestimate the status of the therapist, but estimate more adequately the status of the other members, or the degree of distortion may vary from member to member. In a number of researches* these various types of distorted intuitions of what feelings and perceptions individuals have for each other were found to tend towards specific behavior patterns. a) Patients who underestimate their own sociometric status will tend to have a lower expectancy for themselves. b) Patients who overestimate their own sociometric status will tend to have high expectancy for themselves. c) Patients who underevaluate their sociometric status will tend to rate other members of the group as superior to them. d) Patients who overevaluate their sociometric status perceive other members of the group as less optimistic than themselves in evaluating others.

A number of similar investigations are under way that promise to sharpen the analytic empathy of the group psychotherapist, for the microscopic feelings and perceptions which prevail in group sessions. They are important for detecting clues for indications and contraindications as to which method of approach is most advantageous.

There is a tendency to ascribe many irrational factors in the behavior of therapists and patients in group situations to transference and countertransference. This is in view of recent group psychotherapy research on oversimplification. I. Transference, like tele, has a cognitive as well as a conative aspect. It takes tele to choose the right therapist and group partner, it takes transference to misjudge the therapist and to choose group partners who produce unstable relationships in a given activity. II. The greater the temporal distance of an individual patient is from other individuals whom he has encountered in the past and with whom he was engaged in significant relations, direct or symbolic, the more *inaccurate* will be his perception of them and his evaluation of their relationship to him and to each other. The dynamic effect of experiences which occur earlier in

* J. L. Moreno, "Sociometry in Action", *Sociometry,* Vol. V, 1942. See also *Who Shall Survive?,* revised edition, 1953. Herbert Schiff, "Judgmental Response Sets in the Perception of Sociometric Status", *Sociometry,* Vol. XVII, 1954. D. P. Ausubel, "Reciprocity and Assumed Reciprocity of Acceptance Among Adolescents", *Sociometry,* Vol. XVI, 1953. R. Tagiuri, "Relational Analysis: An Extension of Sociometric Method with Emphasis upon Social Perception", *Sociometry,* Vol. XV, 1952.

the life of an individual may be greater than the more recent ones but it is the inaccuracy of perception and the excess of projected feeling which is important in transference, in other words, he will be less perceiving the effect which experiences have on him the older they are and less aware of the degree to which he is coerced to project their images upon individuals in the present. III. The greater the social distance of an individual patient is from other individuals in their common social atom, the more inaccurate will be his evaluation of their relationship to him and to each other. He may imagine accurately how A, B, C whom he chooses feel towards him, but he may have a vague perception of how A feels about B, A feels about C, B feels about A, B feels about C, C feels about A, or C feels about B. (Analogous to transference we may call these vague, distorted sociometric perceptions—"transperceptions".) His transperceptions are bound to be still weaker or blank as to how people whom he has never met feel for E, F, or G, or for A, B, or C or for how these individuals feel about each other. The only vague line of inference he could draw is from knowing what kind of individuals A, B, or C are. IV. The degree of instability of transference in the course of a series of therapeutic sessions can be tested through experimental manipulation of the suggestibility of subjects.* If their sociometric status is low, they will be easily shaken up (sociometric shock) by a slight change, actual or imagined, in the relationships of the subjects around him. It is evident that transference has, like tele, besides psychodynamic, also sociodynamic determinants.

Discussion and Summary

To return to the original proposition of this paper: How can the various methods of psychotherapy be brought into agreement, into a single, comprehensive system? In order to detect the common denominators operating in all therapeutic situations, a number of studies have been set up, observing actual therapeutic sessions in situ and assessing the transactions taking place; these have been productive and enlightening but they suffer from their irreversibility, from the difficulty of modifying the process of therapy while it is ongoing. A methodology which enables us to compare each of them under conditions of control are roleplaying techniques. They permit greater flexibility, many versions to be played out and the possibility of setting up control studies. The earliest experience with roleplaying techniques has been made in the testing of auxiliary therapists

* See Leon Festinger and Herman A. Hutte, "An Experimental Investigation of the Effect of Unstable Interpersonal Relations in a Group", *The Journal of Abnormal and Social Psychology,* Volume 49, Number 4, Part I, October, 1954. L. Yablonsky, *Sociometry,* 15, 175-205, 1952.

placed within the framework of standard situations* in an experimental psychodrama. Another frequent application of roleplaying techniques is the testing of non-directive counselors in settings which are constructed as closely as possible like the actual situation itself. Experiments in our laboratories in Beacon and New York have shown the productivity of the roleplaying method when applied to the more complicated situations of the group. A series of experiments have been set up in which a) a psychoanalyst assumes the "role" of a psychoanalyst and another individual assumes the role of a patient on the couch. The session is carried out as if it would be an actual therapeutic session. b) A non-directive counseling situation has been set up in which a trained non-directive counselor takes the role of the counselor and another individual the role of a client. Again, both try to come as close as possible to the real feeling and actual process taking place in an actual counseling situation. c) In a group therapy experiment a number of individuals and a therapist are placed around a table. The therapist plays the part of the therapist, the individuals around the table play the part of the patients, trying to act as closely as possible the way they would act in a real group therapeutic session. d) A psychodramatically trained individual assumes the role of a psychodramatic director, a group of individuals try to play the part of an audience. The session is to run according to the customary rules, a member of the audience is selected to be the protagonist and he plays the part of the protagonist, trying to be like a real one. The setting up of such experiments is no easy matter, it is not as simple as merely hiring a number of subjects. It would be like studying cancer on individuals who are not afflicted with the disease. The condition sine qua non is here the therapeutic talent of the experimental subjects, that they are sensitive for the mental syndrome studied and sufficiently alert to express their experiences; the other important factor is the therapeutic skill and resourcefulness of the overall conductor. The crux is the degree of involvement and warmup of all participants; if they are too "cold", the factors which are under study will not emerge and the purpose of the experiments will be defeated. Roleplaying of therapeutic situations may concentrate first on the study of the four factors which have been shown by the investigations reported above as being of crucial importance in all patient-therapist relationships, the "feeling for one another", the "perception of one another", the motoric events—the "interacting" between them, and the "role relations" emerging to and fro in an ongoing therapeutic situation.

* "A Frame of Reference for Testing the Social Investigator", *Sociometry*, Vol. III, p. 317-327, 1940.

PSYCHODRAMA WITH PARENTS OF HOSPITALIZED SCHIZOPHRENIC CHILDREN*

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The common attitudes, preoccupations, and fears of parents of schizophrenic children have already been well delineated in the group therapy findings reported by investigators at Bellevue Hospital in 1949 (2) and in 1952 (1). Outstanding in these parents are their resistance, their bewilderment, their intense guilt and hostility, their feelings of isolation and hopelessness. They fear taint in themselves and their non-psychotic children, fear the future, and fear social disapproval. They overemphasize their contributory roles and deny their rights to self-interest and the reality source of their frustration and despair in attempting to cope with a disoriented child. Consequently the child serves as an obsessive point of interest, and only with reluctance will these parents discuss themselves apart from the child. One learns much, therefore, about the child's symptomatology and the complexity of the situation the parents find themselves in, but comparatively little about parental pre-morbid roles and the contribution of these roles toward the child's illness.

In our study of hospitalized psychotic children, ages four to eight, we viewed this as a possible serious limitation upon effecting emotional change in the parents during their children's hospitalization and likewise a limitation upon the enlargement of our own insights into the etiology of the disturbance. How far could therapeutic support go to lift the burden of guilt from a mother who had attempted to induce miscarriage, later to find her baby autistic at eighteen months? How far could therapeutic support go to alleviate the guilt of the covertly rejecting mother who had denied illness in her child until he was well into school age? In the casework service provided to the mothers of our child patients, we have been able to provide help with the problems growing out of their child's illness. But the massive identification of parent with child barred the way to deeper insights for parents and staff. And the experience of other workers had already indicated

* Read at the annual meeting of the American Psychiatric Association, St. Louis, Missouri, May, 1954.

that there was little to be gained through adding or substituting group therapy.

In thinking through this matter of parental involvement with the child and his pathology, we came up with an "about face," namely, the plan to deliberately move parents away from concern with illness and to dwell instead upon the healthy child: how he develops, behaves, and reacts to parental handling. We visualized a directive, didactic (!) group structured around learning how normal children think and feel in situations, relationships, and play. We believed that in such a group parents might eventually become sensitized to children's feeling and thinking processes, hopefully gaining insight and understanding in the handling of their own children. Our rationale to the parents would be that in consequence of the frustrations and heartaches they had suffered in attempting to rear a severely ill child, the parents had developed many negative feelings. But one day their child would be coming home to them; and while he was changing, they, too, must change. Learning how children feel and think is one way in which they can effect change and prepare themselves for the task ahead.

We considered psychodrama to be the best group technique for this purpose, feeling that this would facilitate the avoidance of direct lecturing and of the group's reverting to rumination as they had in discussion groups elsewhere. Psychodrama offered distinct advantages through demonstration of parent-child situations in which the entire group actively participated, analyzed, and evaluated, and in which observation of characteristic parental behavior patterns could be made.

We should like now to go on and report on our group in psychodrama. The group has been meeting one evening a week during the past eight months. The group consists of both husbands and wives of five families, individuals ranging from thirty to forty years of age. The average group contained seven persons, three and one-half families. All but one family have one or more children in addition to their hospitalized child. Two fathers are professional men, two are government employees, one is a mechanic. The sessions are approximately two hours long, one hour of psychodrama followed by an hour of play activity.

The parents were initially sounded out individually, and their enthusiasm was high. There was unanimity of feeling that the sessions would prove to be very helpful, since most of them anticipated acquiring techniques. Subsequently, one mother referred to the meetings as "rehabilitation," another as "classes," another as "school." Motivation for regular attendance has been high.

Since we were to provide a learning experience with emphasis upon delineating the normal and healthy, our opening two sessions got under way with the showing of two films on normal developmental patterns of the child and two films depicting children at play. Both showings were followed by general group discussions. In these discussions it was clear that the films had served to loosen much hostility and guilt. The films on development were variously attacked: (1) as useless because idealistic representations; (2) as distorted in emphasis because non-specific; (3) the film-parents were seen as unrealistically perfect; (4) the film taught nothing to parents of disturbed children. The films of children's play also aroused much negative feeling. Some bitterness that their children had never played was expressed, and some attacks were made upon the idea expressed by the films that play had prophylactic value. The therapist accepted their anger and encouraged its freer expression, eventually utilizing the situation to reaffirm the need for parental change away from identification with the sick aspects of their child toward that of understanding the healthy or potentially healthy child.

In the early psychodrama sessions the parents were self-conscious and tense and resisted role-playing. Resistance was also expressed by reluctance to offer situations for enactment and by meager discussion following a scene. With the third session there was some change, in that the group had become more comfortable and more readily accepted role assignments. Affect during role-playing and in discussion became more discernible, and greater participatory feeling was expressed. The group's general mood became lighthearted, and they seemed to find enjoyment in each other's performances and in their own real life dilemmas. Originally there had been some laughter of an embarrassed nature, but by the third session and in ensuing sessions there were many moments of genuine gaiety, almost hilarity, as they watched each other in scenes. Here in an activity devoted to undoing they might laugh without guilt. On one occasion the guiltiest, most bitter mother interrupted her scene by bursting into laughter while simulating the bizarre antics of her autistic child in a moment of negativism. The general mood of the group has been light and receptive, and they have quickly recovered following scenes or discussions evoking profound emotions. Discussions of scenes have been lively as actors evaluated their feelings and group members argued their authenticity as well as the merits of the scene. They have been able to hold to the child as their focus, and in discussions their primary concern has usually been with the child's role rather than with the parents'.

The predilection of the parents to dwell upon the details of their child's illness is sharply curtailed in psychodrama. Opportunity provided, parents will readily slip into explaining what their child used to do, but with the focus upon the future enacted in the present, a relatively small amount of rumination ensues. Furthermore, in most instances of lapse into the past it is obvious that the parent is attempting to relate his child to the scene just completed. A typical starting point might be a parent stating that since Harry used to be indifferent to self-care, the previous self-care scene would not apply to Harry. This might start a chain discussion in which parents interchanged information regarding the self-care deficiencies of their child. Some leeway is given the parents to make associations and free interchanges, since this acts to unify the group and deepen their feelings of identity and purpose. However, they can readily be brought back into the main stream. Our key words, "thinking and feeling of the healthy child," serve to anchor their thought around that which is positive and hopeful. Backsliding is therefore transient.

At conscious levels the parents are highly motivated toward obtaining "know-how." Continuous and unyielding pressure is put upon the therapist to tell them which is the "correct," the "right," the "best" way. Despite our initial structuring around their learning how children think and feel, invariably following scenes involving problems of handling, the group will turn to the therapist for the "correct" way to have handled the child. This need is not entirely ignored, and when generalizations appear to be safe, some "correct" alternatives may be given. Likewise, where appropriate, some generalizations about children's needs may be made. These, however, are held to a minimum and are engaged in only when the therapist feels the group's need for information must be met.

Our psychodrama scenes involve children and parents or other persons. The situations are provided by the group and occasionally by the therapist. The group's offering may be drawn from life, involving their sick child or its siblings, or may be posed as a hypothetical question or situation. Enactments have covered eating, sleeping, and disciplinary problems, sibling rivalry, psychotic acting out, and problems of relationship and attitude, among others. A typical starting point may be made when a mother wants to know what it means that her two children, who are living at home, quarrel bitterly should one receive a larger portion of food at dinnertime. In the scene or scenes and discussion which follow, we may not learn what the behavior means in the specific instance, but in the course of explorations of the actor-children's thinking and feeling, some concepts of the typical child's

ways of functioning may be disclosed. During the enacting of situations our emphasis is always upon the child and his inner response rather than upon the situation *per se*.

Many techniques of psychodrama are employed, such as doubling, switching, mirroring, spontaneity testing; scenes are preplotted or developed on or off stage. The therapist utilizes these techniques to provide maximum opportunity to members of the group to assume child roles and to develop the scene's "lesson." Immediately following a scene the therapist queries the actors as to their feelings in their respective roles, encouraging the group to carry the discussion. The therapist picks up doubts and speculations and tests them by additional scenes.

During the time devoted to play, parents are involved with children's toys and plastic materials and engage in children's group games. Since the inception of the group, parents have played with such material as clay, blocks, and finger paint; have had phantasy play with dolls, toy cars, animals, guns, and others; and have played group games such as farmer-in-the-dell, hop-scotch, and the like. The play activity may be directed or spontaneous and occasionally may be structured as psychodrama in which two persons may play while other group members observe. Play sessions are closed by discussion during which the import of the child's play is examined. The parents find role-taking in this activity most difficult. While they engage in children's group games with evident pleasure, their response to toy play has been consistently marked by resistance. We are now setting up a control group of parents of non-psychotic children to examine the meaning of this.

