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# THE DISCOVERY OF THE SPONTANEOUS MAN

## With Special Emphasis upon the Technique of Role Reversal

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In Collaboration with Zerka and Jonathan Moreno
*Moreno Institute, Beacon, N. Y.*

*Fourth Lecture*

### Introduction

In the course of the first three lectures we have put the protagonist back on his feet. He is back in the fullness of his natural habitat of space and time. The couch- and chair-protagonist is now free from couch and chair. They are occasional props in an open field of potential persons and objects. He does not lie or sit; he is moving, acting, speaking, as in life itself; at times not committed to anything, neither to move, to do or to speak, but just to be. His realm of being may be at times as rigidly structured as the social realities around him, at other times it may have the irreality of a dream or the hallucinatory character of a lunatic world. It may be at times a place for the brutal logic of reality, at other times for the inner logic of fantasy, finally a place for experiences from the "no logic" and "no existence" land. Its spaces may have a room, a street, a sidewalk, a track, a skyrange, all means of ready communication. But it may have also spatial and temporal structures which do not exist, it is the realm of the "super"-existential. It is the natural habitat of spontaneity, the discovery of the "spontaneous man" (7), the spontaneous-creative nature of existence, of the *Ding "ausser" Sich*. He comes forth not in the form of a smoothly written and sophisticated theory of spontaneity or of existence but in *the full actuality of living*, throwing himself bluntly into the face of an uprooted scientific age. This vehicle into which he enters must be like a suit which is made to order with plenty to spare for the millions of varieties of private and social worlds—the psychodrama.

### I. Irreversibility versus Transformation

It is quite ordinary that when you awaken after a dreadful dream, you look for a sobering anchorage in the world of diurnal reality. It is then a deep consolation to find yourself again, that same old person with the same body and mind with which you have identified yourself since you

have ever known yourself. Because you find the same existence again, you feel comfortable, secure and relaxed. But there are other times when you awaken and feel bored to find that you are the same person of yesterday to whom you have been tied for ever and ever. It feels then that you are chained to an existence from which you cannot escape. In such moments of utter boredom with yourself you have often wished to awaken in the morning and find yourself transformed into a different existence. It may be a bird, or a butterfly or a woman riding on a white horse, or any other existence which would give you a new experience of the world. But as it is you are stuck with yourself, with this body and this mind, inescapably, to be always the same. In conclusion, let us state plainly a subliminal fact: *individual existence is not reversible.* This irreversibility is a "Daseins Qualitat", a quality of existence.

Is there anythng one can do about it? Man has never accepted this dictum standing still. He has challenged and fought it since time immemorial. All religions are a testimony to this protest against being born into a tiny, shabby part of the universe. Think of the folklore of many ancient cultures, of the fairytales which provide man with magic power so that he can be transformed into anything he wishes or anything he may have planned to be, a giant, a saint, a hero or a pig, a dwarf or an insignificant rat. In a scientific age, however, these wonderful gifts of magic thinking have been disposed of wholesale, man has been forced to look into a sobered and reduced reality. But even today, man has not quite accepted this as an ultimate decision. With every newborn the greatest rebel against the cannon of disillusionment recurs. The "spontaneous subjectivity" of the infant is a terra incognita. His existence and that of the universe are one and the same. There is no other existence outside of him and there is no other existence inside of him. It is all one thing, at least until it is proved otherwise, until the first dreads and barriers to his "all-one" existence come into his path.

I hope the readers of this lecture will find this seemingly fantastic preamble excusable. It has become a prerequisite of any serious form of psychotherapy that we understand the world in which the patient lives, before we treat it. It is, therefore, a prerequisite that, before we undertake any scientific experiment with children, we try to understand and create for ourselves the atmosphere in which children live in the first three years of life. It is a challenge to construct the kind of philosophy of life children would have if they could produce it. Their inability to produce it alone

makes it imperative that we do not indulge in projecting upon them our philosophies and our interpretations of life, but dare to reduce ourselves to a child-like being and think as if we would be one of them.

The child never gives up his expectations to become the center and ruler of the world. He may become humble as he ages and as he learns that the universe has a stubborn structure of its own which he is unable to penetrate and conquer through magic methods. He will play any game —the game of the scientific method or any future improvements on it— as long as it helps by a detour towards the fulfillment of his profound intention to be forever connected with existence, to be all-powerful, immortal, and at least ex post facto to verify at the end of time the words of genesis: "In the beginning was God, the creator of the world," but to reverse the direction* of the arrow from the past to the future, from the God outside of him towards himself.

## II. Experimental Psychodrama with Children (1)

Spontaneity is difficult to define but this does not relieve us from asking what its meaning is. An important source of information are the experiences from one's personal, subjective life. I discovered the spontaneous man for the first time at the age of four when I tried to play God, fell and broke my right arm. I discovered him again when at the age of seventeen I stood before a group of people. I had prepared a speech; it was a good and sensible speech but when I stood before them I realized that I could not say any of the fine and good things I had prepared myself to say. I realized that it would be unfair to the moment and to the people surrounding me not to share the moment with them and not to express myself as the situation and the present needs of the people required. I discovered the spontaneous man again when I began to run role playing and psychodramatic sessions. In the course of thousands of sessions I have run in the last four decades, whenever I worked with groups, I felt that I must work within the *here and now* and that any rehash would not only be unethical but also untruthful and finally, also untherapeutic. It happened many more times but the last time when I discovered the spontaneous man again was when I began to work with our son Jonathan's role reversals.

In order to explore the universe of the child, we have transformed our own home into a theatre of psychodrama. According to my original descrip-

* See *The Words of the Father,* J. L. Moreno, Beacon House, 1941 (transl. from the German original, 1920).

tion of the therapeutic theatre in *Das Stegreiftheater* (1923): "Die Weihebuhne ist das Privathaus. Die Spieler der Weihebuhne sind die Bewohner des Privathauses"; translated "The therapeutic theatre is the private home. The players of the therapeutic theatre are the occupants of the house." Here are father, mother and child, three dramatis personae, J. L., Zerka and Jonathan, who have undertaken an adventurous experiment. The ontology of infant's behavior from the point of view of the infant has never been written because no infant has ever been so precocious as to write his own diary. We thought of overcoming this dilemma by playing all the parts he imagines, so that he may be able to interpret his drama with our aid, he interpreting us as we are playing him, and he interpreting us to himself as he is playing us. As the experiment went on he became gradually astonishingly productive, the central figure of the experiment, a protagonist-scientist participating in a research project in which he was not only one of the three producers of the design, but the chief interpreter of the data. The methods used were *sociometric* and *psychodramatic,* applied directly to the situations in which the protagonist lived. We must emphasize here that they had nothing to do with "therapeutic intervention". There was never an incident which he may not have outgrown, using his own devices and with the humdrum assistance of ordinary parents living in a typical modern house. The experiments done by Jonathan and ourselves were for the "sheer fun" of it. We hoped that psychodrama would make our home-life richer and more adventurous; and this it has done. Then we hoped to learn what methods the child uses spontaneously to socialize himself and how we can aid him in this enterprise.

Let us visualize first the layout of the house and its metric picture. (See Locogram I.) The physical distance between the *key* places have to be noted, for instance, from the bedroom of the parents to the bedroom of the child. Are they on the same floor or must the child climb stairs? The distance from the bedroom of the child to the place where his *toys* are is another factor. The child gets up in the morning and decides where to go, to his parents' room or to his toys. Does he go to the place which provides the greatest attraction for him or to the place which is nearest? Another feature is the physical distance between his room and that of the nurse. The nurse may be nearby but the child may prefer to climb down the stairs, which is a more difficult task, in order to get to his mother. The physical distance to the kitchen, the physical distance to the door which leads to the lawn or the street are other features. In a particular home, and

in the case of a particular child, as in this one, there may be special features of attraction, for instance, a large mirror or a little dog or a window in the kitchen he looks through every morning to see birds and squirrels playing. Getting up in the morning one child may show great satisfaction in moving around in physical space and playing with his toys. Another child may be restless until he finds people, he looks for people first; he moves straight into his parents' bedroom. (This is similar to the first step in classic psychodrama: we let the protagonist take us into his house, showing us around the kitchen, the basement, the pictures and the books, before we see him acting in relationship to people.) Other features are where the beds of the various occupants of the house are located, how the family is seated during a meal around the table, how much freedom of movement and action the child has in the house. Can he enter every room of the house at all times or are certain rooms locked?

In the drama which we played, we lived through the normal situations as they presented themselves from day to day, getting up in the morning, eating, working, going to sleep, first intervening with psychodramatic methods only from time to time, when it seemed rewarding, finally making them a daily routine. The episodes which are reported here are selected from a large number and refer to a particular period of Jonathan's life, from twenty-four to thirty-six months. We thought that such a report may gain in clarity if presented subjectively, in reference to a particular child, to our own son. But some of the hypotheses here produced have been formulated by us in the course of years, thanks to the observations made with a large group of children, long before this particular occasion emerged.

Every child has a wonderdrug at his disposal, prescribed to him by nature itself,

Megalomania "Normalis"

Dosim Repetatur.

The centrality of man's outlook, his self-reference, that is, reference to his "matrix of identity" (1) never ceases to operate. He remains a child as long as he lives. "Residual" megalomania is a normal function.

It was amusing to watch the quasi-megalomanic behavior of Jonathan whenever he encountered events which amazed and challenged him. He was impressed by any big and moving thing, inside or around the house, a dog, a cat, a bird, a horse, a truck or car, a tractor or airplane. Returning to the house he would try to play the part of a dog, a cat, a bird, or any animal which he had just encountered on the lawn. He did this often with a

great deal of preparation, consciously, and asking his mother or father for help in doing it. He tried to play the dog or the cat as concretely as possible. He would stretch out his tongue, trying to catch some food from the floor and swallow it, repeating it many times patiently. He would make the sounds of a dog or a cat and ask his mother and father to walk on all fours and share in the action with him, to feed him like a dog and to stroke and caress him like a pet. As we were doing it with him and trying to act like a dog or a cat, we began to understand what Jonathan was after: *he was trying to come closer and closer to the thing "dog" and possibly turn into one.*

## III. Technology

In the course of the psychodramatic work with him, Jonathan confirmed our interpretation. By playing the part of a dog or a cat it is as if he tries to understand them, to communicate with them, taking them unto himself. Children use this method intuitively. When it is consciously and systematically used for the purpose of training, it is called "role" playing (2). *Playing a role is the personification of other forms of existence through the medium of play.* It is a *specialized* form of play, although the word playing is often accompanied by misleading connotations, reduced to the adult's interpretation of it.

Role playing was the fundamental technique in the Viennese Spontaneity Theater. Because of the dominant role which spontaneity and creativity have in role playing it was called *spontaneous-creative* role playing. It consists in placing the individuals (the actors), in various situations—*alien* to the situation in which they live—and in various roles—*alien* to their self and its private roles. These situations ranged from entirely unstructured to maximally structured situations. The less structured they were, the greater was the demand upon the spontaneity and creativity of the actors.

*"Role" playing can be used as a technique of exploration and expansion of the self into an unknown universe.* It is probably for the child the method par excellence to encounter and, if possible, to solve a situation which puzzles him. It may become for him also a rehearsal for life, preparing him to meet any expected or unexpected situation of the future, but all these signs are not quite clear to himself. First it may be amazement and wonderment which make him try to be as strange and big as these cats and dogs are, to take them unto himself and himself unto them. It is fear of any existence which is not connected with his existence; it is dread and

expectancy of this rather than that of any actual event. As an infant he was the entire cosmos or, at least, he did not know otherwise. He did not know that some parts were outside of him. But now, since he has found out that falling hurts, that objects in space are sharp and hard and have to be avoided, that sounds can be loud and shrill and strange, that there are innumerable individuals and objects outside of his little body, spread out wherever he goes, he has developed a sort of hunger for taking them all unto himself, something like a *"cosmic hunger"*. He is trying to conquer piecemeal all the loving and threatening parts of the universe which originally belonged to him, in an effort to restore his identity and equilibrium with them, a sort of "cosmotasis".

He tried the power of roleplaying first with his mother and father. He sees his mother in the bathroom, looking into the mirror, putting lipstick and powder on. He will try to do the same; when he is blocked from doing it he is deeply hurt, bewildered, because for him this is not just what is interpreted as imitation, as a playful demeanor, it is rather an effort to enter his mother and take her unto himself. Or he sees his father shaving his beard, or using a telephone. He will try to do the same thing, however incompetently. He may tear the telephone out of his father's hand and use it. He sees his father receiving mail, he wants to receive mail too, in the morning, and will look seriously from one letter to another, opening and reading them. After the period of playing the roles of the parents and other adults in the house was over and he had attained considerable skill, we introduced another particularly rewarding method, *the technique of role reversal* (3). The idea underlying role reversal is still little understood. First let us try to separate roleplaying from role reversal. If an individual takes the part of a doctor, a policeman or a salesman, the part of his father or of his mother in order to "learn" how to function in these roles, that is roleplaying. But if he and his father or his mother "change" parts, the father becoming the son and the son the father, this is role reversal. In proper role reversal two individuals A and B are bodily present; A takes the part of B and B takes the part of A. A is the real A and B is the real B; for instance, in role reversal of husband and wife, father and son. But after the act of reversal is completed A moves back into "A" and B back into "B", that is, the "role return" to the primary self. "Falling out of the role reversal" or "falling out of the role return" is a frequent occurrence. Existential role reversal is not possible. The nearest thing to it is psychodramatic role reversal which is for children and certain types of

psychotics as good as real. *Role reversal is a technique of socialization and self integration.*

A technique of role reversal can be used effectively with infants and children. They may be encouraged to reverse roles with their fathers, mothers and other individuals around them whenever "indicated". Role reversal is like a two-way roleplaying. Jonathan found to his great delight that he can reverse roles and do what father and mother do, and that they can do and what he does. His performance has many of the characteristics of a "psychodramatic shortcut".* It gave him pleasure that they took him into themselves as he took them into himself, and when they took his part he often corrected them if they did not act his part well enough. It was like getting even with them. The reversal of roles seemed like a method more sophisticated than roleplaying, one by means of which he could now return the whole cosmos unto himself, regain the "paradise lost". At times it was like a new game; but gradually he discovered that by reversing roles he could accomplish a better understanding of other individuals and perhaps to learn to love and control them. *Reversing of roles with all the individuals and objects of one's social universe seems to be, at least theoretically, an indispensable requirement for the establishment of a psychodramatic community.*

## IV. Illustrations (4)

The technique of role reversal has been applied to a number of situations: feeding and weaning; toilet training; eating; sleeping; helping others; social discipline; handling of aggression and opposition; accident proneness; sex education. Herewith follow a few illustrations of a number of episodes:

*Role reversal as a corrective for "unsocial" behavior.* Daddy is sleeping in the bedroom. Jonathan says to his mother: "I'm tired, I want to sleep there", pointing at the room in which his father is sleeping. Jonathan is very insistent. Role reversal is used on the spot, his mother primes him by taking the part of Jonathan: "Let me go in, Mummy, I want to sleep there!" "No," says Jonathan, taking the part of Mummy: "No, Jonathan, you can't, Daddy is sleeping." He is quite determined about it. Mother as Jonathan insists: "But I want to go and sleep there *now*." "But you can't go in, you will disturb Daddy." When this role reversal was completed he immediately returned to being himself, dropped the situation and permitted his father to sleep undisturbed. It is of importance that the auxiliary egos

* See "Psychodrama and Mental Catharsis", *Sociometry,* Vol. 3, 1940.

do not over-do a situation, either in terms of overacting or in terms of overstressing and carrying on too long. The child's "own indications" as to when a situation has ended for him is the cue for the adult to follow suit. Many of Jonathan's blurred social perceptions were clarified through the role reversal.

*Role reversal as a correction of general rebelliousness.* He had for a while the tendency to take the attitude of opposition towards anything and anybody. Jonathan said "No, No" to this and to that, even when he at times meant to say "yes". His mother took the part of Jonathan, reversing roles with him, saying "no, no" to this and to that. Jonathan, in the role of his mother looked at her perplexed and asked: "What are you saying 'No' for, Jonathan?" When he became Jonathan again he began to say "yes" instead of being negative or neutral. Role reversal appeared to be an effective way of learning to be positive and not moody and wishy-washy. Two applications of this form of role reversal made it possible for him to see himself and to evaluate this behavior as rather useless; at any rate it has not recurred, even under fairly stressful circumstances.

*Role reversal as a teaching and learning technique,* to find out and become informed about things. Jonathan and his mother are in the car. Mother is driving and toots her horn. Jonathan asks: "What do you hoot your horn for, Mummy?" Mother explains the reason to him, then he himself suggests: "You be Jonathan and ask me 'Mummy, why did you use your horn?'" His mother now takes his part and asks him the question. In her role he replies: "Don't you see the three boys on the bicycles, Jonathan? I toot because I want to warn them that I am coming behind them, so that they won't be hurt by the car." He is very emphatic about it, shakes his head and uses his hands to explain. The hypothesis is demonstrated here that a child would learn better, not only if he hears what mother says, but takes her part, acting like her and explaining what she explains.

*A three-way role reversal between father, mother and child, the treatment of a three-way temper tantrum.* The father is having a long distance telephone conversation. During this call Jonathan talks loud and pushes chairs around the room. Daddy gets mad because he cannot hear properly, it is an important telephone conversation. Mother takes sides with Jonathan because he is small and does not know any better; she thinks that Dad could have made the telephone call from the office. Now Daddy gets mad at her. He tries to continue his telephone conversation at all costs, asking Mother to remove Jonathan from the room. He shouts: "It is an

important call, can't you keep the child quiet or get him out of the room?" Then Mummy gets mad at Daddy and begins to shout back. Jonathan is now frightened and begins to cry and is taken out of the room by Mother. After a few minutes Jonathan asks his mother: "Why was Daddy mad?" Mother explains it to Jonathan. Later on a role reversal situation was worked out. Jonathan takes the part of his father trying to put through a long distance telephone call. Father, now in the part of Jonathan pushes chairs around and shouts. Jonathan gets upset and says: "Let me talk, Jonathan, don't make so much noise." Now mother gets mad at Daddy. When Jonathan returns to his own role he says to his mother: "Let Daddy make his telephone call, I won't shout now." Daddy now takes the part of Jonathan's mother and finally Jonathan reverses roles with his mother, so that each has taken the part of every other in the situation which had produced an unpleasant scene.

*The three-way locus and the three-way role reversal in the bed situation.* In the three-in-bed situation, there are three positions in which the son can be. The first is the *middle* locus, the son between his parents; the second is the *outside* position, the mother is in the middle; the third is the other outside position, the father is in the middle.

The middle locus has been found to be most popular with sons, in a small sample which we have surveyed. He has both his mother and father next to him on both sides. The outside locus is the next in preference, i.e., when his mother is in the middle and he's next to his mother on the outside. The least wanted situation is when his father is in the middle and he is on the outside, next to his father. The question is why the middle locus is most wanted by the son. Is it because he is attracted equally to both of them and because he needs them both? Loci are related to status. It may be that the middle locus provides him with a status of the greatest possible security, being flanked on both sides by those figures whom he has found to be the most reliable figures of protection. But locus is also related to the role an occupant plays. It may be the role of the lover which is is here satisfied, being *nearest* to the two persons he loves most, his mother and father, and who love him most. That seemed to be the entire explanation but the fact that he prefers the middle locus of his mother to the middle locus of his father threw new light upon the problem.

In the middle position he is able to keep his father away from his mother or at least, from being as near to his mother as *he* is. Further, he is there also in the position of the "master", the one who controls both

sides. He can prevent intimacies between the two parents, but he may have intimacies with each of them separately without interference. It is immaterial at this point whether we classify this relationship as psychosexual or not. The dynamics of proximity involve more factors than sex.

Jonathan prefers to reverse roles with his mother. "I am Mommy now and you are Jonathan." Only one out of nine times does he reverse roles spontaneously with his father, "I am Daddy now." The question comes up why he prefers reversal with his mother as compared to reversal with his father. There are several reasons which could be marshalled here: 1) His mother has been his original protective figure since he was born. She breast fed him for a while and was at his beck and call up to the time when these experiments began. Nurses came and left but she always remained. In the early months—up to about 3 years—the role of the father was not quite clear to him. In one of the episodes he thought of his father as a protective figure for his mother, rather than himself. Father was more of a marginal agent in the sociogram. 2) His mother was his "double" during the first few weeks of life. According to psychodramatic theory here is a "symbiotic" relationship between mother and infant, a "matrix of identity" (1). It is easier for children to reverse roles with their former doubles, for instance, with their mothers, than with their fathers and comparative strangers. 3) All reversal is incomplete. A certain part of the ego during reversal is either free to observe or to fill it with a different role. With one part of himself then, he becomes his mother and acts like her, with the other part which is unrehearsed and unused, he is still Jonathan, a little male. Jonathan then could make love to his mother, that is within his own self, playing the part of his mother and his own at the same time, a sort of ambivalent role reversal. 4) Jonathan prefers to reverse roles with his mother although he could reach a more complete reversal with his father, because of their sexual resemblance as males. But the physical configuration of the person with whom he reverses roles is secondary. The chief factor is apparently the *person* and not the sexuality of that person. 5) In order to test this hypothesis a series of trials were made using the role reversal technique. Where the Oedipus situation existed it existed because of rigid maintenance of roles and locus of parents and children. The pattern of behavior could be reduced or broken. The scoring of preference for mother-proximity in the bed-situation was reduced after forty-five role reversal trials from 9:1 to 2:1.

*Jonathan as a Philosopher of Universal Transformation.* Jonathan and I

(Daddy) were resting in bed. We were alone. Jonathan was in the middle position in bed. "I am Mummy now", he said, "and you are Daddy". Suddenly he turned to me (in the role of Mummy) and asked: "Has Jonathan a 'pipi'?" "I think so," I said, "but ask him yourself." When his mother came into the room he addressed her as Jonathan and repeated the question: "Jonathan, do you have this?", pointing at his penis. "Yes", she says, "I have. Do you have it, Mummy?" she asked him. "Yes," he said (as mother). "Do you have it?" she asked him again. "No," he answered this time, "that's yours, I'm a girl." He looked at his penis and laughed. He changed into a girl but had a penis just the same. A woman can change into a man, have a penis and still remain a woman, possessing the body of a woman. Transformation is possible, *Quot Erat Demonstrandum.* He had applied the creed of universal transformation like a primitive animistic philosopher might have done thousands of years ago. The philosophy of universal transformation, the change of one organism into another, is deeply rooted in the imagination of infants from the time they begin to take a direct look at the world.

*Jonathan as an Ethnic Anthropologist.* Jonathan said to a colored waiter: "I want to be a black man. Do you want to be me?" Thus they reversed roles. Shortly afterwards Jonathan said: "I'd like to have a Jonathan." When asked what kind of a Jonathan he replied: "A black Jonathan." Here he took the role of a mother who has a colored baby. In doing this he went through a chain of transformations, becoming first a male Negro, turning then into a mother Negro, who has a Negro baby.

*Jonathan Turns into a Little Baby.* "I'm a little baby", Jonathan said. He had the intention of going upstairs to the second floor, and wanted to be carried. And so he said, "You're Mummy now" and looked at her with bright eyes, "carry me, Mummy". "Oh," said his Mummy with a twinkle, "you be Mummy and I'll be Jonathan", whereupon they reversed roles. Said she as Jonathan "Carry me, Mummy". Answered Jonathan as Mummy: "You are a big boy now and very heavy. Walk up the steps by yourself." Then they reversed roles again and he walked proudly upstairs without any assistance.

