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## CHILD PSYCHIATRY AND RELIGION

EARL A. LOOMIS, JR.

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Up to a generation ago, perhaps even more recently, my audience might well expect the topic *Child Psychiatry and Religion* to be expressed as *Child Psychiatry vs. Religion* or as an attack of one upon the other. Today most of us have come to understand that the two can live together in the same world. What is more important is that a number of workers from both sides have begun to work together. Therefore this is no longer a matter of a "hot" or even a "cold" war between two opposed factions, but rather an approach of two groups with overlapping memberships to a number of common goals. Certainly it would be both premature and incorrect to imply that all churchmen and all child psychiatrists agree about all goals—they don't even do that with each other. Nor would it be true to state that they would agree about many methods of approaching these goals. These deceptively attractive overemphases upon surface similarities can blunt the keen edge of each approach and also lead to endless confusion. What is needed is clear definitions of the similarities and differences in goals, in methods, and in nature of the two groups, child psychiatry and the church, with a focus on how they can best work together toward those goals which they both really do espouse. Tonight's talk must necessarily limit itself to those aspects of their potential for parallel or united action which are particularly relevant for mental health and public health.

First of all, I should like to call attention to a striking commonality: They both emphasize the importance of early stages of development. When we stop to consider what this means, we are confronted with one of the major gains in the history of thought and practice of man. Childhood can no longer be regarded as an insignificant twilight zone of life in which nothing really important happens, from which nothing is remembered, and out of which nothing valid for REAL LIVING issues. On the contrary, it is seen as not merely formative, but as crucial and indispensable for any real adequacy of ultimate development. This is all new to psychiatry—in the last hundred years. But it is something the Judeo-Christian tradition has recognized for thousands of years. Just what was lacking in the *use* of this knowledge by our religious families would be worth knowing. Just *why* it was necessary for this long known, and perhaps partially neglected truth, to be rediscovered by a secular group, psychiatry, might well be a

clue to much that ails our world. Perhaps the arrival on the scene of yet another movement—existentialism, Christian and otherwise—may be a clue to this mystery.

As I understand it, what existentialism seeks to combat is every kind of impersonal, non-involved, non-relational way of viewing man. That is, any completely formalized, frozen, static approach must necessarily miss the crucial aspect of human life, namely, *relationships*. Nuclear physics underscores the same point: Matter is not so much stuff or substance as it is energy and events, events which are patterned and configured in such a way that we see and experience them as matter. And these events occur in a context or field in which their relations and actions with regard to the rest of the field are mutually involved and involving. What all this says to the psychological sciences and to religion may be this: Timing and patterning are crucial. There may be many ways to rear a child, but they must have inner identity and coherence and they must have relevance to the surroundings or they will lead to trouble sooner or later. All this seems to point to equilibrium or dynamic balance as fundamental principles.

The instrument of balance in the child is the ego or central integrating core of the personality. For it is the ego which must come to make the adjustments to inner and outer change, to stresses and surprises, which must protect the self from the self and from the environment, and which undergoes such great demands in a world of constantly changing orientations such as ours of today.

All we know about child development points to the fact that at birth the ego is absent or barely functioning at all. For months mother must lend to the child her own ego in the forms of making tension endurable, providing boundaries and limitations, and facilitating essential functions. It goes without saying that a three-month-old child cannot wash, dress, or feed itself. Neither can he really know himself—where he leaves off and others begin—without the interposition of mother's loaned ego, one whose functions he gradually comes to replace with his own developing ego. His failure to develop the replacing personal ego or mother's failure to permit his ego's functions to take over where she formerly acted for the child may lead to real difficulty later. The worst cases are our child psychotics, those children whose own egos are distorted or underdeveloped. No doubt a great number of so-called mentally defective children grew out of just such a disturbance in basic ego development. Learning how to avoid such patterns from the side of both the mother and the child is one of the great challenges of twentieth century child psychiatry. One of our clues is that one



of these types is related to a sort of child rearing that is mechanical, non-spontaneous, and "by the book." Such parents *do* everything they are supposed to, bend over backwards to be accurate and adequate in applying the rules, but somehow fail to free themselves up to being able to play by ear or do what comes naturally. A phase of child psychology and child psychiatry is partly to blame for this. Fortunately, not all parents were able or willing to be sucked in by this phase.

One crucial ingredient omitted from the diet of these children was spontaneousness, naturalness. They missed parents who interacted negatively as well as positively, who could be genuinely pleased as well as genuinely angry, who manifested empathy or feeling-in—who did as St. Paul suggested: "Weep with them that did weep and rejoice with them that rejoice".

Another ingredient equally necessary was *definite and firm limitation on behavior*. Children learn to know the boundaries of themselves only as they come against boundaries of others. This applies to social situations as well as purely physical ones. If we are to expect our older children to respect boundaries of others' rights and property, they must early come to learn where their own rights leave off and others begin. Knowledge of the dimensions of the self has been one of the goals of the Judeo-Christian tradition. Sometimes it is expressed in terms of defining the nature of man and his relation to his neighbor and deity, sometimes in precepts and commandments, sometimes in customs and folkways, symbols and ceremonies. All of these were aimed at communicating to a child who he was, what were his rights and obligations, and with whom he was to deal. Often also it was made clear what were the consequences of different patterns of behavior, i.e., a system of rewards and punishments. So long as all this was meaningful and tied together the child, his family and his contemporary culture, it was tremendously supportive and strengthening. Where it ceased to be meaningful or timely, it became trivial or oppressive.

No doubt two factors which led to the development of psychiatry were the presence of a large amount of neurosis or mental and emotional suffering on the one hand and on the other hand a willingness of man to examine himself, after having examined the world of ideas, plants, animals, chemistry, and physics. Self examination is not always pleasant, and self examination which relates to the unknown or unconscious forces in life may be even more threatening. Going back into one's own past or looking at the childhood of children around us is not easy, especially if it stirs up memories too painful to endure. Yet there was courage for the task, and bit



by bit we have recovered the lost ground, only to learn that there were hidden assets as well as concealed dangers. Reaping the harvest of some of the hidden treasures, discovering that we all had more than we knew of love and strength in our childhood, as well as pains and frustrations, is a source of new courage in the rearing of our own children.

Where both psychology and the church had missed the boat was in the area of *substituting form for relationship*. How often in others is this obvious, how seldom is it clear to ourselves! But the common travesty is everywhere. "I'll teach him to be kind if I have to whale the daylights out of him." "I told them God loves them and they still don't believe me—I even proved it from the Bible." But too often the simple truism is forgotten: We learn to love by being loved, we learn to love those things which are loved by those we love and respect. How tragic, then, the plight of the parent, priest, or rabbi who sees the tradition rejected—the tradition he has worked so hard and so unsuccessfully to promulgate, even against the will of the listener. We cannot keep what we do not share, we cannot have what we will not receive, we cannot give what we do not have. Yet how many parents send their child at ten or twelve to a Sunday school or synagogue school to be prepared to love that which the parent has studiously avoided for those same ten years.

And even more tragic the plight of the family who have both the faith and the fellowship as a living reality in their own lives, but whose community finds both irrelevant and anachronistic. Adaptation and isolation are frightening extremes, and few forms of compromise are creative. To this problem more work and attention should be directed. For the religious community is a health-giving community when it functions fully. This vacuum in community life expresses itself in a multitude of substitute religions, most of them demonic and destructive, or in sheer secular emptiness and ennui. Yet to demand that we return to religion is not my plea. Rather I am suggesting that we reexamine what we have left and where we are going. In one sense we can't go home again, in another we must; in the latter sense, both we and home have changed, and relationship must be there or there will be no togetherness, no home, and no *we*.

So, just as the child psychiatrist, social worker, and child psychologist must practice human relations in their own homes as well as *know it*—if they expect their children to develop well—so, too, the member of a religious community must find his faith and practice a part of his total life if it is to "take" with his children. Often as not, the techniques for communicating health, whether in the psychological or in the spiritual realm, will be non-

verbal, experiential, relational. How to develop the means of sharing the grace of a strong and loving faith through non-verbal as well as verbal channels is another great challenge to both psychiatry and religion. Lewis Sherrill has asserted that the first religious experience is the first moment we receive unqualified mature love, actually an early moment indeed. If this is so, if the grace of God and the love of God and the fellowship of a redemptive community are mediated through the care and tenderness of mother love, and if the truth and strength and integrity of God and the courage and endurance of the community are communicated through a parent's firmness and patience, then a wide gateway for exploration of a vast new land and lore lies before us. If this is so, perhaps all our acts are religious or irreligious, not simply neutral, and the distinguishing of effective versus inept means of communication is vital.

Father Otis Rice of St. Luke's Hospital in New York is well enough aware of this dimension to have a special course for hospital dietitians. It is entitled: *Bread and Love*. Food which in infancy was a symbol of tender love and regard may be so presented to a patient in a hospital that it revives the warm associations of the past and nourishes not only the body but also the whole self. Or, it can be so carelessly dispensed as to counteract entirely the potential for communicating a grace. We might learn something from this for the use and abuse of mealtimes in families. They can be almost a sacrament or on the other hand a sacrilege. Do we find joy together in eating? The secret, it seems to me, lies in where the emphasis is placed: on things—or on relationships. If clean napkins mean to the child that mother loves and cares, clean napkins are used in the service of love. If they mean instead that she has exhausted herself with the trappings and has no time for the essentials of togetherness, then they are used in the service of something less than love and do more harm than good. Learning to speak and hear a common language together is requisite here or we get our signals mixed. Evidence of this possibility is our tendency to be on guard with strangers until we learn what to expect.

Now about the similarities and differences of goals and methods. Both religion and child psychiatry are interested in man's fulfilment of his potentialities and capacities. They may disagree on the phrasing or the content of just what these potentialities and capacities are. In most practical instances it turns out that they really don't. The most secular or supposedly irreligious child psychiatrist is quite sure that love is better than hate, that truth is better than dishonesty, that tenderness is better than cruelty, that firmness is better than vacillation. One may draw his roots from pragmatics,

from tradition, from philosophy, or from revelation, but the branches will have many similarities. The real differences will come in two areas, I should judge: One is that of the importance of holding certain ideas about man, the world, and God as true, i.e., the area of *belief*; the other is the area of whether or not there is an external point of reference on the basis of which man is to be judged and saved.

I certainly do not expect to *settle* these differences tonight. Nevertheless there may be some approaches to the differences which will be potentially creative. First of all—the man of faith will agree that his faith must issue in effective loving living if it has validity. He and the man of unbelief may be able to agree on the major values and goals of this effective living; i.e., may agree to seek the same ends for different reasons.

Secondly, the knowledge of personality dynamics and development which we derive from child psychiatry may give to both the man of faith and the man who thinks of himself as not of faith skills and techniques for better communicating of the goals and values which they both wish to enter their relationships.

Thirdly, the man who does not openly profess faith or who may not often even admit it to himself may in reality be living in faith, although he cannot or will not so profess or formulate it. Jesus tells the parable of two sons whose father commands them to go to work in his vineyard. The first says, "Father, I go"—and doesn't. The second says, "Father, I go not"—and goes. Jesus asks: Which then did the will of his father?

These three possibilities encourage us to have patience with our differences in the area of beliefs or doctrines.

In the area of disagreements about a supernatural point of reference and of reliance upon God for judgment and salvation, we may submit similar propositions.

First, the alleged disagreeers may concur on the presence and importance of symbols of salvation in human life and upon their role in providing fulfilment for multitudes now and in the past. They may disagree about the reality or possible illusion underlying the symbols, and still agree as to the presence and potency of the symbols and on man's reaching out for them and using them.

Secondly, the man of faith and the man who cannot or will not say he has faith can both learn from psychodynamics and group dynamics more about the role of the symbols of salvation in the life of men and how they can better be appropriated and responded to as well as how their distortion and misuse can be avoided.