Although the group has been structured around *education* rather than therapy, therapeutic gains have been manifest. In addition to the therapy implicit in the *purposeful* nature of the activity, getting together and recognizing how much alike their children are have reduced the parents' feelings of isolation and martyrdom, made management of guilt easier, and sustained them in handling community attitudes. Casting them in roles of unreasonable, loving, or vindictive parents, or in roles of misunderstood, negativistic, or frightened children, within situations drawn from their own life experiences, affords opportunity for emotional release and insight at several levels. This is apparent within the group structure as evidenced by the quantity and quality of affects released in the enactments and in after discussions. It is also apparent as *carry-over* into individual casework sessions. Since the inception of psychodrama, interviews have become both more lighthearted and more purposeful. Parents laugh more easily and show greater spontaneity in speaking and in expressing feeling. There has been a pronounced decrease

in preoccupation with their child's illness and the problem he has created for them. There has also been less concern with the siblings at home, a concern which stemmed more from feelings of incompetence than from the reality situation. They bring into the casework interview material from the group sessions which opens additional areas for examination of feelings. One mother was critical that another was setting ultra-high goals for her psychotic son. "She's thinking of Harvard; I'd be happy if mine could finish grade school." In the ensuing discussion she recognized feelings of frustration in her failure to achieve the high goals she had set for *herself* during adolescence.

The amount of learning which our parent group has accomplished is considerable. The intellectualized and concrete approach gives parents a positive feeling of doing something about their problem and of working together with the staff toward getting and keeping their child well. Their desire to learn is, therefore, great. That they are learning they attest to by their occasional confidences to the caseworker. Said one father, "I used to tell the kids off without thinking; now I stop and try to fit the pieces together first." They have discovered that there is not just *one* "correct" way to manage a disturbing situation with a child. They are learning to look for background episodes leading up to the situation, and perhaps through understanding these they have become more at ease in dealing with it. They are thereby learning that some of the apparently irrational attitudes of psychotic and even of normal children have meaning in terms of experiences. They are learning to view the child as someone who can be successfully influenced by limitation or gratification only when his needs are understood. They are beginning to learn something about the meaning of play and about play materials and how to use them. Through acting and playing they have become more spontaneous both as persons and as parents. From greater assurance that they are not working in the dark, they have developed a growing freedom to feel their own feelings without panic or guilt.

Psychodrama also provides the opportunity to observe parents in their habitual ways of reacting to and handling their children. While one approach to situations is in terms of management skills as already indicated, in other scenes involving especially attitudes and feelings, the parents' responses must perforce be spontaneous. When the little girl says she will adopt children when she grows up because child-bearing is too painful, or when the boy comes into the house crying, our actor-parents have no other cues to reaction than their own immediate impulse. Hence the parental response in psychodrama serves as an index to the quality of parental response at home.

For example, there is the actor-father who is consistently unable to express anger at his child; there is the actor-mother who panics when not in control; there is the mother who seduces, or the father who wilts before the child's anger. All this suggests that one might experiment in the use of psychodrama with these parents and live infants. The results might provide significant leads toward understanding the failure of these parents to nourish the infant ego of their own child. Although the most cooperative parents cannot report the method of their failure in real life, because it was unconscious, through demonstration it might be recaptured.

Further implications are in the area of prophylaxis and in early treatment of the more severe ego disturbances. If some of their roots are in early infancy—which we believe to be the case—their prevention or alleviation through timely changes in parental attitudes and behavior might make crucial differences. Diagnosis through observation of parental style and teaching through psychodramatic techniques such as we have described here might well be employed in other contexts: with expectant parents and parents of newborns; with parents of children having difficulty getting started in nursery schools; and with parents of children with diagnosed ego disorders or other handicaps. Psychodrama as therapy has already been utilized by other workers—for example, Adaline Starr (3)—in parent-child relationships, but we here stress its diagnostic and teaching value toward prevention and prophylaxis. Thereby some or most parents may acquire the necessary increase in ego strength and collateral freedom of appropriate affective life in order better to cope with the challenges of child rearing.

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DISCUSSION OF THE PAPER BY SHUGART AND LOOMIS

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Group therapy has reached that state of maturity in its development in which it no longer has to self-consciously defend its existence with unworthy rationales such as the fact that it is less expensive in time than other therapies. Rather, it now can emerge as a method of human helping that has its own distinctive contributions both from the investigational standpoint, and from the therapeutic point of view. This unique aspect of Group Therapy, compared to individual Therapy, results from the emotional and intellectual awarenesses experienced in the context of group interaction.

Like the development of any tool for accomplishing a task, the tools of human helping we call Psychotherapy must undergo stages of growth. The first stage might be considered the stage of invention, when one or more people hypothesize such a tool is possible and attempt its use; the next stage might be considered the stage of exploration, where workers with the new tool, explore the areas for its utilization and study its limits. The next stage might be entitled the stage of assessment and comparison. During this period of the development of the tool, investigators might well evaluate whether this tool has distinctive advantages not found in other tools, and compare its effectiveness to that of other methods. Lastly, would be the stage of integration and coordination of our knowledge and experience into coherent laws of function.

It is my impression that group therapy has lingered too long in the second stage; the stage of exploration. We hear of attempts to utilize this helping method in many diverse areas and with many different techniques. But rarely do we see the clearly evaluative study which will tell us how much it helps; why it helps, and most important how it helps. There are scientific approaches to this problem available to us that will help to answer these questions; and I believe the time for their use is here. Rottersman states that during the period of exploration the important scientific problem is that of formalizing testable principles or hypothetical constructs in order that growth and development into the stage of evaluation may be stimulated and facilitated.

Today we have heard different approaches to the study and modification of the social environment of schizophrenic patients. Increasing efforts to deal with the social milieu of our patients after they leave the hospital, are not evidences that psychiatry is just finding out that familial and social

interaction is important, but rather that efficient and economic tools were not, and may not yet be available to deal with them. It is possible that group therapy methods may offer some of these tools.

In the paper by Shugart and Loomis, we have a clear presentation of the problem that was visualized by the authors in dealing with the parents of schizophrenic children. The singular and novel approach which seemed most interesting to me, resulted from the investigators' decision to direct the parents' attention away from concern with mental illness altogether, and to dwell instead upon the feelings of the healthy child. This was a method of breaking away from the massive identification, and overwhelming anxiety manifested by the parents of schizophrenic and autistic children. This excellent hypothesis was then implemented very originally by the use of a technique which is not used often enough. That is, the psychodrama method of participant acting through of problems.

The study had a relatively clear problem, a relatively clear goal, and with some modification, a clear idea of process and method. Psychodrama (whose originator, Dr. Moreno, sits with us today), with its many ingenious sub-methods such as mirroring, switching, doubling etc., seems admirably suited for the goals which are expressed in this study.

More than simply directing attention toward the healthy child as a method of alleviating anxiety and identification with the sick child, one must wonder whether the parent of an autistic or schizophrenic child knows how to behave with any child. The question was once posed by Dr. Jan Frank whether the child is made sick by a schizophrenogenic mother, or whether attempting to relate to a "peculiar" child, who will not respond normally to warmth and cuddling, etc., does not make a sick person out of any woman, normal though she may have been. Either way, we are dealing with a disturbed woman.

The thought expressed in the paper "that one day the patient would come home changed by hospitalization, and the home must also undergo a change," is not often considered enough in our therapeutic efforts, not only with children but also with adults. We beam our psychiatric searchlights on our patient's pathology and its change, and then often release the patient to an environment rife with the forces that encourage, develop and propagate this pathology. An environment that often is geared toward the patient's sickness. It is surprising that not more of our patients return sicker than they do, after home leaves, trial visits, and the like.

In an effort to combat this fixation with sickness, the authors attempted to acquaint the parents with a normal child's psychic life. This curious

child's world that is so full of magic, giants (sometimes called parents that one must love) and unreasonable prohibitions. I recall a child telling me once that "It's hard to believe mother was once a child." For as we go beyond the pleasure principle most of us discard and deny the child's life. This paper attempts to lessen the distance between parent and child by changing the parent's world. Psychodrama and play therapy would seem potent insight developing techniques for reacquainting parents to this child's world. For with its learning by acting on the part of the participant, and identification on the part of the observer, meaningful awareness of problems in their own personal context are developed. Awareness that can do nothing but result in a change in behavioral patterns. And the avowed goal of this study, namely, to sensitize the parents to children's thinking and feelings is especially suited for the utilization of psychodrama.

An interesting hypothesis is suggested by the authors when they mention that they are doing a companion study comparing the parents of psychotic children with the parents of non-psychotic children for their ability to use toys in play therapy. As you recall, the parents of psychotic children found it difficult to play with toys. Interesting speculations could be offered to explain this phenomenon. But the authors have chosen to take the path of scientific evaluation and comparison rather than stimulating speculation. I look forward to seeing this study completed.

This must be considered a preliminary study, for it seems to me a number of questions remain unanswered from a scientific viewpoint. There is mention of apparent change in the relationship of the parents and the case worker and in spontaneous expression. Is it the case worker's desire that the parents change because they're in this study; or what is its cause? Would simple separation from a sick child cause this type of change in the parents? I believe we can study these and other questions that emerge from the paper. This study certainly offers an interesting and imaginative attempt at dealing with a difficult problem. And by intuition and subjective feeling we believe that some change has occurred in the parents. But unless we use the available methods to assess these subjective impressions of change, for example by using control studies, and by personality and attitudinal studies to measure change of deep lying attitudes, we will never know what helped, or if our wish to help, made us believe we helped.

The authors are now burdened with the responsibility to use their obvious ingenuity to assess and clarify the apparent changes in the parents' attitude and behavior. I hope it will be studied further.

DISCUSSION OF THE PAPER BY SHUGART AND LOOMIS

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Doctors Shugart and Loomis of the University of Pittsburgh School of Medicine have described a psychodramatic group method for changing the personality structures of the parents of autistic and schizophrenic children.

The authors in setting up their program were well aware that a didactic lecture classroom approach would not be helpful. But the response of the parents to the therapeutic idea was that it would be an intellectual venture. (All patients when they come to us conceive of therapy as an intellectual happening). The parents responded by calling it "a class" or a "returning to school." This clinging to the wanting of an answer on how to be better parents is both defensive and self annihilating.

These parents have failed as parents because they are primarily "technique parents." They act "as if" they were mothers and fathers not as mothers and fathers. They have received advice on how to be parents from their own mothers and fathers, from their doctors, pediatricians, social workers, psychologists and finally psychiatrists; from magazines, books, radio and television experts and they have applied all of these techniques to no avail!

It seems to me that the authors unwittingly partially fall into this pattern again. They say "since we were to provide a learning experience with emphasis upon delineating the normal and healthy" and again when the parents ask the therapist the "correct" the "best way" and the therapist supplied them with some generalisations. And still again when the therapists stress education over therapy.

"Technique parents" are a product of our culture. This parent represses the creative experimental urge within himself. His offspring will be patterned after the prevailing "type" of child in the community. Therapists working with such parents must awaken their creative potentials so that the children are truly of the parents and not some standardized replica of a "normal" child.

I feel that the focusing of a psychodrama round the well child is a bold and proper step. I am not clear as to the dynamics involved but I believe, as the authors said, that the psychodrama becomes an activity devoted to "undoing" certain rigidities within the parents. These parents have in

their personalities unconscious needs which are only satisfied by the sick, disturbed child. Sessions devoted to the healthy child I believe would evoke anxiety and change.

If therapy for the child is basically re-experiencing with a well adult-parent then why not therapy for the parent by re-experiencing with a well child?

I disagree with the emphasis upon education rather than therapy. The interaction, mutuality, give and take, body contact, body participation as well as the ability to mutually help and a feeling of acceptance by the staff, are the significant elements of this Therapy.

I would agree that this technique could be used in many situations where there are disturbed children. It could be used profitably in prenatal clinics particularly before the first child is born.

AN EXPERIENCE IN GROUP PSYCHOTHERAPY AS A TEACHING DEVICE*

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INTRODUCTION

As part of a curriculum for psychiatric nurses leading to the master's degree in nursing education, a course on Group Psychotherapy was developed. The thinking and planning which went into establishing this course, and the experience and results of its operation during two successive school years are presented. An important part of the venture was the use of an actual experience in group psychotherapy as the teaching vehicle rather than the more usual approach of lecture, discussion group, or seminar.

The curriculum of which this course was a part was of one year's duration. It was at the post-graduate college level and was to prepare students for major teaching, supervisory, and administrative posts in the field of psychiatric nursing. (It was felt that group psychotherapy had become sufficiently major a sub-specialty of psychiatry to necessitate its inclusion in this curriculum in psychiatric nursing education in order to further develop professional nursing skills in relation to group psychotherapy). Another anticipated goal was furthering the development in the students of awareness of group interaction phenomena so that such knowledge might be applied by them in their future job situations.

Method. I—Theoretical features.

From the theoretical standpoint, the following aspects were considered in the development of a method for presenting this course.

Initially came the question of whether a comprehensive survey of all aspects of group psychotherapy would be attempted or whether a limited but more intensive approach would be more advantageous. The intensive approach was chosen because the theoretical aspects of various areas of psychiatry and psychotherapy were already a part of the curriculum and it was felt that little new would be given the students merely by reviewing the modifications needed to apply existing psychotherapeutic knowledge to group psychotherapy. Rather, an intensive experience in the dynamic-analytic type of group psychotherapy was chosen as being the most poten-

*Read at the annual meeting of the American Psychiatric Association, St. Louis, Missouri, May, 1954.

tially useful approach to the desired goal of developing an understanding of group psychotherapy in the students.

The use of the *medium* of group interaction as the teaching tool was believed to offer several advantages. It would afford illustrative material for various theoretical points raised, or previously encountered. As an actual experience in group psychotherapy, there would be first hand observation and some degree of awareness of features of group psychotherapy, with a graphic and expository presentation of the material. There would be equally effective presentation of material related to psychiatric theory in general as various points came up thus further broadening the understanding of psychodynamics of the participants.

It should be emphasized that the purpose of this course was the use of group process to achieve an orientation in the theory and practice of group psychotherapy as a foundation for development of related nursing skills. It was neither to train the students as practitioners of group psychotherapy, nor was it designed to furnish them with personal psychotherapy. In this light, minor modifications of usual group psychotherapy features were made. They included a greater separation of various aspects of events that occurred into process and content; more pointing out of identifiable phenomena as they took place; greater activity on the part of the leader than is customary in therapy; and the relating of theoretical aspects of dynamics and psychotherapy to particular occurrences in the group sessions. There was a de-emphasis on personal problems of the students except insofar as they related fairly directly to relations with others in the group or to the college work. In some measure then, this was to be group psychotherapy modified in the direction of group dynamics, but also with an accentuation of its technical aspects for educational purposes.

The general tone of the group situation however was on the whole to be essentially quite close to the usual dynamic-analytic psychotherapy group. A spontaneous and uncensored mode of expression was to be attempted. A permissive, free atmosphere was to be encouraged. Free and direct interchange of ideas among the participants was to be desired.

Insofar as the leader (the author) was concerned, a psychiatrist with psychoanalytic training, and experience in psychoanalytically oriented group psychotherapy was decided upon.

Method. II—Practical features.

Technically to achieve the foregoing theoretical points, the following practical features were evolved.