*Jonathan uses role reversal to bolster his ego.* While sitting at the table, he could not cut his meat. The piece was too large for him, but he was unwilling to admit his inability to handle a knife. He turned to his mother quietly, assuming her role and asked: "Would you cut my meat for me, Jonathan?" Thus Jonathan, as played by his mother, cut the meat for him without any loss of his self-esteem. It would have been a depreciation

of his ego to admit officially that he is too inept to cut the meat. "Jonathan can do everything." This is an illustration of an advanced form of role reversal in child training; instead of the adult intervening for the child, he is a child and intervenes for the adult.

*Role reversal to assume the role of authority,* not in order to be helped but to correct certain unfair behavior which he observes in his father or mother. For instance, he was annoyed by his mother insisting that he should eat even when he claimed he was not hungry, or that he should finish the meal with them although he had enough. In role reversal he took the part of his mother and said to her in the role of Jonathan: "Eat, eat everything on your plate. You can't leave the table yet because you are not through." When he returned to his own seat, becoming himself, his mother who had again become herself said quietly: "'Eat only as much as you want, Jonathan, and when you are through you can leave the table." Here Jonathan is not only his own therapist but that of his adults as well.

*Role reversal as a training in resignation and restraint.* This situation demonstrates the seriousness with which he takes role reversal. Jonathan is sitting in the restaurant, eating his favorite flavor of ice cream. His mother sits next to him. Mother says: "I'm Jonathan now and you are Mummy. Can I have my ice cream, please?" "Yes", replied Jonathan and immediately pushes his dish with ice cream over to his mother without batting an eyelid. Mother as Jonathan begins to eat it. He accepts the situation with dignity, it is all part of the game.

*Refusal of role reversal.* One of his great pleasures is after supper to go bye-bye in the car, possibly to a place where he can get ice cream, to a bazaar, to toyland. When it was not possible for us to take this trip one evening, his mother wanted to reverse roles with him in order to warm him up to staying home. Jonathan refused, saying: "Don't be me. I'm Jonathan now, you be Mummy." At times the best medicine does not work. Another illustration is: After he had been busy puttering around the house in the role of the handyman, he was taken to bed. His mother tucked him in and said: "What will you repair now, Mr. Ahearn?" He put his thumb in his mouth and replied: "I'm not Mr. Ahearn now, I'm Jonathan now, going to bed."

*The double technique.* A new development is one in which Jonathan now directs his mother to take his part: "You be Jonathan and I'll be Jonathan, two Jonathans", or as a half-way role reversal and also a complete

double: "You are Mummy and I'm Mummy too, two Mummies." This is evidence of the close tie existing between the double and role reversal techniques.

*A control study.* The nearest thing to a "control" study was possible when Andy, a playmate of about the same age as Jonathan, entered the situation. Role reversal is based on an old household remedy for unruly children: if child A hits child B, then it is customary that child A gets hit back with the same weapon so that he learns how it feels, and to prevent him from hitting child B at a future occasion. It is a kind of curing by retaliation. The retaliation is usually carried out by a parent or older person. The difficulty is that child A who is hit back considers this an act of aggression by a outsider and frequently responds with feelings of resentment and fear that he is no longer loved. The results are divided, some parents report good results with this technique, others report failures. The problem is obviously how to eliminate the outside aggressor and still to obtain the effect of how it feels to be hit. This aim is achieved by the role reversal technique. Instead of child A being hit back by an outside person or by B, he is hit back by himself, i.e., by reversing roles he becomes B and B who is now A, hits him.

It became necessary to have some proof that it is role reversal which produces a change. Therefore, a kind of control study was attempted. We set up a situation 1 to which the role reversal treatment was applied and then we matched a comparable one, situation 2, to which no reversal treatment was applied. In situation 3, role reversal was applied to the alternate child.

The situation chosen for the control was the following: Both Jonathan and Andy want to ride a bicycle. There is only one bicycle available. A big fight ensues. Every time this occurs they have to be separated.

We instructed the nurse to call us to the scene the next time a fight over the bicycle arose. When we arrived, Jonathan was about to start riding the bike, Andy cried and wanted to stop him. Jonathan appeared to be having the upper hand. At this point we intervened: "You Jonathan, are Andy, and Andy, you are now Jonathan." Then we addressed ourselves to Andy in Jonathan's role: "Do you want to ride the bike, Jonathan?" "Yes" he replied, "I do." Then he looked at Jonathan who was now Andy on the bicycle. Now Jonathan, respectively Andy, immediately stepped down from the bike and Andy as Jonathan, stepped upon it. For the rest of the period of about one half hour Jonathan permitted Andy to ride the

bike. We immediately left the playground in order not to influence their interaction but it all worked out well.

The next day we constructed situation 2 which was a match to situation 1, with the exception that *no* role reversal treatment was applied. It was the same time of day, both children were present with the same nurse. Jonathan steps upon the bike and tries to ride it. Andy tries to stop him. A fight ensues, shouting and crying. According to instructions no one interfered as we wanted to find out if they could resolve the problem themselves. The situation, however, remains unsolved. Jonathan is on the bike, Andy holds on to the wheels so that it cannot move.

On the third day situation 3 was observed. Andy has arrived earlier than Jonathan. He immediately steps upon the bike. Jonathan comes and tries to push him off. In the midst of the fight we come out and attempt the role reversal treatment. Andy becomes Jonathan; Jonathan becomes Andy; and this time it is Andy in the role of Jonathan who steps down immediately and Jonathan as Andy steps upon it. Situation 3 simply confirms that resolution of such a conflict is facilitated by role reversal treatment.

*Roleplaying and actual situations.* At times Jonathan used role reversal as a subtle technique for getting his way; for instance, his mother was typing. He stepped forward and said with determination: "I want to type, Mummy." When he found that there was no compliance with his wish he reversed roles and said: "I am Mummy now and you are me", expecting that now he will be able to use the typewriter by stepping into his mother's shoes. This strategy of Jonathan reminds me of one of my earliest observations which led to the rediscovery of the spontaneous actor. I noticed that when, for instance, the role of Hamlet was played in a professional theatre, there were a great many irregularities in the performance. "Behind the mask of Hamlet lurks the private personality of the actor" and a conflict between the role and the private person ensued which produced these irregularities ("the role-person conflict") (5). This conflict is particularly evident in the professional actor who is continuously compelled to restrain and repress "the spontaneous" within him, his private, real person, to a maximum, in order to portray the theatrical roles adequately ("histrionic neurosis") (6). This observation led to the spontaneous roleplayer of the psychodrama. But even within psychodramatic productions there are scenes which seem more real than others, especially if the improvised situations are influenced by the conductor. Then a con-

flict emerges between the real problems a protagonist has *at the moment* and the situations which he plays. It is often difficult to separate the role-playing portions from the actual portions of a psychodrama. But there have been numerous occasions when the difference between the roleplaying and the really meant action came dramatically and unmistakenly forth. For instance, in the session of a matrimonial psychodrama the husband suddenly revealed in the presence of his wife who was sitting in the audience that he is in love with another woman and that he had a dinner appointment with her for the next evening. A secret was suddenly out; the wife was taken by surprise and burst out into hysterical tears. All attempts at role-playing strategies and therapy were given up and nothing was left for a few minutes except a tense encounter between two people whose relationship had come to a decisive crossroad (7). The question is how to translate these clinical discoveries into a meaningful research technique—a challenge to the laboratory-psychodramatist.

## V. Critical Moments in the Social Development of the Child

Reversing roles with father and mother, sister and nurse, caretaker and secretary, and other members of the household developed smoothly. The first serious dilemma emerged when he wanted one day to reverse roles with Bumpy, a dog, who had been a "friend" on the premises. He felt very comfortable and at ease with Bumpy but when he tried to play Bumpy's part in his own presence, Bumpy joined in, barking and running with him along the fence. That is how far he got with the dog. He looked at us; he had come to his first crisis in the use of role reversal. He discovered that he could not reverse roles with dogs, cats, squirrels, birds; that role reversal can be accomplished only with certain people, that there is a limitation to this technique. In order to console him we applied the technique of the auxiliary ego; his mother went behind the dog and spoke as if she were the voice of Bumpy: "I understand what you want, Jonathan, you want me to be you and you want to be me, but that is difficult. I can not do it, and I may never learn to do it." Jonathan then patted him and said: "You are a nice dog" and the mother's voice came back: "I like you when you pat me, when you are gentle with me. Whenever you want something from me, you tell me and I will try to do my best, but don't expect anything from me which is beyond my natural capacities." Jonathan came back into the house and after a few minutes of thoughtful silence he said: "Bumpy is a nice dog, don't you think so, Mummy?"

A child between two or three may not be able to understand when a parent says to him: "You shouldn't do that. Don't hit the dog. Don't run after the cat. You frighten her." Such words are often meaningless and remain without impression. We have to remember that the child has his memory in the act and not in his memory (1). Rapid forgetting of incidents is a natural condition, but he can be taught "in the act" if the bitter pill, so to speak, is placed in the envelope of action. Thus, when he acts he will also retain the pill. If an indication for psychodrama arises the mother may go behind the dog and say: "It hurts me when you kick me" or back of a running cat: "Meow, you frighten me when you run after me" or she will use it as a preventive method. When she sees the child hitting a doll which represents a dog or a cat, she will role play in behalf of the doll, taking its part and later reversing roles with the child, so that he learns how it feels to be a doll which is hit by a child. All this is good action teaching. The question may be raised as to the potential risk of "auxiliary animation". One may argue that it indoctrinates and fixes the child on a level of animistic thinking, encouraging regressive and infantile behavior. The answer here is that we should not let adult interpretations interfere with what is the actual, spontaneous level of the child's feeling, thinking, perception during a given period of his growth. He may be unable yet to accept the world around him as it is, within the reality context of the adult. He may, however, need more explanation in order to counter the "dread of nothingness." The answer is, therefore, to create methods which fit the child's needs and not what the adult thinks he needs.

His fear of large black dogs, crows, or any strange animals which suddenly appear from nowhere, is still with him. Auxiliary ego training has been unable to remove this fear entirely. All efforts at desensitizing seem to have been relatively fruitless. There appars to be a *"residual"* anxiety which seems to accumulate and feed that fear. The impossibility of reversing roles with animals presents an unsurmountable barrier to his cosmic joy.

The next crisis came to a head when he began to pay intensive attention to our carpet sweeper. His mother used the carpet sweeper to clean the rugs in the house. He did not like it and was frightened by that strange unnatural noise which came from it. The whole household was paralyzed when it was in action. Nobody could speak or hear anything. He was opposed to it and wanted this strange monster to stop. He ran out of the room crying, but returned to protest. He tried to kick it. His mother stopped in order to appease him but that was not a solution to his problem.

We started a session, he immediately tried to play the role of a carpet sweeper and then to reverse roles with it. But he discovered the tragic fact that in our world a man can not reverse roles with a carpet sweeper. He took this setback far harder than the one with Bumpy. When Bumpy barked or cracked a bone it seemed so much more real to him; but Jonathan could not imitate the carpet sweeper as easily, although this was easier for him than it was for the carpet sweeper to imitate Jonathan. In his encounter with the carpet sweeper the child was faced with the old totemistic enemy of man, perhaps the greatest enemy man has ever encountered. The carpet sweeper was a symbol for a special order of beings, for all automatons which fill our technical world, the gadgets and machines which man has invented and which are becoming more powerful than he himself. He learned to use an electric switch and so control and subordinate the carpet sweeper. But even then his anxiety persisted for a while, and after the anxiety was gone, he did not seem quite satisfied with the result. It was not sheer power he wanted. He would have been more satisfied to find that the carpet sweeper was a being like himself, which he could understand and love.

A third order of being came Jonathan's way and with them another halt to his role reversal practice. It happened to him first at Christmas time when he met Santa Claus. When he saw Santa Claus, although he spoke gently to him and brought him gifts and promised him more, the strange mask, the white beard and unusual costume made him feel uneasy. He could not be consoled. He seemed to be so far away to him, unlike his father and mother and so different from Bumpy. He understood later that Santa was a symbol and not a real existence. He was unhuman like the electric carpet sweeper, but still less concrete and his unreality frightened him. Like all superhuman ideas and symbols they were so far above him that he did not dare to look at them. It was the same with angels and devils and the mysterious beings of fairy tales. When he heard later how the world was created, and of God and Heaven, angels and devils, he felt an indescribable awe. He had learned to use an electric switch to control the carpet sweeper but he did not know of any switch or vehicle by means of which he could become familiar with superhuman beings or to stop them from acting. He could not reverse roles with them. The only alternative seemed to be for Jonathan to personify Santa Claus (technique of realization). The thought was that by acting and speaking like Santa Claus he may lose his fear of him.

Role reversal research has brought to our attention three critical stages in the social growth of the child: 1) The relationship to inferior, subhuman beings like animals, birds, fishes, reptiles, or insects. 2) The relation to objects: a) inanimate things like stones, water, color, light, etc.; b) man-created things like machines and robots. 3) Relationship to superior and powerful beings: a) his parents, adults, strangers, etc.; b) ideal beings like Santa Claus, demons, angels and God. Jonathan discovered that he could play the part of dogs, cats or birds, but that he could *not* reverse roles with them. He discovered that it was more difficult still to play the part of an object or a machine, and that it was impossible to reverse roles with them. The only solution he saw was to subordinate and control them. The greatest mystery were the "ideal" beings. He could play and reverse roles with his parents but the superior beings were hard to reach; he could not communicate with them. The only alternative he found was the process of realization, to become Santa Claus or to personify God.

It is not necessary for the little child to turn metaphysical in order to believe in transformation. For him the entire universe is alive. Using the technique of role reversal the "prenomena" turn easily into "noumena."

## VI. Origins of Anxiety and the "Transformation Hunger" in Schizophrenia

Anxiety is cosmic; fear is situational. Anxiety is provoked by a cosmic hunger to maintain identity with the entire universe (perhaps to restore the original identity of the infant in the matrix of identity). This cosmic hunger manifests itself in a) "retrojection", drawing and receiving from other organisms signals, ideas or feelings, to add strength to the self (expansion) or to find identity with himself (confirmation); or b) dread of all organisms with whom he cannot co-act and share existence; psychodramatically speaking, with whom he cannot reverse roles. These dreads are provoked by his desire to be transformed into them as his only definite assurance of having identity. The cosmic hunger of the child strives towards "world" realization. Self realization is only a stage in-between.

I often heard schizophrenic patients in a psychodramatic situation say: "I want to be a chair, a tree, a dog, or, I want to be God." They declare that the chair *talks* to them and that it is alive. The explanation for the transformation hunger may be that they want to change into the things which *talk* to them or communicate with them in other ways. If a chair talks to him he wants to become a chair; if a dog talks to him he wants to become a dog. In extreme cases he will try to play the part of a dog in all earnestness. If God talks to him he may try to become God.

## VII. The Significance of Roleplaying Techniques in Preliterate Societies

Future anthropologists will give to the animistic and totemistic philosophers of past cultures a high place of honor. By accepting animation and transformation as productive realities and not as "techniques" and applying them as explanatory principles for the behavior of all organisms they gave the universe of their time a unity and totality of meaning which is flagrantly missing in our modern world-civilizations. By naively accepting the first philosophy of the child with its love for animation and personification they may have succeeded to make their world safe for children and lunatics. It was the destiny of the scientific mind to destroy magic beliefs and to pay with a loss of spontaneity, imagination and a divided philosophy of life. But the cycle will repeat itself although we cannot return to the magic world of our ancestry. We will produce a new magic on a new level. Science itself will lead us to it. Man's imagination will not quit the eternal child in him. It will find new ways to fill the universe with fantastic beings even if he has to create them. We are probably in the midst of this development. This is the meaning of automatons. Science fiction is but one illustration, Walt Disney's fabulous world of animated characters is another; it is the use of auxiliary egos on the level of motion pictures. The auxiliary ego technique itself is a form of primitive "psycho"-animism. The techniques of the animistic philosopher rejected by analytic anthropologists as infantile magic is returning on the therapeutic level and has been made productive in psychodrama. It is the return of magic methods of the early cultures in a scientific age in behalf of new objectives.

## VIII. Hypotheses

1. Role reversal increases the strength and stability of the child's ego; ego is here defined as identity with himself.

2. Role reversal tends to diminish the *dependency* of the child upon the parent; but it tends also to increase his ability to *dominate* her or him because of having gained a profound knowledge of her or him—through inside information.

3. Frequent role reversal of the child with individuals superior to him in age and experience increases his sensitivity for an inner life more complex than himself. In order to keep up with them on their internal role level, which is far above the overt level of the role, he has to be resourceful. He becomes prematurely skilled in the management of interpersonal relations.

4. The excess desire to reverse roles with mother is due to an early appreciation and perception of her roles. Frequency of role reversal with father increases as the perception of father's role becomes clearer to the child.

5. The technique of role reversal is the more effective the nearer in psychological, social and ethnic proximity the two individuals are: mother-child, father-son, husband-wife.

6. Role reversal is an effective technique for the purpose of socializing one ethnic group to the other. The greater the "ethnic distance" between two social groups is, the more difficult is the application of role reversal to them.

7. The empathy of individuals or representatives of groups for the internal experiences of other individuals or representatives of groups—what they feel, think, perceive and do—increases with the reciprocal perception of the roles in which they operate. Therefore, the training of auxiliary egos and doubles as well as of psychotherapists in general is in the direction of increasing their sensitivity.

8. The empathy of therapists increases with their training in role perception and role reversal.

9. Role reversal is without risk the more solidly structured the two persons are who reverse roles.

10. Role reversal is a greater risk, at times contraindicated, if the ego of one person is minimally structured and the ego of the other maximally structured. An illustration of this is the treatment of psychotic patients. Psychotic patients like to play the part of authorities, nurses, doctors, policemen, or of ideal persons, for instance they like to play God, but when faced with an actual person who embodies authority they resent interaction and role reversal.

11. Role perception is a function of role reversal.

12. Role reversal is indispensable for the exploration of interpersonal relations and small group research.

13. Every parent is a natural but untrained auxiliary ego. To be an effective auxiliary ego to one's own child every parent needs professional training. Auxiliary ego technique should be applied when there is a clear indication for it. For instance, a parent complains that his child has the tendency to throw stones at dogs and cats, or to hit them. The therapist must realize that the day may come when he will throw stones at another child or a grown up.

14. If auxiliary ego animation is done to excess it may excite the child unnecessarily. It may not always be indicated to animate every object or animal surrounding a child.

15. The memory of the child is in his act, not in his memory. The act hunger of the child causes his memory to be shortlived. The acts follow one another so swiftly that the memory spans between them are short.

16. The shorter the memory span, the greater the frequency of starts and every start requires some spontaneous fuel in order to emerge. This explains the apparently uninterrupted spontaneity of children. In lieu of memory they have spontaneity (8).

17. Hunger for expression is act hunger before it is word hunger.

18. The infant is so immersed in the act that he has no memory of it after it has been consummated. As the intensity of the act hunger syndrome decreases, the ageing of the child increases.

19. The techniques of *transformation, subordination* and *realization* have been used in many magic rites of ancestral cultures in order to encounter the various threats of nature or to explain its activities. Our children too, before they grow up and are able to understand the methods of an adult world, have a natural need to use the methods described above.

20. Double technique is the most important therapy for lonely people. therefore important for isolated, rejected children. A lonely child, like a schizophrenic patient, may never be able to do a role reversal but he will accept a double.

21. Positive correlation should be found between sociometric status of the co-living individuals and the volume of role reversal applied to them; the sociometric status of an individual increases in proportion as role reversal is applied to all the participant individuals of the group. (The sociometric status of an individual is defined by the quantitative index of choices, rejections and indifferences received in the particular group studied.)

22. Accident proneness is a function of the sociometric status of an individual. As the sociometric status of an individual increases in relative cohesiveness, his accident proneness decreases, and vice versa. In the case of children their accident proneness is one of the great problems in any socialization program, but the over-protectiveness of the parent is no guarantee of the children's safety. The all-around cohesiveness of their sociometric status is the only guarantee.

23. As sociometric status increases with the volume of role reversal applied to a given group of individuals, the accident-proneness of the small children belonging to it decreases.

24. Role reversing parents and adults replace the absence of siblings and the peer group to only children.

25. Contra-indications: a) The child uses role reversal to manipulate, dominate or punish his parents or adults, determined to "get his way". b) The partner in the role reversal, mother, father, etc., show lack of sympathy or skill in playing their part. The child is then faced with an absence of genuine both-ways role reversal. c) Reversing roles with unrealities, imaginary companions, ideas and dream characters, where the child is compelled to act out both parts himself. d) In order to consolidate role reversal gains non-role playing periods are indicated.

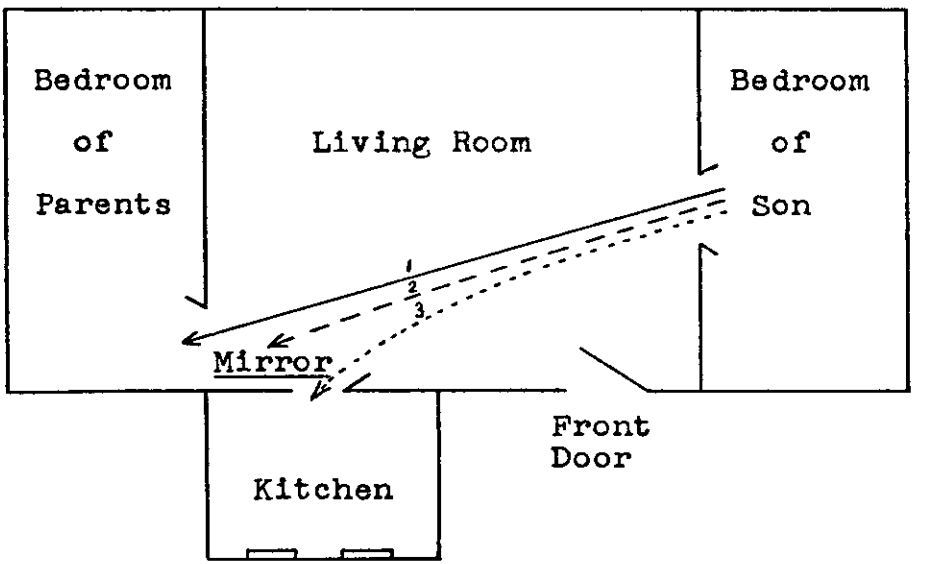
26. Children and lunatics are the two outstanding classes of spontaneous people. All that they are internally is transparent on the surface. Their emotions are in their actions and their actions are the core of their existence.

## In Conclusion

The aim of this lecture has been to describe the methodology and technique of role reversal in its special application to infants and children. It is hoped that the large number of hypotheses produced will stimulate systematic research design.

I

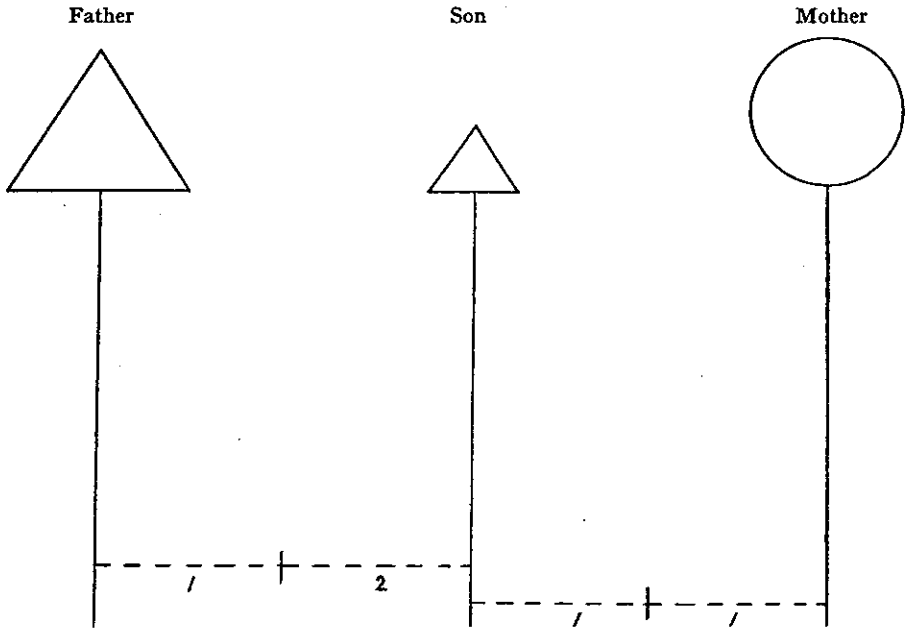
LOCOGRAM OF THE HOUSE



Locogram is a position diagram in which the locus of the participants and the movements from one locus to another is the dominant feature. For a model of this kind of graph see J. L. Moreno, *Das Stegreiftheater*, (1923), p. 88.