Thirdly, we are all too familiar with the fact that "everybody talking 'bout heab'n ain't goin' there." It may well be that the deepest spiritual truths are present in the lives of quiet ones who make little noise in the name of religion and might—even as did Kierkegaard, the Danish philosopher-theologian of the last century—disclaim being religious. Conversely, some of the noisier claimants may have much to learn about what they so openly profess. This *pair* of facts should lead us to humility and also to new zeal in reexamining—both from the side of psychiatry and from the side of faith—what is the meaning of relationship, of mental and spiritual health, and of the healing process in life, in faith, and in clinical practice.

## ADLERIAN ANALYSIS OF INTERACTION\*

RUDOLF DREIKURS

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Alfred Adler's concept of human interactions is supported by recent findings in various fields of research. Some of his basic postulations have been proven to be valid not only for human behavior, but for life in general. Today, discoveries in other fields contribute to an understanding of the dynamics operating in man and society. Thus we are witnessing a coordination of scientific data from various fields of investigation; certain basic principles seem to govern events in all aspects of life, be they physical, biological, psychological or social.

It appears that *all actions are interactions*. This fact, first observed in the human sphere, is recognized today as a universal principle. We no longer consider the linear interpretation of events as adequate or valid. It is not one cause with one effect, not one force which affects a supposedly passive body. There is interaction, minimal in regard to physical bodies, but all-decisive in the higher organizations of life. Thus, every action becomes a complex event.

Understanding the significance and dynamics of an action requires consideration of the whole field in which it takes place. Again, there is great similarity in the evaluation of events in the physical world or on the social scene.

An excellent analogy of the basic dynamics in human interaction is provided by the process of electrical discharge. The old fashioned demonstration model of generating electricity through cranking produces electrical discharge through sparks between two opposite poles. A sheet of paper placed on each pole reveals what actually happens. There are innumerable holes on each sheet, and the nature of these minute holes indicates that the sparks come from both sides simultaneously. But this is not visible to the slowly functioning human eye, which does perceive the multitude of minute sparks flying from each pole to the other, but only one large streak going in one direction. Similarly, the lightning is perceived as setting a house on fire, while actually the flame which does the damage comes from the earth. Our perception of action generally overlooks the fact that innumerable forms of interaction give the impression of one act. Every single action is the

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visible expression of an underlying multitude of interactions which culminate in an overt act.

Since the field in which humans operate is society, man is a thoroughly social being. This fundamental social nature of man, emphasized by Adler, has to be re-discovered today because of the impact of psychoanalysis on present scientific concepts. The social atmosphere surrounding man is so pervasive, that *all human actions have social significance*; although they may sometimes appear to have little to do with social problems. Social demands, social conventions and social values affect all aspects of human life. Consequently, all human actions are social interactions, whether they directly involve another person or not. In the final analysis, anything that a person does affects others around him, or at least concerns them.

The social significance of human actions becomes even more obvious when we realize that all human *qualities* imply social interaction. Whatever is called a character trait or personal quality is actually a way of movement, a way of dealing with others. And *all human actions have a purpose*. This teleological interpretation of human behavior, of personality and character, is characteristic for Adlerian psychology. Personal qualities indicate the movements of a person, the goals which he has set for himself, the role which he intends to play. They indicate typical interaction with others, and bring about characteristic responses.

Individual personality traits and their underlying *goals form the basis for human relationships*. When two people meet, they size each other up immediately. This process generally takes place on the pre-conscious level. In the first moment of contact people know more about each other than they consciously realize. The communication, of which they may not be aware, is provided by slight facial expressions, by the tone of voice and many similar subtle indications of attitudes. The relationship which evolves after the first meeting implies cooperation. The silent agreement, established by the two, may be positive or negative; the cooperation may consist of a mutual decision to support or to fight each other, to cooperate or to compete, to like or dislike, to seek or to avoid each other. At any event, some kind of mutual agreement is very soon established, whenever two people come in contact with each other.

Agreement about the kind of relationship which the two wish to maintain may be conscious or unconscious. In most cases, certain aspects of the relationship are on the conscious level, others remain hidden to the participants. As a rule, most people are more aware of the attitudes of the

others toward them than of their own attitude to them. We generally realize more what others are doing to us than what we are doing to them.

The rational reasons given for a certain type of relationship are not always the true reasons. Very often emotional factors enter. They are usually not recognized in their true significance. Most people do not realize the purpose of their emotions which express their private logic. They know whom they like or dislike. They will give many reasons for their positive or negative feelings; but they are hardly in a position to know the true reasons. It is the function of our emotions to conceal underlying attitudes and to act as force for motivation without involving our sense of responsibility.

What, then, determines the kind of relationship which two people establish with each other? Since each individual has set himself goals which he tries to achieve, either in life in general or in a given situation, he is always confronted with people who have their own goals. The relationship which they develop depends on the interaction of their particular goals and purposes. Each somehow senses what he can expect from the other, and their agreement implies a certain acknowledgment of cooperation in pursuit of each one's goal. Since we are not aware of our personal goals, we are generally not aware either what we expect from each other and to what extent we are willing to comply with the other one's expectations. But we do exactly that: we expect and make our demands—and we comply. If the relationship is of more superficial nature, the area of expectation and compliance may be easily defined and perhaps consciously recognized. However, if the relationship is more personal and intimate, and if emotions become involved, then the recognition of the dynamic factors is generally not possible to the parties involved. We do not know ourselves; we do not know the premises on which we act. We do not know our personal goals and, therefore, cannot be sure about our motivations or our stake in close personal relationships. (Psychological Uncertainty Principle.)

What determines our relationship with others is their ability to fit into our conscious or unconscious schemes. Depending on the nature of our goals which they support, our relationship is superficial or profound. What are our goals?

Immediate and temporary goals, in our daily lives and our casual contacts, are different from the basic goals which we have set ourselves in the formative years of our childhood. The latter form the basis for our whole personality, as expressed in our "style of life." The "fictitious goals," as Adler called them, present our individual idea of social integration, the only conditions under which we feel we could find a place in society. We never



become aware of our basic concepts, we never realize our personal bias, our exaggerated emphasis on special means which are supposed to provide status; nevertheless, we all act persistently according to these premises of our style of life.

But within the same life style we can set ourselves a great variety of intermediate goals; they serve the present situation within the framework of our general attitude toward life. In children these immediate goals underlying overt behavior can be rather easily recognized. Children who misbehave or are difficult may demand special attention and service, or they may try to establish their own power and to defeat the pressure of others, primarily parents and teachers; they may look for revenge, trying to hurt others as they feel hurt and abused; or they may pretend deficiencies in order to avoid tasks or functions where their lack of ability may become obvious and may further undermine their status. These four goals of disturbing behavior in children seem to encompass the wide range of deficiencies and maladjustments; they are the responsible dynamic factors. But even within each of the four goals, a variety of means can be used for the accomplishment of the desired purpose. In adults the distinction of the four goals is not as clear, since the process of adolescence seems to produce a concealing cover for our intentions.

Recognition of a person's goals is indispensable for a correct analysis of his relationship and interaction with others. He usually stimulates behavior in others which brings the results which he anticipates; it is less important whether these results are pleasant or unpleasant, as long as they confirm his scheme of operation, his stake in the relationship. Naturally, he can provoke such behavior only in those who are susceptible. Unfortunately, from the point of education, children are usually much more adept and powerful in provoking anticipated and desired responses than are adults. Consequently, the relationship between children and adults depends more on the child's goal and far less on the correctional and educational intentions of adults. This sad state of affairs characterizes the home situation as well as school; it is enhanced by contemporary concepts of behavior which do not take in consideration its teleological aspect, its purposiveness. If behavior, personality and character are considered as entities within themselves, evolving from processes taking place within the child, primarily his psycho-sexual development, their true social significance remains obscured.

A typical example of the contemporary confusion in regard to children's behavior is the present concept of "dependency." It is assumed that a dependent child does not have his inner needs satisfied and, therefore, cannot

emancipate himself from dependency on others who are supposed to meet these needs. Actually, an analysis of the relationship of such a dependent child on his mother brings entirely different conclusions if this relationship is examined phenomenologically<sup>1</sup> rather than introspectively. If we examine what happens between mother and child instead of what takes place within the child, we suddenly realize that the dependent child is actually a dominating child. It does not make any difference how much the mother would "satisfy his needs"; the child has come to the conclusion that having his own way is the only condition on which he can feel equal to the all-powerful adults; he got the idea that it is his right to get what he wants, because his parents have given in to him so much when he was smaller. Such a child will not be satisfied with whatever amount of love and affection mother may give him. He thinks—as we often have heard openly expressed from such children—that "If you don't do what I want, you don't love me." Contrary to the general assumption that a dependent child needs more love and indulgence, the opposite is true. His dependency can be corrected only if his mother learns to withdraw herself from his undue demands. In other words, the sociological analysis of what takes place between mother and child reveals contrary mechanisms to those assumed by an introspective—instinctual interpretation.

It is much easier to recognize the dynamics in a superficial relationship than those operating in close and more intimate relations. In the former, mutual expectations and their fulfillment or frustration are often rather obvious. In any group situation, alliances are formed and antagonisms provoked by individual interests, intentions and pursuits. As long as two members of a group move in the same direction, they remain allies; their alliance can break up instantly if their intentions clash. Such superficial forms of relationship pose no problem; they are easily understood. More difficult is the analysis of relationships where either such common goals are not visible, or where they appear as a result of submission of one to another; this leaves the question open as to why one submits. In most instances, the overt and simple reason for alliances and antagonisms is not sufficient to explain such a relationship. We, then, are inclined to attribute it to the "personalities" of the individuals involved who may attract or reject each other. But what is it that makes one kind of personality attractive or objectionable to one person and not to another? Obviously, it is not mere similarity or

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<sup>1</sup> This term is used in many ways. Here it is used as indicating observation of acts, looking at them from the outside as phenomena.

difference. We see people oppose each other vehemently because they are so much alike, and others feel strongly belonging to each other because of their similarity. Conversely, two people may be attracted to each other by their difference or reject each other because of it. What then can be the dynamic force involved?

As stated before, *human qualities and character traits indicate movement and interaction*. Consequently, they provoke counter-movements and counter-actions. However, the response to a certain personality trait often depends on the relationship which is established independent of an individual trait. Almost any human quality can be regarded with approval and with disapproval. The same person is called generous by one and spendthrift by another. The same is true for the one who is regarded as economical or as miserly, depending on the attitude of the person describing him. It is obvious why one person would regard the same quality as favorable and the other as objectionable. Whoever benefits from such a trait, will like it; the one whose interest is threatened by it, objects to it. The miser may appear in a favorable light to his mother who admires his thrift; the spendthrift may be admired by those on whom he showers his lavishness. No deeper analysis is necessary to understand such responses.

There is a further point to be considered in the correlation between human qualities and relationships. *Character traits and qualities may be the result of relationships*. This is in contrast to the assumption that it is some phase of the psycho-sexual development which produces character traits. Responsible for many adult character traits is the "family constellation" during the formative years. In order to find his place within the group, within his family, each child develops certain traits and qualities which he considers essential.

In this sense all qualities are socially acquired by learning and training. Adler's concept of the development of the personality is very much supported by recent theories of learning, particularly of social learning. The child proceeds by trial and error: whatever he finds effective in gaining status, he will continue; whatever he considers ineffective, he will discard. Children are excellent observers, but poor interpreters. They perceive well what is going on, but often draw wrong conclusions, particularly where they are involved. Unfortunately, their conclusions during their formative years form the basis for their personality, their style of life. Their private logic can be understood by their experiences within the family circle, their observation of the interaction between all members of the family; but the process by which they drew their conclusions, implies certain basic mistakes,

since they often make wrong generalizations about life. It is obvious that *the interplay within the family*, the kind of relationships which exist between all members of the family, *is the foundation for individual character development.*

By and large, what all the children have in common is produced by the family atmosphere, established by father and mother. Through them the children are exposed to cultural and social influences. Racial, religious, economic, educational, and other social factors are perceived by the children through the experiences with their parents. The similarity of siblings expresses their common experience at home, the values to which they were exposed and the pattern of behavior in which they were trained.