To promote free and spontaneous expression in the group it was felt

that there should be as little judgmental or responsibility relationship as possible to the regular college curriculum on the part of the students. In order to effect this, none of the regular college faculty was to participate in or be present at the group sessions. There was to be no contact between the group leader and the regular college faculty throughout the course. At its termination, a conference between the group leader and regular faculty would be held which would be based on the general development of the group; what had been achieved in the group; and any specific rational problems which arose regarding the college curriculum that might be of constructive value in future curriculum planning. The responsibility of the students towards this course would be limited to a group report at the end, the nature and form of which would be worked out by the group itself. There would be no grades for the course; not even in so broad terms as "pass" or "fail".

In actual operation, sessions of approximately two hours on a once weekly basis during the school year were considered the most satisfactory. The size of the group would be best at ten to twelve participants.

Findings.

The results of this project are presented from two aspects. First there is to be examined the actual group development that occurred, and second there is to be seen the goals achieved by the student participants.

Four stages of group development were noted. First there was an exploratory, hesitant stage. In this, the members were fairly polite, socially correct towards each other, and generally pleasant. There was a tendency towards conformity to the usual classroom *mores* and an air of avid expectancy of important-things-to-come towards the group leader. This stage began to disappear during the second session and was fairly completely gone by the end of the fourth session.

The second stage was one of aggressiveness, and it began during the second session, reaching fairly full development by the fourth session. It was characterized by emphatic, emotionally laden, exaggerated, impulsive presentations. There were strong criticisms of various aspects of current situations. This criticism undoubtedly bore some relationship to the actual great pressure of work involved in the total course of study. However, it also represented projection into many of the current college features of various aspects of the individual participants' irrational distortions. This was further seen in the development of awareness of the relation of many of the individuals' current attitudes to past authoritarian situations the individuals had undergone. At first presented in belligerent and challenging

ways, the criticisms gradually became more matter of fact, and even feebly presented as the irrationally aggressive components diminished during subsequent sessions. There was moderate group cohesiveness during the early part of this stage which lessened as the "griping" diminished. This cohesiveness was of a blind and uncritical nature, rather than representative of any real group strength. It seemed to be the banding together of common fearfulness, rather than of surety or purposiveness. Unlike the first stage wherein each of the students was more or less uniform in nature of participation, here there was some individual variation both in terms of how quickly the individual went into this second stage, and also in the extent to which the individual went into it.

A third stage that next progressively made its appearance with the subsidence of the second stage was one in which there was a genuine effort at achieving an objective understanding of the characteristics of other group members and of external life situations. There were efforts at inquiry into the nature of the phenomena going on both in the group, as well as those away from the group. There was satisfaction at achieving points of information in this regard and there were active and effective efforts at application of the information obtained to life situations. In this stage there was even greater individual variation than in the two previous ones. There were discussions and evaluations of various students, both part of the group and not part of the group; of various faculty members and of their teaching techniques and personality characteristics; and of past life experiences. Occasionally the format of a particular "working out" phase would be an "attack" on one of the group members by one of the others. Initially taking the form of the aggressive and impulsive second stage features, there would be a rather dramatic presentation. As the strong emotional feelings gave way to more factual material it would appear that the presence of a sensitive area on the part of the "accuser" had been touched off by the other student's unwitting behavior. As the details of the two students reactions to each other in their various contacts throughout the day became apparent, realistic and rational attitudes began to develop. The non-communication that had previously existed became evident, and now a more affective type of communication appeared, and a respect and tolerance for the other person's apparent differences developed. In addition, specific features behind certain individual idiosyncrasies were seen. On the whole then, the students, both participants in a given series of interchanges, and observers during such an issue, acquired an objective awareness of the functioning of other people. This was the chief characteristic of this third stage

of the group development. There was up to this point little awareness by the individual of personal functioning.

A fourth and final stage of the development of the group was the least common of all. It was one of development of a greater or lesser degree of individual insight into interpersonal functioning of oneself. Here there was the greatest amount of individual difference in terms of length of time required to reach this stage; the number of people who achieved some degree of this type of insight; and the variability of those in the group who were in this stage at a given time. Here, such things as an awareness of a need to control the group situation, a need to be the center of attention, or a need to be little noticed in the group were of the nature of the things which became evident. A significant feature of this stage was a developing confidence in self which made it less difficult to see some of the defense mechanisms used by the given individual, with especial reference to the college situation.

It must be pointed out that these stages are not precise, finite features but instead are artificial points in group development, useful as specific constructs to illustrate statically, a dynamic process. They are not clearly demarcated zones in time of occurrence, not simple uncomplex features, nor are they uniformly manifest in the group as a whole or in a given individual at a single point in time. Thus, after a rather uniform first stage of timid situation exploration, subsequent stages appeared at different rates in different students; and in a given student, different aspects of personality functioning would go through the various stages consecutively rather than concurrently.

There were interesting differences in the group manifestations during the two successive school years in which this course was offered. The first year, the group was held only during the second semester. It went little beyond the second stage, only a few isolated points of the latter two stages appearing. This limited group development was probably related to the fact that one semester was not enough to get into deeper group development. In addition, holding the group during the second semester would likely have contributed to limitation of development by virtue of the solidified group interaction phenomena that would have resulted after a semester of the group working together before the group experience was instituted.

During the second year the course was held, it went on for both the first and second semesters. There was significantly more progress in this case than with the previous group. The participants were an entirely new group, the previous group having completed their work and left college.

There was more general progress into the third and fourth stages, and less time was taken to reach these stages than the earlier group required.

In the working out and development of these stages, there was the achievement of the planned objectives of free and spontaneous discussion, and the technical plans which had been made proved workable in practice. The rôle of the group leader was typically handled along the lines of the usual dynamic-analytic therapy group features. No effort was made to steer the discussion into working along particular individual points, nor was any introduction of original ideas made by the leader. A wealth of material for interpretation and illustration grew out of the completely spontaneous productions of the students themselves. A summarizing session was held during the last session of the year: except for this, there was no formal material planning.

The foregoing material has presented the findings of this project in terms of the stages of group development which took place. The findings may be reviewed from another standpoint too, that of the goals achieved by individual students. Three categories of goals are considered. First, there are those findings related to the primary purpose of this particular project; the development of an awareness of major aspects of group interaction, with especial reference to the phenomena of group psychotherapy. Second are the findings which brought out points not purposefully planned in advance but which are usual aspects of and consistent with the goals of the college curriculum. Third are things which appeared, also not preplanned, which are not the usual college curriculum goals.

Specifically, some of the findings related to the phenomena of group interaction itself are the following. These findings are presented first as a formulation of the point at hand, followed by direct quotations to illustrate the point, taken from the students' reports at the end of the course.

Development of awareness of group phenomena.

"Help is gained not only from the leader but also from interaction of group members."

"The leader is a participant-observer who is a member of the group and also reacts with feelings."

(The use of) "permissiveness in and out of the class situation."

(Relatively lengthy) "time needed to have a group become therapeutic."

(Developed) "some feeling of identification with various group members."

"A few problems concerning the group as a whole were brought up and

although personal implications were only lightly touched upon, it was possible to see the effectiveness of group sessions in solving or discussing problems."

"Glad to get feel of group therapy as a participant."

Recognition of unconscious motivations on the group manifestations.

"Hostility in its overt and covert forms and its rational and irrational aspects as a factor in classroom participation was evidenced by this experience in a group."

Resistance manifestations and their basis.

"One of the prevailing trends throughout the (first) six sessions was the use of various avoidance techniques to keep from becoming involved in the discussion of personal problems. Common avoidance patterns were facetious behavior, griping, intellectualizing, changing the subject and silence."

Effects of interpersonal relations of group members when away from group, on behavior in the group.

"The group process was affected by the close association of the members and the sub-group discussions that went on outside the regular group session."

Another group of findings which appeared, but which were not especially anticipated in advance were the following:

Importance of security of group members for optimal use of a learning situation.

"From this experience we might assume that people do not involve themselves in a group until they feel secure. This has implications for the classroom in that teachers should be aware of the need to help students feel secure so that growth, both personal and educational may take place."

Ability of individual to attenuate or lose prejudices.

"The sting was gone out of the situation and I was able to accept members of the group as they are."

Development of more objective attitude towards work and decisions.

"Everyone seems confused. Therefore my own decision is probably no better nor worse than that of the group, so go ahead."

"Feel now that (my) expectations were probably scaled too high for courses, adviser, field work supervisor, etc."

Recognition of rôle of rationalizations in avoidance of issues.

"Developed an increased dislike for intellectualized verbalizations."

"Too much intellectualizing and shielding" (of actual meanings).

Establishment of more objective awareness of human interaction.

"Concepts of autocratic and democratic behavior" (became clear).

"Real and illusory effects of 'in-groups'" (were seen).

"Effect (on behavior) of anxiety intensifying defensive reactions" (seen).

Another group of findings, also not anticipated, and not usually thought of as being acquired in the college learning process follows. As with the other groups, representative samples are given.

Awareness of emotional aspects of learning process developed.

"Emotional acceptance of concepts as well as intellectual understanding of them appears essential to real learning. This was seen in discussions of the use of terms such as 'democracy' and 'authoritarianism' in the group therapy sessions."

Recognition of non-verbal communication.

"Communication in face-to-face contacts may be distorted and disguised in various ways, and it is important to learn the meaning of non-verbal communication in the classroom adequately to understand what is going on between people."

Phenomena of irrational expectations of students.

". . . variety of irrational expectations of students towards members of the group, instructors, the program offered, by the school, and toward life in general. The teacher's rôle in recognizing these and discussing them with students is one of the underdeveloped areas of education."

The various points and quotations given in all of the categories above represent the actual points recognized by the students themselves. This type of formulation was not used by the group leader, nor as previously mentioned, was an effort made to steer discussions in any of these directions. This is emphasized because it is felt that it represents the reaching of useful points in an unplanned and permissive group setting.

Unfavorable aspects of this particular project should also be presented. Actual unfavorable comments were short, unelaborated, and appeared only in a report of the first six sessions. They seemed related to an inadequate awareness of the group's functioning in so short a time, and possibly also bear a relationship to having some of the students in the aggressive and criticising stage. Some of the comments then made were "waste of time", "not stimulating", "did not get any self growth", "saw self on superficial level", "not too successful". This type of comment did not appear in reports of group sessions made after more lengthy group experience.

Another potentially unfavorable aspect was the dropping out of several students during the course of the sessions. This did not involve a significant number in the group. It was felt inadvisable to make an adequate effort to determine the cause of the "dropping out" since this would not be in keeping with the desired permissive atmosphere. From what could be determined from chance remarks of the remaining students, two main reasons were advanced by those who did not continue. These were the occurrence of anxiety, and boredom. It would be interesting to speculate on the extent of these reactions, and their underlying significance. This could not validly be done without further information which is unfortunately not available. For the purposes of this course however, it appears that the large majority of the students were able to benefit from it, and that those who dropped out, were in no way involved in any significant disturbance of their own emotional equilibrium. This latter would be a definite disservice were it to occur, and this type of course presentation must of necessity be geared to prevent such a likelihood.

Summary

An actual experience in group psychotherapy was utilized in order to teach the concepts of dynamic-analytic group psychotherapy to graduate students in nursing education at the college level. The results are presented in terms of plans used, the stages of group development which took place, and the goals specifically achieved by the students. It is felt that this represents a useful experience for the students who participated, in terms of helping them achieve a practical awareness both of the phenomena of group psychotherapy and of interpersonal relations in general.

THE APPLICATION OF PSYCHODRAMA TO RESEARCH IN SOCIAL ANTHROPOLOGY*

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In discussing the application of the psychodramatic method to research in social anthropology it is well to keep in mind that the term social anthropology means different things to different people. Thus, it may be useful to state that, for all present purposes, social anthropology will be used here to refer to a comparative study of human behavior in different societies.

Having said that much one is still under obligation to define what kinds of behavior one wants to study. Behavior is a very comprehensive term which refers to the totality of motor-events that occur in individuals. As social scientists, anthropologists are more specifically interested in the ways human beings behave toward each other, or in respect to each other; i.e., in interpersonal relations.

Being intrigued, amused, or saddened by the varieties of human behavior may justify the desire to observe it. The determination to make it a subject of study, however, must be based on the assumption that the data lend themselves to a certain amount of systematization, i.e., that there is some order in this chaos. As students of social behavior, anthropologists believe that they have been able to identify recurrent, coherent and predictable forms of behavior, at least for specific cultures and limited periods of time. To this conviction they have added the theoretical notion that regularity and consistency of behavior in any given human group may be viewed as growing out of socially shared images and patterns of behavior. The totality of these patterns is subsumed under the overall term "culture."

Now we have to define what we mean by the comparative study of man's behavior, and what the purposes of such study are or could be. I should like to inject here a somewhat unconventional distinction between two varieties of comparativists, as I see them, whom I would call respectively "optimists" and "pessimists." The "optimists" believe that the diversity of cultures conceals an underlying limited range of social mechanisms, and that the ultimate reward of the student of human societies will be an overall theory of social action as consistent and systematic as the table of elements or the laws of genetics. The label of a "pessimist" in this

* Reprinted by permission from Transactions of The New York Academy of Sciences, Series II, Vol. 15, Pages 253-257.

context, would be attached to the scientist who prefers to limit his expectations of consistent and predictable behavior to any particular society.

To translate this distinction into concrete terms, let us take the study of juvenile delinquency. The "optimist" looks forward to a comprehensive theory of delinquent behavior and hopes that it will contain universally valid predictive, preventative, and therapeutic implications. The "pessimist," on the other hand, maintains that, in the very best case, we shall arrive at a limited theory of delinquent behavior; for example, for the United States between 1950 and 2000 A.D.

As a group, American anthropologists have been more impressed with the psychological uniqueness of different human cultures than most of their French or British colleagues. American research in anthropology has been focussed on the process of diffusion and the specificity of culture areas (Wissler, Kroeber, Dixon); on the reconstruction of specific historical sequences (Boas, Radin, Spier, Sapir); on cultural configurations (Benedict); on culturally determined personality types (Hallowell, Mead, Linton, Kardiner, Erikson); on cultural value-systems (Kluckhohn, Laura Thompson), and the like. The accent has been placed on cultural diversity, and theorizing has pursued the possibility of accounting for the multiplicity of lifeways and character structures.

This paper is in sympathy with the general orientation of American anthropology, and is intended as a modest contribution to the storehouse of techniques for the study of diverse patterns of behavior. The method proposed here is not meant to be a substitute for any of the known and tested ways of studying human behavior. I believe, however, that it possesses some qualities which are not present in other methods and that, therefore it can be used to supplement those now in use.

Field work in residence among the people studied, which, to this day, remains the most effective form of cultural investigation, is not without serious shortcomings. The time allotted for a field-study is necessarily limited. The field-worker's personality, i.e. age, sex, individual peculiarities, etc., inevitably creates selective and specific "rapports" with natives. The very presence of the observer affects the character of behavior under observation. Thematically significant occurrences do not always take place when the field-worker is available to observe them, nor do they happen often enough to justify relevant generalizations.