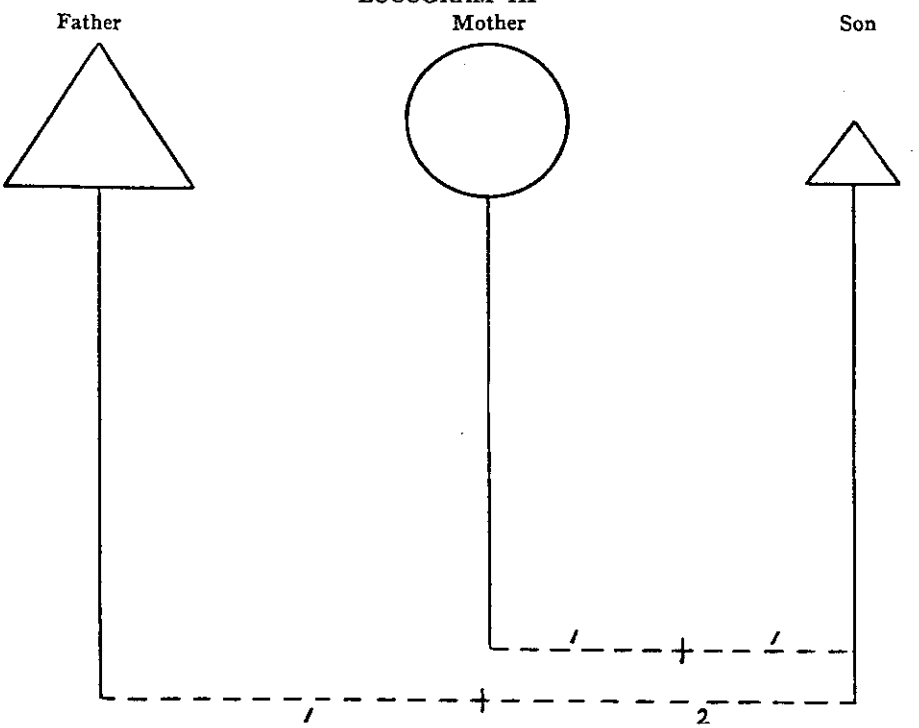
The locogram of a child in the first three years of life has an ever-changing pattern, however, certain main directions of movement can be discerned. The above locogram of the house refers to the period when Jonathan was twenty months old. His chief directions of movement are recorded here in the order of preference, movement 1) towards the bedroom of the parents; 2) towards the large mirror in the living room which played a strategic role in the development of his self recognition; 3) towards the kitchen which led to the windows through which he liked to look at the world.

FATHER-MOTHER-SON IN BED SITUATION
Three-Way-Locus
LOCOGRAM II



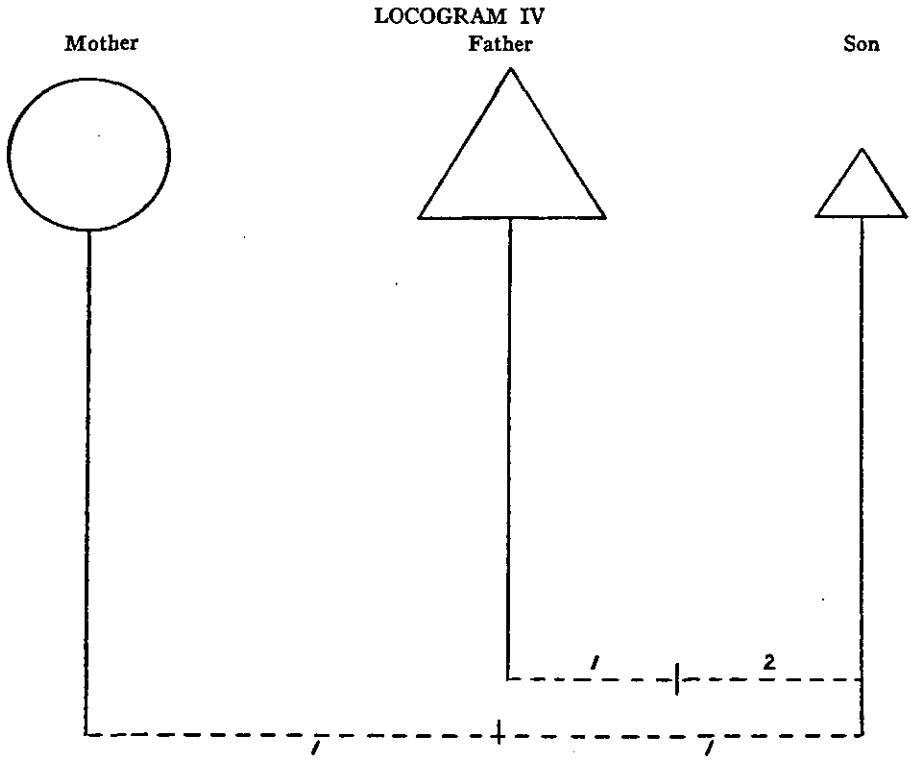

Locograms II, III and IV portray the changing positions of father, mother and son in the bed of the parents whenever they have an opportunity to share it. He showed preference for the middle position.

LOCOGRAM III




The next position chosen was outside, but next to mother.

Observations with boys or girls who show preference for "father-proximity" (father's child) in the bed-situation, indicate that by means of the role reversal technique a reconditioning takes place, reducing or equalizing the affinity towards one parent or another. In role reversals with two other individuals (as in the bed-situation) or with more than two, as for instance in the diningroom situation, the child expects to attain the advantages of the "sociometric status" of the person with whom he reverses roles. During the meal, if he is in the role of his mother, he expects his father to carry on the *conversation* with him, as he would ordinarily with his mother. For instance, he feels particularly important when conversing about getting a new car, or preparing for the next trip to Europe, etc., being treated like an adult. The child expects that the rules of the role reversal game are seriously carried out. We should always keep in mind that the distinction between play and reality is an adult concept.




The least chosen position was outside, next to father.

The scoring of preference for "mother-proximity" in the bed-situation was reduced after forty-five trials from 9:1 to 2:1.

## NOTES AND REFERENCES

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   "Psychodrama in a Well-Baby Clinic", Zerka T. Moreno, GROUP PSYCHOTHERAPY, Vol. IV, No. 1-2, 1951.
   "Spontaneity Theory of Child Development", J. L. and F. B. Moreno, *Sociometry*, Vol. 7, 1944. (See discussion of "act hunger" syndrome.)
   *The Theatre of Spontaneity*, J. L. Moreno, 1943. Translated from the German *Das Stegreiftheater*, 1923.
   These are important collateral readings.
2. *"Roleplaying"* and *"roleplayer"*, terms used in the method of roleplaying developed by Moreno; see *The Theatre of Spontaneity*.
3. *Technique of "role reversal,"* term and method introduced by Moreno; first used in educational and industrial settings, as described by him in *Who Shall Survive?*, 1934, p. 325: "The individuals chose the situation and the roles which they wanted to act and the partners whom they wanted to act opposite in a certain role, or *'they exchanged the roles'* they had in life, or they were placed in selected situations." The application of the technique to mental disorders is especially treated in his "Psychodramatic Treatment of Psychoses", *Sociometry*, Vol. II, No. 2, 1940, p. 123; "Objectification of himself ('patient') can be also accomplished by means of the 'reversal' technique." See also his "A Case of Paranoia Treated Through Psychodrama", *Sociometry*, Vol. 7, 1944, and "Psychodramatic Production Techniques" in GROUP PSYCHOTHERAPY, Vol. 5, 1952. His earliest definition of role reversal which is frequently quoted is: "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," J. L. Moreno, *Einladung zu einer Begegnung*, p. 3, Vienna, 1914.
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6. J. L. Moreno, *Preludes to my Autobiography*, Beacon House, 1955.
7. J. L. Moreno, *Psychodramatic Treatment of Marriage Problems, Sociometry*, Vol. III, 1940.
8. Definitions of spontaneity and general spontaneity theory, *Psychodrama, Vol. I*, Spontaneity-Creativity, 1946. Spontaneity is defined in reference to six factors: creativity, cultural conserve, memory, intelligence, anxiety and interpersonal relations.

# CONFLICTING CAREERS

## *A Short Play Written by Group and Role Playing Methods*

JANE S. MOUTON AND ROBERT R. BLAKE

*The University of Texas*

A technique for writing a play which is based entirely on group discussion and role playing methods is described in the present paper. The group and role playing methods used are those developed by Moreno over the past 30 years (2).

### WRITING A PLAY

The play was written in a college human relations laboratory[1] as an assignment for increasing diagnostic social sensitivity and for developing skill in expression and communication. A basic assumption was that responsibility for all stages in composition, from plot selection to the final form of the play, rested on the class itself. The laboratory instructor served as a resource person. The laboratory met once a week for two hours, with the writing of the play completed in five sessions.

#### *Physical Arrangements of the Laboratory*

The physical arrangement of the laboratory is similar to a psychodramatic theater (1). The front stage has 28 fixed chairs facing it. At the other end is a seminar table seating 20 people, with blackboards located on the nearest wall. Along one wall of the laboratory are 15 soundproof cubicles seating 4 people each. These arrangements permit the end with the stage to be used for role playing, that with the table for group discussion, and the cubicles for sub-group discussion.

#### *Selection of the Plot through Group Discussion*

The selection and development of the plot was based on identifying interest provoking problems by a census of laboratory members. After general discussion and acceptance of the task, the class was divided into four groups of 4 or 5 with each responsible for formulating several approaches that might be used as the basis for developing the plot. The class was re-

[1] The class members included Mary Bryon, Jean Coates, William Crain, Kenneth Felton, C. Ferd Fry, Ronald Ganett, Ralph Giles, James Haley, Sidney Kaplan, Bobby Label, Ignatius Mallia, Gertrude Neffendorf, Mary Pritchett, James Reaney, Roberta Reid, Lloyd Seely, Edwin Young, and Robert White.

assembled after 20 minutes discussion. Fifteen topics were proposed, from marriage by college students to budgeting of family funds.

The advantages and disadvantages of each of the topics were evaluated in terms of two fixed criteria. The first included the personal significance of the problem to college students while the second involved their feeling that they had adequate roles for portraying the characters. Further discussion led to the decision to develop the play around a problem in the area of choosing an occupation. After the plot was outlined, the class was divided into small groups to develop the details of the first scene.

*Development of the Play through Role Playing*

Through the use of role playing each scene was developed in the following way. The scene was briefly outlined in terms of the action to take place. The roles of the cast were characterized to include essential historical background, typical opinions, and attitudes toward other characters and toward the problem situation. Each group then selected members to play the roles required by the scene to the other laboratory members.

Following the presentation of a scene by each small group, the entire group made decisions regarding the parts of the four sketches to be incorporated in the final form of a scene. With selection and agreement among members as to essential roles, attitudes, and other necessary information to be included, the scene was replayed, with dialogue recorded in order to capture the spontaneity of expression and emotional tone being communicated. The recordings were then transcribed, with stage directions and other instructions added at appropriate points. The procedure of small group discussion with role playing was repeated for each of the remaining three scenes.

In the last phase, the play was typewritten and returned to class members. Their criticism and alterations were incorporated into the final form which is presented below.

## THE PLAY

### *Conflicting Careers*

A human relations play written by Social Psychology 451, The University of Texas, under the direction of Jane S. Mouton.

### *Characters*

MR. J. D. WATKINS—54 year old self-made business man; a Construction Engineer.

MRS. WATKINS—His 49 year old wife.

JIM, JR.—His 20 year old son; a sophomore at State University who is majoring in civil engineering.
MARGE—Jim's girl friend; also a University student.
JOE, HARRY AND BILL—College friends of Jim.

SCENE I

Time: A weekday afternoon in November.
Setting: Livingroom of the Watkins home.

*Mrs. Watkins is busy in the kitchen. Mr. Watkins is arriving home from his office. He enters whistling and tosses his hat on a chair.*

DAD: (*Anxiously*) Honey! Where *are* you?

MOTHER: (*Surprised and pleased, entering from kitchen*) What are *you* doing home so *early?*

DAD: (*Enthusiastically*) I wanted to catch you before you started dinner. (*Kiss*) We're going *out* tonight!

MOTHER: (*Still puzzled*) Why didn't you *call?*

DAD: (*With enthusiasm*) Something important came up and I *couldn't* wait. I had to *hurry* home and tell you *myself.* (*Sits down*)

MOTHER: (*Anxious, with enthusiasm*) Well, what *is it?*—What *is it?*—*Tell me!* (*Sits, facing Dad*)

DAD: (*Grinning slyly*) Well—You know the sign on the front of the office that reads *Watkins and Peterson?*

MOTHER: (*Anxiously*) Yes!

DAD: (*Continuing*) Well, the *Peterson* is gone!

MOTHER: (*Exuberantly*) You bought him out!

DAD: (*Proudly*) Yes. We closed the deal this afternoon.

MOTHER: (*Sighing*) That's wonderful . . .

DAD: (*Interrupting; proudly*) And that's not *all!* Next week the sign will read—*Watkins and* SON!

MOTHER: (*Continuing*) Good. . . . All the things we've worked for. . . . Before long you'll be able to retire without fear of the business collapsing and Jim'll have a place already built for him. I can't *wait* to write him about it. He'll be *so* thrilled.

DAD: (*Insistent*) *No, No*—I want it to be a surprise when he comes home next week. A big Thanksgiving surprise for which we all can be grateful!

MOTHER: That *really* will be a surprise. . . . I *know* he'll be a big help to you in the business now. And in a few years . . . (*Thoughtfully*)

DAD: (*Proud and business-like*) *Now* that he's a member of the firm, I'm going to put him on the payroll. He *is* working for the company, preparing himself down there at school, and as a member of the Company, by golly, he deserves a little extra. . . .

MOTHER: (*Pleased, then excited*) Well, *that's wonderful.* . . . And say! —Are you *serious* about going out tonight?

DAD: (*With enthusiasm*) I certainly *am.* This calls for a real celebration—Let's get ready! You'll be the first dinner guest of *Watkins and Son!*

SCENE II

Time: A 10:00 A.M. coffee break between classes about a week before Thanksgiving.

Setting: Coffee shop near the campus of State University. Three students, Harry, Joe, and Bill, are seated at a table.

BILL: Where's Jim? Haven't seen him for the past few days. . . . What's he doin', makin' a hermit of himself?

JOE: He's been spending most of his time reading. He may be crammin' for a quiz.

HARRY: Guess he's not gonna show.

JOE: Maybe you're right. He hasn't even seen that Italian movie at the Varsity. That's bein' pretty damned busy. It sho was earthy!

BILL: (*Slurps his coffee at this last remark*)

(*General Laughter*)

(*Enter Jim, who places a book on the table as if it were a monument. Looks at it admiringly for a moment, then sits.*)

HARRY: Well, look who's here. Where ya' been keepin' yourself? (*Joe points at textbook in mock horror. Everyone draws away as if it were a bomb. Finally in an act of courage, Harry picks up the book gingerly, looks at the title and reads.*)

HARRY: *Theoretical Foundations of Nuclear Physics?*

(*He opens book and reads*).

HARRY: "Infinity divided by super-infinity yields super-duper infinity."

BILL: (*Disgustedly*) Is that why you missed that Italian movie?

JOE: Man, that was super-duper divinity.

JIM: No more movies for me, boys. . . .

HARRY: (*Interrupting*) How's that?

JIM: (*Continuing, he gestures toward the book*) This is where you'll find me from now on.

JOE: (*Emphatically*) The dickens you say! How 'bout your engineering courses?

JIM: I've engineered my way out of them. *This* is my field from here on out.

JOE: (*Pointing to book*) How's this gonna fit in your ol' man's construction business?

JIM: It's not! We'll take care of that later!

JOE: Yeah, but he's takin' care of you now!

JIM: I don't think he'll mind, too much.

JOE: But, I thought you were supposed to take over his business when he retires.

JIM: Well . . . we'd talked about it some . . . but . . . he's done what he wanted . . . why shouldn't I?

JOE: I'll bet he's gonna be awfully disappointed. You're missin' a good deal by not taking a ready-made set-up like that.

(*Enter Margie, unnoticed, carrying school books.*)

MARGIE: Hi! . . . What's the big discussion?

ALL: Hi! (*Everybody stands*)

HARRY: This guy . . . (*Joe punches Harry and gestures toward the door.*)

JOE: We gotta be goin', Marg. (*Nods at Jim*) You tell her.

MARGIE: (*Confused—to Jim*) Tell me what? (*She turns quickly to departing boys, puzzled*) . . . Bye!

BILL: (*Walking away*) Click, click, click, click, click . . . I'm a Geiger counter.

(*All exit as Margie and Jim sit down at the table.*)

MARGIE: (*Puzzled, naive*) Do you really have a Geiger counter?

JIM: (*Almost disgusted*) No, they're just kidding me. (*Hesitantly*) Look, Marge, I've made up my mind! . . . (*Thrusts book at her*) This is it, I'm going into Physics. Three days, I've done nothing but read this. . . .

MARGIE: (*Looks at the book, puzzled*) But you can't read it. It's just a bunch of numbers.

JIM: (*Seriously*) Honey, these numbers are formulas—formulas that have changed the world. They've changed me, too . . . look, Marge (*Puts his hand on hers*). This is it! (*Marge puts her other hand over Jim's*) It's what I've got to do! (*All hands are now together. Jim and Margie gaze directly into each other's eyes for a moment.*)

MARGIE: (*With sincere admiration*) I'm glad you've found it.

JIM: (*Worried*) I just hope the folks feel the same way.

MARGIE: (*Looks at her wrist watch in horror*) We've gotta get to class! Don't worry about your Dad, or anything, for that matter. You can tell me more later. (*Rises, starts picking up books. Takes Jim's hand and pulls him toward the door.*) We've got to hurry now!

CURTAIN

## SCENE III

Time: Thanksgiving Evening.
Setting: Livingroom of the Watkins' home.

*Mr. and Mrs. Watkins anxiously await the arrival of their son. Mrs. Watkins seems slightly more anxious than her husband and is pacing the floor. She speaks.*

MOTHER: He should be home by now!

DAD: I wouldn't worry, Mother; they probably ran into heavy traffic after the game, and . . .

MOTHER: (*Interrupting*) Wait—I thought I heard a car! (*Pauses, then runs to the window, excited*) It's him all right! (*Anxiously*) Are you going to tell him now?

DAD: (*Hesitates*) Probably! (*Sheepishly*) I don't believe I'll be able to hold it back.

(*Rinnggg*)

MOTHER: (*Rushes to door and opens same.*)

SON: (*Enters*)

MOTHER: We were beginning to worry . . .

DAD: (*Goes to meet son*)

SON: (*Excitedly*) Hi, Mom! (*Kiss*) We ran into traffic! Hi, Dad! (*Handclasp*) D'yuh hear the game?

DAD: Sure did, son; it was terrific! How's college? Having a good time? Studying hard?

(*All sit down*)

MOTHER: (*Interrupting*) How's Margie? We certainly thought she was cute.

SON: Hey! One thing at a time. We're getting along fine although we don't have much time to party and see each other this close to the end of the semester.

DAD: (*Wrinkling brow*) Seriously, son, how're ya gettin' along with your studies?

SON: (*Evasively*) Fine, yeh, fine, Dad, everything's fine.

DAD: (*No longer able to hold back a smile*) That's great, son, because I've worked out some big plans for you in the company.

SON: (*Puzzled*) How's that, Dad?

DAD: (*Bluntly*) I bought out Peterson, so things are ready for you to move in as soon as you finish. As a matter of fact I'm putting you on the payroll next week and changing the sign to *Watkins and Son.* I figure your education is working for the company—So—why not pay you and let people get used to the idea that we're partners. . . .

SON: (*Hesitantly*) That's sure swell, Dad.

MOTHER: (*With enthusiasm*) Aren't you excited?

SON: Sure . . . Sure . . . It's nice and everything. . . . But . . .

MOTHER: (*Disappointedly*) Well, we thought you'd be thrilled.

SON: Sure, Mom—I am—but—well—I've kinda got other plans.

DAD: (*Explosively and with disbelief*) Other plans? What do you mean? Other plans?

SON: (*Hesitantly, then emphatically*) I'm . . . going into Physics.

DAD: (*Amazed*) Physics!

SON: Yes, physics. I've been thinking about it for quite a while now, and I've made up my mind.

DAD: (*Calming down momentarily*) You're coming back in the business though, aren't you?

SON: (*Cautiously*) Well, I sort of thought about going into research or something along that line.

DAD: (*Determined, then searching for expression*) Now listen, son, you know . . . I wanted to . . . I've planned on your coming into the business . . . (*Under great tension and searching for words*) What do you think I've been working for? (*Words trail off*) Your mother and I . . . we . . . All we've done in our lives is think of you and the family here. I've been working . . . building . . . (*As if talking to himself.*)

SON: (*Interrupting*) But, Dad . . . I like physics.

DAD: (*Calmer, disgusted*) Now listen, son, what in the world do you want to go into that for? . . .

SON: What did you want to go into Engineering for?

DAD: (*Losing patience*) You've got a good job waiting, here in the business!

SON: Dad, you don't have to holler at me! You built up your own business. You got the satisfaction . . .

DAD: (*Interrupting suddenly*) Now what do you think you can do in Physics? What do you think you are? *Oppenheimer* or something?

MOTHER: (*Fretfully*) Jim (*Again trying to get his attention*) Jim! Let him tell us what he wants to do in physics. Calm down!

SON: (*Disregarding his mother's attempt at harmony*) Can't I make my own fortune? . . . And . . .

DAD: (*Interrupting explosively*) Make your own fortune! What fortune are you going to make in physics?

SON: (*Trying to interrupt*) Look . . .

DAD: (*Continuing*) All you'll be is a security risk!

MOTHER: (*Trying again*) Son, I don't think you understand. Your father has always counted on your coming into the business with him. Now what is it you've planned that's so great?

SON: (*Sighs and makes an attempt at calm, rational conversation*) I'm interested in something. . . . I'm interested in physics. (*Sigh*) Engineering, it's all right, I guess.

DAD: (*With another interrupting emotional outburst*) It's all right! Look what I've done in engineering!

SON: (*Vainly*) Just a minute . . .

DAD: (*Continuing*) What's wrong with it? . . . What do you mean, *ALL RIGHT?* . . . It's putting you through college! What do you think you are? How do you think you're going to school?

SON: (*Yielding to the hopelessness of the situation, almost humbly*) I appreciate that all right, Dad, but, I mean I should have a choice in what I'm going to do.

DAD: (*Emphatically*) You've had your choice in doing what you wanted to. I let you choose. You knew that I wanted you to come back into the company.

MOTHER: (*Calmer*) You and your father talked this all out so many times.

SON: (*Interrupting*) But, Mom, look . . .

MOTHER: (*Continuing*) Your father has worked so hard. We've tied up our last savings to buy out Mr. Peterson. We felt we could retire and be secure because you'd be in charge of the business.

SON: If I went into that now, I'd probably ruin the business.

MOTHER: (*Showing signs of losing her patience*) Son, I think you're being very selfish.

SON: (*Surprised, defensively*) Well, look, Mom, who's being selfish to whom? I want to make my own life.