However, children of the same family are often very different, in many instances even opposites. Without awareness of the social dynamics responsible for such differences of personality and character, one may be inclined to attribute it to hereditary factors; this is particularly so if one sibling resembles a certain member of the family and his opposite another. Such popular assumption is, however, not supported scientifically. Character is not inherited, but trained. *The difference in the personalities of siblings is the result of competitive strife.* The stronger the competition between two siblings, the more different they become. It is usually most pronounced between the first and the second child, resulting in strong contrasts of character traits, personality, temperament, interests and abilities. Adler described their interaction: the first one tries to stay ahead and the second tries to catch up or surpass the older. In contrast, siblings who are allied with each other in the struggle of all to gain a place in the family, become similar, at least in certain basic aspects of their personality. This pattern of competition and alliance explains why we find in the same family children who are exceptionally good or bad, those who are slow or alert, intelligent or dull, or whatever difference they may exhibit.

This points to a fundamental principle in personality development. It is social interaction during childhood which is responsible for the development of personality patterns. Contrary to a contemporary prevalent assumption, it is not the interaction between child and mother which is of prime importance; more important for the child's development is his relationship with one particular brother or sister with whom he is in strongest competition. In most cases it is the next younger or older one; but the configuration of a family may stimulate other main lines of competition. Wherever it is established, it has the same effect. Where one succeeds, the other gives up; and if one fails, the other goes ahead. In most cases the once established

relationship is maintained. Each of the competitors succeeds in specific areas, which explains their talents and qualities as well as their deficiencies. But the situation can become reversed as soon as the heretofore "successful" sibling encounters handicaps, and slips. Then his less successful antagonist jumps into the lead in a characteristic teeter-totter relationship.

This important factor of competition within the family has been little recognized. It is dynamically different from sibling rivalry, with which it may concur, but which may be absent in a competitive relationship. Rivalry is stimulated by immediate requests for attention, service, or other gratifications of the moment. Competition, on the other hand, relates to more fundamental issues, to one's place in the group, to status, worth, and other more permanent considerations. Rivalry may exist between allies, but in most cases the main competitor is also the strongest rival. A most interesting dynamic interaction is provided by the *absence* of rivalry in a strongly competitive relationship. The competition is characterized by the usual development of opposite personality patterns. Rivalry between competitors is eliminated. They ignore each other completely so that they have outwardly nothing to do with each other, each living in a separate world. Or they may move so close together that their symbiosis may benefit from their competitive difference. Such is the mutually supportive relationship of the leader and follower, the active and the passive, the dominant and the submissive. This is true of every pair with strong differences which seem to supplement each other. One is clearly established in his superiority; but the so-called inferior is glad to submit to the superior position of the other as long as he benefits by it. In many instances it is the weaker or inferior one who puts the other in his service. He in turn is willing to do so for the price of his status and prestige.

The dynamics underlying a competitive relationship observed amongst siblings have general significance. *Complementary personalities develop in any competitive relationship.* There are limitations to which adults can change their personality traits; but a competitive relationship will stimulate opposite behavioral patterns. Similarly, highly competitive people will choose partners with divergent character traits. This explains why opposites attract each other. Deep and overwhelming as such attractions may be, they lead to a relationship with a precarious equilibrium. As soon as one refuses to give the other the desired gratification which such a competitive arrangement provides, the cooperation is broken and turned into equally strong hostility. It has been observed that most marital conflicts are due to the very differences of personality which had originally formed the basis for

attraction. A husband who complains about his inadequate wife married her for the same inadequacy which permitted him to be the hero and protector. Similarly, the husband who complains about the domineering wife had chosen her because he could lean on her. As long as they were willing to serve each other's goals, they loved each other; as soon as they felt abused or neglected, hate and quarrel replaced love.

Relationships with strong emotional involvements are always based on fundamental attitudes, although they may appear as incidental. The choice of a marriage partner may seem rash, unpremeditated or without consideration of personality factors; on closer scrutiny more fundamental aspects usually appear. *The life styles meet.*

Harmony or fight, agreement or contest, seem to be caused by superficial and often incidental occurrences. Actually, the conflict which seems to arise about issues is always one of relationship. It cannot be understood logically, only psychologically. The overt issue at stake is generally a rationalization, covering up feelings of abuse, rejection, neglect, in most cases concerning status and a lack of appreciation. Since the desire to belong, to have status, is the most fundamental motivation of man, he is willing to tolerate almost anything as long as he is sure of status and acceptance; but he cannot accept the slightest imposition or annoyance if he feels slighted or rejected. The apparent causes of friction are incidents which are no longer acceptable in a hostile relationship. Then cooperation becomes replaced with efforts, either to conquer or to revenge.

Unfortunately, the partners involved in such a conflict are usually unaware of their own motivation and their role. They argue about the overt incident without touching the core of the matter. If one complains about the other he usually gives an account of an almost irrational and certainly unjustifiable behavior. The account may be correct; in the report, the behavior of the opponent may actually appear unjustifiable. It is like a dialogue in which the lines of one actor are omitted. It makes no sense. Only if both parts are read or spoken can the sense in each word be appreciated. Unfortunately, in a conflict situation each knows only the lines which the other speaks; he is not aware of what he himself is doing or saying. Consequently, the actions of his opponent make no sense.

A better control of human interaction presupposes a greater awareness of our own attitudes and our actions. Psychotherapy on the verbal level and psychodrama on the action level provide just such insights.

## SUMMARY

All actions are interactions. Human actions are social interactions. Human "qualities" indicate movement; they have a social purpose. Human relationships are based on cooperation. Communication exists on a pre-conscious level. When two people meet they size each other up and establish agreement about their roles. Their goals determine their relationship. The goals may be superficial or fundamental. Character traits are the result of relationship. The interplay within the family is the foundation for individual character development. The difference in the personality of siblings is the result of competitive strife. In a competitive relationship behavior is complementary. We do not know our own attitude or role in a conflict situation.



# CONCEPTS AND TECHNIQUES OF ROLE PLAYING AND ROLE TRAINING UTILIZING PSYCHODRAMATIC METHODS IN GROUP THERAPY WITH ADOLESCENT DRUG ADDICTS

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Despite the addict's progress in treatment in the Riverside Hospital inpatient and follow-up program, he must inevitably face the situation in which he is confronted with drugs.<sup>1</sup> At that point, he must make a choice as to his future course. This is truly a decision, a commitment, in the existential sense.<sup>2</sup> As Sartre might conclude, all previous history cannot be relied on at this moment, this precise moment of engagement. In dealing with this in individual treatment with the patient, it is extremely difficult to bring the sense of urgency, and the reality of the situation, into focus. The most effective method that I have been able to utilize to accomplish this is the psychodramatic technique of role playing and actual acting out of real life situations with anticipation of the recurrence of such situations. Moreno's approach of bringing the patient as close, emotionally, as possible, to the situation, has great value in that defenses are rapidly cut through with a minimum of evasion, rationalization and resistance.

In terms of the therapeutic value of such an approach one need only apply the pragmatic test of clinical results. However, the theoretical issue that might be raised, in terms of the meaningfulness of such an approach, should be dealt with before proceeding.

Among the characteristics of this group of patients are the inability to engage in anticipatory thinking, the tendency to become overwhelmed by new or recurrent situations, since the demands are felt to be too complicated to cope with, and an inability for fear of separation from, and antagonism of, the significant environmental figures, to make a definite decision, especially a negative one (i.e., refuse to join a friend in getting "high")

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<sup>1</sup> This paper is a follow-up to the preliminary paper that appeared in the Aug. '55 issue of *GROUP PSYCHOTHERAPY*: "A Group Therapy Approach With Adolescent Drug Addicts". Riverside Hospital is a treatment and research center for adolescent drug addicts. It was established under provisions of Section 439-a Public Health Law, New York, and was opened in July 1952.

<sup>2</sup> Betsy Buck, under the supervision of J. L. Moreno, M.D., "Psychodrama of Drug Addiction," transcript of an actual session. *GROUP PSYCHOTHERAPY*, Vol. IV, No. 4, pp. 301-21.

on drugs). These problems, as we might expect, can be related to the character structure of the oral dependent individual who, as a result of parental overprotection, has never been able to function as though his ego were his own. This lack of integration derives from the overlapping of the ego of the patient and the ego(s) of the protective authority figure(s). The patient comes to experience all situations with a degree of fuzziness and uncertainty, and tends to integrate the situation in a symbiotic manner, unable to maintain his own physical or psychic identity. In this connection, Moreno, in his spontaneity theory of child development,<sup>3</sup> points out that "the infantile time has but one dimension—the present." He views the infant's developmental milieu in terms of the matrix of identity, in which a relationship between the infant and the persons and things around him are not experienced in the early stages as either inside or outside of himself. Moreno goes on to note that as the infant matures "the amount of assistance which the auxiliary ego has to render to the infant becomes less and less, and the amount of activity with which the infant participates becomes larger and larger; in other words, the auxiliary ego (the mother) is an aide in shaping the infant's own roles, permitting him gradually more independence." And so, we are able to recognize that the patients with whom this report deals, were not afforded the opportunity to successfully negotiate this level of development because of the pathological nature of this matrix. They continue, just as Moreno says of the infant "to warm up exclusively to immediate time." The infant, in fact, "lives in immediate time". There is no past or future.

In her discussion of this problem in a recent article,<sup>4</sup> Dr. Edrita Fried reviews the consequences of overprotection and notes that "where the symbiotic leanings are strong, the time perspective is often distorted in the sense that the individual operates with little awareness of the future and a rather fragmentary perspective of the past". This distortion of time perspective is remarkably present in the drug addict group. There is a preoccupation with "time standing still" and little awareness of the obligational aspects of time such as keeping appointments on time, reporting for work at a given hour.

Dr. Fried offers an important treatment consideration in her discus-

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<sup>3</sup> Moreno, J. L., *Psychodrama*, 1st Volume, Beacon House, 1946.

<sup>4</sup> Fried, Edrita, "Ego Functions and Techniques of Ego Strengthening"; *Amer. Journal of Psychotherapy*, July '55. Dr. Fried presents a current picture of this topic with consideration of the thinking of various authorities. A discussion of the paper by Dr. Richard Sterba follows Dr. Fried's contribution.

sion, and, in fact, inherent in her discussion is the therapeutic rationale for the approach undertaken and described in this paper. In a case that she reports, there is little frustration tolerance on the part of the patient, who cannot but succumb to the mother's unconscious need to keep him an infant. The mother fails to help the child develop a sense of future, or to enable the child to envision the stages of growth through which he is bound to go. "There is no rehearsing of future action and development—so important a contribution toward the development of a time perspective that extends from the present into the future. I believe it is indicated to provide for the patient," she goes on, "just such rehearsals of possible future events and to discuss with him directly the restricted nature of his time perspective. By helping to establish through a direct approach (which does not exclude various other therapeutic measures), a sense of future, we enhance the patient's endurance of the frustrations imposed on him by the growing up process at which treatment is aimed." Certainly, when Dr. Fried discusses this problem of rehearsal for future events, Moreno's contribution in this area should be acknowledged, since this very problem has been of long standing concern in the field of psychodrama. In a discussion of the role of spontaneity training in psychotherapy, Moreno points out that "the process of exploration during psychodramatic work is already a tentative phase of training. Gradually, in accordance with the need of the patient, roles are constructed which he learns to embody and situations to which he learns to adjust."<sup>5</sup>

I should like to indicate at this point that, concurrent with group therapy sessions, the patients are seen in individual therapy sessions. I agree with Dr. Sterba, in the main, in viewing the effective working through of ego habits as an after-math to recognition and interpretation of unconscious material. He states, "I would almost make it a rule that the understanding of dynamic insight into the specific determinants of a certain ego habit has to precede the direct corrective approach of the therapist." This dynamic insight, however, I believe, need not necessarily derive from the individual treatment situation. The group can arrive, too, at a dynamic understanding of behavior, perhaps, in some areas, even more effectively than can the patient in the traditional therapist-patient relationship.