These remarks should not be misunderstood as denying value or validity to hard-earned monographic studies by hundreds of dedicated anthropologists. Their purpose is rather to underscore the notion that no royal road

has been found in the study of human behavior, and that human actions—this most elusive type of reality—might perhaps yield some of their secrets to a novel and unorthodox technique.

The method proposed here for consideration is not really new, in fact it is over thirty years old. But the element of novelty is the suggestion that this technique should be used for the comparative study of cultures, whereas it was devised originally for substantially different purposes.

The early phase in the development of psychodrama need not concern us here too long. As a young man, Dr. Jacob L. Moreno combined his professional medical activities with a profound interest in philosophical and esthetic ideas and experiments. From his own writings, one gathers the impression that the guiding impulse behind this involvement was a romantic protest against the encapsulation of human vitality in the shell of cultural conventions. Poetry, religion, and children, he felt, were a reminder to men what they could have been, had they not surrendered their spontaneity to industrial civilization. But it was the theatre that struck Dr. Moreno as offering an ideal combination of an almost unlimited freedom for poetical improvisation with the possibility of re-enacting lifelike situations in all their essential authenticity.

In 1908 he started experimenting with groups of children, in 1911 he founded in Vienna the Theatre for Children, in 1921 he inaugurated the first psychodrama at the Komoedienhaus of the same city. In 1925, Dr. Moreno came to the United States where he has continued as a psychiatrist, a research scholar, a writer and a teacher. In 1936, he built his first American theatre of psychodrama in Beacon, New York, followed in 1942 by another Theatre of Psychodrama at his Institute in New York City. In the meantime, psychodramatic techniques have been adopted by numerous mental hospitals, and have also, in various forms, become identified with the fast growing movement of group psychotherapy.

It is not, however, the psychiatric aspect of Dr. Moreno's work that justifies my bringing psychodrama to the attention of anthropologists. I first went to his Psychodrama Theatre to satisfy my general exploratory urge. But after three or four sessions, I suddenly became aware of the fact that here was a wonderful tool for a cross-cultural study of human behavior. Not feeling competent to pass judgment on the psycho-therapeutic effects of the method, I became interested in its potentialities as a tool for anthropological research. In this connection I suggested to Dr. Moreno that psychodrama, when used in this context, should perhaps be identified under a separate name, such as "ethnodrama." Dr. Moreno approved the

idea and authorized me to bring my students from New York University to his Psychodrama Theatre for independent experimental sessions. In the meantime, I continued attending the weekly sessions at the Institute and also took advantage of the Beacon Workshop for Training in Psychodrama. Thus, the discussion which is being offered here is based on direct experience with some two dozen sessions, six of which I conducted personally. During this period I became aware of some of the difficulties and limitations of the psychodramatic method, but I also discovered many of its unsuspected potentialities.

In order to be effective, a psychodramatic session requires the presence of one or several protagonists and a small audience out of which, as the need arises, one can recruit auxiliary performers, whom Dr. Moreno calls "auxiliary egos." The session is conducted by a "director." The rôle of the audience is to provide all the emotions that are associated with group functioning. Every effort is made to involve the audience in the happenings on the stage. The alpha and omega of psychodrama is symbolized by the word "spontaneity." In order to induce this state of mind in all those present, the director initiates the session with various "warming-up" techniques for which there is no one standardized formula. The first few minutes may appear embarrassing, as happens commonly in social life, at parties, at banquets, on dates, etc. Before long, however, one or two participants respond to the director's efforts, and then, in an amazingly short time, the session gets under way, and all those present are likely to find themselves engrossed in a lifelike situation being acted out on the stage.

The term "stage" should not be understood too literally. What is designated by this word is nothing but a raised platform, semicircular or otherwise, furnished with a few chairs and one or two small tables. There is no need for a curtain or any elaborate props. Limited lighting effects may be useful in order to differentiate between broad daylight moods and situations as opposed to an atmosphere of dusk and intimacy. If, in the course of the action, the protagonists are supposed to be manipulating the telephone, the radio, or the piano, reliance is placed on their ability to suggest the presence of these objects. I have seen family dinners, dancing parties and auto rides across the countryside acted out most effectively with no other props than the few chairs and desks on the stage.

Facility in self-expression and freely-flowing emotions are stimulated by the subtle but cumulative effect of what one could describe as immersion in common humanity. Human failings, such as insecurity, vanity, hostility are faced openly. The feeling of all men being "in the same boat" com-

municates itself to the group and the two or three steps separating the raised platform from the audience cease to be a barrier between the "actors" and the public.

The first time I tried the method, I picked the theme of parent-child relationship. The group had met for the first time. We began awkwardly and haltingly at about ten o'clock in the morning, but an hour later, one could have found a hushed audience watching the re-enactment of truly dramatic experiences volunteered by one of the participants. The last part of that session and the two sessions which followed gave every member of the group a chance to contribute at least one episode from the story of his relationship with his parents. We saw a long series of parents—strong and weak, loving and rejecting, secure and anxious—in their dealings with their children. Several members of our group were of Anglo-American Protestant ancestry, others were of relatively recent Eastern-European, Jewish ancestry. In addition to these two sets, we had among our participants individual representatives from Puerto Rico, Venezuela, Yugoslavia, Iran, Vietnam, etc.

Limited as our sampling was for any scientific purposes, the happenings on the stage began to fall into significant cultural grooves. Thus, we noticed that conflicts in Protestant Anglo-American families, as acted out on the stage, were characterized by verbal parsimony, an obvious air of embarrassment and attempts to conceal emotions. The Jewish-American patterns of family conflicts, on the other hand, were rich in explosive verbalism, open self-dramatization and uninhibited exposure of the underpinnings in family relationships.

We took notice also of the reasons and pretexts for which the conflicts were staged as well as of the culturally significant symbols to which the antagonists resorted. Thus, we noticed that our Protestant Anglo-American adolescents, in opposing their parents, fought for their "rights," whereas our Jewish-American protagonists were more often struggling to free themselves from their strongly internalized "duties" towards their families. Needless to say, these observations are not being reported here as definitive findings, but as samples of discoveries which the method makes possible.

Since every family conflict was represented in our group by one of its original participants only, other members of the family had to be impersonated by "auxiliary egos" from the audience. The auxiliary egos had to be instructed by the central protagonist as to the way his father or mother acted under the circumstances of the case. This could be done either before or after they began acting their rôle. The burden of re-enactment is thus

carried by the main protagonist, which is only legitimate since it is his image and interpretation of the situation that the group wants to understand.

We did not limit ourselves, however, to the reenactment of the family conflict as it presumably occurred in real life, but gave our protagonists a chance to experiment with reality. Thus, they were requested to demonstrate how they would have wanted their father (or mother) to act in the scene under consideration. They were also given the opportunity to show how they wish they had acted.

From time to time, the director of the session would ask protagonists to "soliloquize"; i.e., to speak aloud as many of their thoughts as they could remember in connection with the scene which was being re-enacted, or even to "soliloquize" for their antagonists. In this last case, they obviously had to use whatever insights they might have into the minds of those with whom they were in conflict.

If the logic of the situation became quite obvious to the group, but was not acknowledged by the protagonist, unwilling to carry its implications too far, the director provided him with an *alter ego*. The *alter ego* shadowed and doubled the protagonist but in his suggestions, remarks and admissions, went just a step further. Thus, the protagonist was confronted with embarrassing or inadmissible implications of his own words or actions, which he was, of course, free to repudiate.

In order to make this re-enactment procedure fruitful for socio-anthropological purposes, it is essential to have a group of participants from the same socio-cultural background. In such a case, the ego, his auxiliary egos, and his *alter egos* combine with the audience in reproducing a dynamic picture of inter-actional rôles as they prevail in that culture. Advice, gestures and intonations are freely suggested, acknowledged or qualified. One finds oneself in the presence of a *dynamic group interview* or one may call it an "action seminar," out of which the anthropologist can infer the system of shared meanings, i.e., the cultural "field" in terms of which the informants have organized their existence.

The data obtained by this method should, of course, be checked with some outside members of the same socio-cultural group. They can be amplified also through intensive individual interviews and enriched by other relevant materials within the researcher's reach.

It is unwise to keep the group to any rigid schedule of themes. Instead, one should be prepared to range over a wide territory, as long as one is aware of the basic outline of the project. On one occasion, I had met with a group with a specific assignment in my mind, when suddenly one of its members started telling us a story of how embarrassed she was as a

child when her mother had arranged for her to have a meal with the Italian family of a schoolmate. The case was acted out very vividly and was followed by an avalanche of intercultural episodes involving gastronomic and dietary differences between Americans, Iranians, Venezuelans, etc. Such outbursts of *spontaneous* group creativity should take priority over any prearranged schemes.

Psychodrama is based on action and actors, and one may wonder whether traditional verbal interviews could not be just as informative and effective. There are several arguments in support of the importance of the re-enactment technique. Verbal accounts, unless delivered by gifted story tellers, have a limited evocative value and fail to bring forth the group contributions, which are one of the major features of all psychodrama. Also, in telling a story, one can cover such a vast territory in a few minutes that the listener is left with an evanescent impression of the situation under study. Then, again, speech is so often used for purposes of concealment and self-justification that a strictly verbal interview may not possess the authenticity and the emotional quality which the acting out of a true situation usually displays. After all, we all know that fairly mediocre plays, where the content, or social message, could be summed up in five minutes, frequently get all our attention and involve us emotionally when we see them on the stage.

During one of the regular sessions at Dr. Moreno's Institute, we sat spellbound before a man acting out the first breakfast of his married life. The conversation between him and his bride was about coffee and scrambled eggs, whereas we knew that they were making every effort to conceal from themselves and from each other that their marriage had been a mistake. Psychodrama is unusually rich in such poignant insights into human situations.

One of the many advantages of the psychodramatic method at the service of social anthropology is the fact that it lends itself well to teamwork by several researchers. The subjective element in the observation and the interpretation of the data is thus considerably reduced. One approximates the ideal of the natural sciences, where findings and observations can be reproduced a number of times for purposes of verification. One can easily focus research on chosen situations and devise tests which would probe the validity of previous findings.

Numerous ethnic and cultural groups can be found in our large cities, within the anthropologist's easy reach. The limitations of time and the exorbitant expenses characteristic of field-work would not apply to psychodramatic and other approaches to the study of such groups.

THERAPY GROUP AS DREAM CONTENT

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The subject of dreams, their interpretation and therapeutic usage in individual psychotherapy has received a great deal of attention in the psychological and psychiatric literature, most notably from Freud. In a thorough search of the literature, the author was unable to find any article or book whose title or emphasis is specifically on dreams in group therapy. The relation by a group member of a dream about a group therapy session was unique in our experience. It is hoped that this presentation will provoke further thought in this area.

The group of which D was a member had been in existence for about 17 months at the time of the session in which he related it. During the course of the group, six patients, all males, had been members of it. One had dropped out after three months and one after a year, leaving only three (A, B, and C) of the original five members. D had joined the group approximately nine months after its inception and was the only new patient added to it. The members of the group represented diagnoses ranging from chronic neurosis to mild psychosis. The same two leaders, X and Y, had met with the group from the formation of it.

The Dream

Four men were in a group therapy session and were seated close together on straight back chairs. There was a new leader, Z, who was a man with a wide reputation as a therapist. A member of the actual group, C, was talking about his sex life, and D, the dreamer, described himself to have been absorbed in the material C was divulging. When C had finished, D was shocked to have Z address him with the words, "You're next." D perceived the message to have been delivered in "sharp, pre-emptory tone." His first reaction was the feeling that he had been caught unprepared, and he tried to think of something important to say, at least at first. Almost immediately he felt compelled to take exception to what he felt to be Z's authoritarian manner. When he had spoken a bit, he recognized that his attack was "hysterical and ineffective." He then thought, "X will come, and everything will be all right." Then he remembered that X was no longer with the group, for the new therapist had decided that having two therapists was inefficient and wasteful.

D's Associations: D did not recognize the other members in the group as those in the dream—only C and X, nor was Y identified. Z, the new therapist in the dream, reminded D of a staff psychiatrist whom he had seen in the halls of the clinic. This man was remembered to have worn a thin mustache, to be stocky, and D judged him to be an authoritarian person. He is not well known. B and C both commented on the fact that Y, one of the actual therapists, was also a man with a mustache; it, however, was noted that Y's mustache was not thin. Y, furthermore, is tall and thin. B said that D had always tended to attack the leaders of the group, had a "chip on his shoulder," and had called X authoritarian in an earlier session. C wondered if D felt that he should discuss sexual matters in the group as he, C, had done both in the dream and in an earlier meeting of the group. C also pointed out that in the dream D had the unique rôle of attacker, whereas the other group members behaved in a submissive or at least a compliant way. B asked D if his compulsion to attack authorities even though it was done ineffectually was typical of his life situation. D said that it was and gave as an example his aborted attempts to stand up to a bridge toll collector. Y cited the possibility that D might secretly wish for a strong leader and may have been oriented in his dream toward mastering a difficult situation. X commented that D seemed to have derived security from group membership—i.e., while C was talking—, but that being a member of the group also placed him in jeopardy because of his felt need to be the group's protagonist.

The above associations and comments emerged more or less immediately following D's relation of the dream. After some further discussion of other matters, A stated that he was struck by the changes that had come about in D recently. D was no longer "glum" whereas he had previously come irregularly, late, would look at magazines or books, and had presented an unkempt appearance, of late he had come regularly, was usually shaved, and "had really gotten into the group."

CRITIQUE OF MORENO'S SPONTANEITY THEORY

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In developing the psychodrama as a diagnostic and therapeutic instrument and sociometry as a means of dealing quantitatively with interpersonal relations Moreno has made two major contributions to sociological and psychological technique. The importance of these contributions is made obvious by their wholesale application. Sociometric charts are as useful to the ethnologist as to the school teacher and psychodrama may be employed to smooth out misunderstandings between management and labor as well as to probe for the cause of mental disorder. The ready adoption of these tools is not surprising but what is surprising is the lack of attention given the theoretical framework which in Moreno's mind is correlated with the development of these tools. Moreno says in the latest summary of his work—"The principle which set sociometry into motion is the twin concept of spontaneity and creativity, not as abstractions but as a function in actual human beings and in their relationships."[1]

There has been little progressive refinement by Moreno of this concept of spontaneity. But in the latest edition of *Who Shall Survive?* there is an indication that he has clarified his thinking on some points:

> "One of the contributions of spontaneity research was to recognize the various phases and degrees of spontaneity as one continuous process, the reduction and loss of spontaneity, impulsive abreactions and the pathological excesses as well as adequate and disciplined spontaneity, productive and creative spontaneity. Another contribution was to recognize that spontaneity does not operate in a vacuum but in relation to already structured phenomena, cultural and social conserves."[2]

If the insights which are but casually referred to in this passage had been developed and applied at least some of the puzzling aspects of spontaneity theory would have been eliminated.

There are certain difficulties in appraising the theory of spontaneity which dramatically reflect the personality of its sponsor. A purist in the use of language and the rigorous, disciplined thinker will fret at Moreno's mode of expression but those who value the gift more than the wrapping

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[1] Jacob L. Moreno, *Who Shall Survive?* Beacon, New York, Beacon House Inc., 1953, p. 44.