DAD: (*With tone of finality*) All right! You *make* your own life!

SON: (*Struck by his father's harshness*) Well, that's sure nice. . . .

(*Exit Son*)

MOTHER: (*Looking back at father while trying to catch her son.*) What *are* you going to do? We've got to be sane and sensible about this. (*Exit Mother hastily, fretfully in the direction of son's departure.*)

DAD: (*With a puzzled expression, disgustedly raises hands and slams them to the arms of his chair.*)

CURTAIN

SCENE IV

Time: The following morning.

Setting: Breakfast room of the Watkins' home.

*Mr. Watkins is seated at the table. He looks over the top of his paper to see what is holding up his breakfast. At that moment Mrs. Watkins enters with his food and places it before him.*

DAD: (*Almost disgusted*) You *know* I like my eggs done . . .

MOTHER: (*Troubled*) I wasn't thinking. I've been worrying about Jim, Dad. Besides, you're hard to please, anyway. (*Sits down at the table.*)

DAD: (*Embarrassed*) I'm sorry, Honey. . . .

MOTHER: (*Thoughtfully*) You know, I've been thinking about last night and how all of us got so upset. And you got so mad and excited.

DAD: (*Sharply*) What do you mean, so mad and excited? He's being very foolish. He's got a ready-made set-up here. Now he wants to go about some foolishness in research.

MOTHER: (*Troubled; brow wrinkled*) Well, I guess you're right, but I don't think we're solving anything by getting so upset and everything. It doesn't always change people to fuss at them like that, and you did get pretty excited.

DAD: I know I got excited, and I had a perfect right to. Here I've been planning on one thing for years, and a scatter-brained kid can change it all in a moment of adolescent enthusiasm about something that's impractical. How can he be so stubborn?

MOTHER: Stubborn. . . . I remember a certain nineteen-year-old boy who left his father's store to make for himself. . . . I remember those days so well, the year we got married. (*Leans forward*) Don't you remember how eager your father was for you to help him run the store? You would have no part of that!

DAD: (*Defensively*) Yes, but that was . . . was different. Things were not like they are now. Then people matured early and married younger than they do nowadays.

MOTHER: (*Not seeming to realize she's interrupting*) I remember our first apartment, two small rooms, then son came. You were determined to make your own fortune, though, regardless of the hardships. . . . I was so proud of you, and I *am* so proud of what you've done. . . .

DAD: (*A little more reasonably*) I see some similarity between what Jim is doing and what I did. However, it would be a mistake if we let him pass up this chance only to regret it later.

MOTHER: (*Persuasively*) That's how your father felt about your going into the General Store, but you had to make your own life and decisions. Maybe our son feels that way too. . . . Maybe he has to make his own life. . . .

DAD: (*Questioningly*) Yes, but is he ready to make a decision like that? I just can't believe it is sensible for him to pass up what we have built up for him.

MOTHER: (*Confidently*) I really feel like he might change his mind if we don't push him onto the defensive. He might go off on his "own hook" completely. I don't want that to happen in our family.

DAD: (*Beginning to yield*) If I thought he would change his mind, I wouldn't mind his studying physics for a little while. But, I would like for him to work in the company after he finishes school.

MOTHER: (*Thoughtfully*) Jim, you're so good at working out problems! Why, your employees always come to you. Perhaps this summer when he's home we can thrash this out. He can come home and rest and . . .

DAD: (*Interrupting*) I've got it . . . rest? Hell, he can work for me! And every summer. That will give him a chance to see how exciting the business *is*, and yet to decide what he wants to do without making a hasty decision. Besides—he'll be "learning the ropes" of the business and that will help him later on, whatever he does.

MOTHER: (*Elated*) Oh, that's wonderful! I *knew* you could do it. Why don't we talk to him soon as he comes down?

DAD: (*Business-like*) Why don't we just straighten it out now? Jiiiimmm! JIM!

SON: (*From off stage*) Sure, Dad, I'm coming.

CURTAIN

## EVALUATION OF THE PLAY AS A TEACHING DEVICE

The use of group and role playing methods in writing a play can be evaluated from several points of view. One involves the development of increased sensitivity by participants to the problem represented in the plot.

A satisfactory human relations play should result in increased appreciation of the basic issue and of the attitudes and feelings of others relative to the problem situation. Another is the adequacy of the play for communicating the problem to an audience. If the play is an effective teaching device, discussion by audience members should lead to the rapid identification and thorough evaluation, to increased understanding of a number of significant issues in the basic theme. A third is the literary quality of the play, but since such an evaluation is the task of a critic, no assessment from this standpoint will be made.

*Developing Diagnostic Sensitivity*

Diagnostic sensitivity to the problem situation is increased through both discussion and role playing methods. Discussion methods aid in increasing understanding by allowing participants to test their own opinions for acceptability to others. The views expressed by others also can be evaluated. Through role playing, participants are provided the opportunity to become more sensitive to the attitudes represented by different roles, including those of parents, friends and children. By playing the role of each of the characters, the members can better appreciate the various attitudes being expressed in the problem situation and can gain more understanding of the motivations underlying them. Under the simulated conditions of role playing, a variety of different solutions to the problem can be assessed without the negative consequences that might occur from an inappropriate solution that is attempted under real life conditions. Role playing combined with group discussion permits participants to study the more subtle implications of each proposed solution.

*Communicating the Problem*

A play can also be evaluated for its effectiveness in communicating the problem to an audience. The play reproduced above has been found to be an excellent method for provoking audience discussion of problems of occupational choice. It was presented to groups of students who knew nothing of the conditions under which it had been written and in order to provide an opportunity for discussion, the action was interrupted at the end of the third scene. The immediate reaction was active interest in the problem as revealed by the number of topics centering around the plot that were discussed by the audience. Included were such issues as when and by whom a vocational choice should be made and the use of vocational guidance services in the more systematic appraisal of abilities and interests. Another problem frequently discussed is the acquisition by children of independence

in the process of decision-making and the correlated issue of learning to identify the conditions that lead to dependent attitudes when a decision is required. The play also has use as one basis for analyzing the structural factors in family life, such as the role of the mother as the mediator in a conflict between father and son. If the interruption technique is used as outlined above, the fourth scene is presented after the discussion period.


## Summary

The use of group and role playing methods for writing a play has been described in the present paper. The action steps found useful and the physical arrangements for discussion of the plot and for staging the role playing were discussed. A play written through the use of these methods was presented in the second section. In the third section an evaluation was given of the use of these methods in writing a play. Also included was a brief discussion of some of the advantages and disadvantages of writing a play by group and role playing methods. The evaluation was made from the standpoint of the learning that writing provides those who participate in the development of the play and from the standpoint of using a play to communicate a basic problem to an audience.


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# SOME VALUES OF CONFLICT IN THERAPEUTIC GROUPS*

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This generation faces two conditions of life which have never before existed. The first is that the major threat to human survival comes from man instead of nature. The second is the incredible speed of technological advance, especially in means of communication and the control of energy. As a result chronic problems of human relationships, in particular, hostility, suddenly demand solution as a price of survival, at the same time that the past experience of mankind in dealing with such problems offers little guidance. Some twenty-five years ago the philosopher Alfred North Whitehead remarked that this was the first generation in human history that could not use the precepts of its grandfathers as reliable guides. Today, at least in some respects, we cannot even rely on ideas that were valid six months ago. As Richard Rovere wrote recently: "Under the impact of our dizzying technological advance, the validity not only of military and political strategies but of basic ideas is often almost as short-lived as the design of a fighter plane. Concepts that once seemed as if they might endure at least through our epoch are ready for mothballs a few years or months after they have been grasped and disseminated" (1). The combination of the imminent threat of destruction and the unreliability of time-tested guides for conduct tends to produce an attitude of fatalism in the individual and pressure to conformity in the group. Chronic anxiety paralyzes initiative—we become preoccupied with what may happen to us rather than with what we can do. It also causes us to cling more tightly to each other and to regard every sign of independence of spirit in an individual as a threat to the survival of the group.

What are the qualities needed to function successfully in such a world? Two may be singled out which are especially relevant to psychotherapy. These are self-confidence and communication skill. From self-confidence springs the initiative and independence of thought which are required if we are to create and apply the new ideas needed to solve mankind's dilemma. Self-confidence includes three related aspects: self-esteem, mastery over one's impulses, and a feeling of mastery over one's environment. Self-esteem or self-respect probably arises initially from perceiving oneself as inspiring respect in others. Later it becomes autonomous, and is perhaps

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best defined by the refrain of a popular song of some years back: "No matter what you say, I still suits me." In more technical terms, signs of self-esteem might be an approximation of one's perceived real self to one's ideal self (2), or the attribution of more favorable than unfavorable qualities to one's self.

The feeling of self-mastery is partly related to absence of strong feelings of, for example, guilt, anxiety, and hate. More importantly, it involves the ability to withstand the onslaught of such feelings, which may at times assail everyone, that is, to let one's self consciously experience these feelings so that they can be resolved without resorting to either neurotic defenses or ill-advised acting out. To the extent that a person has mastered himself in this sense, he has also achieved some feeling of mastery over his social environment. That is, he can withstand attack from others and so maintain an inner freedom from the pressures of the group.

With self-confidence must go ability to communicate, that is, to convey one's own ideas and feelings to others, and understand theirs. This includes capacity to communicate freely with one's self, that is, to have clear awareness of one's own feelings and motives, ability to express what one means so that others receive the message correctly, and ability to perceive without distortion the communications of others.

Self-confidence and communication skill are closely interrelated, and a person must possess both for successful social functioning. The ability to communicate depends on self-confidence in the sense of being able to stand one's ground until one's own feelings and thoughts are clear. Conversely, one's feelings of mastery over the environment and over himself depend directly on his success in getting his ideas across and understanding the position of others.

Among other goals psychotherapy tries to help patients develop self-confidence and communication skills. Psychotherapists have tended to stress the importance of warmth, acceptance, kindly understanding, and similar attitudes in promoting this development. In rightly emphasizing the therapeutic value of these attitudes, however, we sometimes forget that conflict and antagonism, under proper conditions, are important stimuli to personality growth. Conflict can increase self-respect in various ways—through defeating one's opponent, through the discovery of hidden reserves and unsuspected strengths, or that one's convictions may be worth fighting for. Through it we can learn to withstand the pressures of other personalities, and to keep our heads in the face of such emotions as the anger of the bat-

tle, the fear or depression engendered by defeat, and the elation of victory. Defeat, if not too drastic, may strengthen the capacity for self-discipine. Sometimes, if the opponent is right, defeat may lead to a beneficial change in attitude. Conflict situations, under favorable circumstances, also increase communication skills. In them one learns to size up the strengths and weaknesses of others and to assert one's own position in the most effective way. Conflict teaches the skills of compromise, for if there were no disagreements, there would be nothing to compromise about. The ideal outcome of conflict, finally, is a new interpersonal integration between the opponents based on reaching a solution which meets the needs of each better than either of the original solutions whose incompatibility led to the conflict.

Related to these considerations some recent writers have called attention to certain therapeutic values of the therapist's assuming a severe, even angry, attitude under certain conditions (3, 4). In individual therapy, however, the power relationship between therapist and patient severely limits the freedom of motion of both when they are in conflict. Group therapy, in contrast, abounds in conflict situations which can develop freely because the antagonists enjoy roughly equal status. Through observing struggles in therapy groups we have learned that the neurotic, despite his special vulnerabilities, can profit from strife, provided that its intensity does not exceed his tolerance and that the setting has special properties.

In this paper I should like to consider some of the ways in which the antagonism of patients, under the special conditions of the therapeutic group, can contribute to their self-confidence and communication skills. I shall not discuss antagonism to the therapist, which also comes to light more readily in group than in individual therapy, as is well known.

Initially antagonisms between patients are largely based on the contempt that neurotic patients have for each other, arising from their self-contempt. This finds expression in the "peer court" (5) . . . that early period of group development in which members offer advice and admonitions and pass more or less open judgments on each other in terms of conventional norms of behavior and attitude. Patients may come into conflict as they vie for a role which only one can play, such as therapist's favorite, most respected member, sickest member, or group leader. Antagonisms also develop on the basis of real differences in outlook based on differing life experience, as for example, between a colored school teacher and a southern white housewife over racial integration of schools in a

southern city. Or antagonism may arise between patients who attempt to handle a common problem in opposite ways. Allied to this is the antagonism which may arise from mirror reactions (6). Thus in one group a prolonged feud developed between two Jews, one of whom flaunted his Jewishness while the other tried to conceal it. Each finally realized that he was combatting in the other an attitude he repressed in himself. The militant Jew finally admitted that he was disturbed by certain disadvantages of being Jewish and the man who hid his background confessed that he secretly nurtured a certain pride in it. Finally, transference reactions in their multitudinous forms are prolific sources of antagonism.

How does it come about that a group of persons, contemptuous of themselves and each other, often filled with resentments and hostile feelings, and with many opportunities for reinforcing these attitudes in the group, can generate self-respect and develop communication skills? This is brought about, I believe, through the development of a group climate and code which encourage certain attitudes and activities that tend to make conflict useful rather than destructive. In essence these are that everyone is taken seriously, that the group is cohesive, and that communication among members is maintained, no matter how angry they become at each other, in an effort to discover and resolve the sources of antagonism. Forces towards these ends are initially set in motion by the therapist, who strives from the start to develop an atmosphere of free discussion in which the contributions of all are heard respectfully and honest expressions of feeling are encouraged provided the patient uses them as occasions for self-examination. Much depends on the therapist's ability to manifest these attitudes with sufficient strength and clarity so that the group members can learn them from him. Until they have done so, he may try to forestall or mitigate conflicts. Later, when the group code is fully accepted by the members, he neither encourages not discourages expressions of hostility, but tries to help each antagonist use such occasions to gain a better understanding of himself and his opponent. In a sense he supports both parties, while expecting each to assume responsibility for his own behavior.

Reflecting the therapist's attitudes, members begin to take each other seriously. This differs from acceptance in the usual sense in that a positive feeling is not necessarily implied. In the therapeutic group each member has status simply by being there, not by virtue of any particular accomplishment or strength, or because he is likable. On the contrary, the ticket of admission is that one openly admit a weakness, or the existence

of personal problems he has been unable to solve. Furthermore, a member gains status to the extent that he can freely reveal his deficiencies and unacceptable feelings, rather than through his ability to put up a front. These qualities make therapy groups unique forms of group activity in our society, and may, in part, account for their popularity (7).

Being taken seriously by other group members is often a more powerful support to a member's self-respect than being so regarded by the therapist, because he perceives them as more like himself. As one patient put it: "A 'doctor of psychiatry' might be smarter than the average but he lives in his own little world. It is good to have things come from a bunch of guys."

As members listen seriously to each other, the group begins to develop cohesiveness which further enhances the self-confidence of its members. Cohesiveness begins to emerge as each patient discovers that his problems or symptoms are shared by others, with relief of demoralizing feelings of isolation. It progresses to the development of what can best be termed group spirit. Members come to feel that they are in-group, that they are participating in something special from which others are excluded. Although there is, strictly speaking, no common group goal, in that each patient is present solely to help himself, as group spirit develops most members derive an access of self-confidence from seeing other members improve or hearing reports of how other members have successfully tackled a problem in living similar to one which they had failed to master.

Group cohesiveness may be fostered by patients meeting informally without the therapist. They usually begin by stopping for coffee after the group session and occasionally progress to meeting in each other's homes. Though such meetings, which seldom involve all the members, may foster clique formation, they allow patients to establish bonds and test their modes of relating away from the inhibiting eye of the therapist. At the same time, since they occur only under the shadow of the group, in that members are expected to report back to it what transpires in these informal meetings, their divisive aspects are minimized.

It should be emphasized that feelings of being taken seriously and group cohesiveness, though helped by mutual liking, can develop and even increase in the face of considerable antagonism. In this, members of a successful therapy group are like members of a closely knit family who may battle each other, yet derive much support from their family allegiance.

In addition to its seriousness and cohesiveness, the therapeutic group

makes for the useful outcome of conflict situations through its pressure on members to continue communicating despite mutual hostility, with the aim of clarifying their behavior and feelings. As has been pointed out by Newcomb (8), one of the unfortunate effects of hostility is that, by rupturing communication, it prevents the correction of possible misunderstandings on which it may be based. Conversely, if antagonists continue to communicate, not only do they increase their communication skills, but the antagonism itself may be a road to increased mutual understanding and respect.

Communication skills in therapeutic groups are fostered by the expectation that members will continually examine themselves and each other in an effort to bring to clear awareness certain aspects of their functioning. Of these, three may be mentioned. The first is the patient's habitual interpersonal behavior, of which he is often unaware, and its effects on others. For example, in an early group a patient wore a continual sullen frown, so no one spoke to her. It turned out that she was eager to participate, but unaware that her facial expression discouraged the other members from addressing her. Secondly, the group tries to uncover the more or less unconscious or secret wishes and fears that might be motivating a patient's behavior. Finally, it tries to bring to light past experiences which cast light on current behavior and motivations.

In a cohesive group in which members take each other seriously and strive to increase their understanding of themselves and each other, conflicts may enhance the self-esteem of the antagonists in several ways. When patients become angry at each other, this itself may be experienced as a sign that they take each other seriously. In the group setting, furthermore, it is often clear that an attack on a member is directed at some neurotic manifestation, and carries the implication that his attackers are angry with him because they know he can do better. This enhances rather than damages his self-respect. Antagonisms also increase communication skills in that patients learn to remain in mutually useful contact despite their anger.

I should like to give examples of three of the ways in which a conflict in a group can be therapeutically useful. First, the result of a struggle may be to make each antagonist more certain that his position is right for himself and more willing to agree that his opponent's position may be right for him. In the process of agreeing to disagree each has become better acquainted with the reasons for his position and may even discover new and better ones. Each also has discovered that he can successfully withstand pressure from others. The feud between the two Jewish patients already mentioned may serve to illustrate a conflict leading to this type of conclusion.

Secondly, a conflict may lead each antagonist to reveal more and more of himself in an effort to make his position clear to his opponent. This may result in the uncovering and dissolution of the distorted perceptions on which the mutual hostility is based and the emergence of more positive reciprocal feelings.

For example, in one group were two patients who took an instant dislike to each other. One, Hare, was a chronic "drifter", always rebelling against convention and authority. The other, Trojan, said he would have made a good Nazi storm trooper. He was all for obedience, discipline, law and order. When Hare spoke critically of red tape in Government, Trojan asked him whether he thought people should just go their own sweet way. When Hare complained about how unpleasant it was to work in the mess hall in the Army, Trojan wondered whether Hare thought other people should do his work for him. When the doctor asked what was going on, Trojan, who seemed quite uncomfortable, said he was just trying to convince Hare of the values of self-discipline. They sniped at each other a little longer, both obviously ill at ease, and then Hare began to talk about his past—how his parents were separated, how he had no goal in school or in the Army, and how he was just drifting. Trojan listened intently. He seemed especially impressed with Hare's account of his unhappy home life. Then Trojan began to talk about himself. He said that he ran away from home at 16, after he had planned a bank robbery. From then on he had made his own rules for living. Hare laughed and seemed quite pleased that Trojan, instead of being a pillar of society, had rebelled against his family.

This encouraged Trojan to go on. He told how his sisters never got spanked, but he got a thrashing every day, what an inferiority complex he had had at school, and so on. Hare and Trojan had no further fights.

These two patients became uncomfortable quarreling with each other, leading each to tell something about himself in an effort to make the other man understand his attitude better. Trojan discovered that Hare had had a hard time at home too, and wasn't just a chronic malcontent. Hare learned that Trojan had once been a rebel. As a result Hare switched from sniping at Trojan to approving him, and this encouraged Trojan to tell still more about himself.

Since the chief sources of antagonism in our groups are neurotic distortions, usually based on mirror or transference reactions, maintaining communication in the face of antagonism is perhaps the chief means for their correction, as in the example just given.

Thirdly, conflict can lead a patient to experience a beneficial change in attitude through admitting defeat, and modifying himself as his attackers demand. For example, an aloof, intellectualizing group member was subjected to prolonged attack because of his attitude. He typically responded by counter-attacking, until the group, in a particularly forceful attack, finally succeeded in conveying to him that their anger was based on his refusal to let them like him. Although apparently unmoved at the time, he went home, listed all the girls he had known, and realized that every time a girl had shown interest in him he had driven her away. He reported this to the group with a burst of tears at the next meeting, the first time he had wept in years. After this dramatic admission of defeat he continued better able to express his feelings. His next relationship with a girl culminated in a happy marriage. Several years later he still remembered this as the most significant episode in his treatment (9). In such a situation the winners also gain. Their self-confidence is strengthened by the discovery that their views are helpful to someone else. At the same time, they find that their anger is not as destructive as they may have feared.

The potential therapeutic value of conflicts in therapeutic groups differs, of course, for different types of patients. For some, group therapy may be contra-indicated because of its potential for engendering antagonisms. These include excessively timid patients, and, at the other extreme, those who are so aggressive that they cannot be successfully controlled in free discussion. Patients who are moderately timid or over-aggressive, however, can both benefit from antagonisms, though in somewhat different ways. The timid patient may profit by others' accounts of battles conducted successfully outside the group, but more from observing struggles between group members. Through this he comes to learn that expressions of antagonism are frequently followed by greater understanding and emotional closeness as the misunderstandings or distortions underlying the hostility are exposed. He discovers, further, that the group offers many avenues of graceful retreat without having to undergo the humiliation of openly admitting defeat, such as shifting the conversation to another member, or introducing a diversionary topic. Other patients offer various models of behavior under attack which may help him to decide how he would behave. Through vicarious emotional participation he may increase his tolerance for hostility. By these means he may eventually reach the point of being able to venture into the field of battle himself.

The moderately over-aggressive patient, accustomed to blind self-asser-

tion, may discover more acceptable ways of making his points by observing that better controlled behavior in other members leads to a more satisfactory outcome. More commonly, he is held in check initially by finding himself having to take on several members at once. Later he may be especially helped by the therapist and group holding him responsible for exploring the motives for his belligerency.

It must be emphasized, finally, that the successful outcome of hostility in a therapeutic group depends on the creation and maintenance of certain group properties. To the extent that members do not take each other seriously, the group lacks cohesiveness, and there is little pressure towards self-examination, hostility will have damaging results. This is especially true in the formative stages of the group, when it behooves the therapist to forestall or divert expressions of hostile feelings lest members be unduly upset, forced back more solidly into their neurotic defenses, or be driven from the group. Scapegoating of a deviant or outspoken member is especially to be watched for and, if possible, prevented. In a cohesive group with a strong therapeutic climate, however, members seem able to turn even very strong antagonisms to constructive use.

In summary, two especially valuable personality attitudes in today's changing world are self-confidence and communication skill. Psychiatric patients are characteristically deficient in these qualities, and both individual and group psychotherapy try to foster their development. This paper considers only one of the many types of interaction in therapy groups whose therapeutic potential is insufficiently stressed, namely conflict between members. Conflicts in therapeutic groups have many sources, among them patients' contempt for each other, their rivalry for the therapist, real differences in outlook, and neurotically based distorted perceptions of each other. For conflicts to eventuate usefully the members must take each other seriously, the group must be cohesive, and the group code must require that members keep communicating despite hostility. Examples are given of three ways in which conflict under these conditions can be therapeutically helpful: It can strengthen each antagonist's confidence in the correctness of his own position for himself while increasing his appreciation of the rightness of the opponent's view for him, can stimulate antagonists to more successful communication, and can produce a helpful change of attitude in one or more of the contending parties.

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# GROUP THERAPY AS A MEANS OF SELF DISCOVERY FOR PARENTS AND CHILDREN*

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Sometimes we develop pertinent and penetrating insights by listening to the expressions of children and parents who observe relationships with sharpened sensitivity, especially when they reach any crisis in the home or in the school.