*Sessions:* The sessions have been operating on the following basis. The therapist in the course of a group therapy session recognizes with the group

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<sup>5</sup> Moreno, J. L.; op. cit. Moreno also deals with this problem of role rehearsal in *The Section on Psychodramatic Method*.

the seriousness of the problem of turning away from drugs when they are offered. As the discussion moves in the area of drugs, the "warm-up" is under way. The therapist then reconstructs a "confrontation" situation.

THERAPIST:—All right. Now you, George, you are in the streets, out of the hospital. You've been using drugs for over a month. You've got a habit, and now need money for more drugs. You just pawned your last piece of clothing and you are now selling drugs to support your habit. You, Joe, you are out of the hospital just about a month and things haven't worked out. You're trying real hard to stay off the stuff even though you don't have a job and feel pretty low. Things at home are still rough. You just had a fight with your mother. You are walking down Lenox Avenue. You have \$3. You run into George. George needs that \$3 to buy more drugs.

*(Therapist presents all of this in the present tense. At this point both patients are up, simulate walking down Lenox Avenue. Joe assumes the typical "hanging around the street corner" pose. George approaches.)*

GEORGE:—Hiya man. You're looking pretty good. *(Joe stands silently, already preparing to ward off the onslaught of coercion.)* Have you been clean *(off drugs)*?

JOE:—Yeh, and I intend to keep it that way.

GEORGE:—You working?

JOE *(uneasy)*:—Not me, man. *(It is obvious that he is very involved and tempted.)*

GEORGE:—Why not? Get high and nod. That real good feeling. Forget your troubles.

JOE *(cracks)*:—You got the works *(hypo needle, spoon)*?

After this remark, Joe quickly turns to the rest of the group, laughing, saying, "I was only kidding." This brings immediate participation from the group. *(There are 6 patients in the group.)*

VICTOR:—He wasn't kidding. That's the way it is. You know that sooner or later you're gonna want it. When there's good drugs around, it ain't easy to pass it up.

RALPH:—If I was feeling like Joe, I'd a done the same thing. In fact that's the way it happened to me. When I got to feel that way, no job, no place to go, I still wanted to stay off the stuff. But when a buddy offered me some, I figured I don't care, I'm through, let somebody else carry the ball. I just wanted to get high.

Ensuing discussion brings out considerable feelings of helplessness that the group has in terms of being able to resist drugs. This is demonstrated

clearly when the therapist asks other patients to act out the "confrontation" situation. Not one patient is able to say no. The therapist then asks the group members to act out the scene dealing with the situation as they would like to be able to handle it. Curiously, as in Moreno's account of the dreamer who is unable to alter the dream<sup>6</sup> although he is given free reign to do so, the patients are unable to deal with the situation in any substantially different manner than they did in the initial acting out of the situation. Despite their expressed desire to stop using drugs, even in the role playing production, the patients demonstrate that they do not have sufficient techniques, at their disposal, to cope with the interpersonal aspects of the situation. One patient viewed refusal of drugs as rejection of the other guy, who in turn would be antagonized and no longer friendly towards him. The threat of loss of friendship, superficial as it was, was a potent force in the patient's resumption of his drug habit.

What does this mean in terms of treatment? What the therapist has been attempting to do is to repeat these productions, giving the patient techniques of dealing with the person who approaches him, and tries to induce, and seduce, him into drug taking. This has developed into a form of "role training", preparing for handling of future situations.<sup>7</sup> We have worked on this, also, in simulated employment, therapist-patient, mother-father-patient situations with the patient playing various roles. The therapist, too, has assumed roles when it has been felt advisable to do so to demonstrate certain points or to elicit patient feeling as to the appropriateness of ways of handling various situations. It is interesting to note that in the productions, the patients are usually severely critical of the protagonist. In a very moralistic fashion, strong super-ego sanctions are projected outward, in identification with the authority figures, with little real concern for the protagonist, who represents themselves. There is awareness of how the authority person acts, an evaluation of the actions of the performers in terms of "right" or "wrong", and an alertness to the deficiencies of the protagonist. These attitudes, it would seem, are expressive of the early

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<sup>6</sup> Lecture by Moreno, J. L., New York University (Oct. 17, 1955), in a Seminar Discussion of the Psychodrama of Dreams.

<sup>7</sup> This "role training" approach, and, in fact, the over-all approach is similar to that of Mr. L. Yablonsky who has attempted similar productions with prisoners at Rikers Island. In discussion with him, it was agreed that there was considerable merit in repeating the role training productions over and over again just as if teaching a child an established mode of behaving. The background for this approach is developed by Moreno, "Psychodrama", 1st Volume, in his Discussion of Spontaneity Training.

symbiotic attachment to the mother, who, if nothing else, managed to inculcate superficially introjected super-ego restrictions at the expense of positive, independent ego growth. The ensuing punitive attitude toward the patient, as for example, in repeated rejection of the patient applying for a job, or not wishing to allow the patient to leave the hospital, in those productions in which the patients also play the role of employer, and therapist, is not difficult to explain. The patients seem to express in this, their need for rigid structuring, and authoritative controls as a means of re-enforcing their weak ego boundaries, and to allay the feelings of guilt imposed by the introjection of the authority (mother) restrictions (super-ego). The basic underlying set of forces that operate, however, seem to revert to the former need, that is, re-enforcement of weak ego boundaries. What the patient is really trying to say is, "I am helpless, take care of me!" Here we are back to the oral dependent formulation.

Returning now to "role training", I shall proceed to report on a subsequent session, dealing again with confrontation with drugs. As we noted, the patients are helped to utilize techniques to cope with the situation. Concomitantly, they have a greater awareness of "self" as a result of treatment, and have dealt, in the group, with many of the problems of the oral dependent individual. That is, problems, such as anxiety about decision making, lack of ability to plan for the future, disregard of the obligational aspects of time, over-reliance on others (mother, therapist) "to do things for you instead of doing things on your own" and the hostility engendered in this attitude, are dealt with in the course of group therapy. One patient characterized his adjustment thusly, "I got to realize that I'm always taking. Never giving, always taking. Like I always expect things to fall into my lap."<sup>8</sup> The patients, without exception, felt that they were "spoiled" by their mothers, who had placed themselves in a role as buffer between the patient and the father. All of the patients in the group have siblings whom they recognized were less favored by the mother than they were.

*Session:* In this session, Victor is addicted and attempts to coerce "Smiley", who is trying to stay off the stuff, and is barely managing to do so. After V. and S. exchange preliminary greetings, V. begins to attempt to talk S. into getting high with him. S.'s initial efforts to say no, are ignored by V.

VICTOR (*places his arm around S.*):—Listen man, the drugs are real

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<sup>8</sup> Rado, S., in his article on "The Psychoanalysis of Pharmacothymia", *Psychoanalytic Quarterly* '33. The concept of infantile omnipotence in addiction is aptly considered.

good. (*Starts to walk S. in the direction of the building where he plans to "shoot up". He won't take no for an answer. After further manipulation and coercion, he shows considerable agitation.*) Don't give me that stuff about being through with drugs. You're talking to me, Victor, your friend, your buddy.

SMILEY (*squirms free of V.'s hand*):—You're my friend?

VICTOR:—Sure. Come on. One shot won't hurt.

SMILEY:—One shot is one shot too many!

VICTOR (*stands speechless for a few moments, then turns to walk away*):—All right, have it your way.

(*By this time the members of the group are on their feet, making remarks about the production. Therapist calls for comments.*)

NORMAN:—Why did you let Vic get you on the run? You should have told him nothing doing at the beginning and walked away.

SMILEY:—No. He's my friend. I don't want him to think I'm mad at him. You got to let the man speak his piece. Let him make the mistake. When he said one shot won't hurt, that was his mistake. I know if I take just that first shot, I'm finished.

NORMAN:—Not for me, that wouldn't be the way. I think he would have got me to go with him to get high if I let him talk me into it as far as he talked you into it.

(*Therapist suggests a repeat performance with N. in the role of protagonist*).

After this, the group again discusses the performance. Ralph expresses preference for S.'s handling of the situation and reiterates the feeling about not wanting to antagonize his friend. Victor brings up the question of "friendliness" in the gesture of offering drugs and relates to the group how he supplied drugs for his brother after he found that his brother was addicted. He felt that, out of sincere concern for his brother, out of brotherly interest, he was doing his brother a favor, and keeping him from getting into trouble. He came to understand that this was not helping his brother, that, in fact, this was a way of keeping his brother from doing better than he was doing. With the help of the group, the therapist attempts to sum up the discussion in terms of the fact that we can like a person but do not have to approve of, or like, all of his acts. We can turn a person down, in other words, and still not lose his friendship if he really is a friend to begin with.

The most striking thing about this session, and others in which we engage in the role training productions, is the manner in which the patients



literally plunge into the situations. There is a great deal of narcissistic and exhibitionistic gratification. At various points, when a production is interrupted for suggestions from the group, or from the therapist, as to alternate ways of dealing with a specific problem, the patients who are observing will often step forward, push the performers aside, and proceed to demonstrate what they would do. Comments such as, "We got to do this more", "This is what we need", leave little doubt as to the felt meaning of this psychodramatic technique.

#### SUMMARY

The problem of helping the drug addict to gain and to utilize techniques of dealing with environmental situations is one that this writer has found cannot be adequately handled in the individual patient-therapist relationship. Role playing and role training techniques in group therapy have proven effective in reproducing the sense of urgency and reality of the real life situation.<sup>9</sup> The patients exhibit severe difficulties in interpersonal relationships, and this is viewed as related to their deeply rooted oral dependent needs. The therapeutic problem of enabling these patients to gain increased feelings of mastery of situations, and to move toward greater independence by rehearsing for the handling of future events, by engaging in anticipatory thinking, has been reviewed. Out of this arises the therapeutic rationale for utilization of direct techniques to teach the patient how to cope with recurring situations in which the patient's sense of ego boundaries is often poorly defined. Concomitant individual treatment for the patient is viewed as necessary in order to afford the patient greater awareness of self and insight into inner conflicts. The writer believes, however, that the individual therapy approach is insufficient, and that effective treatment of the addict should include employment of group therapy sessions in which psychodramatic techniques such as role playing and role training can be utilized.

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<sup>9</sup> Gardner Murphy in his discussion of "situationism" and "field theory" in "Personality", Harper & Brothers 1947, deals with the problem of augmenting the individual therapy approach by use of situational therapy including psychodrama techniques in group therapy.

## GROUP PSYCHOTHERAPY IN THE MID-WEST

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and

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There are many evidences that group psychotherapy is expanding in its use and in its popularity, including the increase in the literature, and the generally favorable tone of reports. However, neither the literature, nor various transient contacts with group therapists manages to give a more-or-less complete account of the status of group psychotherapy in any geographic area.

Our interest, which led to the construction and the distribution of a questionnaire, lay in attitudes of various individuals towards group psychotherapy, especially in terms of their experience. A form was sent to all institutions known or believed by us to be using group methods of psychotherapy in the mid-west states: Wisconsin, Illinois, Indiana, Michigan and Iowa, containing 26 questions. 200 questionnaires were sent out. 125 responded, and of these, 42 stated that group psychotherapy was being used in that particular institution. This means that 62.5% of institutions replied, and that of those who did reply, 33.6% were employing group therapy. The various respondents were classified by types as seen in Table 1.

TABLE 1

*Nature of Institutions Responding Affirmatively to Questionnaire*

Non-VA Mental Hospitals	17
VA Mental Hospitals	8
VA Hospitals	5
Child Guidance Centers	4
Training Schools	3
Residential Schools	2
Alcoholic Clinics	2
Prison Hospitals	1

In order to save space and to make for easier reading, we shall attempt to report only those replies which we believe will be of general interest; also we shall try to avoid the use of tables.

## RESULTS

*Group Therapists*

We asked three questions about group therapists: what professional categories they were in, what kind of supervision did they receive and from whom, and what were their theoretical orientations.