[2] Ibid., p. 545.

will take in their stride and with forbearance occasional bursts such as this:

> "The change from anonymity of authorship to a name had profound connotations for my conduct. The Words of the Father I wrote with red ink on the walls of an Austrian castle. The publisher had to send two secretaries to decipher and copy the sayings. *Who Shall Survive?* I dictated into a typewriter."[3]

At times this individual style of writing is refreshing, but on occasion it interferes with the communication of key ideas.

To the despair of academicians Moreno's literary efforts are very often compounded of metaphysical, philosophical and scientific elements. It is not suggested that a scientist should lack a metaphysics or at least a philosophy, but it is disconcerting when he shuttles momentarily from one to another. There is often a doubt, when considering a reference to spontaneity by Moreno, whether it should be fitted into the context of "a universal theory of spontaneity" or whether its application should be restricted to the level of inter-personal relations. Moreno's theorizations may be stimulating but they are also unorganized and sometimes inconsistent.

After a discussion of libido as a reflection of the theory of the conservation of energy Moreno says—

> "As long as spontaneity was a vague, mystic and sacred notion such rigid systems could prosper almost undisputed, but with its inevitable emergence as a vigorous concept, as a clearly discernible and measurable agent, the tide began to turn in favor of more flexible systems."[4]

This paper will attempt to test the vigor and ferret out the unique content of Moreno's concept of spontaneity.

Spontaneity

Whenever Moreno feels called upon to explicitly define spontaneity the following definition is given with never any significant variation—

> "Spontaneity is the variable degree of adequate response to a situation of a variable degree of novelty. Novelty of behavior by itself is not the measure of spontaneity. Novelty has to be qualified against its adequacy *in situ*. Adequacy of behavior by itself is also not the measure of spontaneity. Adequacy has to be qualified against its novelty."[5]

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[3] Ibid., p. XXXVII.

[4] Ibid., p. 44.

[5] Ibid., p. 722.

A shorter form is "Spontaneity can be defined as the adequate response to a new situation, or the novel response to an old situation."[6]

We come immediately upon a vulnerable spot in the concept of spontaneity. There may be little difficulty in objectively gauging the degree of novelty of a response but judgments as to the degree of adequacy of the response may be arbitrary reflections of the value system of the observer or may not be possible because of lack of knowledge. The occurrence of a novel response may be so separated in time from its results that a decision as to its adequacy may have to be held in abeyance for so long as to vitiate any benefit derived from distinguishing those novel responses that are adequate from those that are not. When we consider the characteristics of spontaneity tests we will see that even the "laboratory" technique for determining the degree of adequacy of response is based on questionable assumptions.

Moreno does not handicap himself by a strict application of his own definition. More or less obviously he indicates that there is something spontaneous in any response that is to some degree free from previous pattern even without consideration of its adequacy. Referring to tests for spontaneity he says, "The following test contains a series of emergencies in which *appropriateness, a form of spontaneity,* is bound to operate."[7] And here the four forms of spontaneity are outlined:

> "On the basis of experimental study, we have been able to regard four characteristic expressions of spontaneity as relatively independent forms of a general s factor. We have analyzed these forms of spontaneity in the following manner: a) the spontaneity which goes into the activation of cultural conserves and social stereotypes; b) the spontaneity which goes into creating new organisms, new forms of art, and new patterns of environment; c) the spontaneity which goes into the formation of free expressions of personality; and d) the spontaneity which goes into the formation of adequate responses to novel situations."[8]

Let us check these forms of spontaneity against Moreno's definition. We will follow Moreno's usage and identify forms *a, b* and *c* as dramatic, creative and original forms of spontaneity.

A dramatic form of spontaneity fulfills the requirements of the defini-

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[6] Ibid., p. 336.

[7] J. L. Moreno & F. B. Moreno, "Spontaneity Theory in its relation to problems of interpretation and measurement," *Sociometry,* vol. VII, Nov. 1944, no. 4, p. 347. (Italics mine.)

[8] Ibid., p. 343.

tion; novelty of response to an old situation. If we take as a test case an actor performing in a play the relevant situation is the role requirement of the actor laid down by the playwright—an indication of what words to say and what gross body movements to carry out. But different actors would say the words and use their bodies differently and no actor would be able to duplicate exactly any one of his own performances. There would of necessity be always some novelty of response in the interrelationship of actor and role.

Original spontaneity seems to overlap the creative form since it is defined as a contribution not "significant enough to call it creativity, which at the same time, in its form of production, is a unique expansion or variation from the cultural conserve as a model."[9] If the difference between these two forms is only degree of significance we may consider them together. Let us see how a combined form *b-c* withstands scrutiny. We will use as our test case the creation of new organisms at the time when animal life was confined to the sea. A new animal organism would arise when, through the evolutionary process, a particular phylum underwent anatomical and physiological changes. These changes would be a novel response to the old situation of the sea. And insofar as the adequacy of the response could perhaps be determined objectively, if we accept as a criterion the continuing existence of the organism in the sea, we have here an instance of spontaneity manifesting itself. But let us suppose that an animal organism underwent changes which made its continued existence in the sea impossible. However, it would now be fitted to live on land. Here the very nature of the novel response forces us to discard a usual frame of reference and gauge the adequacy of the response in the context of a different situation, the land situation. An alternative would be to revise and make so general the meaning of adequacy that any novel response could be considered adequate that did not result in the extermination of the organism.

Moreno, himself, by especially isolating in the fourth form the adequacy of response to a new situation, makes clear that adequacy cannot be assumed an attribute of the other forms.

> "*Adequacy of response.* The fourth consideration is that of appropriateness. A man can be creative, original, or dramatic, but not always have spontaneously an appropriate response to new situations. If he would have only stereotyped responses available, however much dramatised and alarming, he would fall within the domain of the first form. If he would be full of ideas and try to create new situations, he

[9] J. L. Moreno, *Psychodrama,* vol. 1, Beacon, N. Y., Beacon House Inc., 1946, p. 92.

would fall into the domain of the second. In both cases, the required appropriate response, that is, appropriate to the situation facing the individual, would not be available and ready. In one case, there may be too little; in the other case, there may be too much."[10]

It is quite evident then that Moreno is aware of two types of spontaneity: one that is present whenever a novel response occurs and one when the novel response can be judged adequate. Recognition of such a two-type classification would accommodate the instances of "undisciplined" and "pathological" spontaneity. It is unfortunate that the first type is not included in, rather than definitely excluded from, the standard definition of spontaneity when the term spontaneity is used in this sense so often throughout the writings on the subject.

The Warming Up Process

"The warming up process is the 'operational' manifestation of spontaneity. As electricity is measured by its effects spontaneity can be measured by the dynamics of the warming up process."[11]

It is always reassuring to know one is dealing with measurable phenomena but it is advisable to be critical of the standard of measurement. The term "warming up" is encountered in the most varied contexts but we will examine its meaning only as it is used on the level of inter-personal relations. No doubt Moreno would feel free to employ it as descriptive of a condition existing before any creative act—the occurrences, for instance, within any one germ cell just before the division of that one cell into two.

Moreno's report of the warming up process as it occurs in human beings under direction is not lucid but through judicious quoting it is hoped the presentation will be clarified.

One may initiate the warming up process by simply suggesting to the subject

". . . that he throw himself into this or that 'bodily' action without thinking what will come of it. The 'starting' of these actions was found to be accompanied by a process of 'warming up.' We could observe then that if a subject lets go with certain expressions such as gasping, accelerating the breathing, etc., without a definte goal certain vague emotional trends nevertheless develop. . . .

Secondly, we experimented with the *intentional* production of specific results, for instance, certain perceptions, certain acts or roles, or certain emotional states. In this experiment a *mental starter* replaces

[10] *Sociometry*, vol. VII, Nov. 1944, no. 4, p. 346.

[11] *Who Shall Survive?*, 1953, p. 337.

> the bodily starters. The subject is conscious of a goal and told to produce a certain state, for instance, 'throw yourself into the state of anger.' Now he knows his goal ahead. The more successful a subject is in throwing himself into the desired state the better coordinated to the state will be the verbal and mimic associations produced (adequate state). If the subject initiates unfitting bodily starters, the desired spontaneity state is not attained. . . ."[12]

It is obvious then, that whatever the expedient used to begin the warming up process, the result is the occurrence of certain physiological activities, such as accelerated breathing and clenched teeth, which either lead to or are contemporaneous with the arousal of an emotional state. Yet the warming up process is never clearly equated to the presence or generation of emotion.

Let us check the connection between the warming up process and spontaneity. A state of spontaneity is arrived at through the warming up process. But the development of the warming up process itself necessitates spontaneity—

> "It is clear, therefore, that *the factor of spontaneity which enables the subject to warm up to such states* is not, in itself, a feeling or an emotion, a thought or an act which attaches itself to a chain of improvisations as the warming up process proceeds. Spontaneity is a readiness of the subject to respond as required. It is a condition—a conditioning—of the subject; a preparation of the subject for free action. . . ."[13]

Before trying to explain this seeming dilemma it may be well to note that Moreno uses the term spontaneity to refer not only to the performance of a particular kind of act (an adequate response to a novel situation or a new response to an old situation), but also to a readiness to perform such an act. Moreno sometimes distinguishes between the act and the readiness by using "creativity" to refer to the former, "spontaneity," to the latter.

Just as it was found advisable to think in terms of two types of spontaneity, perhaps one should think in terms of two types of warm up. Let us follow an individual through an admittedly melodramatic set of circumstances to see how we would apply a two-type classification of the warming up process. We pick up the trail of our unsuspecting subject as he is engaged in a routine affair—he is on his way home from work. With no warning he is rendered unconscious by the customary blunt instrument.

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[12] *Who Shall Survive?*, 1953, p. 338-9 (italics mine).

[13] *Psychodrama*, vol. 1, p. 111.

When he regains his senses he is in complete darkness. Although unaware of anything but the general nature of the situation, physiologically, he begins to function to meet an emergency. All he knows is there is a possibility of his having to make a new response and that that always entails some element of risk. Cobb would say our subject is experiencing the emotion of excitement.[14] We can say our individual is in a state of warm up. This is a manifestation of the first type of spontaneity, the getting ready to make a response more or less novel.

The lights are turned on and our unfortunate one finds out that a kidnapper had mistaken him for a wealthy man and now doesn't know how to dispose of him. Instead of just a vague feeling of excitement our man may now be fearful specifically of the gun pointed at him but hopeful that, because of the criminal's uneasiness, he may be able to disarm him or talk him out of doing him harm. A general state of readiness to engage in action qualified by an appraisal of the conditions of the situation which will tend to make the action appropriate and perhaps, to a degree, adequate, is indicative of arrival at a specific state of warm up.

From this crude analysis of what might happen to an individual warming up to an action it seems convenient to think in terms of two types or two states of warm up. We may refer to a general and a specific state of warm up. A general state of warm up would exist when the individual becomes aware that there is a possibility that a novel response will be required of him. In physiological terms the organism gets ready for the unexpected with an increased adrenalin flow, more rapid respiration, etc. A specific state of warm up is built upon the general state. What was a general situation—we may say a generalized emergency situation—is more specifically defined. The emergency is placed in a specific context. Action has a frame of reference in which to be purposeful.

The Cultural Conserve

Another term whose meaning is ambiguous is the cultural conserve. In the first edition of *Who Shall Survive?* it is defined as:

> "the technical conservation of cultural values as the book or the film which substitutes and preserves man's creative expressions. It differs

[14] Stanley Cobb, *Emotions and Clinical Medicine,* N. Y., W. W. Norton & Co. Inc., 1950. *"Excitement* is the least differentiated (emotion). There is no specific impulse to a certain kind of action. There is great alertness, action may take any direction according to environment. Muscular tension and increased heart rate and respiration are part of the picture." P. 105.

from the machine which accomplishes his labor and from the robot which is an imitation of man."[15]

Yet, in another place,

"I use the word 'conserve' as a noun preceded by the adjective 'cultural.' Thus, a 'cultural conserve' is the matrix, technological or otherwise, into which a creative idea is placed for preservation and repetition. Two forms of the cultural conserve are referred to in my writings: the technological conserve, as books, motion pictures, robots, and the 'human' conserve, the conserve which uses the human organism for its vehicle."[16]

Is the cultural conserve, then, (a) just *one* part of man's *material* culture, only that which serves as the "technical conservation of cultural values" (i.e. the values of the fine arts), or (b) the *total* body of man's culture—all that man learns and can pass on to other men.

More recently cultural conserves are equated to robots.

". . . These odd enemies are *technical animals* which can be divided into two classes, cultural conserves and machines. The popular word for them is robots.

A descriptive classification of the various types of robots man has invented should precede their dynamic analysis. One type can be defined as the domesticated robot, the plow, the pen, the book, the typewriter; another type can be defined as the enemy robot, the gun, the rocket, the atom bomb. Then there is the mixed form of robot, as a knife, a fire, steam engine, the automobile, and airplane, which can be used for and against himself."[17]

The arbitrariness of the classification of robots should be noted. Just as "a knife, fire, steam engine, the automobile and airplane" can be used to someone's advantage or disadvantage, so can "the pen, the book, the typewriter."

Whichever way cultural conserve is defined, however, its relation to spontaneity is clear. The creation of a cultural conserve is a manifestation of spontaneity—it is a novel response to an old situation or an adequate response to a new situation. Once the cultural conserve is created, though, its continuing use makes it no longer a novel response to an old situation. Or it may now be an adequate response to a situation which is no longer new. It is in this sense that the cutural conserve is antipodal to spontaneity.

Moreno's discussion of the cultural conserve reflects a lack of clarity about the relationship of man to culture. Often it seems that man's total

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[15] J. L. Moreno, *Who Shall Survive?*, New York, Beaconhouse, 1934, p. 342.

[16] *Psychodrama,* vol. 1, p. 123.

[17] *Who Shall Survive?*, 1953, p. 600.

culture is set up as a something that will overpower man and reduce him to an automaton.

It is interesting to note that while in psychodramatic practice Moreno disdains the historical approach he gets into difficulties on the theoretical level by pushing this approach to its limits. He hypothesizes about pre-conserve man[18] and though in a footnote he indicates that pre-conserve man is a relative concept (". . . every pre-conserve man was a conserve man to an earlier one")—the impression is clear that at rock bottom it is supposed there was an entity called man before there was culture.

But what is a definition of man? Anthropologists, who have perhaps the most to say about man in general, are satisfied with either, "Man is the animal who has language (communication which involves the use of complex systems of symbols)" or "Man is the tool-using animal." Fossilized crania which are accepted as human, even though they may not be remains of the species *homo sapiens,* all show development of the area which corresponds to the speech center of the brain. And when dubious remains are found any indication that the creature used tools confirms its affinity to man as we know him today. These two characteristics, the use of language and the use of tools, occur together wherever man occurs. The ability to use symbols, it is believed, resulted in the simultaneous development of language and tool-using which are the components out of which all of man's culture is built. Therefore, any attempt to lift man out of and consider him apart from the matrix of his culture is meaningless.