"My mother just talks, talks, talks all the time. I think she doesn't even listen to herself," says ten-year-old Tom. "And you never can tell just what she will do next. I sometimes think she is as surprised as any of us when she finds out what she has done."

"That kid is 'way out in space," Tom's father says. "What he needs to learn is the fact that he lives on earth and he's just one of a lot of earth-bound people. He could *listen* to us once in a while. The novelty would do us all a lot of good!"

"Tom bewilders and baffles me," comments the mother. "I am torn in two directions at the same time. I want to do the best I can for Tom but I never seem to be able to reach him. And so we go around and around in circles. And because we can't seem to understand one another, then we blame one another. It is sad and frustrating and emotionally devastating."

Here are three members of a family seeking more effective relationships with one another, but striving to achieve them through an isolated and lonely search. Quite often there is success in experiences to achieve self-awareness through individual psychotherapy. However, sometimes the individual experience seems incomplete. Self-discovery is enhanced by experiencing the self in many different relationships. Each member of a group brings something of value to the experience. It may be the value of highly verbal self-searching. It may be the value of silence. The variability of behavior is ever present and the checks and counter-checks on observations, interpretations, conclusions, offer valuable protection for the maintenance of psychological independence as well as a need to consider conformity.

What is effective help for parents and children who feel that their relationships are deficient and who seek more satisfying and constructive utilization of their capacities to be a family? There have been volumes written about effective parent-child relationships. There have been innu-

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merable "talks to parents" sprinkled generously with polite criticisms, probings, condemnations. The lip-service that describes ideal relationships between parents and children too often is unrealistic and alternately sells short either the intelligence of the parents or the untrammeled wisdom of the young child who observes and listens with the concentration of a neophyte coming into an expanding world of contradictions, inconsistencies, strivings, yearnings, and dreams.

We are going through a period of blame-placing and we are prone to condemn and often attempt to stigmatize the person who is guilty of independent thought, observation, and statement. There is too much emphasis placed upon "expert advice". And so-called psychological diagnosis is sometimes used as a subtle club to dominate the behavior of another person, to condemn the one whose freedom of thought and speech and action has not been sufficiently relegated to the trite conformity that seeps insidiously across our way of life. It is a subtle and vicious kind of conformity; the characteristics of it are veiled by a seeming attempt to be "different, permissive, expressive." The patterned results are often startling in the rigid similarity that one sees in the behavior of people—and especially in the behavior of parents and children and in the kind of relationships that develop between them. They have relegated to an unrealized background their own concepts, values, judgments, and a sense of their pasts in order to be on the popular bandwagon with the acceptable present-day jargon that swings from pole to pole, that has lost individual family identity, that is alike even though it is couched in the popular vocabulary of the times, identical whether it uses the trite, ambiguous terms of permissiveness or discipline, acceptance or rejection, freedom or conformity. We need to be alert to the factors that usurp the intelligence of a family group and destroy independent thoughts and actions which obstruct the development of a family's own moral values and thrusts down upon them a conformity that suffocates self-discovery and threatens the heart of a democracy. In any condemnation of a kind of behavior there is an implicit prescription of a different kind of behavior that the critic seeks to bring about. Who decides what kind of behavior and thought is best for any individual or group? And for what purpose does any person attempt to superimpose his way of life upon another?

Who among us does not shudder at the present-day use of the term "permissiveness"? This is an example of the rigid conformity "to be different." And when we take the time to look about us there is a dishearten-

ing sameness about the differences so avidly sought. A while back, there was much talk about permissiveness, acceptance, and respect for the individual. There has been great emphasis placed upon the value of expressing one's feelings. There has been a tremendous outcry for individual freedom. But something has happened to these concepts that has changed decisively the purposeful meanings of the words. There is a very important part of these concepts that sometimes becomes obscure. We laugh at the jokes about permissiveness—about the child who complainingly asks his teacher, "But do I *have* to do just what I want to do today?" We throw around the terms "acceptance" and "respect" as though, when we have exhausted our supply of such feelings, we can run down to the nearest supermarket and obtain a fresh supply. Occasionally, we are jolted when we discover through some personal experience that acceptance is not something that one gives to another person. Acceptance is a feeling that abides within the individual who experiences it. Self-respect is something that grows deeply within the individual's self-awareness and self-discovery. Acceptance and respect are not commodities that we dole out to people when we think they are needed. They may be achieved by a cooperative effort to obtain self-understanding, and by granting others this same right to deeply personal experiences. We can hope to establish relationships with others that may result in conveying to them a feeling of acceptance and respect. However, it grows out of a genuine, sincere interest in the other person and a sensitivity to the rights and capacities of the other person to be an individual and to be able to assume the responsibility for himself. It is not something we give to another person. It is not something we do to another person. It is the end product of the kind of self-searching that leads to ever-increasing self-discovery of the capacities and the responsibilities of one's self. The individuals who are sometimes able to communicate these feelings to another are seldom consciously trying to do so. When one proclaims that he is accepting of others, then perhaps he is self-consciously aware of his limitations in this respect, because one seems to talk more when one ceases to be on understanding terms with oneself.

We have the opportunity in group therapy experiences to present multiple avenues of approach so that the members of the group have a choice of participation and a system of checks and balances that challenge them to examine and re-examine their own concepts, values, experiences. By their very presence, they are making a contribution to the group's experience. And since no one can make any kind of contribution without becoming

personally involved in the situation, the necessity of drawing conclusions and making choices is ever-present. A group therapy experience seems to emphasize the difference between the expression of feelings for the sake of catharsis and the useful expression of feelings that goes beyond the status quo and brings about significant personal involvement. The useful expression of feelings extends beyond the individual to the relationships that exist, change, develop between people.

One of the crucial problems of our times is the constructive resolution of adjustment between parents and children. There is a continuing need for all of us to increase our understanding of one another. It is extremely important to learn that we understand others in direct proportion to the degree to which we understand ourselves. Too often we project attitudes, thoughts, feelings, values, judgments in ignorance of the right ownership of those labels that we would tie upon those people whose differences from us constitute the kind of threat that forces us to become defensive. It is sometimes stated that a parent is "rejecting" or "hostile" or "inadequate". Sometimes it is claimed that a child is "aggressive" or "seriously withdrawn" or "the victims of his parents". Such diagnostic labels are stereotypes and are as inaccurate as they are projective. Human behavior defies stereotyped, segmented labels. It is far too complex and dynamic to be tied down with such sterile, cryptic commentary. Human behavior is always an inseparable part of relationships with others. There is always tremendous variation in feelings, perceptions, and behavior within each individual. And the variations are expressed in multiple ways.

Group therapy is an experience for a group of people where there can be more precise and detached discussions, where there can be acting out and acting within, where there can be a referral back to one's self and others for checks against errors of interpretation and suggestions and direction of feeling. The leader of the group is also a member of the group no matter what role he chooses to play. Like everyone else present, his behavior in the situation is determined by his perceptions, goals, personal philosophy, present understandings, and personality. He should be as free to develop new concepts and approaches in his relationship with the group as any member in that group. There is still far more to be discovered, about the learning process than has at this time been demonstrated by all the theories and research in the field of learning. We learn by our cooperative efforts and understand ourselves and one another.

Group therapy for parents and children is just one other way of at-

tempting to help parents, children, and therapists to achieve a more functional and individual understanding. Many times parents seek help in achieving a better understanding of their child. Two questions are always blazing out in front of the threshold of their inquiry: *"What is wrong with him?"* and *"What shall I do?"* If one *could* answer the questions, this would be no solution to the problem of achieving the degree of self-awareness that is the foundation of interpersonal relationships. Parents sometimes seek the kind of answers to these questions that relieve them of the responsibility of relating effectively with their child. There are many ingenious methods utilized to assist the parents in discovering the part they play in the development of attitudes and feelings that influence behavior. There are some discrepancies in the perceptions of therapists when they are confronted with the problems of a parent and of a child. The same therapist who would be delighted if the child in a play therapy session sought out repeatedly the mother and father dolls and drowned them, beheaded them, or buried them under a mountain of sand with or without verbal accompaniment are discouraged and frustrated at the parent who would verbally take his child apart. The parent often sees the difficulty as a problem that resides in the child. The therapist often sees the problem as a woeful lack of self-insight on the part of the parent. This has been one of the most difficult problems in the area of parent-child relationships. It is not one that is readily solved by words alone. Many child guidance centers will not accept a child in treatment unless the parent is willing to undergo treatment at the same time. This is based upon a rather naive assumption that undergoing treatment in order to attain psychotherapy for the child will consequently be a therapeutic experience for the parent so involved. And there is evidence that a child can be helped effectively and lastingly even though the child is the only one who receives therapy. Changes in the child often bring about desirable changes in the attitudes and behavior of the parents toward the child. Our observations also seem to indicate that children respond more readily to an effective therapeutic experience than do adults—perhaps because a child is closer to the emotionalized insights and experiences that are a part of successful therapy. A child experiencing competent therapy is seldom resistive. He rushes out eagerly to meet each new experience—and does so when confronted with a therapeutic experience. There are few forces in therapy that are as potent and as subtle as resistance—and rightfully so, if someone is seeking to force change upon an individual who does not request it, see the need for it, or want it. It calls

to mind those basic questions: Who decides what kind of behavior and thought is best for any individual or group? For what purpose does anyone seek to superimpose his way of life upon another?

Sometimes it is a very revealing and helpful experience for the therapist to meet with the parents and children in the playroom. After a period of stilted, ill-at-ease conversations—or silences—there develops the kind of group experience that often results in the discovery of understanding and capacity within oneself that can be utilized for the development of more effective relationships with others. We can take case histories until the sides of the files bulge out but we can learn more by meeting with the parents and children in the playroom for a series of interviews. There the therapist becomes a part of the family's group experience and interacts with them in a situation that includes some elements of threat and tension. The sensitive therapist experiences a more marked degree of empathy because the therapist, also, is experiencing with the family unit a unique kind of relationship. Such an experience is not recommended for the therapist who feels the need to be an authority figure, or a parent substitute, or a permissive if-it-kills-me adult. The therapist, in such a situation, tries to relate to the family unit impartially, to communicate with them meaningfully, to attempt to understand the essence of the experience for all of the individuals in the group, and to become a participating member in the group in the hope of facilitating the kind of interaction that is conducive of a significant learning experience.

It is not the primary purpose of the therapist to be diagnostically watching and interpreting the behavior observed. In fact, the success of this type of interviewing depends upon a high degree of honest inquiry that restricts premature, hasty, and often inaccurate conclusions. It is based upon the premise that behavior is a changing condition and that the impact of many, many factors influence the reactions of the individuals involved. It is based upon the theoretical position that *all experience* is significant to the individual, that a person has an amazing amount of strengths and inner resources to counteract attacks upon his personality, that personal experiences are continuing, cumulative, and ever-changing. It is a theoretical position that repudiates the concepts that certain, isolated relationships and experiences stand out above all others in a static and paralyzing way. It replaces these concepts with the hypothesis that all behavior is significant and that every experience adds something to the total personality. It recognizes that change is continuous and evolutionary, and that

yesterday's question and answer is not sufficient for today. It is a theoretical position that does not accept as an adequate answer the trite and oversimplified explanations of certain kinds of behavior as due to the fact that an individual in unhappy distress is that way because he "hated his father" is "fearful of authority figures because once upon a time he was bitten by an authority figure", has "a need to punish himself", has an "Oedipus complex", or some "oral or anal fixation", or "castration fears", or any one of a dozen such phrases that have been used, and re-used, and misused to explain away present-day causes of behavior, with the implication that present experience cannot begin to approach in significance what happened in early childhood. It might be embarrassing to ask "Then *why* any psychotherapy, or education, or relationships of any kind?" If the door is closed and locked, who then, has the key?

If a person is irrevocably harmed by the experiences he had before he was seven then what *is* the nature of man's intelligence and experience? It would seem to be contrary to observable laws of nature that govern all living matter. Even a stone changes with time. We cling to the old concepts because our lagging knowledge has not jerked us up out of a familiar rut with sufficient jolt to stimulate us to seek more understanding.

In psychotherapy, education, and social relations we have not adequately utilized the resources within mankind because we do not have sufficient knowledge and understanding of the dynamics of behavior and the development of personality. We need to substitute for the trite and indifferent concept of research-for-the-sake-of-the-research-design, the kind of research that seeks the truth wherever it may be found. We need to be willing to sacrifice a narrow concept of research if necessary to get at the basic truths about human behavior. We need to free ourselves of the fetters of the old, familiar way and be willing to investigate new methods and new tools with which to dig out contradictory questions for hypothesis, to analyze contradictory data, and be willing, if need be, to forsake research folklore and to replace it with the means devised by the best inventive genius that dares to look beyond the tried and familiar, and who is willing to risk the criticisms aimed at anyone who dares to be different and who might occasionally take pot shots at someone's sacred cows.

In any kind of endeavor we can only lead an individual to the threshold of his own knowledge and let him enter therein, carrying with him the responsibility and individualism that seriously needs to be reconsidered.

The entire field of psychotherapy, and notably of group therapy, has pre-

sented an encouraging display of the willingness to try out new methods and procedures. There is an opportunity to have honest differences of opinion about various approaches. There is an attempt to try to achieve a mutual respect that promotes honest inquiry without marring it with a defensiveness that tries to maintain a status quo. We are gratified that differing therapeutic procedures have growing ground in many places and that man's right to knowledge and the free use thereof is basic to the development in any field of human endeavor. This basic right is achieved by man's discovery of himself as a person capable of understanding that knowledge, and responsible in the deepest sense of the word for the freedom to use it.

These are concepts that are not taught by rote. They are experiences that are learned as a result of a deep and meaningful and personal experience. Then it ceases to be important to know "what is wrong" with us and "what should we do". We have substituted living for the escape in speculation. And so Tom, in the playroom with his parents, can act and interact with all the others present in that playroom, can handle the toys, can think and feel and experience himself in different kinds of relationships. Then Tom can say with a newly found courage, "There's more to this than what everybody says now. Talk doesn't do much good. Everybody in my family just talks and talks and nobody ever says anything. It's just that I'm ten years old and I've never been ten years old before and I'll never be ten years old again and I want to be free to be me."

After a long, thoughtful pause, Tom's father replies, "I guess sometimes we forget what's it's like, Tom. I remember when I was ten."

"You *do?*" Tom asks in disbelief.

"Yes," his father replies. "Or maybe I should say I have just now remembered. I wanted to fly."

"You wanted to be a space man?" Tom asks eagerly.

"No," his father replies. "I guess, maybe, that's the trouble. There weren't any space men when I was a kid. Just a rickety, black, broken umbrella and a low, safe shed to jump off."

"Oh," Tom says. Then he adds encouragingly, "But today there are. Space men and rockets and flying saucers out into space."

"Yes," Tom's mother says after a pause. "And perhaps we should all remember that none of us have ever been this age before and we will never be again."

This is not something one could tell their family, if indeed, one even thought of it. It is self-discovered and because of that has personal significance that makes it a functional part of the person's experience.

Seven year old Nick discovers something about himself in the playroom, and because he shares it with his parents, they too catch a bit of the hope and courage that is the child's. Nick was blind and as a result he had been the victim of over-protection. In the beginning sessions, the parents, especially the mother, had been solicitous about him, had handed him toys, told him what to do with them. Finally, the group experience relieved much of the mother's manipulations. On the way to the playroom, she would quickly tell him what she expected from him in the playroom. "Don't play with the guns. Don't throw the sand. Don't mess too much in the water." The therapist did not interfere. The therapist behaved in her way and let each one present do likewise. This verbal barrage continued until the day Nick walked down the hall and into the playroom. As he stepped across the threshold he said "Now for *one* hour, Mom, shut up!" And the understanding she gained from that was worth all the advice and suggestions and little talks to parents in the world.

Then one day Nick talked about himself, how it hurt his feelings when people called him dumb and stupid and blind.

"But you're not stupid," his mother said. "It's just that you don't do what you're told."

"But it hurts your feelings when people say you are stupid and dumb?" asked the therapist.

"Oh, yes," said Nick, pressing his hand against his heart. "Deep in here. Because there are lots of things I can do. I'm really not dumb. I know so many things. Do you think I'm dumb?" he asked the therapist, wistfully.

"You don't think you're dumb, do you?" the therapist answered. "You know so many things."

"Yes," said Nick. "I know lots of things. In fact, *I* think I'm pretty smart."

"Oh," said the therapist. "When you stop to think about it, you think you're pretty smart?"

Nick walked over to the therapist, placed his hand on her shoulder, and said in a very serious voice, "I can't tell you how much I value your opinion!"

And everyone present in that playroom experienced and shared a bit of the glory that little Nick felt at his self discovery.

We can lead them to the threshold of their own knowledge but they must enter it alone.

# A GROUP THERAPY AND PSYCHODRAMA APPROACH WITH ADOLESCENT DRUG ADDICTS

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"There is something missing in me and I don't know what it is. Maybe I'll be a junky the rest of my life."**

"Even if you're trying to stay away from the stuff, you have a hard time turning down a buddy if he offers you a fix. After all, he's doing it to show his friendship. You can't turn a friend down."

"You never tell your mother you're using drugs, even though you know she knows it. It would be defying her and destroy her confidence in you."

These statements made by the adolescent drug addicts with whom this report deals, serve to introduce the reader to some of the many problems confronting the therapist (individual or group) who is engaged in the treatment of this group of patients. The feelings of inadequacy and despair, confused loyalties, distorted moralistic reasoning, exemplify some of the deep disturbances of the addict.

In this paper, I intend to report on several aspects of a group therapy program with four male drug addicts ranging in age from 19 to 21. The use of psychodrama technique will be considered. The patients are at Riverside Hospital, the unique center that is devoted to the treatment of the adolescent drug users. These four patients represent a diagnostic cross-section of the Riverside Hospital patient population. Since we have to deal with patients, who, for the most part, present severe psychopathological disturbance, complicated by the factor of drug addiction, the demands of the treatment situation can not be minimized. The verbatim excerpts that are presented from group therapy sessions serve to demonstrate that these

* Riverside Hospital on North Brother Island, New York City, is a treatment and research center for drug users under 21 years of age. It is established under provisions of the New York State Public Health Law, Section 439-a.

** The colorful language used by the addict has great significance in terms of fostering and maintaining in-group feeling. Analysis of the symbolic aspects of the words would constitute an interesting and significant study. The following words that appear in this paper are used as substitutes for the words, drugs, or dope: junk, stuff, smack, doogie. A dose or "shot" of drugs is referred to as a fix. To administer the drug is to shoot up, or to be turned on. The euphoric feeling under the influence of the drug is described as being high.

patients are capable of involvement in this type of therapeutic experience. Material concerning the following will be presented and discussed: 1) Escape from anxiety through use of drugs; 2) Handling of feelings of hostility; 3) Reality distortions; 4) Psycho-dramatic acting out of feelings about treatment.

It is not the purpose of this paper to deal with the problem of organization and structure of the group, difficult problems that required considerable planning, thought, and trial and error experience. It should be noted, however, that these patients, all of whom have an assignment with an individual therapist, present a clinical picture of marked isolation, inability to communicate effectively, and extreme suspiciousness. The diagnoses in the four cases were: H.W: Character Disorder with Psychopathic and Schizoid features; P.H.: Schizoid Personality; L.W.: Inadequate Personality with Schizoid features; S.T.: Schizophrenic Reaction, Chronic Undifferentiated Type.

The addict's attempt to effect more tolerable, comfortable, and meaningful interpersonal relations, curiously enough, leads to the use of drugs. In a sense, the drug (heroin) serves as a self-administered therapy, instrumental in enabling the patient to enter situations in terms of evoking the tremendous feelings of inadequacy that he experiences. An excerpt from a group session gives some insight into this observation:

L.W.: "When I get up in the morning, I start getting that empty feeling inside of me. I just want to pull the covers over my head and go back to sleep. I start thinking about what I'm going to do, that I ain't interested in anything. I hate to think of the boredom and monotony that is ahead of me. Even when I'm working I feel that way. But when I would feel that way at work, I would shoot up. Sometimes I'd need two shots during the day. I used to think I could work better then because I wouldn't feel so tense."

H.W.: "If we had decent jobs and could keep busy all the time, we wouldn't think about using drugs."

P.H.: "Well, I had a job, and not a bad one. Still and all, I kept thinking of using smack even though the job was all right. I could be going along working and trying to use my will power to stay off the stuff, but before I'd know it, I'd be looking for someone to turn on me."

L.W.: "It's not just a job. I feel like P. feels. It's like something you need to fill that empty feeling inside. Take when you go to a dance. You just ain't the same with a girl when you don't have some smack with

you. Everybody is watching you when you ask her to dance with you, and man, when she turns you down you really feel bad, unless you're high."

H.W.: "I don't even ask a girl to dance with me unless I'm high."

S.T.: "It's like this. You want to dance with some nice chick. You sit, or stand around half the night thinking of asking her to dance. Then you decide not to. One time I asked some girl to dance and she turned me down. I felt bad, I made believe I really had walked across the floor to get a drink of water. Then one time when I was high, this girl turns me down. I told her she wasn't such hot stuff anyway. Even though she turned me down, I didn't feel hurt. That's what doogie does for you. You don't care what happens to you. Nothing bothers you."

As we might expect, the addicts' major difficulties in relating to others derive from a poor, guilt-laden, extremely dependent, infantile relationship with their parents, usually with the mother. The following excerpts illustrate this:

L.W.: "Sometimes I just feel lonely. No one to talk to. No one around that understands me."

P.H.: "Yeh, and you can't tell your mother how you feel. She thinks you're a good little boy, her baby. If you do something wrong, all she does is nag you."

H.W.: "My mother is that way, but my old man is even worse. He doesn't care about me at all."

*(At this point in the session the group talked about parents and then L.W. formulated the general thinking about the inability to communicate with parents.) He stated:*

L.W.: "You never tell your mother you are using drugs even though you know she knows it. It would be defying her and destroy her confidence in you."

P.H.: "The trouble is that my mother thinks I'm one way, the way she would like to think that I am; but the fact is I'm different. I'm no angel."

L.W.: "Mom thinks of me as her little baby too. She doesn't want to see me grow up."

S.T.: "My old lady thinks of me like that too. She thinks I'm influenced by bad company. She don't realize I use stuff because I go out and look for it. Nobody is jabbing a needle in my arm."

The carry-over of previous feelings and experiences into the group situation gives the therapist an index of the therapeutic involvement of the

patients in the group experience. Direct and underlying hostilities, suspiciousness, distorted attitudes toward the therapist and treatment, all falling perhaps under the general heading of transference material, is dealt with by the group in the following excerpts:

H.W.: "You people try to look at us impersonally. You're not supposed to get personally involved. That's O.K. with me, but then how come you want to know so much about our personal problems? Nobody cares to talk about themself to somebody else when it comes to real personal problems. I don't want to be judged by someone else."

S.T.: "H. is right, man. You pull a guy's covers and find out all his bad points. Then you say you are helping us. A stud puts himself in an embarrassing position that way.

P.H.: "Still if you want to be able to get along better and understand yourself, you got to talk to someone. I remember all the times I used to want to talk to someone, but there was no one around to understand me."

S.T.: "You got to learn to rely on yourself, man. No one can tell you what's happening but yourself."

P.H.: "That ain't true. Like take here in this. You know what's happening with me because you went through what I did."

H.W.: "That's a funny thing. Like I couldn't talk about myself to my doctor. I thought everything I did and thought was different. Then I hear you guys come up with thoughts like mine. I think this is helping me. No one is asking me personal questions. I can say what I want to say and not feel like I'm being judged."

L.W.: "I used to think no one could feel like I did. You know, that empty feeling, and being depressed. I couldn't talk about it."

S.T.: "Yeh, that happens to me a lot, that getting depressed and having moods."

THERAPIST: "When you say depressed, I wonder if you could describe more fully what you mean, and when you get that feeling?"