*Professions.* Table 2 summarizes the professional backgrounds of the 60 group therapists of this sample. It will be noted that almost one-half of them (45%) are psychologists, and that about one-quarter (23%) are psychiatrists, with other professional groups making up the final quarter.

TABLE 2

*Professional Backgrounds of Respondents*

Psychologists	17
Psychiatrists	11
Directors	10
Social workers	2
Group therapists	1
Recreational workers	1

*Supervision.* Nine of the 42 reporting institutions stated that no supervision of group therapists existed. In six cases, while there was no supervision of the usual kind, the group therapists reported to staff meetings. In 12 cases, a psychiatrist served as the major consultant; clinical psychologists in eight cases, and social workers in two cases.

*Theories.* No fewer than 20 different labels were applied to themselves by the 60 therapists. We shall list them in order of frequency and indicate the number within each area, to give an idea how group therapists in the mid-west describe themselves. They were: psychoanalytic (27), eclectic (5), eclectic-dynamic (3), non-directive (3), dynamic (2), and learning theory (2). One each of the following also reported: repressive, bio-social, Adlerian, Sullivanian, perceptual reorganization, traditional, Myerian, group work, non-analytic, directive, psychodramatic, mixed group work, don't know, and none.

*Groups*

A total of 161 groups were in evidence in these 42 institutions. The smallest group contained two patients, the largest, 25. The average size was 6.7 people. In 14 institutions, the groups were "open", that is to say members might enter at any time during the existence of the group; and in 13 institutions the groups were "closed" with a fixed beginning and end-

ing. The average life of groups reported ranged from one month to 18 months for the various institutions, the average being 9.7 months. The median figure for sessions was once weekly, but some groups met as frequently as once a day, while others met twice monthly. Sessions last, on the average, 90 minutes, the range extending from 30 minutes to two hours.

*Kinds of groups.* In 22 of the institutions, the group therapy was run by a single therapist; in 11 institutions, a co-therapist was employed. In 27 institutions, patients could be both in group and in individual therapy, but in four of the institutions, membership in one mode of therapy excluded the other.

*Patients.* What kinds of patients are best suited for group therapy, and what kind ought to be excluded? The question we asked was: "From your experience can you indicate briefly what types of patients appear to benefit most from group therapy experience?" The following types, put in order of frequency, with number of mentions in parenthesis, indicates those felt to be most suited for the group medium: psychoneurotics (5), non-psychotics (3), passive (3), psychosomatics (2). There were 44 other types or classifications mentioned once, including: all types, fair social adjustment, acutely disturbed, new patients, chronic patients, schizoid personality, verbal patients, well motivated individuals, etc. Another question was: "Which patients ought not to be in group therapy?" Once again we found a wide diversity of opinions. The major groups mentioned were: acutely disturbed (5), psychopaths (4), organics (3), character disorders (2), actively elusional (2). 39 other varieties of patients were also mentioned including: gross bizarreness, hyperative, seniles, somatics, hostiles, highly emotionals, oppositionals, non-articulates.

It may be seen that there exists relatively little agreement between these various group therapists as to whom should and should not be in group therapy.

### *Attitudes*

We were interested in attitudes towards group therapy by both the group therapists and staff members who were not involved in group work. As might be expected, the attitudes of the group therapists were invariably favorable, the adjective "enthusiastic" being most often encountered. Attitudes of non-staff members were reported to range from "enthusiastic" to "disapproving." A sample of some adjectives used by non-group therapists may give the flavor of attitudes: unfavorable, indifferent, mildly apathetic, no interest, accept, cautious, open-mind, wholesome dubiousness, approval,

encouraging, greatly enthusiastic. It seems evident that staff members who do not themselves do group therapy vary very widely with respect to attitudes towards the group method. It was also noted that, in general, the psychiatrists took the more cautious or unenthusiastic attitudes.

What preparation should a group therapist have? Of those who indicated attitudes, 20 felt that a group therapist should be first an individual therapist. However, six people took a contrary view, feeling that either a group therapist did not have to be an individual therapist or that it might be better to progress from group therapy to individual therapy in terms of training. The others either had no opinion on this issue, or felt that it depended on the individual in question.

The respondents were asked whether they felt that it would be desirable to increase the amount of group therapy done in their various institutions. 26 of the answers were that it would be good to increase the amount of group therapy in the particular installation, and 13 people felt that there was no need to do so.

*Improvements.* We were interested to know whether there was any great amount of learning, about group therapy, whether there was any research going on, and whether there was any amount of formal development. Replies were somewhat disappointing. In only four institutions of the 42 had there ever been any research. In three cases, research was now going on, and in two other cases, an informal kind of research was in operation.

None of the institutions was conducting any formal instructions about group therapy. The implication is that group therapists are supposed to get their training elsewhere. In only 16 of the 41 institutions was there a subscription to a journal that specialized in group psychotherapy. In 33 of the institutions a book on the topic had been purchased in the last six months.

In 33 of the institutions there was, however, a need felt for further training of the professional staff with respect to group methods.

#### SUMMARY

200 questionnaires were sent to institutions in the mid-west, known or believed to be engaged in group therapy. 42 replies from 125 institutions indicated that group therapy was being practiced. From an analysis of replies, the following conclusions may be drawn.

There is general satisfaction with respect to the usefulness and potentialities of therapeutic groups. There is a great deal of diversity between group therapists and institutions with respect to size of groups, frequency of

meeting, length of meeting, duration of groups, kinds of people that belong in groups, and theoretical orientation of the therapists.

There appears to be little interest in research to answer basic questions about who belongs in group therapy, what kind of therapy is best for particular types of patients, what dosages are optimal, what are the indications and counter-indications for group therapy. Although there is an interest in learning more about therapeutic group procedures, there seems to be little evidence of training.

## HOMOSEXUALITY—PSYCHOTHERAPEUTIC APPROACH AND ITS CRIMINOGENIC CHALLENGE

LEWIS J. SIEGAL\*

Though the human adolescent travels the road from embryonic bisexuality into eventual anatomic sexual definitiveness and ordinarily develops sexual heteroeroticism, nevertheless failure of this last normal link in the developmental lineage does occur. It is here that we become confronted with the various areas of pathological sexuality among which the segment of homosexuality cuts a wide swath.

I constantly see and continue to exert therapeutic efforts to assist not inconsiderable numbers of these persons in whatever and varied settings they may appear. Based upon this enduring contact I have come to conclude that confirmed individuals diagnosable within this homosexual patient grouping invariably carry a dubious if not despairing prognosis. Some of these patients, who, in certain instances volitionally seek "cure" when presenting themselves for the ostensible purpose of getting well, really are unawarely in search of release from the ignominy, contempt and ridicule in which they are held by (heterosexual) society.

Although human beings are born and reared within divers societal strata and under endlessly differing moral and ethical influences, our society is prone to look for the social and personal development of individuals and their maturation into adulthood in accordance with currently accepted attitudes and community approved requirements in respect of the morals, cultures and mode of satisfying sexual needs.

Though society in our part of the world expects its citizens to develop into adequately functioning members of the community (regarding social, moral and ethical behavior) and has codified its legal mandates for punishment of those guilty of statutory transgressions, it has almost uniformly contributed to this guilt. This it has done by suppression and has clothed in mystery the function of sexuality and of other biological processes through community failure to afford systematized educational enlightenment therein to its junior citizenry.

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\* From an address presented, in part, on 21 March 1955 in Bronx County Court, at a Conference of the Probation Officers Staff. Dr. Siegal is a member of the New York State Bar, Psychiatric Consultant U. S. Department of Justice, member of the Committee on the Legal Aspects of Psychiatry of the American Psychiatric Association, Associate Editor of the *Journal of Diseases of the Nervous System*, also of the *Journal of Social Therapy*.

Within our culture, the infant (born polymorphously perverse), who, fortunately or unfortunately for him, continues to grow up and *carry over* his homosexual "perversity" into adolescence and adulthood, need not necessarily nor concomitantly bear the affliction of a neurosis therewith nor fit the pattern of the sociopath per se. On the other hand, there exist among us more individuals who gratify their sexual appetites via unorthodox and legally proscribed methods, while at the same time adjusting satisfactorily both socially and economically—than are to be found law-breakers who are at the same time homosexuals.

Because of our lack of positive etiology respecting homosexuality as a pathological variant, we have been prone to hypothesize a combination of factors concerned therewith. Among them we have attempted to define this behavior as a departure from that of the normal personality and have paid heed to Lang's intersex theory; to Myerson and Neustadt's concept of urinary excretion of androgens and estrogens in homosexuals and its correlation to sexual conduct; and to many other theories.

While in our Western culture we allocate the homosexual deviant per se within the category of pathological personalities, it behooves the psychiatrist to consider this diagnostic evaluation only upon the basis of his examination of the total person. The resultant findings, must be predicated, among other essentials, upon nothing less than an historic consideration of the patient's parental atmosphere, the manner of his early acquirements of, and subsequent adjustment to, sexual activity and upon a total chronology of his economic and social attainments. Psychiatric concepts founded upon clinical criteria directed toward an over-all understanding of the examinee must be untrammelled by any concurrently existing legal proceedings and aspects which might tend to stimulate or suggest a finding approximating the criminogenic approach.

A 28-year-old male was apprehended in a subway toilet for loitering. The history revealed that he was an educator, in one of our well established institutions of learning. I found no evidence of neurological pathology, and on the psychic level the patient showed no emotional disharmony, demonstrated an orientation in all spheres, acquitted himself intelligently and intellectually far above the average, and produced freely with no effort at evasiveness or attempt at projecting onto others the predicament he found himself in as a result of his legal entanglement. He admitted readily and without reticence, his sole and unswerving predilection for sexual satisfaction with persons of his own sex. Because of his accessibility and for the further reason that he manifested no evidence of generalized social maladjustment, he was seen psychotherapeutically on an individual basis.



Whether, speculatively, we might categorize this patient's continued and intractable resistance to heterosexual relations on the basis of genetical balance, rearing within an environment of exaggerated emotional (parental) attachment or physiological attributes, nevertheless neither classificatory postulates, nor psychotherapy utilizing psychoanalytic principles gave ground to redirection of the unconscious forces. When I last heard from him, he advised me of his continuance as an educator, and of his unyielding gratification through homosexual activity.

A 19-year-old youth was referred to the writer through an administrative source, because of the latter's concern with the patient's social control due to his pernicious homosexuality which had had its inception since his puberty. He was the offspring of a hard-working mother who had become widowed when the patient was 8 years of age. She maintained her household working as a sales person, and the patient always had the advantage of well-ordered home surroundings provided for by his mother and maternal grandmother. The youth's history of school attendance and scholastic grades was unremarkable and truancy did not take place until his 14th year. He fell in with several other adolescents with whom he became involved in homosexual practices and with whom he frequently went out on petty theft forays for the novelty of the stimulus. Eventually our patient varied his approaches by ultimately acquiring adult homosexual partners. Our patient's telephone conversation with one of his "dates" was overheard by his mother, and her efforts to rescue her son began.

When interviewed he showed an attitude of irresponsibility, lacked feelings of guilt and admitted a desire for this form of sexual pleasure. While he professed a regard for his mother and grandmother, he was unable to establish an orderly connection between declaration of esteem and the social discredit his acts had heaped upon them. The mother was a friendly, outgoing and understanding parent who, while not condemning, sought help for her son through whatever avenues social control and psychiatry could offer her.

The youth was merely interested in avoiding possible conflict with the law and showed no effort at reaching a conscious awareness of heterosexual redirection. He reflected no guilt and indicated a satisfaction of association with those of his pernicious group. While he was ready to appraise generally the fact of his deviant sexuality, he was willing to take further treatment only as a means of preventing his mother from seeking to curb his homosexual activities through whatever legal avenues might be open to her. I discontinued further therapy and informed his mother of my de-

cision and my reason therefor. I have had no later word from this troubled parent, but I can fear for the worst.

It is my considered opinion that the individual disposed to established, otherwise non-troublesome, homosexual behavior, will, under certain conditions, search for or submit to psychiatric exposure, contrived for varied reasons of expediency, notwithstanding his irreversible and solely homosexual constitution and his incapacity to develop mature forms of sex functioning.