The Spontaneity Test

The spontaneity test is advanced as the basic instrument for measuring the amount of spontaneity available to an individual but we should be aware of some of its dubious features before using its results. This is an outline of the test procedure:

> *"Put a subject into a life situation and see how he acts.* The subjects throw themselves into action and the degree of their adequacy of response is scored by a jury. They are tested singly or in groups of eight or ten, all facing the same task-situation of varying and growing levels of difficulty. It is a race with hurdles. If a subject fails to meet an emergency adequately he is "counted out".[19]

We see, if we refer to what approaches a verbatim-action record of a test,[20] that only the presence of spontaneity manifested in inter-personal

[18] Ibid., p. 40.

[19] *Sociometry,* vol. VII, p. 355.

[20] Ibid., p. 348.

relations could be determined. The test procedure itself is a social situation and the nature of many responses is dependent upon social attitudes. We suggest a lack of spontaneity in behavior towards other people need not be also indicative of a lack of spontaneity in handling material objects and symbols.

It is doubtful whether a "life situation" can be simulated well enough to validate the acceptance of an individual's behavior in the test situation as being significantly correlated to his behavior in the real world. Only the barest physical outline is presented in reality terms—that is, a few main pieces of furniture and a spacial orientation. This outline is enhanced by a verbal description of details of the setting. Throughout the test there is a need to remember the total relevant physical situation as well as conditions the director says exist at any particular moment and towards which a response is to be judged more or less adequate. The emphasis on remembering what is presented only verbally is obvious.

Then, too, although an individual may be able to remember what is presented verbally he may lack the power of responding to a verbal description of a stimulus the way he would to the actual stimulus. One would hardly think that the question, "Don't you smell the smoke from the fire?" is an adequate substitute for actually smelling smoke, coughing and gasping for air, having one's eyes streaming with tears. It would almost seem that a subject would be better able to respond to the demands of the situation if in some instances he were deficient in the ability to imagine the actual physical stimulus.

Subjects are asked to respond to and choose between experiences they may never have had. And the datum presented may have vastly different meanings for each. For instance, here is an announcement of a new emergency arising during a fire—

> "Your mother is calling and entering the basement directly under the smouldering step. *There is danger there.* Think of your priceless jewels in the room next to the children, your manuscript, a record of years of research, your moving picture camera, fur coat, wife's jewelry."[21]

Here is the basis upon which responses in this instance, as well as in others, are to be judged adequate:

> ". . . within the framework of the value systems dominating our culture. . . . It seemed least permissible to save one's life and to run away, next to least permissible, to save some property; the highest order

[21] Ibid., p. 351.

seemed to be a rescuer (saving the life of any one), and the next to the highest, the role of the parent (saving life because of kinship)."[22]

Since it is most probable the subject tested does not have a "manuscript, a record of years of research," if he is expected to conjure one up what is to indicate or restrict the value of this magical manuscript? He may perhaps invest it with the potential power of sparing mankind from war. Yet according to the premises of the test he would be penalized if he acted to save a piece of property before considering the welfare of his mother.

In reviewing the responses of some of the subjects there seems a lack of understanding as to what exactly is expected of them. They verbalize their thoughts. We know that language is not intimately related to all levels of thought. The use of language, then, in a situation where it is ordinarily not present, would exert a distorting influence on action.

It is believed the results of spontaneity tests will remain nugatory until the test procedure is standardized and behavior in areas other than the social, in which human spontaneity manifests itself, is investigated.

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[22] Ibid., p. 353-4.

UTILIZATION IN GROUP THERAPY OF DISADVANTAGES OF THE PREVAILING PRISON SYSTEM*

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INTRODUCTION

It has been felt that prisons, with their two hundred and fifty thousand population in this country, constitute a particularly fruitful place for group therapy. Of course, the question arises: To what degree is the confined antisocial personality treatable?

In 1932 Moreno presented a group psychotherapy plan** for prisons. Gradually the recommendations he made in this monograph on the subject are beginning to bear fruit.

For three years now here at the United States Disciplinary Barracks, Fort Leavenworth, Kansas, we have tried to utilize the *disadvantages* of the prevailing prison system for the purpose of creating psychological conditions which would be motivation producing for both truly voluntary enrollment and actual participation in group therapy of the originally unwilling client.

An increasing amount of professional literature has been written dealing with the question of what can be done in—the all too few—architecturally progressive correctional institutions. This paper is an attempt to probe into, and to report on, possibilities of making constructive psychological use of some of the disadvantages of today's prevailing prison system.

Whatever psychologists, psychiatrists, or criminologists may think of these usually star-shaped buildings and of the walls surrounding them, we must face the reality that public sentiment strongly desires to have the offender both securely removed from society and punished. At least in the foreseeable future we cannot expect to see these large buildings turned into abandoned ruins.

There is rarely anything which is entirely good or entirely bad. Therefore, as the reality of existence of prisons cannot be denied, it is most worthwhile to give thought to the question to what degree the present—in many ways deplorable—conditions in prisons might contain elements which specifically further the treatment and the rehabilitative purposes which contempo-

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* Cleared for publication by the Department of the Army.

** J. L. Moreno, "Application of the Group Method to Classification", National Committee on Prisons and Prison Labor, New York City, 1932.

rary psychology and criminology advocate. The scientific approach—being objective by its nature—can, and in fact, should, probe into specific advantages of even such a situation which it finds and denounces as generally inadequate.

An Opportunity

Those favoring prison reforms emphasize treatment aspects and the futility of the punitive approach. Psychologists and psychiatrists, as may be justly expected, are leading in such reform endeavors; yet, if we study their literature, we notice—quite paradoxically—a consensus of opinion that the seriously antisocial personality—the psychopath—is either untreatable or, as more lately modified, extremely difficult to treat.

It is widely agreed that a main reason for the difficulty in treating a psychopath is his lack of anxiety about his states of affairs. In fact, much of the relevant literature stresses this relative absence of anxiety as one of the most important differences between the psychopathic and neurotic personality. The neurotic—conflict ridden between opposing needs—may develop a huge amount of anxiety. While this is often paralyzing and may produce severe behavior disturbances, his disorder can be attacked by the therapist who utilizes this very same anxiety as a main lever for raising the patient's problems to the conscious level. The anxiety causes in the neurotic patient a desire to rid himself of tension and thus provides much of the genuine motivation for treatment which is a sine qua non for treatment success.

The psychopath, on the other hand, may pay enthusiastic lip service to the need for treatment; he often actually realizes that treatment would be for the best—yet, this understanding is merely an intellectual one and does not become part of his emotions. While he might, therefore, be "truthful" when he, in his shallow, often suave, manner affirms his understanding of the necessity for psychotherapy, he does not actually *feel* this need. He thus lacks genuine, emotionally based, motivation.

With the neurotic, anxiety is often so strong that initially part of the treatment is often directed primarily toward its reduction in order to enable him to function and to talk more freely about his problems. The problem is quite different with the psychopath. His treatment usually involves many months—or even years—of effort to mobilize anxiety sufficient to bring about motivation for a change. Only after sufficient anxiety has been assembled does the actually remedial part of the treatment start. In a large number of cases the attempt to mobilize such anxiety fails and treatment is terminated after long futile efforts.

The prison situation contains numerous elements which—particularly when they are handled purposefully—are definitely anxiety-arousing to the psychopath. This is generally true of prisons, but it is even more so of walled institutions. By this we do not mean such seemingly obvious and undesirable conditions as "tough" guards or severe deprivations. However, the prison situation, as such, lends itself to the prevention of those mental mechanisms which the psychopath habitually applies for the immediate dissipation of anxiety which may arise.

When in treatment outside a prison, the psychopath has the opportunity to act out his tension in some way, be it by antisocial acts or by the manipulation of his environment. If he cannot do either, he withdraws physically and changes his territory of action, thus reducing his tension. It is for these reasons that the antisocial personality is characterized by such traits as nomadism, lack of personal attachments, by a need to act out frustration or other tension in immediate—often random—action, and by shrewd manipulation of the environment. What is often considered the psychopath's inability to learn from previous experience is only an error based upon a misunderstanding of his needs. He does learn from previous experience: he learns that acting out is, for him, tension reducing and—because of his low frustration level—tension is more threatening to him than involvement with the law.

However, the question seems to remain open why such a situation as regimented as confinement is not even more threatening to the psychopath. Certainly, many severely antisocial personalities are able to adjust perfectly to prison life and become model prisoners. And yet those in correctional work know only too well that this in no way precludes immediate criminal activity after release.

An Obstacle

For several reasons it would be important to find out why one so often observes a perfect confinement adjustment in even severely antisocial individuals. Finding the answers should enable us to reduce the usually unconscious attraction which confinement exercises upon the acting out person —and specifically upon the returnee "model" prisoner. It should also help to create and to utilize for treatment the very anxiety which, without confinement, so often cannot be produced in the offender, even if he is treated in hundreds of interviews.

To the outsider, confinement, with its regulated routine and the impossibility of physical withdrawal, appears to be quite anxiety producing. It is for many individuals, but it is not for the psychopath who finds tension

release in the manipulation of his environment. Contrary to what the general public believes, most confinement institutions present the shrewd operator with a manifold opportunity of manipulating his environment. The prison-wise individual knows the "ropes." He engages in all kinds of "dealings;" he plays all kinds of little tricks; engages in satisfying power politics in the institution, manages his guards and overseers wisely and smoothly and, to a degree, manipulates his daily prison life. In Wilson's "My Six Convicts" the exact details—much disputed among correctional personnel, are not psychologically the essential part. Significantly, however, he points to the tremendous importance which manipulation of the environment plays in the prisoner's life and how immensely satisfying it is to him.

If this ability to manipulate the environment is controlled, the main satisfaction to be gained from prison life is correspondingly reduced and the antisocial personality stares at what he is most afraid of—tension which he cannot reduce. This creates the very anxiety which the therapist needs for treatment and which, without confinement, he so often fails to produce.

Yet, tension, desirable for the therapist, may be quite undesirable from the custodial point of view. For this reason the institution must have its finger on the pulse of its population in order to control tension to a therapeutically valuable, yet custodially bearable, degree. This is a very delicate and continuous procedure which can be achieved only by close cooperation between the psychotherapeutic and the custodial staffs and by the creation of various degrees of planned therapeutic activities.

When one tries to utilize anxiety for group therapy in prison, one faces in the walled, prevailing type, even more distinctly than other institutions, two distinctly different tasks: The walls do not reduce—they tend to increase —hostility; walled institutions usually contain a high percentage of inmates who are serving long sentences and who are quite "prison-wise." It is, therefore, especially in walled institutions one thing to have the inmate ask for therapy and quite another whether this is not exclusively and often consciously another manipulatory behavior.

Actually, the psychopath often senses faster than prisoners with less serious character disorders that the offer of therapy might provide a good possibility for exactly what it tries to replace—anxiety reduction through manipulation. "Gripe Therapy," which is—often proudly—practiced by unqualified personnel in many correctional institutions, can, therefore, certainly not be seen as a kind of group therapy conducted on a more superficial level. "Gripe Therapy" might be of value custodially; however, it serves no long range constructive therapeutic purpose. It helps to dissipate

whatever anxiety might be developed in the offender. Thus, "Gripe Therapy" contributes to making prison an acceptable way of life for the psychopath.

Planning

A therapy program which utilizes advantageously the disadvantages of a walled institution has been developing at Ford Leavenworth, Kansas, since 1951. Under the supervision of the progress-minded Correction Branch of the Department of the Army, five Disciplinary Barracks are being operated in various part of the country. These facilities serve for the rehabilitation and confinement of Army and Air Force prisoners who have been found guilty of an offense serious enough to result in their being sentenced by a "General Court-Martial" to discharge from the Service. The term of confinement at the time of commitment to a Disciplinary Barracks normally exceeds six months. Fort Leavenworth's is the oldest of the five disciplinary barracks. Because of its construction and its high walls and solid towers, it lends itself best for a maximum security installation, and is being utilized as such. There an attempt—described here in outline only—is being made to utilize therapeutically some of the disadvantages of the setting. The two problems, to have the inmate first apply for group therapy and then to have him actually, not merely nominally, participate, were attacked in a planned manner.

The first aim was to counter the inmate's fear of being considered insane, a sissy, or a collaborator with those who put him behind bars. Also to be counteracted was his suspicion that therapy might impair his chances for clemency, restoration to military duty, or parole. This resistance against enrollment in the group therapy program is being reduced by introducing group work with the psychotherapist as a routine familiarization procedure. For about three weeks after their arrival the prisoners stay in "Reception" status and during this period they become, by group discussion, acquainted with the various activities of the institution. They meet in groups with the representatives of the Education Department, the Vocational Training, and the Custodial, Parole Sections, etc. As part of this "get acquainted" program, they also meet with the psychotherapists. This actual and routine contact makes the "Psych" less threatening, and usually some in the group express their desire to enroll when group therapy is mentioned towards the end of a series of five or six familiarization meetings. It is believed that this readiness to seek therapy is a result of the gradual introduction of the subject and of the fact that the newly arrived, finding himself in a new psychological situation, is more flexible.

A program called "Psychological Forum" became another means of

making group therapy less threatening. The Forum was started by the author as part of an overall plan just before the first therapy groups were formed. It was primarily an attempt to combine teaching of Basic Mental Hygiene with a type of non-directive mass counselling. Standard psychological movies were extensively used as teaching aids. The mass counselling immediately follows each lecture or film. At counselling the professional leader reflects back and sometimes reformulates questions for audience discussion, and at the proper moments he stresses the much deeper level at which problems can be discussed in therapy only. Each Forum series consists of twelve weekly two hour meetings of the just outlined type. Four additional meetings are set aside for quite permissive panel discussion between the inmates and officers. The subject of these panel discussions is usually one of a current administrative nature and this, too, helps to reduce the barriers. The Forum makes group work with the "bug doctors" more acceptable, as the whole program is organized and led by one of them. At this writing, of the 118 regular participants in the Forum, 77 also enrolled in group therapy.

The other problem, the one of actual rather than formal participation, is being attacked by a policy of close cooperation of the custodial and professional staffs. At least three weekly meetings of the Sections involved permit mutual consideration of all manipulatory and acting out problems. This helps to keep the finger on the pulse of the inmate population, described before as so necessary for therapeutic control of anxiety.

Certainly the main value of the program outlined lies not in its details; possibilities of improvement are continuously considered, and some changes are being initiated at this writing. The main value lies in the attempt to employ advantageously in a planned manner the disadvantages of the prevailing prison system.

Besides the systematic use of anxiety, another element, too, may be found favoring psychotherapy in a prison situation. Notwithstanding his rebellion against society's demands and against authority, the psychopath is actually a very dependent person—and this dependency, too, can be planfully employed. Bromberg (5), in another connection, stresses that: "Experience has shown that the everpresent antagonism to authority lies upon a basic unconscious dependence upon the very authority figures against whom the psychopath rebels." Bromberg and Rogers (6) refer to the therapeutic advantages of a combination of firm authoritarian attitude on the part of the therapist with the counterpart of permissiveness. We feel that the psychopath's dependence upon the authoritarian prison setting, as such, is not less than his dependence upon the authority of the therapist. The oftentimes

good institutional adjustment, as well as the repetition of offenses and resulting return to custodial control, tends to confirm this. Dependence on the authoritarian setting, as such, lacks the threatening closeness of interpersonal relations and thus it seems to us that it is more easily acceptable to the psychopath than is dependence on the therapist. Therefore, the authoritarian prison situation, combined with permissiveness in the setup, can be therapeutically utilized—best with dependence upon the authoritarian, yet also permissive, therapist.