Psychodrama techniques have enabled the therapist to get fuller expression of feelings, and attitudes toward self, toward others, toward treatment, and to encourage freer interaction between group members. As a member of a group, the addict is remarkably isolated, and unto himself. He has been this way at home, in the street gang where he is usually a fringe member of the group, and in social situations where he is usually only peripherally involved.

The interaction in the psychodrama situations has been most promising in terms of enabling the addict to gain greater awareness of his distortions and expectations in his interpersonal relationships. The therapist, when appropriate, has assigned roles to various group members in situations ranging from the first interview, interplay between mother and patient in various anxiety provoking situations, negotiations with a pusher when looking for drugs, to attitudes and feelings when taking drugs. Patients are assigned roles by the therapist, more or less on the spot. The following situation illustrates the unfolding of a psychodramatic situation in the course of a session. The group is discussing treatment in an animated fashion. Patient H.W. belligerently and sarcastically addresses therapist:

H.W.: "All right. Suppose I did come in to my therapist, sat down and said, 'I got it all figured out. I know what's wrong with me. My mother always gave me . . ."

THERAPIST: (*interrupting H.W.*) "All right. Suppose you did come in and wanted to talk like that. What would happen? You're the patient and (*pointing to S.T.*) you're the therapist."

S.T. (*Assuming an alert posture, immediately puts himself in the therapist's role.*) "Hello, H., how are you feeling today?"

H.W.: (*still sarcastically, but increasingly angry as he goes along*) "'Well, I figured everything out. I know what's wrong with me. My mother always gave me everything. She spoiled me. My old man never gave a damn about me. He resents me and would rather not have me around. He's a no good bastard! Both of them ruined me. My mother spoiled me. My father hated me. That's why I'm a drug addict." (*H.W. concludes with a sneer. Therapist is aware that H.W. is dealing with his personal situation in a most insightful way, but that he is attempting to give the impression to himself and the group that the material is being 'made up' for the purpose of the hypothetical situation he is presenting. His anger shows intense feeling about the material, and this is noted by the therapist to be dealt with further in individual treatment.*)

S.T.: (*already confused as to his role*) "Man, you mean your parents are all that bad? That can't be."

H.W.: "That's the way it is, and I know it. I know it and you know it. But so what?"

S.T.: (*regaining his composure*) "Well, let's talk more about it. Why do you feel that way about your parents?"

H.W.: (*getting agitated*) "What difference does it make why I feel that way? That's the way it is. Can't you understand anything?"

S.T.: (*returning H.'s aggressive assault*) "Man, no one can feel his parents are all that bad. You're stupid!"

H.W.: "I'm stupid just because you can't understand me? I can't get any help from you!"

*Group discussion, and critique of the interview followed. In this case the observers felt that S.T. had not allowed H.W. to express himself, that he had no right to call H.W. stupid.*

P.H.: People don't like to be told they are stupid. I know that I don't."

L.W.: "When someone says that to me I know they don't understand me. I used to think I was stupid and was ashamed."

S.T.: "But the therapist should tell you the truth. No beating around the bush. If you say something stupid, he should tell you."

In conclusion this report has dealt with a group therapy program with four adolescent drug addicts. It was felt, at the outset, that the patient's strivings toward greater social flexibility, interpersonal and self-awareness could be enhanced by involvement in this program. Psychodrama techniques have been instrumental in eliciting feelings about self, others, the environment, and treatment.

In this account in which some of the problems of the addict have been discussed, the importance of overcoming the movement toward withdrawal and isolation, ultimately expressed by the patient's use of drugs, can readily be seen. A meaningful, vital group therapy program is believed to be an effective tool in counteracting these basically self-defeating defensive operations.

## Summary

Since the addict is a basically withdrawn, suspicious individual who exhibits difficulty in communicatng, a group approach was viewed as one in which the individual patient would be encouraged to express himself through sharing of mutual experiences with other patients. This effort carried on simultaneously with individual therapeutic involvement with each patient, proved of valuè in counter-acting the patient's movement toward isolation, and was instrumental in bringing them into meaningful contact with their peers.

The group therapy approach provided insight for both therapist and patients, into the interpersonal operations of the addict. Some of the operations discussed in this paper and dealt with in the group include:

1) Escape from anxiety and feelings of inadequacy, through use of drugs.
2) Inability to handle feelings of hostility toward authority, due to extremely dependent, guilt laden relationship with parent (mother).
3) Distorted carry over of hostile, suspicious feelings into the therapeutic situation (transference).

Psychodrama techniques which have been utilized by the therapist, have proven helpful in eliciting feelings about treatment, and in bringing the patients into fuller participation in the therapy sessions.

The writer feels that group therapy methods of treatment of addicts offer hopeful potentialities in terms of reaching this difficult group of patients and in terms of enhancing the patients' chances for improved personal and community adjustment.

## COMMENTS

## PLAN OF DISCUSSION

J. L. MORENO

The third group session consists of eight psychiatrists, psychologists and sociologists, Drs. H. L. Ansbacher, Robert R. Blake, John M. Butler, Rudolf Dreikurs, W. Lynn Smith, Walter Bromberg, J. L. Moreno and Serge Lebovici.

The most outstanding characteristic of the psychiatric revolution now on the way is that the problem has changed. The cardinal problem of our time is not the psychopathology of the pathological individuals—the mental patients and the criminals—the cardinal problem is the *"pathology of the normal group"*. Mental patients and criminals are small minorities which are put away into the safety of prisons and insane asylums. It is the *normal group* which is responsible for the general social and moral decay, for the wars and revolutions which have proven to be unconstructive and unable to fulfill the promises its leaders make. Because of the pathology of the normal groups everywhere and in all strata of society new instruments had to be developed, instruments like psychodrama, sociodrama, role playing, group psychotherapy became necessary, which are constructed sui generis, especially adapted to the requirements of the normal group, and not borrowed from the treatment of abnormal individuals. It is not pathology "applied". This principle must be carried out to its extreme. It is necessary, although it means a total reversal of position for psychiatry and mental hygiene as it was viewed a few decades ago. It is the therapeutic imperative of the twentieth century. All our efforts have to be focussed on the *treatment of the normal communities* instead of paying exclusive attention to patients in the mental hospitals. The most outstanding feature of this novel psychiatric revolution is that it is not only preachment; it is not satisfied only with the construction of "goals" and "ideals," elegantly presented in books, but it has developed specific instruments and methods of action. These instruments and methods have at last reached the overt attention of the official psychiatric and governmental agencies in the United States. It is expressed in the fact that community clinics are now officially organized with state aid in all the counties of the State of New York and in numerous other states. It is the result of the persistent effort of pioneers, of the mental health clinics, the therapeutic group (Stegreif) thea-

tre in Vienna of 1923, Adler's consultation Polyclinic in Vienna, the Impromptu Group Theatre of 1929 in New York, the Psychodramatic Institutes in Beacon and New York City, since 1938 and 1942 respectively and since then numerous others. This trend now in the stage of official testing in many places is bound to lead to the next important step, *the organization of therapeutic communities* in the midst of the larger community itself.

This movement has been so infectious that it has influenced the developments of many of the individual schools, the schools of Rank, of Adler, Horney, Sullivan, who have made a total about-face and have been forced to integrate into their teachings group psychotherapy and acting out methods like role playing and psychodrama. There is everywhere a healthy eclectic tendency towards acculturation of the new ideas and an overhauling of the old.

## "THE SIGNIFICANCE OF THE THERAPEUTIC FORMAT AND THE PLACE OF ACTING OUT IN PSYCHOTHERAPY"

WALTER BROMBERG

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The present installment of Dr. Moreno's re-evaluation of the various modalities in psychotherapy contains a frontal attack on the philosophy of psychoanalysis. It is not so named specifically, but his XI hypotheses which resulted from subjecting the psychoanalytic procedure to careful scrutiny in relation to how the analytic situation has limited and defined the transactions occurring between patient and therapist, state that Freud's methods have stultified the growth of psychotherapy. From the vantage point in the present era it is clear that Freud's dread of acting-out was one of the determinants of development of the free association method. This development with other aspects of the treatment—such as the couch—itself had many determinants, notably historical ones. One could speculate endlessly on the social and cultural factors which evolved out of four millennia of priest-magi-doctor patient relationship as it came to assume a superior-subordinate axis.

Actually the history of psychotherapy shows clearly that the progress of the doctor from his ancient priest-caste position to that of the modern psychotherapist has not lost the overtones of omnipotence and deification that are projected to him by the patient and assumed by him as a birth-

right. Yet in spite of the carryover of inherent, and largely unconscious, omnipotence elements into modern psychotherapy, radical changes are evident. Democratization has spread to the doctor-patient relation with the result that a revolution in the relative psychological positions of the two members of the therapeutic dyad is being achieved. In this revolution, psychodrama has come to represent a leavening influence in loosening psychological bonds so intimately yet tenuously connected with the religious ideology in which western civilization has been nurtured.

This is the main significance to this reviewer of Moreno's attack on psychoanalysis. There are other meanings too which deal with the place of action as a form of psychological currency and reflections in the symbolic versus discursive presentation of ideas and feelings among human beings. The whole problem of whether a patient can completely or adequately verbalize his feelings and inner conflicts has never been studied systematically. In this connection it may well be that the final direction of psychotherapy in this generation and future generations may take the course implied as well as outlined in Moreno's work in action therapy.

More work needs to be done clinically in this area, for there is resistance to acting-out encountered in patients nurtured in the accepted frame of reference of a doctor-patient relationship. Perhaps the findings of psychoanalytic works can be utilized in the future within the framework of action therapy. All in all, Moreno's re-casting of the psychotherapeutic situation and his fearless investigation of its meaning is most refreshing and now that it has been enunciated, his observations seem to be quite natural and plausible.

## FORMAT AND ACTING OUT IN PSYCHOTHERAPY

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Many psychotherapists, especially in large institutions, have been compelled, and with considerable reluctance, to adopt other than traditional therapeutic approaches in an attempt to reach their treatment goals. Those of us faced with high case load have been forced to relinquish our idealistic notions regarding intensive individual therapy and face the reality of the problem. In dealing with increasing case load, we have been required to resort to innovations of group psychotherapy and psychodrama. The re-

sponse to these innovations, from certain circles, was the inquisitors' cry of HERESY! You are not counting the beads properly. Without the ritual there can be no religion! The initial indignation of the skeptics has cooled somewhat, but the red-thread of crystallized attitude is that this is perhaps at best a stop-gap measure.

Today we are a process of tremendous economic change. We are not heading into a future age of automation, we are already in it. The same can be said for psychotherapy. Economically, we can not afford to plough back any higher percentage of our dollar into capital investment—our only hope is to use what we have more efficiently. This is an answer to inflationary pressures (2). Haven't we found ourselves in the same predicament in psychotherapy? A steadily rising population has created an increasing case load to be treated by the same limited number of trained personnel. The overall effectiveness of the psychotherapist has been steadily reduced. In therapy, as well as in industry, we have been forced to increase our efficiency with innovations. Is it at all surprising that similar results can be produced in psychotherapy by improvising and emphasizing certain operations while de-emphasizing or even discarding others? We are not beginning a new era for the history of psychotherapy, we are already involved in it.

Moreno has launched a technological revolution in psychotherapy. By isolating, clarifying, and utilizing the most plaguing problem, the problem of acting out, he has contributed perhaps the most original and profound change in the theory and technique of psychotherapy since its incipience (4). Moreno, although undoubtedly aware of the social implications involved in his ingenious discovery, has omitted any mention of them. These implications should be explicitly stated. Not only is psychotherapy made possible to more patients in general, but a therapeutic procedure is designed for the acting out patient in particular.

The genesis of acting out is admirably described by Johnson and Szurek (3) as follows:

> By means of collaborative therapy of children and parents, the authors have observed that the parents may unwittingly seduce the child into acting out the parents' own poorly integrated forbidden impulses, thereby achieving vicarious gratification. A specific superego defect in the child is seen as a duplication of a similar distortion in the organization of a parent's own personality. The outcome is doubly destructive toward the child's and the parent's ego organization, unless adequate therapy is provided.

And what therapeutic approach is deemed adequate? The authors give us no definitive answer to this question. Their psychoanalytic approach, even in its modified form, has little to offer. The format does not provide acting out facilities although the patient has learned to act out and has capitalized on this process. The specific superego defect referred to is not that he does not have an internalized value system but that his value system is of a different quality. Structurally, instead of referring to superego lacunae, one could just as well refer to these inconsistencies as superego protuberances. From a therapeutic perspective (the patient's) this is more meaningful. Since the acting out characters are so adept at interpreting others' actions and are so skillful at manipulating others it would seem far more valuable and consistent to turn the ordinary disadvantage into a distinct advantage. Thus, the psychopathic verbal fluency and semantic deficiencies can be minimized while capitalizing on a different but more potent medium of "controlled acting out", which, in this particular patient's terms, and in psychodrama, is an asset not a liability. Psychodrama, of course, involves verbal communication; however, the problem here is clearly one of shifted emphasis. Moreno's Hypotheses VI, VII and VIII are therapeutically sound, for the satisfaction of "act hunger" in a legitimate controlled expressive situation has many admirable features. Apparently Moreno with somewhat different methods, has answered the requisites of Alexander and French: (1) "Reexperiencing the old, unsettled conflict *but with a new ending* is the secret of every penetrating therapeutic result".

Communication has been regarded as the basic process in psychotherapy (5). Communication, of course, can take place through varied media and at different levels. Morris (6) for one has insisted we recognize the importance of signs other than those produced by voice and ear. It is established that before the child learns the language of words as a means to communicate in the adult world, the infant has been making associations in the language of inarticulated sounds and gestures. Or as Moreno says, *"the act is prior to the word and includes it"* (4).

The verbal medium is not necessarily the only or most productive communication method in psychotherapy. Individual differences in patient and problems are being disregarded in the psychoanalytic format because of this particular bias or presupposition regarding communication. Although other media are recognized, the verbal medium remains for them the major, acceptable communication form. Hypothesis IV must be accepted into our therapeutic framework, but with the additional qualifying phrase "with

patients with certain disorders", for acting out is a most effective communicative and cathartic method for certain persons with character disorders, some types of compulsive disturbances, most hysterical tendencies, but not necessarily for all patients and all syndromes.

To repeat, we are not beginning a new era for the history of psychotherapy, we are already involved in it. We are now in the period where psychotherapy will be characterized by a coordination of approaches, where adequate treatment will never be represented by just one approach alone. The effective therapeutic technique with the acting out disorders will be a coordination of individual and group therapy to establish and strengthen identification patterns, and a utilization of psychodrama to create and maintain anxiety balance, and provide the frontal attack on characteristic roles and action patterns of adjustment.

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## A FEW REMARKS ABOUT THE POINTS PROPOSED FOR DISCUSSION BY DR. MORENO

1.—About "Tele"
2.—About the Functions of the Unconscious in Therapy
3.—About Acting Out

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It is with great pleasure that I welcome the initiative Dr. Moreno is taking when he opens a real forum for discussion in the review "Group Psychotherapy", thus enabling representatives of various schools of thought

to compare their points of view. This group discussion is all the more noteworthy since it takes place on an international level. I have heard Dr. Moreno on several occasions when he was in Paris, and I agree with him that, at the present stage of development of the various theories and techniques in psychotherapy, a joint scrutiny is necessary.

In any case, it seems to me most interesting to note that such scrutiny is always linked with the development of psychoanalytical concepts. With Dr. Nacht, I have shown on another occasion[1] that this is inevitable for several reasons:

1.—Psychoanalytical theory is the theory prevailing in psychotherapy.

2.—Psychoanalysts do not practice only psychoanalysis; they also use techniques of psychoanalytical tendency or techniques seemingly different which they compare with their knowledge of psychoanalysis.[2]

3.—Psychotherapists who claim to be completely outside the realm of psychoanalytical experience, actually do draw constantly on its hypotheses and upon its techniques.

4.—Some psychotherapists who have not gone through the long and difficult necessary training claim that they achieve psychoanalytical cures, when in fact they harm their development.

I think that psychoanalysis can admit that transference is the core of their experience. Schematically, psychoanalysis can be considered as a psychotherapic cure based on the interpretation of transference and resistances. Let us first recall, from an *historical* point of view, that Freud had seen the basic cause of resistance in *transference neurosis* and more particularly in *transference love*. It is none the less true that positive aspects of transference are indispensable to the development of treatment and resistance can be not only *resistance through transference* but also *resistance to transference*. Later on, emphasis was placed upon the aggressive cathexes in transference, upon the negative aspects of transference, of which analysis is necessary for the solution of the resistances. Lastly, there is not only *transference of drives* on the object represented by the analyst but also *transfer-*

[1] Nacht, S., & Lebovici, S. "Indication et contre-indication de la Psychanalyse". Rapport à la XVII° Conférence des Psychanalystes de Langues Romanes. In: *Revue Française de Psychanalyse*, 1/2, 1955 (Paris).

[2] This applies particularly to us in the case of *psychodrama*. See specially Lebovici, S., Diatkine, R., Kestenberg, E. "Application of Psychoanalysis to Group Psychotherapy and Psychodrama in France". In: GROUP PSYCHOTHERAPY v, 1-2-3, April-November 1952, pp. 38-50.

*ence of defences against these drives (transference of resistances)*. Generally speaking, the psychoanalyst works by creating the *transference neurosis*, the solution of which is necessary in order that the treatment does not become interminable.

It is essential now to point up a fact on importance, on which I am not quite in agreement with Dr. Moreno's work. The emergence of the transference neurosis is not related to the ritual of psychoanalytic treatment. The psychoanalyst's couch is not a necessity. Of course, psychoanalysts agree that the technical conditions of treatment make for regression; the patient who is maintained in an infantile position tends to transfer on the analyst his drives and his defences.[3]

However, every psychotherapy in which systematic frustration is willfully maintained gives rise to transference neurosis. The best proof of it is the existence of child psychoanalysis. In the same way as in psychoanalytical psychodrama, this frustration is desired, planned and should keep the interplay well balanced. The adult psychoanalyst "should not play the game", as Fenichel puts it. The child psychoanalyst and the psychoanalyst who uses psychodrama *should play the game and yet not play it.*

In such conditions, one can understand how transference can produce its effects in every interpersonal relationship. The works of Ezriel and Sutherland[4] about group psychoanalysis emphasize this fact: transference is an experience *"hic et nunc"* to which Kurt Lewin's theories can apply. For these authors, psychoanalysis is an experience *a-historical and non-genetic.*

In a paper on group psychoanalysis,[5] we started from premises laid by these authors and showed that the origin of transference could be found in the interpersonal relationship processes. In individual psychoanalysis, the therapist keeps a warm, non committal attitude and does not respond to his patient's requests. In a group, patient A displays behavior X with patient B; B responds by behavior Y, thus playing a role which responds to role X. In individual psychoanalysis the patient's behavior consists of assigning a role to his analyst. His simultaneous refusal and acceptance of this role are the basis for the transference reactions. We find here the

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[3] Cf. Macalpine, I. "The Development of the Transference". In: *Psychoanalytic Quarterly*, XIX, 1950, No. 4, p. 501.

[4] Ezriel, H., & Sutherland, H. "Notes on Psychoanalytic Group Therapy". In: *Psychiatry*, XV, 2, 1952.

[5] Lebovici, S. "A propos de la Psychanalyse de Groupe". In: *Revue Française de Psychanalyse*, XVII, Juillet 1953, No. 3, p. 266-278.

concept of role as shown by Moreno in interpersonal relationships. In transference, one should call it *the assumed role.*

The great importance of counter-transference can now be perceived. Counter-transference, however, is not this response of the psychoanalyst to the transference of his patient since, by definition, the psychoanalyst must refuse to cathexize his patient as a transference object. Counter-transference is the total of the emotional attitudes of the analyst who is faced with the necessity of assuming a role. Consequently, the psychoanalytic treatment cannot be conceived, as Dr. Moreno suggested, as an interplay of transferential and counter-transferential elements. Transference is related to the psychoanalytic situation. If the psychoanalyst assumes it correctly, he can by means of his counter-transference (spontaneous or oriented), bring the transference neurosis to a solution.

In conclusion, every interpersonal relationship can include transferential and counter-transferential elements. But these elements do not cover the total extent of this relationship; they are only privileged in the psychoanalytic experience. The psychotherapeutic relationship considered in its most extensive aspect, includes relational expressions other than the transferential ones. Dr. Moreno's Tele belongs to these extra-transferential processes and can be used, as he suggests. However, an unexperienced psychotherapist, relying on "Zweifühlung" experience, runs the risk of leaving transference hidden. In some cases, not too serious ones, such a technique is useful. When a psychoanalytic cure is advanced because of a serious neurosis of a pre-psychotic condition, this technique may be dangerous.

We cannot discuss here at length the second problem raised by Moreno, the problem of the function of the unconscious in psychotherapy. Let us at least recall that the aim assigned by Freud to psychoanalysis "to bring to consciousness what was unconscious" is far from being achieved in practice. To use the psychoanalytic topic that is always convenient, the psychoanalyst works on the Ego more than on the Id. It is the unconscious part of the Ego which becomes evident in the resistances; they express the defences of the Ego. In the framework of the interpretations concerning transference and resistances, one achieves a relaxation of these defences which permit the integration of some repressed and yet useful drives. Fantasy in adult psychoanalysis as well as in child psychoanalysis is a privileged tool in our work. Yet fantasy is only the elaboration—in the interplay of transferential and counter-transferential relationship—of unconscious material.

One cannot reduce psychoanalysis to the study of fantasies. However,

one must ponder over it since this could lead us to recognize the usefulness of a parallel between psychoanalytic methods and psychodramatic ones. We have shown with R. Diatkine[6] that fantasies are a *dramatic* unfolding of our past life. We know however that psychoanalysis aims at integrating these fantasies into transference, avoiding their being acted out. Psychodrama requires that the patient acts out these fantasies. Child psychoanalysis remains in the same perspective to the extent that it relies on play techniques. However, it should be recalled that in psychoanalytic theory, the patient's acting out is extra-transferential, a running away from transference. In dramatic psychoanalysis and in child psychoanalysis, the dramatic production of fantasies is lived within the transferential relationship. It is our opinion that in this technical framework, dramatic production even allows one to treat some psychotic patients who do not respond to the classical psychoanalytic technique. On the other hand, we believed we had reasons to write[7] that dramatic group psychotherapy—by producing common fantasies—finally achieves the slackening off of the relationships within the group since they are artificial because of the therapeutic structure of the group. In other words, it seems to us that dramatic action in therapeutics cannot be considered similar to acting out in psychoanalysis. To avoid that phenomenon and maintain a level of therapeutic dramatization, we think that the interpretation of transferential phenomena is most useful.

These few lines show how much importance we have attached to Dr. Moreno's contribution. For us, psychodrama has become a first rate tool for diagnostic and therapeutic use. However, it does not appear impossible to us to integrate our knowledge of psycho-analytic theory and technique to our psychotherapeutic action and particularly to the psychodramatic one. Such scrutiny, far from leading to rejection of either one of the theories, thus enables us to expand our views and to enlarge the number of patients we accept to treat with reasonable expectations of success. Hereafter, we cannot dissociate our experience as an adult and child psychoanalyst from our experience as a psychodramatist.

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[6] Lebovici, S., & Diatkine, R. "Etude des fantasmes chez l'enfant" Conférence à la XVI° Conférence des Psychanalystes de Langues Romanes. In: *Revue Française de Psychanalyse* XVIII, 1954, No. 1, pp. 108-154.

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# TRANSFERENCE AND TELE VIEWED FROM THE STANDPOINT OF THERAPY AND TRAINING

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Moreno's "Transference, Countertransference, and Tele . . ." poses many interesting problems that cross disciplines from psychoanalysis to social psychology. Attention here will be directed to an examination of the relationship between transference and tele. That between transference and countertransference can better be approached within the formal framework of psychoanalysis.