The invert, during adolescence, often gives way to his insecure position by reinforcing his attachment to others of his own age group whose sexual behavior is similarly expressed in homosexual activities. It is for this type of individual—particularly when his situation is not complicated by the legal restriction of judicial surveillance or probational supervision—that long range psychiatric exposure *may* hold out some prognostic promise. However, it is well not to lose sight of the fact that once a homosexual—(even though in his adolescence, when there is greater possibility of psychologically reorienting him to a realization that his socially unacceptable sexual habits have not doomed him to its everlasting pattern)—finds himself within the atmosphere of legally circumscribed personal liberty, any method of psychotherapeutic exposure, whether individual, group, or however contrived for him, will be but another coercive form of authoritative control. To be subjected to psychiatry as a homosexual not because one is a homosexual *per se*, but because he has also committed an infraction of the law—is placing the offender under probational supervision not only for what he is legally responsible to society but equally so for what he is not answerable to it. It should not be difficult to see that under the patronage of court-controlled probational origin, psychiatric treatment of the homosexual, while apparently accepted with contentment, is nevertheless, in the main, unwelcome because it is received within an atmosphere of inescapable restriction and stress. The homosexual probationer's acceptance of, or captive sufferance thereof, enhances the already existing anxiety and tension, and therefore (with exceptions) cannot be depended upon for any lasting degree of redirection, reorientation, or appreciation by the probationer of the social consequences of his unapproved sexual relationships.

It has been my experience that even patients without entanglements of criminal acts and probational surveillance and otherwise content with their sexual adjustment, although they initiate their own search for treatment, almost unalterably produce no healthy motivations when they present themselves for therapy. The urges that move them in the direction of

therapy are disagreeable social pressures such as constant exposure to hostility, ridicule, job jeopardy or other modes of indignity or ostracism. Because they will not part with their needs for homosexual pleasure and because of inability, unpleasantness, and unwillingness for psychic reasons toward acceptance of the sexuality of the opposite sex, it has been my discouraging experience—frequently shared by colleagues—that once the homosexual adult's behavioral attributes have swerved from the socially accepted norms for his own sex, treatment has been unrewarding. While in some instances, where the patient's sincerity could be mustered to capacity, a period of self-imposed homosexual restraint would be achieved, an honest report of resumption of sexual deviation most inevitably follows this enforced era of containment. It is as difficult for these patients to become enamored of their sexual opposites as it would be for the conventional heterosexual individual to obtain through therapeutic knowledge the ability to acquire a passionate affection for a person of the same sex.

A word might be said for group therapy. Where the group is not organized in a coercive setting, it may be used with questioned benefit for younger sex deviants to assist in the reduction of these patients' feelings of rejection and to seek to establish a sense of reciprocal acceptance by and between the group members. It may facilitate associative discussion, and in well selected groups may enable some of the participants to identify their common problems and to loosen resistances, even to the point of recognizing the motivations for their unorthodox sex behavior. I prefer treatment in these situations on a selective basis, patients to be culled from those who have first been in individual therapy and who have shown some understanding of their ideas and reactions. Patients organized in these group types most always give way to a good deal of excitement and over-activity during these provocative sessions, wherein they discharge their energies egocentrically. The participants' behavior must be permitted to be worked through, with the therapist aiding only in the sense of guiding but not commanding.

The homosexual, who in addition is guilty of some offense for which he now finds himself in a probational status, must experience the effects of a positive desire to be rescued from his sex distortion before he can indicate a spontaneous need to submit himself to the influence of group contact. If he then continues his activities in the group in spite of difficulties, possibility of stimulation to cultural behavioral adaptation accepted within human relationships as reasonable social conduct, may be hoped for. Whether such adaptation even if "lasting", may be called therapeutic cure

is another matter. From my experience with homosexual patients—seen in all areas of social strata and in diversified settings: private, hospital, veterans' installations and courts, I have come to the realization that the adult otherwise stable, homosexual whose only misdeed is indulgence in socially unapproved (abnormal) sexual gratification when consenting adults can not be cured. However, when full therapeutic cooperation is afforded, such patient may exercise indefinite restraint.

In order to prevent relapse and to assist the otherwise stable patient in maintaining control of his "peculiar" desires of sexual gratification (his concern for which always exists, and which may become activated during stressful situations creative of a depressed state), the patient who is able to receive psychiatric guidance on a maintenance level has a distinct edge on his less fortunate fellow creature who is economically unable to attain the supportive aid.

Society might well adopt the freedom from passion and bias long ago postulated by Krafft Ebing, and judge the individual whose forms of genital activity do not conform to those acceptable to the general mores or culture of his community, as a contagious patient who if requiring separation from the others in the locality, should be so isolated because he is afflicted with a disease process and not considered a non-conformist to the rules of sexual virtuousness.

EDITORIAL COMMENT TO HOMOSEXUALITY—*Psychotherapeutic Approach and its Criminogenic Challenge*, by Dr. Lewis J. Siegal.

In accordance with our principle to admit honest criticism, the editorial board has accepted this article. Dr. Siegal's viewpoint is that very little can be done for men who "continue to carry over their homosexual 'perversity' into adolescence and adulthood." Dr. S. obviously has not met patients who honestly want to be cured, i.e., to be able to lead a happy married life and bring up children. He doubts a strong urge present in most bisexuals. The case history he gives of a 19-year-old youth is suggestive of the combination of homosexuality with psychopathy. Psychopathy, fortunately, is absent in a goodly number of cases of apparent homosexuality.

## SPONTANEOUS REMARKS ON "THE DISCOVERY OF THE SPONTANEOUS MAN"

P. A. SOROKIN

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What a relief to read Moreno's outline of the complex, infinitely rich, manysided, living, and fascinating nature of the human being and his cosmos after the prevalent picture of a "mechanical man," reduced to automatic reflexes, the picture of a "castrated human animal" and "castrated universe" daily depicted by a legion of "scientific" explorers of man and of his universe! I can but welcome this renaissance of a sound conception of man and of his "mysterious" universe in all their creative richness, spontaneity, complexity, and "cosmic hunger."

Moreno's catalogue of the functions of a role playing and of a role reversal techniques convincingly shows a much deeper, wider, and important role of these techniques than we have hitherto thought. Personally, for instance, the functions of expansion of the self, of satisfaction of "the cosmic hunger," and several other functions these techniques perform are a sort of revelation for me.

The only reservation I have in regard to the numerous functions these techniques play is that they still remain somewhat "artificial," "make-belief" techniques that can hardly rival in their efficacy the actual, real roles played by us in real life. "The direct life experience (as I call it) . . . consists in putting the individual into some real conditions in which he passes through a direct life experience of a specified kind. In such a direct experience the individual not only learns intellectually about the subject matter of his experience but lives it through with all his emotions, affections, and unconscious propensities. . . . The lessons learned in such an experience is unforgettable and tangibly shapes one's personality and behavior. . . . For altruistic purposes it is instructive for the rich to pass through a direct experience of being poor and needy; for the poor to have a direct experience of the worries, anxiety and many other disturbing elements in the life of the rich. For the dictatorial rulers to have a real taste of how their subjects feel under their tyranny; for a propagandist of war to live on a battle front in the horrible conditions of the fighting soldiers . . ." (Cf. *The Ways and Power of Love*, p. 316 ff.)

Whenever and wherever possible I would prefer to use this technique of direct life experience or playing a real role in a real life. In many cases,

however, this technique is inapplicable or impossible to be used. In all such cases the psychodrama role playing-and-reversal can and should be used. Out of almost all "artificial techniques" this psychodramatic method appears to be the nearest to the method of the direct, real life-experience.

## JONATHAN AND ROLE REVERSAL

READ BAIN

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### I

Dr. Moreno's "Discovery of the Spontaneous Man" (*GROUP PSYCHOTHERAPY*, Aug. 1955, pp. 103-129), ably aided by Jonathan and Zerka, is not only a charming picture of father-mother-child interaction, or "trans-action" (Dewey), but also has important theoretical and practical implications. With his great ability to see the general in the particular, Moreno has formulated 26 hypotheses which are capable of empirical testing.

Spontaneity and the irreversibility of individual existence may be treated with greater generality than Moreno does. *All* natural phenomena in any locally ordered region exhibit both spontaneity (change) and irreversibility (momentum or inertia) in varying and relative degrees. All structures are both stable and unstable and the amount of each they exhibit depends upon what standards of comparison are chosen or taken.

Whatever the "basing point" may be, all events in such a context are both spontaneous and irreversible. Every energy-system\* affects and is affected by every energy-system with which it interacts. Thus, interaction is really "trans-action," as Dewey says, because it modifies all the relatively stable systems involved. This is the source of spontaneity or creativity. Each structure modified by interaction is "new" and "unique" to some measurable or recognizable extent. "New" energy-systems are continuously appearing and "old" ones disappearing throughout the universe. In this sense, the universe is "newly created" every successive instant of time.

Because "man is the measure of all things," he regards those energy-systems as highly stable which change slightly or slowly compared to the obvious changes in his own system—his lifetime or multiples thereof. He also tends to regard those things as "the same" which have the same name: the Parthenon is "the same" as it was in the Age of Pericles though its physical structure and its social meaning have changed radically; Jonathan is "the same" as when he was a baby and he will *be* Jonathan till he dies. We can think of sameness and identity only as we neglect or ignore the unique and the different. There is a lot of spontaneity (novelty and uniqueness) in "*A equals A*" whether it is spoken or written. This, or these,

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\* Moreno's "conserve."

we have to abstract or ignore whenever we make assertions or postulations of identity.

The concept of irreversibility depends on the idea of causation. We assume or assert "causes" to account for the spontaneous uniqueness of experience: every event occurs as it does because of antecedent events. The event *is* what it is at the moment it occurs; it *has* to be what it *is*—and nothing else. Jonathan *now* can never be Jonathan the baby or regress to the level of his pre-human or pre-mammalian "ancestors". Jonathan may "play-at" these roles or states of being by the imaginative use of symbols and gestures (acts) but he cannot *be* them any more than he can be his own father. In this sense all natural phenomena are irreversible.

But when an event occurs, the universe is partially created or re-created. Since the number of events occurring at a given instant is almost infinite, it is not meaningless to say the universe as it exists is created instantaneously, that there is no more and no less "creating" going on *now* than at any previous instant of time. Some events change energy-systems into former levels of energy-structure. For example, death destroys all of a man's social structures except as they are retained in the social heritage, which of course means that they are always modified to some extent by the act of retention and transmissal. His protoplasmic structures are transformed into relatively stable and slowly disintegrating organic compounds, then to inorganic, then to molecular, and finally to atomic structures, all of which eventually will be shattered by infra-atomic particles. In this sense, all energy-systems are reversible. The shattered atom will be reconstituted at the rate of one hydrogen atom per quart of space per unit of time—perhaps several million years. Every destroyed energy-system leaves energy itself intact from which new structures will be constituted.

Thus, the creative process of the universe-as-a-whole is reversible but the life-history of any given physical, biological, or social structure is irreversible. Mt. Rainier will wash into the sea and another mountain as regal may arise but it never will be Rainier. Every creature that steps on Mt. Rainier, every wind that blows, every raindrop and snowflake that falls, makes it a new mountain. In this sense, there never has been a Mt. Rainier—there is only an appearing and disappearing mountain-of-the-moment, the eternal *now*. There never has been a Jonathan except in the fleeting act of each moment; Jonathan, the irrepressible, irreversible, spontaneous man, is always *becoming*.

Descartes was right when he said, "Give me extension and motion, and I will construct the universe", if, for extension, we read "relatively stable



physical, biological, and cultural energy-systems", and for "motion", "indeterminate change in time-space continua". So Moreno's spontaneity and irreversibility of individual existence is a special case of two processes that apparently are operative for all energy-systems and structures throughout the universe.