Therefore, it appears that close confinement, with all its disadvantages, offers a unique, not sufficiently utilized opportunity for the treatment of the psychopath. It permits planned reduction to a minimum of his habitual way of dissipating tension, and thus offers systematic control and employment of his anxiety for treatment purposes. Also, the authoritarian setting satisfies strong dependent needs of the psychopath. His resulting dependence on the authoritarian setting provides another therapeutically usable tool.

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PSYCHODRAMA IN THE FAMILY

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Pictures may come to mind of a spacious room with a platform at one end, stage sets and costumes, with a mother who has had special training in dramatics, and time to devote hours to acting with her own and the neighbors' children. Such picture has nothing to do with the content of this article. This paper treats the usefulness of rôle-playing in just any home, irrespective of space, and irrespective of special training on the part of the parents.

Rôle-playing seems a more appropriate term to use than *psychodrama* for the informality, and spontaneity, and even fragmentary character of the situations involved. Drama usually means movement over a floor area in the enactment of a plot. Rôle-playing may embrace a minimum of movement. Drama often is thought of as acting that has been planned and rehearsed. Rôle-playing in the home more often than not is unpremeditated. It characteristically arises spontaneously in an unforeseen situation. An example follows.

At the dinner table sat an eight-year-old boy, Peter, with his parents and John, a nine-year-old friend. The nine-year guest remarked: "I got a dollar to spend this week." The eight-year-old was interested: "How'd you get it?" John looked up a little sheepishly at the adults before replying: "I found it." Gradually the story came out, along with John's mixture of guilt and defiance. The eight-year-old persisted with questions. "No one was around who could have lost it," John said defensively.

The Mother was faced with a double problem. One was to give John an opportunity to review his behavior and come to some decision about it. At the moment he obviously was in conflict: he wanted the money, he felt he had a right to more money than he was receiving in life; at the same time he felt for some reason not clearly faced that he had not done right.

The second problem was for the Mother to give her son, Peter, practice in meeting this kind of situation. Here was an opportunity for Peter as well as John to learn social responsibility.

Thus arose a situation begging for guidance. The Mother met the challenge with rôle-playing then and there at the dinner table. This is what is meant by a characteristic informality and spontaneity in psychodrama or rôle-playing in the family.

We may now ask what are the processes involved in rôle-playing in the family? No attempt will be made to present an exhaustive list. The following seem especially important and have been chosen for consideration.

1. Catharsis
2. Restructuring the situation
   a) regarding the concept of self
   b) regarding the concept of others
3. Practice for a Future Situation

Catharsis

Catharsis is defined as a discharge of tension from within the individual. Usually it refers to a discharge of undue tension and thereby connotes a therapeutic value.

Because rôle-playing is not the actual life situation, the person can give vent to his drives and emotions without the need for considering consequences in the sense that he must in everyday living. He may for example become violently angry, may stomp around the room, curse the persons around him, and even physically attack them. He may relieve himself of a repressed desire to be powerful, to give orders, to pass judgment, and to mete out rewards and punishments. He may give way to fears and a hitherto suppressed desire to run away and escape. He may weep and mourn the loss of a person whose death he has not felt free to grieve openly. He may be infantile, abusive, even destructive, to a point, because the situation is an "act." He knows that the consequences also will be an "act." Although the consequences may parallel those of real life, they are only part of the drama. They end when the drama ends. Thus it is safe to relax inhibitions and discharge tensions freely.

Example of Catharsis:

Deeds aged eleven and Jim aged ten and their Mother were at the breakfast table reading the morning paper when they came across the verdict of a jury regarding a much-publicized shooting. The pretty brunette, so the paper informed the family, had in a fit of anger shot her lover and permanently maimed him. She was acquitted. When the two boys learned the meaning of "acquitted" the tirade began: "So I can go out and shoot anyone I like. It's alright!" cried Deeds.

"Yeah" added Jim, "What about that poor guy! Anyone thinking of him? No! Just so long as the girl goes free. If I was Judge!"

"Why don't you be?" asked the Mother. "You be the Judge and I'll

be the brunette. The jury will deliver the verdict of guilty. You can tell me what my punishment will be. Where will you sit as Judge?"

"Right here," Jim answered with enthusiasm. "This table is my Judge's pulpit." Jim sat up straight to assume the importance of the rôle.

"Deeds, why don't you be the jury coming in and saying I am guilty," suggested the Mother. "The foreman of the twelve jurymen tells the Judge how they voted."

"I'll come in from the kitchen door here" said Deeds jumping up and entering the diningroom. "Mr. Judge, Your Honor, she's guilty. We think she wanted to kill him."

"Ladies and gentlemen!" boomed out Jim, as he rose and pounded the table. "This woman is guilty. She must be punished. I give her fifty years in the pen."

"Oh Judge, you wouldn't do that! Why I only lost my temper," said the Brunette, rolling her eyes at the Judge.

Jim pounded the table again: "Oh yes I would! I'd give you a hundred years. I *do* give you a hundred, for talking back to me!"

"Oh-o-o-," wailed the Brunette, hands over her face, collapsing under the power of the Judge.

"I gave it to her!" said Jim with satisfaction as he sat down and finished eating his egg.

"I would have, too," chimed in Deeds, "a hundred years!"

"Tonight we can ask Daddy about the case. He can explain the law," the Mother added.

There was no answer to the Mother. For the boys, the case had been settled.

"Come on, play you badminton" Jim threw out to Deeds.

The boys left, and ran out of doors.

Discussion

The anger and indignation had been spent in the rôle-playing. The Brunette *was* guilty according to their code and they had punished her. They were emotionally free to run out and play. Resentment against an authority that was not fair, according to their code, had not been bottled up within them. Expression had not been cut off by a moralizing position on the part of the Mother, such as: "Now boys we know nothing about this. We must not criticize our judges or our juries. They must have done the right thing." She had not tried to distract them with: "Oh let's talk about pleasanter things; Deeds, what would you like for your Birthday?" Such

evasion in the face of real and strong resentment against the Judge as the figurehead of an "unfair authority" would have given the boys the possibility of repressing their anger. With repetitive incidents like this, the boys could build such a tension system of resentment against authority that they could become anti-social in outlook—and even in action.

They had an opportunity to speak frankly and freely, to walk with the determination of the jury foreman and deliver a report of "guilty," and as Judge to pound on the table with power and deliver a life sentence. Angry feelings were not damned up in a closed blocked-off area of the self. They were not left buried to burst forth later in irrational protest against wise authority. Through the rôle-playing the emotionally charged tension became discharged.

Restructuring the Situation

Situation as here used consists of the person and his environment as he perceives it at a given moment. Restructuring of a situation may consist primarily of a change in the person, or in the environment, or in the interrelationship between the two.

Psychodrama can effect a change in the state of the person. One type of change is the discharge of tension systems as discussed above. Through rôle-playing a person also can change his concept of position of others in the environment, and his relation to them.

Example of Restructuring through changes in the concept of self in relation to others:

The incident cited above regarding the finding of a dollar bill may be used as an example of the restructuring of a situation. As already stated the boy who had found and kept a dollar felt vaguely guilty about his action, and the Mother in the home in which the boy was visiting wished to give him an opportunity to look at different aspects of the situation and come to a better understanding of it. The Mother thought of rôle-playing and was looking for a way to get started. John, the boy who found the bill, gave the opening: "That's about all I could do was take it home and tell Mother about it."

"You didn't see anything else to do," said Peter's Mother gently. "We might act out what happened. Perhaps while acting you will discover something else to do when you have found a dollar bill."

"Will you play the part yourself, John, and find the dollar? Whom else do we need?"

Peter's Father spoke up: "I'll be the policeman who comes around the corner."

"There wasn't any police there" prompted John.

"This time there may be," continued Peter's Father. "We'll just see what would happen if he should come."

"What can I be?" asked Peter. He was eager to take part. His eyes sparkled: "I'll be the boy in the Drug Store that makes sodas. You said you found it right outside."

"Alright John, there you are walking down the street. You can walk around and around the diningroom table for the street. Are you alone?"

"Yes."

"There you are walking alone. What are you thinking?"

"Well I had just bought five cents worth of nails and I had seen a water gun."

"Just speak the way your thoughts came," said the Mother. "Let's just talk as though it is happening right now. You are walking down the street from the Hardware. Speak your thoughts out loud.—But we better get second servings around. Go right ahead, John, while Dad carves more meat."

John began walking around the table: "I wish I could buy that water gun. I need it to get that gang of big boys. They're a dirty bunch. If I had that gun!"

"Now let's see what you did when you found the dollar bill," the Mother interposed. "Go on and tell your thoughts when you found it. reach down and pick it up and speak your thoughts."

John's face lighted as he made a gesture of picking up the bill. "What's this! A whole dollar! I haven't had that much for a long time. Gee! I better take it home and ask Mom what to do."

"So you did take it home and you already have told us that you thought there was nothing to do but keep it. Your Mother could not drive you back to the Drug Store and you felt it was too long to walk. Could you have done anything else?"

John sat down again at the table and was filling his mouth with a second serving of meat. "I don't think so." He had the same worried look as at first in telling the story.

"Let's listen to the boy who lost it," the Mother said. "Peter you are that boy. You went to the grocery for bread and you lost your money and you had to go home to tell your Grandmother about it. I will be your Grandmother."

"Well Peter it's about time you were getting back. Where's the bread? Well, don't stand there! *Where* is the bread?"

"I lost the money."

"Peter I can't do a thing with you! You won't need any supper tonight. Go to your room. I do the best I can to raise you, and then you do things like that. Go to your room and get to bed."

Mother changed her voice to a stage whisper: "Peter, you ask me if I'll let you go hunt for the dollar. You better put up a good case because as you see, as Grandmother, I am very cross."

"Pl-e-as-e let me go out and hunt for it." Peter put feeling into his part. "I can ask in the Drug Store. It might have been brought in there if someone found it." There was pleading in his voice.

Mother became the cross Grandmother again: "Well you go try but come straight back. If you don't have it, to bed you go. You've got to learn sometime!"

Again in a whisper Mother interposed: "Dad will be the man in the Drug Store won't you Dad?"

John had been eating his dinner solemnly. "I better get the bill back down before he gets there."

"I'm putting a shipment of drugs on the shelf," said Dad. "I'm Mr. Tom."

John brightened. "Mr. Tom, I found a bill. Would you know who lost it?"

"No John. Where did you find it?"

"Right out in front."

"Very long ago?"

"Maybe twenty minutes."

"John, that's mighty nice of you to bring it in. Someone could be asking before the evening is done."

The Mother nodded across the dinner table at Peter.

"Mr. Tom, did you hear someone finding a dollar."

John beamed. "I did!"

"Gee, thanks. My Grandmother got pretty mad. I better run on, she's waiting to hear."

"Well, John," said Mr. Tom. John smiled at Mr. Tom. He had lost his worried look. "That was mighty decent of you to bring back the money. That boy's Grandmother treats him pretty mean. I bet you saved him a whaling."

"Who's ready for dessert?" asked the Mother.

Discussion

That was the end of the rôle-playing. The Mother threw out a general question to John, asking how he felt about the way he handled the situation with Mr. Tom. John made some noncommittal reply. Obviously the wiser plan was to let the experience of the psychodrama speak for itself and not ask John or Peter to verbalize regarding it. Often motives which are not clearly in consciousness can best be reached by those aspects of experience which are outside of consciousness. In this case, the decisiveness with which John made up his mind to return the bill to the store, and the triumphant look on his face were two pieces of evidence that he had achieved satisfaction from his rôle-playing behavior. This was in contrast to his clouded facial expression when he told of keeping the bill without making an attempt to find an owner.

This change in John can be described in part by speaking of a restructuring of the situation. As lived by John, his desire for the money for his own use had dominated his thought of action. In the enacted situation, he was given an opportunity to look at the meaning of the situation for the boy who had lost the dollar. John no longer was in a world by himself with only his own problems. Through the drama he had moved into a world which he shared with another boy with that other boy's problems. In this new world, John could see the influence of his behavior on the welfare of the boy who lost the bill.

The restructuring of the situation led to a different behavior on the part of John. Unhesitatingly he said, "I better get the bill back before he calls for it." Conspicuous with this change was John's changed attitude toward his own behavior. Obviously the inner conflict had vanished and he was at peace with himself.

Practice for a Future Situation

This phenomenon of *practice for a future situation* involves a restructuring of the situation in a different sense from that of changing the relative positions of the self and others. Practice for the future is a process of differentiating a yet-to-be-entered time-area. One may speak of it as a mapping of the unknown future. The map if sufficiently detailed should show more than one route of entry into this new time-area. The typical structure of the present in relation to an unknown future is of two areas with a boundary between. Whereas one steps easily over a boundary between present and future when the future involves a familiar action, characteristically the boundary between the present and the *unknown* future is

experienced as a barrier. Psychodrama in the family can change this structure of the relation of the person to these time-areas in the direction of changing the barrier between present and unknown future into a mere delineating boundary.

Example of Practice for a Future Situation:

Nancy sat drawing ladies and girls, ballerinas, belles, and bobbie-soxers. Nancy was eleven years old. She often drew. She was sure of her lines. She didn't have to figure how to draw. Her ball-point pen just moved along by itself, it seemed. Often she laughed a light giggle at her results. Her Mother and Father always found delight in her capricious characters.

On this her dancing night however her lightness was only superficial. Her laugh was forced. Her Mother, behind her knitting needles, was wondering what was on Nancy's mind. Soon the car would arrive to drive Nancy with five other eleven-year-old girls and boys to their third dancing lesson.

"It isn't fair to have more girls than boys," Nancy finally confided. The Mother knitted quietly. After a slight pause, Nancy continued: "He said he'd have the boys choose partners tonight like at a real dance. They'll take Dorothy and Kay and Lonsdale and I'll just sit there. I don't want to go, really."

"You feel that you would just sit out alone with the others dancing and having a good time," Mother said with understanding.

"It'd be so embarrassing! Nobody wanting to ask me."

"You are afraid no one would want to ask you to dance. Shall we see. You be the boy and I'll be you. Here I am sitting in the row of girls hoping and hoping. Let's call Dad in. He could be the Dance Master or a boy friend."

"Ellie could be another girl sitting beside you," Nancy volunteered.

"Ellie is feeding the kittie," Mother answered. "While you get her I'll explain to Daddy what we are doing."

The Mother repeated to the Father Nancy's remarks of apprehension. "I am going to show Nancy different kinds of girl behavior," explained Mother. "First I'll be worried and self-centered, just the way Nancy is at this moment. I'll give her, as my boy partner, a perfectly miserable time. The next dance, I will be a girl who is interested in her partner and who really finds joy in dancing. When I am that kind, you be a boy dancing with Ellie and keep looking at us because we are having such a good time. Then try to get me for the following dance. Here come the girls!"