## SIMILARITIES AND DIFFERENCES BETWEEN TRANSFERENCE AND TELE

As Moreno points out, transference and tele both are phenomena that occur in interpersonal situations. Both significantly effect the quality of interaction. Transference produces distortions in interpersonal relationships, with the distortion being greater the more pronounced the transference. Tele, on the other hand, refers to the valid or reality-based aspects of interpersonal relationships. The rule here is that the more adequate the interpersonal relationship, the greater the probability that its components are based on tele. Since a relationship based entirely on transference would contain no tele factors and one entirely on tele no transference, these two concepts *appear* to refer to extremes of a single continuum, with transference representing distorted and tele accurate, valid social perceptions. While transference and tele can be treated as representing the end points of a single dimension, the assumption on which the view developed here is based is that they constitute two dimensions. Each ranges from one end representing an absence of either transference or tele, as the case may be, through varying degrees to the opposite extreme of complete presence of one or the other.

## IMPLICATIONS FOR THERAPY AND TRAINING

The view that transference and tele are two processes produces significant implications for therapy and training. For example the idea that a reduction in transference *automatically* will increase tele is untenable. That techniques for increasing tele will necessarily be useful in decreasing transference also is untenable. Based on these considerations, examination of the types of interaction that occur in a therapeutic or a training context when the goal sought is that of altering behavior is clarified. The analytic-

interpretive approach may be useful in the analysis and reduction of transference, while Moreno's action techniques, involving role playing, psychodrama and ancillary procedures, may constitute indicated training methods for increasing tele through providing training in the acquisition of the social skills. In other words, because transference and tele constitute two processes, behavior may be changed either by reducing one or by increasing the other.

From the standpoint of this analysis, psychoanalytic procedures for handling transference are not invalidated by the action techniques of Moreno. Both may be useful in altering certain aspects of interpersonal relationships. If this should prove to be the case, the union that Moreno seeks which would bring various methods into agreement within a single comprehensive system is possible. Acceptance of this view also makes possible recognization that training in interpersonal relationships is feasible without training necessarily being "therapeutic." The concept of therapy is reserved to mean treatment or the reduction of defect. Training, which emphasizes the acquisition of skills, takes its rightful place beside treatment. Moreno's fundamental contribution is that of expanding the range of ideas and techniques that can be used in altering interpersonal relations beyond those concerned with the reduction of defect.

## J. L. MORENO'S "TRANSFERENCE, COUNTERTRANSFERENCE AND TELE" IN RELATION TO CERTAIN FORMULATIONS BY ALFRED ADLER

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The paper by J. L. Moreno of the above title[1] contains a number of statements which invite a comparison with quite similar formulations by Alfred Adler. The similarity arises from the basic position of Adler, who like Moreno and in contrast to Freud stressed social relations rather than biological factors and the present psychological situation rather than early experiences as crucial for human behavior. According to Adler: "We must take an individual's life together with its context of social relations. . . . The individuality of the child cuts across his physical individuality, it involves

[1] Moreno, J. L. Transference, countertransference and tele: their relation to group research and group psychotherapy. GROUP PSYCHOTHERAPY, 1954, Vol. VII, No. 2, 107-117.

a whole context of social relations."[2] "We refuse to recognize and examine an isolated human being." The means by which the individual becomes responsive to the social situation is an innate and trainable aptitude which Adler calls "social interest" or "social feeling."

From these assumptions several particular similarities with Moreno follow. (1) When Moreno states as the principal hypothesis in all cases of psychotherapy that it is the interaction between therapist and patient which produces the therapeutic results, Adler expressed a parallel idea when he said: "We are far from denying that other schools of psychiatry have their successes in dealing with neuroses, but in our experience they do so less by their methods than when they happen to give the patient a good human relationship with the physician." (2) According to Moreno interpersonal phenomena include empathy, and these feelings into another man are what he calls "tele" relations. The Adlerian counterpart to "tele" relations would be social interest, the arousal and extension of which is one of the main functions of the therapist. Social interest, like tele, "coincides in part with what we call identification or empathy." (3) Regarding the Freudian concept of transference Moreno finds that it is best described as simply an interpersonal phenomenon including tele relations, while Adler noted that transference, apart from sexual implication, is nothing else but social interest. (4) Even Moreno's postulate that the therapist-patient situation is so much one of interaction that the physician can become the patient and the patient the physician is anticipated by Adler to a certain extent. He says: "Psychotherapy is an exercise in cooperation. . . . We can succeed only if we are genuinely interested in the other. We must be able to see with his eyes and listen with his ears, and he must contribute his part to our common understanding." It is in this connection that Adler also speaks of the possibility of the therapist "falling into the position of being treated by the patient," if he should give the patient any point of attack.

The purpose of these comparisons is to contribute to a more general understanding in personality theory. Theories which stress human interaction seem to form an organic whole, from the pioneer work of Adler to present-day developments, of which latter sociometry, psychodrama and group psychotherapy are examples.

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[2] The Adler quotations are from *The Individual Psychology of Alfred Adler* by H. L. & R. R. Ansbacher [Eds.], New York. Doubleday & Co. (in press).

# COMMENTS ON DR. MORENO'S "TRANSFERENCE, COUNTER-TRANSFERENCE, AND TELE"

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I find Dr. Moreno's contrast between tele and transference to be quite stimulating and congruent with my own approach to the interpretation of psychotherapeutic phenomena. I would like particularly to comment on the relation of tele and transference to therapeutic technique.

It seems to be true that any person coming for the first time into a therapeutic situation comes with a group of expectations of the therapeutic situation and of the therapist. Some of these are realistic and some are unrealistic. Furthermore, some of them are both realistic and unrealistic. It is this curious entanglement of realism and unrealism in the expectations of an individual which leads to complications in a therapeutic situation and indeed in nearly all interpersonal situations. The mixture of realism and unrealism in the expectations derives, I believe, from the fact that to a certain extent the individual is able to evoke responses from others. That is, he is able to create in large part an *environment* of expectation-confirming-responses which in turn govern his behavior. To give a crude example, the person who expects consciously or unconsciously to be received with hostility is more often than not so received. The reason is that anticipatory defensive responses (transference based) tend to evoke rejecting or hostile responses from others. Thus his transference-based expectations are confirmed; even if the transference were utterly emotional and irrational at one time, it later becomes reality-based and we are forced, it seems, to conclude that in such a case his "transference attitudes or expectations" have been confirmed in reality.

It follows from the above considerations that to the extent to which the therapist by his responses confirms the transference expectations of the client then to that extent he is encouraging the development of a transference-based relationship with the client. If his responses consistently confirm such expectations then the "actual being" of the therapist, as Dr. Moreno expresses it, cannot be perceived. In other terms the communication of the therapist cannot be received with the same meaning and connotations attached to them by the therapist. In turn the therapist sees the client as resisting. In short, continuing transference manifestations may be largely therapist-created. The more similar the therapist's responses are to

those which have previously confirmed the client's transference-based expectations in relation to significant experiences the larger transference phenomena will loom in the therapeutic situation, with a consequent drop in tele. My conclusion is that transference manifestations, or at least the development of transference-based relationships, are actually under the control of the therapist.

One of the reasons why client-centered counselors and therapists conduct themselves in therapy the way they do is that in strictly client-centered situations the transference expectations are not confirmed. The client suddenly or gradually realizes that the therapist is the way he *is*, not as he has been perceived by the client; that is, the client's transference expectations have been disconfirmed, and he perceives the "actual being" of the therapist.

In terms of communication it seems that the basic problem of the therapist is to communicate with the client or patient in such a way that the meaning of what the therapist says is much the same for both client and therapist. I conclude therefore that whether transference or tele are predominant in a given therapeutic situation depends largely upon the ability of the therapist to disconfirm early or late in therapy the transference expectations of clients. In the client-centered approach therapists try to limit themselves largely to expressions of permissive and receptive attitudes and to orally communicating their understanding of the client in his own terms; this tends to discourage the development of a transference relationship and to encourage the development of a relationship based upon what the therapist is actually expressing, namely acceptance and understanding. The latter, if I understand Dr. Moreno correctly, comes under the heading of tele.

## THE TREATMENT OF RELATIONAL CONFLICT BY INDIVIDUAL, GROUP, AND INTERPERSONAL METHODS

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Some of Moreno's main points in "Interpersonal Therapy, Group Therapy . . ." are provided in the first part of these comments. These points will serve as the basis for the critical evaluation that will be given in the second part.

## The Concept of Interpersonal Therapy

The paper provides a restatement of Moreno's concept of interpersonal therapy. Certain kinds of conflict involve interaction between two or more people. The disturbance then is a relational one, and therapy involving relationships is necessary for its solution. This means that treatment, since it must deal with the relational aspects of the conflict, involves all those whose interactions contribute to the problem.

Interpersonal therapy, as described above, can be contrasted with comparable analyses by Freud, Adler, Jung, and Sullivan. According to Moreno, no one of them provides adequate relational concepts for illness and therapy viewed in the interpersonal frame though all have contributed to increasing insight with respect to intrapsychic dynamics. While each has used interpersonal terminology, it has not been employed with the same referrents as the terminology is given by Moreno. In contrast to Moreno, they deal with problems of interpersonal conflict in therapy to the degree that such problems arise in the interactions between patient and therapist. For Moreno, problems of conflict that are interpersonal can be dealt with satisfactorily by the active participation of those who are involved in the problem. When conflict arises within the interpersonal frame, such as the problems that arise between mother and child, husband and wife, and superior and subordinate, conventional methods of treatment involving the therapist-patient pair no longer are satisfactory. New techniques useful for dealing with problems at the interpersonal level are requisite for the successful handling of such problems.

Several techniques are useful in interpersonal therapy. Some are: (1) natural dialogue, with the therapist taking a number of different roles, like alter-ego, catalyst, counselor, observer, or interpreter; (2) soliloquy, as a procedure useful for exposing unconscious material; (3) role reversal, allowing for free association, with one member trying to reproduce unconscious material of the other; (4) double technique, with the therapist acting as an auxiliary who facilitates the production of unconscious content; and (5) mirror technique, with the alter-ego reproducing the body image and unconscious of another person at a distance. Each of these techniques, and others not enumerated here, serve to give depth to the interaction of the participants and to provide conditions under which insights into the factors producing conflict can be gained.

### Evaluation and Critique

Moreno literally means that the treatment of the entire interpersonal ensemble within which a problem of conflict exists is required for successful resolution. This is a radical departure from the procedures of classical psychoanalysis. The clarifying and attitude change procedures of the non-directive approach also are conventional when contrasted with the methods being described. Both deal with interpersonal conflict as a special case of intrapsychic conflict.

Treatment of the interpersonal ensemble also is different from group psychotherapy. Frequently the rule is maintained in group psychotherapy that members should have had no deep emotional relations with one another prior to beginning therapy. By contrast, in the interpersonal ensemble, the opposite situation prevails. The problem is real. It has arisen among people who live or work together or share some other life relation and who actively seek a solution for their common problem. Both group and individual therapy are similar in that the interpersonal problems actively dealt with are those that arise during therapy. Each is different from interpersonal therapy in which the problem treated is one that has arisen prior to the beginning of therapy, and the relationship between the participants is one that will continue after termination of therapy. The goal of interpersonal therapy is, therefore, more specific and concrete. Moreno has seen clearly that different procedures are necessary for individual, group, and ensemble therapy. Extended comparisons between them in future articles will be helpful in providing a more refined basis for interrelating them within a single comprehensive system.

When the concept of the unit for therapy shifts from the individual or group to the interpersonal ensemble, new techniques are required for conducting diagnosis and treatment. Moreno's inventive skills have provided a variety of procedures that are useful. His action techniques likely will prove as useful in handling problems that arise in the interpersonal area as the verbal-interpretative procedures of psychoanalysis or the clarification procedure of non-directive therapy have proved in dealing with intrapsychic phenomena.

### An Unexplored Problem

As in the first paper in this series, Moreno has remained silent about a parallel problem that merits consideration in any series of papers intended to unify different methodologies and concepts within a single comprehensive system. The unexplored problem concerns the fact that certain action tech-

niques which Moreno uses in the therapy of the interpersonal ensemble have been employed successfully by others in training (2) and in producing attitude changes (3). In other words, the same techniques have been used in different contexts, sometimes for therapy and other times for training. However, the conceptual basis for their use in therapy is quite different from that indicating their application for training. If the concept of therapy is reserved for treatment designed to remove or correct defect and the collateral concept of training is used to refer to conditions that facilitate the acquisition of social skills, as was proposed earlier (1), then it will be interesting to see how Moreno handles the relationship between therapy and training in future papers of the series. Certainly training which results in changed behavior and which can not rightfully be considered therapy occurs continually in the process of growth and development. Furthermore, there is every reason to believe that action techniques can facilitate the process of growth. If such is the case, then the action techniques devised by Moreno are of greater significance than he has claimed, for they are useful when applied to the general case of learning and not only to the restricted case of relearning, as in treatment.

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## TELE AND INTER-PERSONAL THERAPY—AN APPRAISAL OF MORENO'S CONCEPT FROM THE ADLERIAN POINT OF VIEW

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Moreno made a significant contribution toward the integration of knowledge in psychiatry, long overdue, when he presented his own basic concepts in two concise formulations (Group Psychotherapy, Vol. VII, No. 2 and No. 3-4, 1954) and submitted them to a number of exponents of different points of view for their comment. I do not think that Moreno

himself, in this course of lectures, was able "to stress the common denominators" of all the varieties of modern psychotherapy as he attempted to do. Nobody can do that at the present time, since very few know exactly the position of others who do not belong to the same school of thought. However, by focussing all remarks on the position which Moreno is taking, it should be better possible to understand exactly each one's position. This knowing about each other, regardless of agreement or disagreement, is the basis for what I consider the "integration of knowledge."

I shall try to clarify where I, as an Adlerian, agree with Moreno, interpreting dynamic mechanisms in a similar way; and where I find it necessary, from the Adlerian point of view, to disagree or to object to certain statements. In certain instances, I may partially agree, but may have a different slant on what we otherwise observe in a similar way.

Let us take first the concept of Tele. Moreno considered it as the main factor permitting close relationships between individuals and the establishment of cohesiveness in the group. This concept is evidently very close to what Adler called Gemeinschaftsgefuehl, which has been very inadequately translated into Social Interest. It constitutes both the desire to belong and the feeling of belonging. According to Adler it is the main potentiality with which each human being is endowed as his inheritance of several hundred thousand years of social living of the species. This potentiality has to be developed by each individual; he may have it to a stronger degree in one period, or less in another. If a relationship can be maintained despite obstacles and strain, then it proves that there is a strong feeling of belonging between the partners. This sounds very similar to Moreno's formulation that in such a situation "the Tele factors are overwhelmingly strong."

The point at which I would take issue with Moreno's formulation is the language he uses; as he describes Tele it becomes a mechanistic factor, a "cohesive force at work" which "stimulates stable partnership and permanent relations." For Moreno it is a factor, operating in the formation of groupings. Tele is responsible for the constancy of choice and the consistency of group patterns.

From our point of view there is no room for forces which "stimulate" a person; it is always the individual himself who decides—although not always consciously—what attitudes to take. If he feels belonging, either to another individual or to a group, he will integrate himself and maintain a stable relationship. This subjective feeling of belonging may be aban-

doned at any given moment, and then lead to a disturbance in the relationship. It is characteristic for Adlerian Psychology that it discards many heretofore mechanistic concepts in the interpretation of human behavior. Moreno is not always free from such mechanistic formulations.

In applying the question of close relationship to the therapeutic-patient situation, Moreno points to the role which the therapist represents to the patient. Both look and act a certain part. From our point of view we can accept this description as a basic evaluation of interpersonal relationships whether they are established in therapy or outside of it. However, Adler went one step further. He not only described the role which each individual plays in any given situation—and he does not always play the same role; he also points to the reasons *why* a person may play a certain role. It is the *goal* which the person sets for himself which makes him play a certain role under given circumstances. And it is the goal of his companion which stimulates each one's role in their relationship.

In this sense we may agree with Moreno that the role of the patient and the therapist may sometimes become reversed, reversed not necessarily from a therapeutic point of view, but from the point of leadership and directives. The therapist who is either not careful enough or not too keen in his perception, may easily become the victim of the patient's often unconscious planning. He may believe that he is helping the patient and improving his condition, while he is actually only put into his service, playing the patient's game, supporting his demands on others, or whatever the case may be. The same may happen in a group situation where the influence on the patient may be exerted either by the therapist or as well—and sometimes even better—by some other member of the therapy group. In each case it is important to know not merely the role which each individual plays in regard to the patient, but for what purpose this particular inter-action is evoked. It is the purpose behind the role which gives it its true significance. Only such teleological analysis, which characterizes the Adlerian approach, permits a dynamic understanding of the role which each individual plays in any given situation.

I can, therefore, agree with Moreno's statement that "The tangible aspects of what is known as 'ego' are the roles in which he operates." All character traits are movements, are expressions of inter-actions with others, therefore, are characteristic for certain roles. But we want to know why the individual plays a certain role under different circumstances; and this we can know only when we know his goals. And we need also to know the

goals of his counterpart, of those who let him play a certain role. Without their tacit agreement, he would be forced to play a different role. This, then, puts a slightly different emphasis on what Moreno says: "Each (individual) is a psychodynamic unit. But in order to be engaged in a joint action, the balance must not only be within them, but also *between* them, forming a sociodynamic unit."

The similarity of our interpretation of inter-personal relationships, which becomes even more obvious when contrasted with psychoanalytic formulations, leads to similar approaches to inter-personal problems. Moreno describes 10 techniques to "build a bridge" between two people. Many of them are identical with what we Adlerians do; others are idiomatic for his action technique. But even in the similarity there is a slight difference in our theoretical assumptions. It seems that Moreno—at least in his presentations on this occasion—makes undue concessions to the Freudian formulations, which he otherwise opposes on similar grounds as we do.

For this reason let us first state the similarity of our point of view in regard to Freud's fundamental concept of the unconscious. Moreno opposes Freud's sharp distinction between unconscious and pre-conscious. He assumes "innumerable transitional stages" between the two systems of pre-conscious and unconscious, even suggesting a scale from the highest level of consciousness to pre-conscious and unconscious with many intermediary stages down to the lowest level of unconsciousness. "The degree of recall may never be complete, but it may never be entirely zero." In this way Moreno rejects the most fundamental pillar of Freud's psychodynamic edifice in almost the same words as Adler did. Adler said that there is nothing in us that we know thoroughly and nothing which we do not know at all. For Adler there is only a varying degree of awareness, never complete and never totally absent. As a matter of fact, for Adler it does not make much difference whether a patient knows his motivations or not, whether he acts consciously or without awareness of what he is doing. The act of awareness in itself is part of his scheme, of his movements, of his goals. He becomes aware if that suits his purpose, and resists conscious awareness if it would interfere with his intentions.

Despite his strong refutation of Freud's emphasis on unconscious processes, Moreno seems to base his own interpretation of inter-personal relationships on the assumption of similar unconscious processes. In doing so he deprives his explanations of possible clarity, on the contrary, makes them almost as complex and involved as the Freudian concepts. He tries to

"modify the meaning of unconscious by looking for a counterpoint", for a "co-unconscious" which "people who live in close symbiosis, like mother and child . . . develop in the course of time" as "a common content." While Moreno emphasizes the dynamics which takes place *between* the individuals, his concession to Freud makes him abandon this basis for an understanding of inter-personal relationships, and makes him "see man and wife acting out *side by side* some feelings and thoughts which they had had in a few situations in regard to each other." His technique of role reversal aims to "link A to the unconscious of B and B to the unconscious of A." The therapist induces one "to free associate into the unconscious" of the other. "Thus they get as close as possible into the depth of each other's insight. How complicated can things become?

From our point of view things look quite differently—and one can well say, much simpler. (Simplicity, very much in disrepute today, does not necessarily mean inaccuracy or superficiality.) As we see it, all human actions are directed toward others; man, as a thoroughly social being, has no other interests or intentions except dealing with each other. His reality is a social reality; all his problems are social problems. Consequently, he establishes relationships in whatever he is doing. People respond to each other by bringing their personal interests in line with the interests of others. They size each other up correctly, and know more about each other and each other's intention than they can put into words. It makes little difference whether they know it or not, whether their agreement is conscious or not. As long as they agree with each other, fit into each other's schemes, there is cooperation. Friction arises when their intentions diverge. Sometimes they may even agree to fight. All relationships are based on mutual cooperation, be it for the good or detrimental.

For this reason all our individual treatment has been concerned with the patient's movement toward other people around him. In many instances these other people have been drawn into active participation in therapy. This is particularly true for the treatment of children and of a married person. Since we are always dealing with the basic problem of goals and interactions, our approach is not much different whether we talk with the patient alone or with his counterpart also. We never treat one child in the family without treating simultaneously his parents, particularly his mother, and *all* siblings. The problems of one child is the problem of the whole family; often enough, the so-called problem child needs less help than the so-called "good" brother or sister, who may be responsible for the conflicts

in the family. We deal not only with a mother's attitude toward the child and what *she* is doing to provoke his maladjustment, but also with what the child is doing to his mother. In other words, all human conflicts are a result of a mistaken attitude and provocative action on either part.

Such theoretical assumptions do not pre-suppose any emphasis on unconscious processes. In our therapeutic endeavors we bring to the patient's attention what he is doing, what his plans and movements are; and we explain the same to his antagonist if a conflict situation exists. We make both aware of what they are doing to each other, and why they are doing it, whether they are fully aware of it, or only dimly so.

It is obvious, therefore, that we cannot agree with Moreno's assumption that "inter-personal therapy represents a special category; it might well be classified apart from individual and group therapy." We do not feel that the situation between two people who have been in close interpersonal relationship is fundamentally different from those who meet and inter-act incidentally like in a group. It is always the same basic agreement or disagreement of what they want from each other; and the group psychotherapist utilizes the group situation to help each member understand himself and find a new orientation in the group and from there in life. On the other hand, our approach to an individual patient is not different from that which we use in dealing with several members of the family simultaneously; therefore, we see no need to distinguish between the therapeutic dyad and the triad.

This brings us to the last point, and one where we have to take the strongest objection to Moreno's statements. We do not know to what extent the Freudians and Jungians would accept Moreno's account of their position: some of them have already expressed disagreement. But it is obvious that any Adlerian would disagree with Moreno's evaluation of Adler.

Moreno quotes Adler correctly in some of his basic concepts. But then he makes a statement, which—from an Adlerian point of view—makes little sense. He points out that the secret life plan of any one person is not identical with the secret life plan of another. Naturally, how could it be? Neither is the goal of superiority toward which one strives identical with the goal of someone else. From this fact, Moreno draws the *peculiar conclusion* that "some compromises have to be attained in order to make the dyad or the triad an efficiently ongoing process." We can see no need for a "compromise." Because one person has one goal and the other another goal, therefore, they may combine their efforts, each one for his own per-

sonal benefits, or oppose each other. Their inter-action is always based on their own expectations and tendencies in meeting each other. In our study of marital relationships[1] we found that the real reasons why two people fall in love or get married is generally not known to them, since no one knows his own life style; but in each case under study it was obvious that "the life styles met."

For this reason, we certainly cannot agree with Moreno's evaluation of Adler's system that it does not "contain a logically constructed theory and clinical methods by means of which we might be able to bridge over from the individual to the treatment of inter-personal ensembles." We can neither agree with him that he "had to start from scratch" in dealing with the problems of relationships and groups. It seems rather that Moreno was not fully familiar with Adler's theories, despite his friendly attitude toward him and his realization of some similarity in their thinking. Moreno is correct that the relationship between the representatives of various schools of thought was disturbed in the past either through omission or ignorance. I am afraid, Moreno himself was not free of either, as far as Adler is concerned. Otherwise he could not have said at the end of his last paper that "the problem of how to treat an intimate inter-personal ensemble has never been clearly posed by the advocates of the individual methods."