## II

Dr. Moreno says, "The child never gives up his expectations to become the center and ruler of the world" (p. 105). This does not follow from the two concepts just discussed. At birth, the child has no "expectations" of anything. He can neither "expect" nor hope nor fear. He is an energy-system compelled by its structure to make certain movements. These acts enable him to live; after he has lived a year or more, he has acquired symbol and gesture habits which produce similar responses in others. These are the *acts*, always in the *here* and *now* by which he becomes a relatively stable energy-system called a *person*. Actually, as has been pointed out above, Jonathan is highly unstable both in the temporal and organizational sense. His greatest claim to stability is that he is called "Jonathan" during the short span of his life.

It is sheer speculation or fantasy to assume that Jonathan has an "innate god-complex". If he ever gets one, which fortunately is not common with children and never necessary, it is the result, not the cause, of his personality development. If Jonathan ever gets desires (expectations) to be all-powerful, immortal, etc., he has to be taught to use symbols that stand for ideas and to act accordingly. If he becomes rigidly and compulsively governed by such ideas and acts, he is autopathic. Moreno made a great contribution to psychosociotherapy by developing techniques which help the patient to *act spontaneously in the present*. Such therapy will never make Jonathan into what he would have been if he had not become ill but it may give him enough spontaneity to make socially acceptable adjustments to "reality".

The child at birth is a highly spontaneous energy-system, or actor. Growing up requires the loss of some degree of spontaneity in order to gain enough stability to function in the larger complex of energy-systems that is society. If too much spontaneity is lost, the individual is maladjusted, or ill. The report on Jonathan shows how children can be reared (socialized) without losing the capacity to make spontaneous adjustments to ever-changing social reality. The techniques discussed may produce healthy personalities by preventing fantasy fixations which may later lead to autopathic and sociopathic behavior. They also help to establish realistic patterns of

role perception and role playing which are the main factors in developing normal, adaptive personalities—a nice balance between spontaneous, differential (creative) behavior and repetitive stable behavior that meets the conventional prescriptions and proscriptions of society.

However, the perception, playing, and reversal-of-role techniques are not fool proof. They may prevent or “cure” incipient neuroid and psychoid symptoms in the child, but they also may “cause” or accentuate them. The “perception” of fantasy (non-existent) roles and playing them may be dangerous. Role reversals with parents and others who are neuroid or psychoid or otherwise socially maladjusted (sociopathic rather than autopathic) may damage the child’s personality. (Cf. Moreno’s Hyp. 10, p. 123.)

The child’s sensory experience, which includes audio-verbal behavior, produces many habits he will later use in role perception and role playing. Calling this “intuitive”, “instinctual”, or otherwise implying “innateness” or “immanency” does not explain it. It explains more to say his bodily functioning “pleases” him, but it also may produce pain and frustration and thus “displease” him. If so, the action stops or the stimuli are avoided, actually, or by means of rationalization, symbolic “escape”, psychosomatic illness, neurosis, psychosis, or other “transfer” or “conversion” mechanisms.

This is the simplest explanation of differential response, or learning. It depends upon *acting* (Moreno) rather than *being acted upon* by “instinctual” drives (Freud) or racial archetypes (Jung) in the “unconscious”. We are not born with our “unconscious”—we acquire it\* as we acquire our “conscious” behavior. Of course, the child’s first movements are based upon the biological structures with which he is born, though not all of these are genetically determined. Many of them are the result of intra-uterine movements which have already modified the genetic structures before birth, as have the prenatal vegetative functioning, possible virus infections, endocrine “diet”, and the nature of the ordinary dietary substances. Certainly there is no reason to assume that role reversal is “intuitive” in any other sense than that the child has the capacity to learn such behavior—and he has to be a *person* before he can learn it.

We often say “he” does this and that. It is a figure of speech. “He” means “it”. Until the child becomes a *person*, “he” is a metaphor referring to the functioning of a biological organism. *Person* refers to an organism that can respond to its own sounds and movements both as subject and

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\* See Moreno, J. L.: Spontaneity Theory of Child Development, *Sociometry*, Vol. VII, 1944.

object, can "imagine" (symbolize) the subjective and interpret the objective acts of others and differentiate clearly between its self and other selfs, animals, and inanimate objects. Referring in personal terms to the behavior of an organism before it has learned these distinctively "human" habits is like personifying mice and mountains. It is the pathetic fallacy.

### III

Role playing indicates the *child has become a person*; he does not become a person by playing roles. He cannot do that until he can use the personal pronouns properly and use other symbols and expressive acts with which to portray the roles. At first these necessary habits are crude. As in all learning, practice makes perfect and unwise practice makes maladaptive habits. The golden rule is "No learning that later has to be unlearned". This means no baby talk, misuse of personal pronouns, bad grammar, poor pronunciation and enunciation, misuse of words, wrong gestures, "cute tricks", and false conceptions of reality such as fairies, Santa Claus myths, stork stories, gods, devils, animals talking and all forms of falsifying reality.

Likewise, if the child plays fantasy roles, as he is likely to do if he has learned the bad habits mentioned above, in later periods of stress he may revert to these falsely perceived roles and thus exhibit autopathic and/or sociopathic behavior. Moreno points out that role reversal is a powerful means of defining and perceiving roles and may be therapeutic if the child has confused the "real" roles of himself and others. As soon as he has realistically defined and perceived roles, he can make role-transitions without confusion. Unless he can do this, role reversal may produce or increase confusion between his own roles and those of others and even habituate unclear distinctions between real and imagined persons and things. If the imaginary things are greatly desired or feared, the situation may become serious.

A normal child does not try to *become* a dog or a locomotive; he only tries to make sounds of movements *like them*. Not knowing the language of metaphor, he may say "I'm a dog, I'm a train". He bumps into a chair and says, "Mean old chair! You hurt me!" and gives it a kick. Personifying inanimate objects and animals is unhygienic role reversal.

Hence, he should not play roles that cannot be played in "real life" unless they are clearly defined by him and his parents as "jokes", "games", or "not really-truly". This is difficult for many children, especially younger ones, whose reality distinctions are not as clear-cut as those of most adults. It is better to say, "Of course you are not a train, Jonathan, but I want to

hear you make a noise like a train and see you go fast like a train". Then if he roars "I'm a twain, I'm a twain!", no harm is done. He is "in" on the joke. In such situations our child used to say with considerable concern, "It's a game, *isn't* it? It's fun! A person can't be a train, can he? That's silly!" She obviously was seeking for reality-orientation, for reassurance that the situation was not "real". Such data would indicate that the child "naturally" wants to come to terms with reality rather than that he "intuitively" wants to be "ruler of the universe".

In the case of role reversal with real persons, one should say, "Of course Daddy's not Jonathan and Jonathan is not Daddy—we are ourselves—but we will play that I am you and you are me". Or "I", if you insist. If he insists, "No! I'm *really* Daddy!", as he probably will, no harm is done because he knows it is a game and that there are limits (rules) to what can be said and done. Parents should always give reality-assurance and reality-orientation to the child in all role reversal interaction.

At about three, our child invented the fabulous family of Mr. and Mrs. Egg who had five children. She played all the roles of the Egg family with great enthusiasm and dramatic fervor. We joined in, but when we suggested the Egg family was a game, she stoutly insisted they were real—"they lived right *there* in the closet", or down the register, or up on the roof. Later, she called it a game herself and the Egg family soon went into oblivion.

She learned a good deal about the proper roles of family members. There was "good" and "bad" Eggs and Sallie Egg (Sheila?) was good on some days and bad on others; proper kinship terms; the way Mr. Egg made their living; the way the Eggs visited, served tea, disciplined their children, taught them proper manners, celebrated holidays and went on vacations, and so on. All these were reality roles which she did not have to unlearn later. She did have to learn, or rather learn to admit, that the Eggs were imaginary people but they performed a useful function in the definition and relation of roles. It would have been better if there had been real siblings, uncles, aunts, and grandparents *at hand* to help in learning these roles, but "playing" them, with much role reversal, was a good substitute. It laid the foundations for proper role perception and performance when she finally met her living relatives. Doll-play is reality-oriented playing-roles and has sound value in role definition—if it is properly guided. All role playing, and especially role reversals, requires proper guidance if its advantages are not to be off-set by possible confusion and unreality-orientation.

There are many instances of "roleplaying" in all cultures: boy mayors;

Cotton Queens, Orange Queens, Homecoming Queens—all kinds of "queens"; Kings of Mardi Gras, Boreas, Homecoming, etc.; Cops and robbers; Indians, Davy Crockett, Rocky Marciano, Hopalong Cassidy—or Howard Cassady; the Devil, God, and Everyman in the medieval morality plays; Animal- and god-roles in primitive secret societies; dress-up roles in lodges and fraternities; church rituals, etc., to say nothing of the role reversals in all the dramatic arts.

The reversal of roles between parents and children is a reality-of-roles defining technique of great importance. It meets the *need of the moment*, and gives words their meanings based on appropriate actions. It illustrates Dewey's principle that every action is a "trans-action". This is true even at the verbal level but it is much more significant when words are fused with actual neuromuscular responses of selfs with other selfs and of selfs with things which may be manipulated or otherwise sensed. Experiencing is thus "sensorized", not merely symbolized in words. Sensa and symbols are trans-actively fused and integrated. The experience is *real-ized*, made real. Yet there are difficulties and dangers inherent in role reversal.

Take the case of Jonathan and the Horn-tooting. This role reversal is highly educative but if Jonathan wants to reverse the driver-passenger roles and is permitted to do so, tragedy may result. He has to learn that this is the case. He can be helped to learn it by letting him put his hand on the wheel, toot the horn, and say "See! I'm driving!" Children love to play the role of car driver and should be encouraged to do so—under proper supervision. This also applies to many types of role reversal. Some roles the child wants to play must be denied, both for his own safety and that of others, but if he knows clearly that it is "a game", some satisfying version of the role usually can be found by a skilful mentor. Moreno's dictum, "All role reversal is incomplete" (p. 113) is true and it always should be remembered that many attempted role reversals are fraught with danger and hence require careful handling.

"Transformation is possible, Q.E.D." (p. 114) is also true but all role reversal "transformations" are not only incomplete and sometimes dangerous—they are metaphorical as well. Children have to learn the metaphor mode of symbolic communication and some, especially young ones, have great difficulty in learning it. Some never do. Some college students are incapable of word play and put a literal factual interpretation on the most obvious joke, quip, or play on words. It is possible that much later autopathic and sociopathic behavior has its origin in unwise and unskilful handling of symbol-act "transformation" situations.

Moreno clearly recognizes these dangers in the therapeutic use of role reversal. (Cf. sections V and VI.) He emphasizes that these processes are very common if not universal in child behavior and that parents and those *in loco parentis* should therefore be aware of it and probably be trained (Hyp. 13) to get the advantages and avoid the dangers.

#### IV

To ascertain the advantages and disadvantages scientifically will require prolonged research. The bed-position preference study shows one way of doing such research. Moreno's 26 Hypotheses call for a great amount of research which will utilize all the methods the most ingenious and imaginative investigators can devise. Such research may provide some basic scientific knowledge about personality development that will throw light on the genesis and therapy of both autopathic and sociopathic behavior.

In conclusion, eight hypotheses are offered which may be useful to those who undertake research on Moreno's 26 Hypotheses or others they may formulate.

1. The child has no "ego" until he develops a symbol-system that differentiates self, other selves, animals, and things. (Cf. Moreno's Hyp. 17).

2. There is no "natural hunger" in a young child for any type of behavior other than vegetative functioning, and such congenital and post-natal habits as he may have learned.

3. Reality-oriented role reversal increases empathy and hence normal socialization. (Moreno's Hyp. 9, "Role reversal is without risk the more solidly structured the two persons are who reverse roles" is probably a general statement. See also his Hyp. 25 for contra-indications for role reversal.)

4. Child-parent fixation results from marked and persistent preference for role reversal with one parent. (Moreno's Hyp. 4 and 5.)

5. Parent-child fixation results from over-indulgence in role-reversals initiated or permitted by the parent. (Moreno's Hyp. 4 and 5.)