"Ellie, this is the dance and you are sitting here in a row of girls. Mother's a girl. I'm a boy," said Nancy.

"I will be the Dance Master for a moment," said Father, "Then I will be a boy, Bruce, and find a partner."

Father stood up with dignity and announced: "Boys will seek their partners for our first dance. This is the Fox Trot that we just worked on. Boys, you did well. Each one find a partner and give her a good time."

Father then became eleven-year-old Bruce who rushed with a running walk to Ellie and coaxed her to get onto the floor. "Of course you can dance. C'mon!" Nancy watched him pull Ellie to the floor and dance boyishly with her, laughing about his mixed steps.

Nancy turned to her Mother. There she was, with her head hung down, twisting her handkerchief. Nancy hesitated. "How can I ask you if you don't look at me?"

"Why don't you take a girl who *will* look at you?" Father called over his shoulder.

"Jane," Nancy addressed her Mother, "would you like to try this one with me?"

Mother looked up shyly and nodded her head. She stood up and looked about to see what to do with her handkerchief. "Where'll I leave it?" she asked helplessly. She tried to tuck it in her belt. It fell to the floor.

Bruce was dancing with eight-year-old Ellie. He waved to an imaginary girl on the sofa and signaled to her for the next dance.

Nancy became impatient. "We better get going. The dance will be over." Real irritation was in her voice.

Mother awkwardly tucked her handkerchief down the front of her dress and stood colorlessly before Nancy. "I'm sorry," she said flatly.

Nancy took hold of Mother and started to dance. Mother was rigid. She looked down at her feet.

Father danced past Nancy. "Fun, isn't it?" he called.

"Wait, please," Mother said, stopping there on the dance floor, "I think my ribbon's slipping." She raised both hands to her hair. "It's alright. I just was afraid it was slipping."

Father took the rôle of the Dance Master again. "Gentlemen escort their ladies to their seats."

Father dropped into the rôle of Bruce again and escorted Ellie to the sofa. He thanked her warmly.

Nancy stood watching him. Mother waited like a wooden figure beside her.

"I don't want to be a boy anymore," said Nancy. "I want to be a girl and dance with Bruce."

"Gentlemen find your partners," Father called out quickly.

Nancy dropped into a chair. Her face was bright with expectancy.

"Nancy, may I have this dance with you?" Father was Bruce again. "Take a chance?"

Nancy giggled with admiration. "I'll take a chance."

Father danced in strong rhythm. He lost step once. They stopped and laughed. "No more mistakes. I promise."

The door-bell rang.

"Mom you were so stupid," Nancy said with a twinkle, as she kissed her Mother good-bye.

Discussion

Most dramas exemplify a variety of processes. In this example of the preparation for the dancing lesson, a detailed study would show some cathartic value in the vicarious experiencing of self-centered shyness (enacted by the Mother). One also could well discuss this drama from the point of view of restructuring. The Nancy who left for the dance was not in the same relation to the other boys and girls as the Nancy who was worrying in the armchair. The barrier between her and the others had been dissipated. To be closed up in a self-centered shyness was now abhorrent to her. She saw the possibility of accepting a non-perfect dancing in herself and her partners. She saw the possibilities of jolly companionship.

The future which she had conceived only in terms of possible failure, she now saw as an area of free happy living with an honest expression of herself, with her mistakes whatever they might be, but with a friendly outgoing attitude toward the boys and girls around her. The length of her dress, the state of her hair, all seemed less important. She had caught a glimpse of the possibility of fun with comrades. Through rôle-playing she had seen the effect of her own behavior on others—for example, on a dance partner. She had experienced the satisfaction of stepping out of her walled-in self and living without barriers in the group.

Summary

An attempt has been made to show how everyday problems in the home can be met with effectiveness by the use of psychodrama. The family situations have been concretely presented, with dialogues in direct quotations.

These examples are only samples. Other types of situations might be handled with equal effectiveness through the use of this guidance technique. These three have been chosen because of their favorable outcome. Scenes centered around one problem can be enacted on different days. Sometimes only a fragment is enacted at one time. Not always are results clear at the end of one drama. Sometimes outcomes are more obvious hours later than at the moment.

In each of the three incidents above the Mother was acquainted with the technique of psychodrama. Acquaintance to handle such everyday crises in such everyday ways could be acquired by many parents in a course of sessions under a competent instructor.

Without getting into too deep emotional areas, a large number of parents could alleviate everyday tensions and anxieties more effectively through rôle-playing than they are at present through punishing, or tense moralizing, or diffuse sentimental comforting. Through rôle-playing, parents, on their part, have been seen to derive a new satisfaction in their relations with their children.

THE AMERICAN SOCIETY OF GROUP PSYCHOTHERAPY AND PSYCHODRAMA

Minutes of the Executive Committee

October 12, 1954

Present were: Helen H. Jennings, President; E. F. Borgatta, Secretary-Treasurer; Rudolf Dreikurs, Member; J. L. Moreno, Member; W. J. Warner, by invitation; L. Yablonsky, by invitation. Absent: J. M. Enneis, President-elect.

Dr. Warner reported the success of the First International Congress in terms of the large participation. At least 300 persons attended, which exceeded even optimistic expectations. In spite of differences and factions among the representatives, cooperation and unity of purpose was achieved. The conclusion of the expanded committee of the International Congress was that the orientation of the international group should be inclusive of the contributing scientific disciplines, fields of practice, and schools of thought. The personnel of the executive committee was voted to include: J. Bierer, W. Hulse, J. L. Moreno, S. R. Slavson, and W. J. Warner. The report was accepted with thanks by the Executive Committee.

The Secretary-Treasurer's report on the status of the society was read and accepted.

Dr. Dreikurs reported a training institute at the University of Chicago. The workshop of the Midwest Section occurs in November this year. New officers were elected for the Midwest Section as follows: Adaline Starr, President; J. W. Klapman, Treasurer; Margaret Goldman, Secretary. The problem of limited membership was introduced from the Midwest Section. Discussion proved the feasibility of such membership for the local units of the society. It was proposed that a committee be appointed to study the problem and write a draft of principle and need to be presented to the council with the current minutes for approval or rejection.

Dr. Jennings appointed a committee consisting of: R. Dreikurs, Chairman; Adaline Starr; E. F. Borgatta; and J. L. Moreno.

A report on the activity of the publication committee was received by the Secretary-Treasurer submitted by J. M. Enneis. Mr. Enneis asked to be relieved of the Chairmanship of the committee since he was under other pressures of work at the moment and could not contribute actively.

Dr. Jennings continued the committee and with the agreement of the Executive Committee proposed that it be a *standing committee* to exist until

it is voted out of existence. Constitution of the committee would be at the discretion of the President and the governing bodies of the Society. The membership of the committee was: R. J. Corsini; W. J. Warner, Chairman; and two new members, E. F. Borgatta and J. L. Moreno.

Dr. Moreno indicated that the journal GROUP PSYCHOTHERAPY, would cooperate as much as possible with the publication committee. He announced the new editorial committee for the journal as: J. L. Moreno, Editor; W. G. Eliasberg, Associate Editor; and L. Yablonsky, Assistant Editor.

As Chairman of the Publication Committee, Dr. Warner indicated that the objectives of the committee would be to explore the publication needs of the Society in the more general sense, that is, to consider advice which would be useful to the journal editorial staff, to consider alternative methods of communication to the membership, such as reports, newsletters, etc., and to provide a working liaison between the Society and the journal.

It was indicated by the Secretary-Treasurer that the President and President-elect had agreed to announce the award of the Society to be for the year 1956. The prize will be continued as $150, and will be announced shortly. Dr. Jennings will get the participation of a psychologist, sociologist, and psychiatrist outside the Society to act as judges for the award.

Dr. Warner, Chairman of the nominations committee, indicated that a panel of candidates would be ready soon.

The Secretary-Treasurer indicated that the Annual Meetings of the Society were scheduled for May 6 and 7, at the New York Academy of Sciences. Dr. Dreikurs asked that Dr. Lundin of Chicago replace him on the program committee. Dr. H. Newburger is Chairman of the committee and is proceeding with plans.

Dr. Warner reported that a joint issue of the official journals of the group psychotherapy societies to cover the proceeding of the First International Congress had been proposed, and asked that the Society support such a proposal.

The Executive Committee voted support to the idea of a joint issue in principle, and Dr. Jennings appointed E. F. Borgatta to act as representative of the Society in this matter.

Submitted by E. F. Borgatta
Secretary-Treasurer

ANNOUNCEMENTS

New Editorial Committee

J. L. Moreno, Editor; W. G. Eliasberg, Associate Editor; L. Yablonsky, Assistant Editor.

First International Congress on Group Psychotherapy

A full report on the proceedings and the program of the Congress is being prepared. It will be published in the next issue of the journal, Volume 7, Number 3.

Annual Meeting, American Society of Group Psychotherapy and Psychodrama

The meeting is planned for May 6 and 7, 1955, at the New York Academy of Sciences. Dr. Howard Newburger is Program Chairman.

Books for Review

These may be sent directly to the Book Review Editor, Raymond J. Corsini, 5306 S. Greenwood, Chicago 15, Illinois.

Bulletin on Psychodrama and Group Psychotherapy

The old *Bulletin* is being revived. Readers of *Sociometry* may remember that the first *Bulletin* of this title appeared for the first time in May of 1943. The present Editor is Dr. Roger Bernhardt, VA Hospital, Buffalo, New York. The *Bulletin* is to appear monthly, the first issue will be released in November 1954. Anyone interested in receiving the *Bulletin* should send $1.00 to Dr. Bernhardt.

Moreno Institute, Thanskgiving Workshop

The workshop will take place November 25 through 28. Registrations should be mailed promptly to Beacon, N. Y.

Course on Psychodrama, New York University

The course takes place Monday evenings, from 8:00 to 10:00 p.m. in the Graduate School of Arts & Sciences, Department of Sociology. It is given by J. L. Moreno.

Course on Psychodrama, Moreno Institute

A course in the theory and practice of psychodrama will take place at the Institute in New York City every Monday from 5:30 to 7:00 p.m. It is given by Nahum E. Shoobs.

PSYCHODRAMA MONOGRAPHS

No. 2. Psychodramatic Treatment of Performance Neurosis—J. L. Moreno (List Price—$2.00)

No. 3. The Theatre of Spontaneity—J. L. Moreno (List Price—$5.00)

No. 4. Spontaneity Test and Spontaneity Training—J. L. Moreno (List Price—$2.00)

No. 5. Psychodramatic Shock Therapy—J. L. Moreno (List Price—$2.00)

No. 6. Mental Catharsis and the Psychodrama—J. L. Moreno (List Price—$2.00)

No. 7. Psychodramatic Treatment of Marriage Problems—J. L. Moreno (List Price—$2.00)

No. 8. Spontaneity Theory of Child Development—J. L. Moreno and Florence B. Moreno (List Price—$2.50)

No. 9. Reality Practice in Education—Alvin Zander, Ronald Lippitt and Charles E. Hendry (List Price $2.00)

No. 11. Psychodrama and Therapeutic Motion Pictures—J. L. Moreno (List Price—$2.00)

No. 12. Role Analysis and Audience Structure—Zerka Toeman (List Price—$1.75)

No. 13. A Case of Paranoia Treated Through Psychodrama—J. L. Moreno (List Price—$2.00)

No. 14. Psychodrama as Expressive and Projective Technique—John del Torto and Paul Cornyetz (List Price—$1.75)

No. 15. Psychodramatic Treatment of Psychoses—J. L. Moreno (List Price—$2.00)

No. 16. Psychodrama and the Psychopathology of Inter-Personal Relations—J. L. Moreno (List Price—$2.50)

No. 17. Origins and Development of Group Psychotherapy—Joseph I. Meiers (List Price—$2.25)

No. 18. Psychodrama in an Evacuation Hospital—Ernest Fantel (List Price—$2.00)

No. 19. The Group Method in the Treatment of Psychosomatic Disorders—Joseph H. Pratt (List Price—$1.75)

No. 21. The Future of Man's World—J. L. Moreno (List Price—$2.00)

No. 22. Psychodrama in the Home—Rosemary Lippitt (List Price—$2.00)

No. 23. Open Letter to Group Psychotherapists—J. L. Moreno (List Price—$2.00)

No. 24. Psychodrama Explores a Private World—Margherita A. MacDonald (List Price—$2.00)

No. 25. Action Counseling and Process Analysis, A Psychodramatic Approach—Robert B. Haas (List Price—$2.50)

No. 26. Psychodrama in the Counseling of Industrial Personnel—Ernest Fantel (List Price—$1.50)

No. 27. Hypnodrama and Psychodrama—J. L. Moreno and James M. Enneis (List Price—$3.75)

No. 28. The Prediction of Interpersonal Behavior in Group Psychotherapy—Timothy Leary and Hubert S. Coffey (List Price—$2.75)

SOCIOMETRY MONOGRAPHS

No. 2. Sociometry and the Cultural Order—J. L. Moreno (List Price—$1.75)

No. 3. Sociometric Masurements of Social Configurations—J. L. Moreno and Helen H. Jennings (List Price—$2.00)

No. 6. The Measurement of Sociometric Status, Structure and Development—Bronfenbrenner (List Price—$2.75)

No. 7. Sociometric Control Studies of Grouping and Regrouping—J. L. Moreno and Helen H. Jennings (List Price—$2.00)

No. 8. Diagnosis of Anti-Semitism—Gustav Ichheiser (List Price—$2.00)

No. 9. Popular and Unpopular Children, A Sociometric Study—Merl E. Bonney (List Price—$2.75)

No. 11. Personality and Sociometric Status—Mary L. Northway, Ester B. Frankel and Reva Potashin (List Price—$2.75)

No. 14. Sociometry and Leadership—Helen Jennings (List Price—$2.00)

No. 15. Sociometric Structure of a Veterans' Cooperative Land Settlement—Henrik F. Infield (List Price—$2.00)

No. 16. Political and Occupational Cleavages in a Hanoverian Village, A Sociometric Study—Charles P. Loomis (List Price—$1.75)

No. 17. The Research Center for Group Dynamics—Kurt Lewin, with a professional biography and bibliography of Kurt Lewin's work by Ronald Lippitt (List Price—$2.00)

No. 18. Interaction Patterns in Changing Neighborhoods: New York and Pittsburgh —Paul Deutschberger (List Price—$2.00)

No. 19. Critique of Class as Related to Social Stratification—C. P. Loomis, J. A. Beegle, and T. W. Longmore (List Price—$2.00)

No. 20. Sociometry, 1937-1947: Theory and Methods—C. P. Loomis and Harold B. Pepinsky (List Price—$2.00)

No. 21. The Three Branches of Sociometry—J. L. Moreno (List Price—$1.25)

No. 22. Sociometry, Experimental Method and the Science of Society—J. L. Moreno (List Price—$6.00)

No. 23. History of the Sociometric Movement in Headlines—Zerka T. Moreno (List Price—$0.40)

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