One final comment: may I point out to Moreno and to all the others who are inclined to do the same that any reference to the "Neo-Adlerians" seems misleading, unless they mean by this reference the Neo-Freudians. The contemporary Adlerians are often called Neo-Adlerians by those who are not familiar with Adler's writings. Actually, none of us has deviated from Adler's basic conceptions which are holding up well under the scrutiny of time and new research. This is not equally true for the Freudian concept; for this reason the term, Neo-Freudian is well justified since they deviate from the orthodox Freudian position. In this sense, there is no Adlerian who could justifiably be called a Neo-Adlerian.

## SUMMARY AND EVALUATION

J. L. MORENO

The value of group therapy sessions "at a distance" has been recognized by all participants in the discussion. The sessions may not be able to produce agreement among the various schools, but says Dreikurs "By

[1] Rudolf Dreikurs, The Challenge of Marriage, Duell, Sloan & Pearce, N. Y., 1946.

focussing all remarks on the position which Moreno is taking, it should be better possible to understand exactly each one's position. This knowing about each other, regardless of agreement or disagreement, is the basis for what I consider the 'integration of knowledge'." Says Lynn Smith "Moreno has launched a technological revolution in psychotherapy. By isolating, clarifying, and utilizing the most plaguing problem, the problem of acting out, he has contributed perhaps the most original and profound change in the theory and technique of psychotherapy since its incipience." Bromberg states "The final direction of psychotherapy in this generation and future generations may take the course implied as well as outlined in Moreno's work in action therapy." . . . "All in all, Moreno's re-casting of the psychotherapeutic situation and his fearless investigation of its meaning is most refreshing and now that it has been enunciated, his observations seem to be quite natural and plausible."

Let us view the new technology in its historical development. I had the opportunity to attend sessions of every leading psychotherapeutic school and am left with the impression (it is a conscious bias) that psychodrama in its individual and group form is more modern and more appropriate to the climate of our culture, when compared to a Freudian, Jungian, Adlerian or Sullivanian session. It is more natural and spontaneous, more direct and realistic, and it is better adaptable to every type of problem in which a psychotherapeutic approach appears to be useful. Last not least, crucial aspects of the individual methods can be combined with the psychodrama in situ (controlled acting out and interaction analysis in the wards of hospitals or in the homes themselves) as well as the psychodrama in its clinical form as carried out in special treatment rooms. This may be so because the psychodrama way of individual and group psychotherapy is the last stage of a century of development which has grown out of numerous individual-centered schools of the past, trying to correct their shortcomings. First came the monologue, the patient on the couch, like talking to himself but still knowing that he is heard. Then came the dialogue, therapist and patient sitting vis a vis on chairs, talking to each other. This is at least partially true about Adler and Jung and recently of Sullivan, although the full meaning of a "live" dialogue was never truly appreciated and used by any of them. It was more of an interview than a dialogue. (I will discuss this topic in a later lecture.) The third stage was the drama, the psychodrama in which chair, couch and other props are equipments in a natural social space. The development monologue-dialogue-drama has an interesting counterpart in the development of the Greek theater. I believe that it is more than analogy that the Greek theater began with the chorus, out of

which the actor Thespis is supposed to have taken a representative and placed him before the group to act before and in behalf of it. This was the first protagonist, the first actor, the representative of the monologue. It is said that Aeschylos added a second actor to the first; with two actors the dialogue began. The third actor, aided by Sophocles, brought the drama to realization.

My position is, therefore, not that there is any superiority of psychodrama due to its superior scientific or therapeutic merits (which is here not under discussion) but merely that it is a superior cultural "invention" from which a larger number of people can benefit.

We have given much space to Freudism in our previous comments; let us try an evaluation of Adler's position, referring as much as possible to the best advocates of his theory. The suggestion of Ansbacher and Dreikurs that Adler's "social interest" concept is close to my concept of tele and of group cohesiveness is in itself worthy of discussion. It is useful to point out similarities in philosophies of psychotherapy even if they are apparently diametrically opposed in operation. But they should guard themselves against stretching the point too far. The loyalty of Dreikurs and Ansbacher for their departed teacher is admirable. But I am concerned about the way in which they have turned him into a "fictitious", "ideal" figure, whose theories are absolutely perfect, which can be applied to every type of behavior and do not need, apparently, any further development. It appears as if the theory of Individual Psychology has completed its course, that its science has come to a standstill. Dreikurs and Ansbacher have themselves fallen victim to one of the principles of Adlerian psychopathology: "One of the basic psychic dynamics is the artistic artifice of the creation of a fiction and the setting of a goal." (*The Practice and Theory of Individual Psychology*, by Alfred Adler, p. 13, Harcourt Brace, 1930.) Adler's concept of social interest and my concept of tele and group cohesiveness undoubtedly have been influenced by similar ideological and ethnic trends. No one can claim priority for the "trend". It is obvious, however, that we have moved on different tracks. The concept of group cohesiveness is the result of scientific analysis of group structure, with emphasis upon measurement. Adler's social interest or, for instance, Krapotkin's "mutual aid" are expressions of a socio-ethical philosophy. One could even say with some justification that the group cohesiveness is a function of Christian "love", implying that Jesus has inspired many sociometric concepts and techniques, as well as Krapotkin's mutual aid and Adler's social interest. I would not hesitate to admit this about sociometry or group psychotherapy, because I cannot imagine that they could have grown without the cultural underground

inspired by Moses, Jesus, Socrates, Spinoza, etc., but they expressed the idea within a different framework of terms and objectives.

The crux of Adler's position is that, similar to Jung, he was a pupil of Freud. It is in reference to the Freudian system and in protest to certain of its aspects that his contribution is most clearly understandable. More than even Jung, Adler suffered from the undeniable fact that he was a pupil, a "son" and not a "father". His theories are full of these "protesting" qualities. Although the protest has made him productive in clarifying his deviation from Freud, the struggle of emancipation from Freud has absorbed him to such a degree that he had not sufficient "free creativity" left to establish a well integrated system of his own. His individual or ego psychology cannot be fully appreciated except in relation to the background of Freudism. The analytic material which led to the super-ego concept of Freud came from Adler, but it was Freud who finally formulated it. It was to Freud's credit that he was able to use the discoveries of his students for enhancing his own advancement. The ego psychology of many neo-Freudians come largely from Adler's vintage. But, like Horney, they have been more skillful writers. It cannot be denied that Adler emphasized the importance of social relations in the therapy of mental disorders long before others and at a time when psychoanalytic writers were stuck in the sterile discussion of intrapsychic conflicts. But, on the other hand, the weaknesses in Adler were great and explain the difficulties he encounters in finding a place "outside" of the Freudian orbit. He was primarily a keen observer and analyst of behavior, but he never developed a technology of his own, he was a poor stylist, a fragmentary, aphoristic thinker, unable to arrange his brilliant ideas into an organized whole.

One may wonder how I evaluate myself within the context of Freud, Jung and Adler. I was, and still am, in a different position because I started without any special identification. When I began I was identified with myself. This was a predicament and a big chance to take, it was an "either-or"; either I would be entirely forgotten—and for a long time it looked that way, or I would pull through with all my gadgets, neologisms, and create a new school of thought. Whereas Adler, Jung, Rank, Horney, Sullivan, however much in disagreement in one point or another, they always had as a last resort the security of being identified with the Freudian school of psychoanalysis, at least as rebels and ungrateful sons. But I had no such residual security. My anxiety was therefore much greater than that of Adler. I was forced to create a place of my own in the world of psychotherapy and social science, or perish. He who is not a son has to become a father himself. This is why I became a father very early.

Serge Lebovici states: "For us, psychodrama has become a first rate tool for diagnostic and therapeutic use. However, it does not appear impossible to us to integrate our knowledge of psycho-analytic theory and technique to our psychotherapeutic action and particularly to the psychodramatic one. Such scrutiny, far from leading to rejection of either one of the theories, thus enables us to expand our views and to enlarge the number of patients we accept to treat with reasonable expectations of success. Hereafter, we cannot dissociate our experience as an adult and child psychoanalyst from our experience as a psychodramatist." I agree with Lebovici. I can see how an imaginative therapist can apply psychodramatic methods within a psychoanalytic framework of theory, just as I was able to agree with Dreikurs that psychodrama and group psychotherapy can be combined and used within an individual psychological framework of interpretation. The most advanced therapeutic leaders of the various schools have already reached this position. We have today analytic psychodramatists, analytic group psychotherapists, as well as individual psychological psychodramatists, as well as individual psychological group psychotherapists. But we cannot go on for ever with using different theories and different semantics. Some day a synthesis will become acceptable which will integrate all methods into a single theoretical system.

According to Blake "From the standpoint of this analysis, psychoanalytic procedures for handling transference are not invalidated by the action techniques of Moreno. Both may be useful in altering certain aspects of interpersonal relationships. If this should prove to be the case, the union that Moreno seeks which would bring various methods into agreement within a single comprehensive system is possible. Acceptance of this view also makes possible recognization that training in interpersonal relationships is feasible without training necessarily being 'therapeutic'." Blake has a particularly lucid way of phrasing. It is very much worthwhile to listen further to him: "Moreno literally means that the treatment of the entire interpersonal ensemble within which a problem of conflict exists is required for successful resolution. This is a radical departure from the procedures of classical psychoanalysis. The clarifying and attitude change procedures of the non-directive approach also are conventional when contrasted with the methods being described. Both deal with interpersonal conflict as a special case of intrapsychic conflict. Treatment of the interpersonal ensemble also is different from group psychotherapy. Frequently the rule is maintained in group psychotherapy that members should have had no deep emotional relations with one another prior to beginning therapy. By contrast, in the interpersonal ensemble, the opposite situation prevails. The

problem is real. It has arisen among people who live or work together or share some other life relation and who actively seek a solution for their common problem. Both group and individual therapy are similar in that the interpersonal problems actively dealt with are those that arise during therapy."

I agree with Blake that the use of action methods in therapy is in many ways different from their application for training. Indeed, I have kept these two dimensions methodically apart (see in the original edition of *Who Shall Survive?* where the chapter on training and the chapter on therapy are kept separate) although in practice they overlap.

## BOOK REVIEWS

*Six Approaches to Psychotherapy.* McCary, James L. & Sheer, Daniel E. New York: Dryden Press, 1955. vi, 402 pp. $3.75.

Six frequently used psychotherapeutic approaches are described: Client-centered psychotherapy (Nicholas Hobbs), Hypnotherapy (Lewis Wolberg), Group Psychotherapies (S. R. Slavson), Psychoanalytic Therapies (Norman Reider), Directive and Eclectic Personality Counseling (Frederick Thorne) and Psychodrama (J. L. Moreno). An integrating summary is contributed by Daniel Sheer. These last 45 pages are a serious attempt to organize the methods described in the previous 340 pages. This review will concern itself with Dr. Sheer's summary.

In the first section it is pointed out, mostly on the basis of research by Fred A. Fiedler that differences between expert and non-expert therapists in the same branch of psychotherapy are greater than differences between expert therapists within the same branch in terms of therapeutic effectiveness as determined by the nature of the relationships established in the therapy. This finding has meaning on the importance of expertness in medicine in general and may shed some light on the hot problem of opposing expert opinions.

A program for the future is outlined as follows: studying the therapist variable, the basis of aberrant learning, the facilitation of aberrant learning. These will have to be evaluated in experimental investigations. "There is simply no substantial and clinical data available today upon which to base definite comparisons."

W. G. Eliasberg
*New York*

*Psychotherapy and Personality Change.* Editors: Carl R. Rogers and Rosalind F. Dymond. Chicago: University of Chicago Press, 1954. x, 447 pp. $6.00.

"It may not be good, but it is the best that is around." This statement made by Chancellor Hutchins of the University of Chicago may well be applied to this volume. It consists of a series of co-ordinated research studies on psychotherapy of the client-centered variety done at the Counseling Center of the University of Chicago. Approximately one-half of the volume is contributed by the senior editor, including an introductory chap-

ter, a research study on changes in the maturity of behavior, the presentation, analysis of, and evaluation of a successful and an unsuccessful case, and a final conclusion. Twelve other of Rogers' colleagues contribute a total of thirteen chapters concerning the research design of the volume, the methods of evaluation of psychotherapeutic change and specific co-ordinated research studies.

The tremendous amount of material in this book makes it impossible to summarize it without doing the volume considerable injustice. In essence, however, clients who entered the Counseling Center were matched into three groups and subjected before, during and after the therapeutic process with a variety of evaluated tools. The counselors, who had in every case, at least one year of experience as psychotherapists, evaluated their clients' progress. Others studied the transcriptions of the sessions. From the data a number of specific hypotheses, most of which follow from Rogers' theory, were tested. However, the reader may find of greatest interest and of most importance, the two meticulously detailed case studies, one of Mrs. Oak, considered successful, and the other of Mr. Bebb, considered unsuccessful.

This volume may be evaluated from three points of view: first, narrowly, in terms of client-centered psychotherapy; second, a bit more broadly, in terms of its effect on other schools of psychotherapy, individual and group; and third, in terms of its effect on psychotherapy as a whole.

I. It appears undeniable that the clean-cut presentation of hypothesis, the willingness to test hypotheses operationally stated to determine their validity, and the nature of the results strengthen considerably the general validity of Rogers' basic theory.

II. This study, based firmly on objective research, presents a challenge to other schools of thought many of which have operated on the basis of claims deriving from clinical experience. If other schools of thought can state their hypotheses and test them objectively, then if science is meaningful, either the results of these series of studies would be upheld or supplemented which in turn would give the practitioner in the field a solid body of empiric knowledge with which to operate.

III. For psychotherapy as a whole, the volume presents a hope that eventually psychotherapies will become less like religions and more like sciences. If instead of having ultimate recourse to authority we depend on fact, then we may some day have an integrated body of knowledge which psychotherapists may use.

It may be of interest to compare this volume with Moreno's current series of integrating lectures and guided discussions. While Rogers and

Dymond's meticulously detailed and completely objective approach is far away from Moreno's current endeavor, it appears that in both cases the implications are away from narrow parochialism and toward a unified science. In one case, a single idea is followed tenaciously; in the other a variety of ideas are compared. Nevertheless, both are headed in the same direction.

To refer to the opening sentence, this volume is not only the best around, but is also good. No psychotherapist of any persuasion can afford not to read and understand its contents.

RAYMOND J. CORSINI

# THE MORENO INSTITUTE BULLETIN

Academic Year 1955-56

Psychodrama, Sociodrama, Role Playing, Sociometry, Group Psychotherapy

101 Park Avenue, New York City — MUrray Hill 3-1626
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2. To develop operational standards in the use of these methods, and to encourage further research in their application to significant social problem areas.

3. To serve as a liaison among educational, clinical and research organizations using and developing these methods, and as a center for dissemination of information.

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Registration for Fall Semester (101 Park Ave.) Oct. 3-17 — 4:00-6:00 p.m.
Opening of Fall Semester ..... Oct. 17
Christmas Recess ..... Dec. 23–Jan. 3
Fall Semester Ends ..... Feb. 10
Registration Spring Semester ..... Feb. 14-27, 4:00-6:00 p.m.
Washington's Birthday Holiday ..... Feb. 22
Opening of Spring Semester ..... Feb. 23
Easter Recess ..... April 16-22
Spring Semester Ends ..... June 15

### Courses

*SOCIOMETRY 100*—Fall Semester. Monday, 4:30 to 6:30 p.m. at 101 Park Ave., New York City. *Introduction to Psychodrama and Sociodrama.* Spontaneity training, the warm-up, the use of the auxiliary ego, role reversal, double technique, mirror technique, soliloquy.

Fee: $30.00 2 semester hours

Instructor: Nahum E. Shoobs

*PSYCHODRAMA 101*—Spring Semester. Monday, 4:30 to 6:30 p.m. at 101 Park Ave., New York City. *Practicum in Psychodrama and Sociodrama.* Supervised practice in directing psychodramatic sessions. Prerequisites: Psychodrama 100 or permission of instructor.

Fee: $30.00 2 semester hours

Instructor: Nahum E. Shoobs

*PSYCHODRAMA 150*—Fall Semester. Monday, 6:30 to 8:30 p.m. at 101 Park Ave., New York City. *Laboratory for Research and Practice in Group Action Methods I.* Psychodrama, Sociodrama and Role Playing applied to actual problems of interpersonal relations in industrial and social life. Prerequisites: A degree from an accredited institution of higher learning, with specialization in social science.

Fee: $30.00 2 semester hours

Instructor: Lewis Yablonsky

Consultant: J. L. Moreno

*SOCIOMETRY 151*—Spring Semester Monday, 6:30 to 8:30 p.m. at 101 Park Ave., New York City. *Laboratory for Research and Practice in Group Action Methods II.* A continuation of SOCIOMETRY 150. Prerequisites: SOCIOMETRY 150 or permission of the instructor.

Fee: $30.00 2 semester hours

Instructor: Lewis Yablonsky

Consultant: J. L. Moreno

While not a part of the offerings of the Moreno Institute, the following course will be of interest to students. It is offered at the *Graduate School of Arts and Sciences, New York University.*

*SOCIOLOGY 253—Role Playing, the Psychodrama and the Sociodrama*—Offered at *New York University, Graduate School of Arts and Sciences, Washington Square, New York City.* Fall Term—Monday, 8:10 to 9:55 p.m. Deals with the theory and practice of Interpersonal Relations with special emphasis on the techniques of the psychodrama and sociodrama.

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July 5, 1956—September 3, 1956

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### Recommended Readings

Moreno: *Psychodrama, Volume I;* Haas: *Psychodrama and Sociodrama in American Education;* Moreno: *Who Shall Survive?* Quarterlies: *Sociometry, Vol. 1-18; Group Psychotherapy, Vol. 1-8.*

All these books available through: Beacon House, P.O. Box 311, Beacon, New York.

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## ANNOUNCEMENTS

*A New International Journal*

The rapid development of sociometry, group psychotherapy and psychodrama throughout the world, reaching far beyond the academic centers and university laboratories into various fields of application, education, industry, administration, mental hospitals, religious institutions and government agencies, has made it necessary to check an uncontrolled development. Our investigations have shown that, although these methods have a universal core, they require adaptation to each cultural milieu. Sociometric Institutes are being organized in all countries which are open to democratic processes and the Journal will be an international forum for publishing and exchanging views held by the various authorities in all parts of the world.

Articles published in the International Journal may be submitted either in *English, French, German, Italian* or *Spanish* and must be properly typewritten and submitted in triplicate. They should be addressed to the Editor in Chief, J. L. Moreno, P.O. Box 311, Beacon, N. Y., USA. It is hereby understood that all articles are accepted for exclusive publication in the International Journal and become the property of Beacon House.

Price for reprints of articles are based on printer's quotation, subject to change according to current costs.

*Forthcoming articles in the International Journal*

Sociometric Universalia and the United Nations; Psychodrama of US Senator Joseph McCarthy; A Sociometric World Institute; Proposal of Role Reversal Techniques in International Conferences; The Purges of Soviet Russia in Sociometric Retrospect; Psychodrama of Adolf Hitler.

*American Society of Group Psychotherapy and Psychodrama*

The Mid-Annual Meeting, Eastern and Michigan Section is to take place at the Moreno Institute, 101 Park Avenue, New York City, on December 9th and 10th. For further information write: Program Chairman, Mr. Lewis Yablonsky, 90 Morningside Drive, New York 27, New York.
H..

*Brief Report on European Tour, May-June, 1955*

Demonstrations and lectures on sociometry, psychodrama, group psychotherapy, sociodrama, roleplaying were given in the following places:

*England*—Cambridge University; Leicester University; Leeds Uni-

versity; Nottingham University; London School of Economics; British Psychological Society; British Society of Mental Deficiency; Wormwood Scrubs Prison; Institute of Social Psychiatry; Belmont Hospital; Tavistock Clinic; Warlingham Park Hospital.

*France*—CEGOS; St. Anne Hospital; Salpetriere Hospital; French Society of Psychotherapy; French Society of Psychoanalysis; Ministry of Information; UNESCO; Ministry of Labor; a psychodrama television program of a half hour, consisting of an actual demonstration recorded on film by the Ministry of Information; formation of a French Institute of Sociometry and Social Psychology.

*Switzerland*—2 day seminar in Biel-Bienne under the auspices of the Psychohygienisches Institut; Burhölzli Sanitarium, Zürich; Society of Psychoanalysis, Geneva; University of Geneva; the formation of a Swiss Institute of Sociometry.

*Italy*—IPSOA, Turin; School of Social Psychology, Turin; Olivetti factory in Ivrea; formation of an Italian Institute of Sociometry.

*Germany*—University of Tübingen; University of Freiburg; preparatory steps for a German Sociometric Institute.

# INTERNATIONAL

## SOCIOMETRY

## GROUP PSYCHOTHERAPY

## PSYCHODRAMA

**Editor in Chief: J. L. Moreno**

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DR. J. L. MORENO (U.S.A.)

# Grundlagen der Soziometrie

Mit einem Vorwort von Leopold von Wiese

1953, *ca.* 400 *Seiten, Ganzleinen, ca. DM* 28,—

20 Jahre sind vergangen, seitdem Jacob L. Morenos Hauptwerk „Who shall survive? A new approach to the problem of human interrelations" in den Vereinigten Staaten von Amerika erschien. Durch den 2. Weltkrieg blieb es in Deutschland so gut wie unbekannt. 1948 wurde es im ersten Heft der neuen Reihe der „Koelner Zeitschrift fuer Soziologie" durch Leopold von Wiese eingehend gewuerdigt: (aus der Beprechung) „Selten hat die Beziehungslehre eine so starke Stuetze und Bekraeftigung ihrer Grundgedanken bekommen wie in der Soziometrik, dieser Schoepfung des Arztes Moreno . . . Es gibt gerade im grundlegenden und im Schlussteil Morenos wesentliche Abschnitte, die fast woertlich mit meinen Formulie-rungsversuchen uebereinstimmen. Voellig einig sind wir in der Auffassung, dass Soziologie in der Hauptsache eine Lehre von den Beziehungen zwischen Menschen ist, dass die sozialen Prozesse, durch die diese Beziehungen geschaffen werden, letztlich solche des Zueisander und des Auseinander und das soziale Gebilde Anhaeufungen von so entstandenen Beziehungen sind."

Das hier unter dem Titel „Grundlagen der Soziometrie" vorgelegte Werk ist die Uebersetzung der 2. Auflage dieses Buches, die gleichzetig in den Vereinigten Staaten erscheint. In den zwei Jahrzehnten zwischen diesen beiden Auflagen ist die soziometrische Forschung fortgeschritten. Manches, was damals noch unausgereift war, ist heute weiterentwickelt, verfeinert und gefestigt. Die Methoden sind vielseitiger geworden und der Kreis der Menschen und Menschengruppen, auf die sie angewendet werden, hat sich immer mehr verbreitert.

Im Vorwort zur deutschen Ausgabe schreibt der Verfasser selbst ueber die Soziometrik:

Die Prinzipien der Wahrheitsliebe und Naechstenliebe, auf denen sich die Soziometrie aufbaut, sind uralt. Neu sind lediglich ihre Methoden. Sie vermoegen gleich Roentgenstrahlen ins Innere des sozialen Organismus zu dringen und Spannungen zwischen ethnischen, oekonomischen und religioesen Gruppen zu beleuchten. Durch die soziometrische Methode koennen wir die allen Gruppenhandlungen zugrunde liegenden Gefuehle aufdecken, mit mathematischer Genauigkeit messen und spaeter im Sinne der Neuordnung lenken. Ist die soziometrische Geographie einer Gemeinschaft bildhaft klar geworden, so koennen viele soziale Spannungen durch Umgruppierungen geloest werden.

WESTDEUTSCHER VERLAG . KOELN UND OPLADEN