6. Role reversal with inanimate objects and animals endangers reality-orientation. (Moreno's Hyp. 25.)

7. Role reversals with imaginary persons or objects may lead to escapism, schizoid tendencies, and unreality-orientation. (Moreno's Hyp. 22.)

8. "I-can-do-everything" role may lead to paranoid tendencies.

Obviously, Moreno's hypotheses are only a few of the possible ones related to role perception, role playing, and role reversal. His hypotheses regarding accident proneness are similar to mine about possible relations

between role reversal and so-called functional mental illnesses. If we had sufficient data on the nature and amount of role reversal in particular types of families, they could be correlated with later types and rates of mental illness in the original sample.

Such research is basic for developing general principles in the social sciences just as the study of small systems in physics and chemistry was a necessary prerequisite for the present complexity of research and its applications in these fields. The somewhat belated recognition of this by social scientists accounts for the present activity in small group research and group dynamics. Moreno was one of the earliest pioneers in this field—and is still pioneering as is shown by the Story of Jonathan.

## NOTES ON "THE DISCOVERY OF THE SPONTANEOUS MAN"

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In the August 1955 issue of *GROUP PSYCHOTHERAPY* appeared J. L. Moreno's lecture on the spontaneous man. A provocative article—for several reasons—which merits considerable attention for what it says, as well as for what it implies. In these few remarks, we shall, first of all, briefly discuss the specific contributions of this article, and next, delve into some consideration of the general context in which Moreno's discussion acquires a generalized meaning.

The article itself consists of four interrelated parts. It opens with an introduction which, the author himself points out, may be seen "seemingly fantastic" (p. 104). The second part includes remarks on the utilization of psychodramatic techniques among children; it specifies some of the most effective techniques (mainly role reversal); and it continues with a fascinating account of a "case-study" conducted in Moreno's own home with Jonathan Moreno as protagonist, and his parents in the roles of auxiliary egos. In the third part, the author gives some clues to his theory of the socialization of the child, remarks which are an extension of his *Spontaneity Theory of Child Development* (1). And, finally, twenty-six hypotheses are formulated for eventual testing.

First, we wish to deal with the second portion of the article—the Jonathan illustration of the employment of psychodramatic technics among children.

"Conscious evolution through training of spontaneity opens a new vista for the development of the human race. . . ." (2)

Spontaneity, as an "energy sui generis" (3), or as a factor in its own right, "topographically located" between heredity and environment, in "an area of relative freedom and independence of biological and social determinants" (4), is seen crucial to the human ability to survive.

As Paul Johnson had put it (5)—referring to Moreno:

"Principle of spontaneity is the ultimate source of all existence and values. Spontaneity is the creative movement of life and growth, freedom and productivity everywhere. . . ."

A certain "degree of cerebral development" is prerequisite for spontaneity to emerge and function (6), but once this prerequisite is fulfilled,



each infant is born a potential "genius" (7). Even though their intelligence might not be altered, "individuals are able to improve their behavior and to attain superior performance skill (8).

Children, to be sure, are spontaneous; but their spontaneity may be balanced or undisciplined (9). Moreno's new article is a major contribution toward techniques of developing, or promoting, the growth of disciplined, balanced spontaneity.

The child is systematically guided toward the conscious understanding of his social roles, and of the social roles of others. He develops *empathy*, an ability to "reach beyond himself" (10) into the selves of others. Moreno thus modifies the concept of the "looking-glass self" of a Cooley.

"... then I will look at you with your eyes and you will look at me with mine" (11).

That this ability of seeing the world through another person's eyes, and seeing the self through another person's self, would tend to expand the horizons of human experience (and improve social behavior) seems evident. That, however, such a systematic spontaneity training depends on the actions of the psychodrama director, and on his auxiliary egos should also be made clear. Moreno has frequently underlined the importance of non-verbal behavior—of signs, gestures, movements. But in the absence of profound bodies of knowledge regarding non-verbal behavior, most psychodrama directors will invariably subscribe to the verbalistic fallacy. They want their subjects to *speak*, and "acting out" will have as its major ingredient "talking". Nor am I saying that speech-behavior is of little significance. But it is potentially possible—and in some cases somewhat certain—that the non-verbal behavior of men on the acting-out level on the stage, and on the action-level in life, may be the more crucial to functioning, and and malfunctioning, than the verbal noises which accompany actions.

Margaret Mead had sounded a warning against the possible dangers of oversimplification:

"It is not merely a question of progressively 'including the cultural point of view' and recognizing that cultures differ, but of incorporating each theoretical advance which is made, in order in turn to sharpen the sociometric hypothesis. . . ." (12).

Similarly, Sorokin points out that a "do nothing" response may be more adequate to a situation than being "busy" (13). Unless thus either cultural differentials are considered (even though the basic processes may be universally human), or the psychodrama directors acquire some more systematic ways of handling specific here-and-now cases, spontaneity-

training runs the risk of oversimplifying and of fostering *distorted* in-feelings.

In the case in question, Moreno is not guilty of neglecting the cultural elements of the situation. For, at some length, he points to the possible importance of physical-objects-in-space (the distance from child's bedroom to the parent's bedroom; the distance to the kitchen, the garden, the street . . . and so on—pp. 106-107). That Moreno himself quite clearly realizes the cultural fabric which is the framework for human action is evident to the reader familiar with his "philosophy of the moment" (14); and similarly:

"The basic sociometric classification is not a psyche which is bound up within an individual organism but *an individual organism moving around in space in relation to things and other subjects moving around him in space*" (15). (Italics mine.)

But to proceed from case-studies to systematizing spontaneity training as an important aid in the socialization of the child implies that more knowledge has to be gathered, and acquired by the psychodrama directors, regarding the non-verbal, and even, non-human.

The auxiliary egos are said to perform two functions:

"The first function is that of portraying a role of a person required by the subject; the second function is that of guiding the subject by warming-up to his anxieties, shortcomings, and needs in order to guide him towards a better solution of his problems" (16).

Yet, how do we establish who, or what, is *required* by a subject at a given time? If left entirely, as the case may be, up to the psychodrama director, the judgment rests with his intuitiveness; but is this intuition an empathic one, or is it manifest of the complex individuality—the director himself? Many directors will merely run through the convenient roster of close relatives (mothers, fathers, brothers, sisters, husbands, wives) or friends, thus in a sense, "combing the past" of the subject. Yet, the term "required" may have as its fundamental referent *the anticipations* of the subject—the future. He may *require* persons, and objects, which have not materialized as yet, and the gap between the perceptibly real and the anticipated may well be as conducive to conflicts, and disorders, as the discrepancy between the sociometric structure (which by the way does include the wished-for patterns) and the official society.

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That much is to be gained from the technique as applied in the child situation no one should doubt. Our remarks, or qualifications, utilize Mo-

reno's "Discovery" article more as a jumping board for some general considerations than that they would apply to its salient aspects. Role-reversal, and the techniques of the double, certainly help enhance understanding of the fabric of social roles on the part of the child. To what extent are these social roles spontaneous? To what extent are they patterned? The child gains insights into the *normative* structures surrounding persons around him (i.e. not to be noisy when his father talks over the telephone, etc.); he gains insights into behavior which is acceptable and which is not acceptable as viewed through the eyes of others. He learns to comprehend patterns better, adapt himself thereto. His adjustment *to the world as it is* increases. I hope Moreno will dwell upon this point and clarify to what extent this promotes spontaneity rather than patterning, to what extent this fosters the world *as we want it to be* rather than the world there is. If adjustment is desirable, spontaneity is not. If spontaneity is desirable (and I believe this to be the case), a man's freedom, imaginativeness, creativity are to be preferred over adjustment. Stating the situation in this fashion implies that I am arguing about an inherent conflict between spontaneity and adjustment—and, indeed, with some qualifications, this is exactly the matter. Only a few social roles have been devised to provide channels for the display of disciplined spontaneity—the role of the inventor, innovator, artist. But even in such individuals, maladjustment within the context of the here-and-now will generally occur more frequently than adjustment. A world full of adjusted people is a sterile world. A world full of spontaneous people would be a maladjusted world, but one in which—at the price of the maladjustment—freedom is maximized, and growth can continue.

But, naturally, the choice is not of the "either-or" character. For even in our highly patterned world, spontaneity has never entirely vanished. In fact, it may be said that social roles (which are patterns) are continuously being defined and redefined as to their boundaries precisely because men deviate from the normatively structured (role-expectations). And because, when faced with the here-and-now, individuals do act, to some degree, spontaneously no matter how rigid the pattern, no matter how severe the sanctions. Thus Moreno ultimately appears to want a channelled spontaneity (balanced, and disciplined), if you wish, a purposive spontaneity—a form of high level creativity. Spontaneity-training then would be geared toward the promotion of the unstructured, and unpatterned; of the new in preference over the old; and empathy would be the tool whereby it becomes possible for an individual (himself spontaneity-trained) to place himself into the spontaneity states of others.

I am emphasizing this because it would seem that spontaneity-training, psychodrama, role-playing can do either. The powerful instrument which Moreno had invented can be turned for, and also against, humanity (like all other instruments can). And I am also underlining these alternatives because, in many instances, the age of the manipulator has arrived, the age of the man who can produce, and aims to produce, *consensus* among adjusted, but sterile, individuals. The danger is of a world of manifold "psychegroups" (to use the term of Helen Jennings (17) in which an individual is permitted to function, and survive, as long as he accepts the norms of the groups, as long as he fits into their existing climate. In this fashion, the "group process" can become an end in itself, a 20th century shibboleth. In this fashion, the "leaderless group" will emerge—in which none but the *hidden manipulator* is the leader. In this fashion, spontaneity can be turned against itself.

\* \* \*

Moreno has been, of course, quite aware of some of these considerations. Even in his "Discovery" article, several of his hypotheses are pertinent to this. Thus, in hypothesis 8 (p. 123) he states:

"The empathy of therapists increases with their training in role perception and role reversal,"

substantiating in a sense some of the concern expressed herein about the differences among psychodrama directors. In hypothesis 25, Moreno gives a few "contra-indications" (p. 125) similarly pointing towards issues elaborated upon in this discussion.

"(a) The child uses role reversal to manipulate, dominate or punish his parents or adults. . . ."

And similarly, the therapist may do so, consciously or unconsciously, especially when he (or the auxiliary egos or both) lack "sympathy or skill in playing their part" (portion /b) of the hypothesis.

In these notes, I have been taking issue with points which need further clarification, and with those which are open to critique—to express views on the areas of full agreement would serve no useful purpose. Along these lines then a few more points may be mentioned.

"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. . . ." (p. 104, Moreno.)

Many times before, and now again, has Moreno voiced his worry about the "lethal" effects of the cultural conserves, of stereotypes, of patterning.

But he has also taken a different position, one with which it is more possible to be in agreement:

"It is a fallacy to assume that our social and cultural order is a devilish imposition upon our private psyches and if we could deliver ourselves from this order we would have our private psyches back undiluted, unhampered in their original state of free spontaneity" (18).

And, in the recent article,

"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*" (p. 122, *Discovery*.) (Italics mine.)

First of all, I wish to argue that science has never helped to suppress spontaneity, or even reduce its volume. Science itself is based upon *spontaneous hunches*; it is full of magic visions, and dreams—long before the *tester* can come forth with proof of such hunches. Some of the most meaningful scientific concepts and constructs of our own time have "magic" as their prime ingredient: think of the construct of the "atom"; of the "expanding universe"; of "infinity" (in mathematics, for example!)—and numerous others. We will even go as far as to assert that it has been science precisely which has been responsible for the preservation of some degree of spontaneity and creativity in a world which continuously craves after patterning and rigidity.

Nor was the magic of our ancestors "spontaneous" for very long. Imbedded in elaborate rituals, organized as a system of dogmatic beliefs, it became patterned—and the dogma tended to lead toward formulating restraints upon the unrestricted fabrication of new magic. Originally spontaneous, the ancestral magic became a cultural conserve only to hamper the subsequent display of spontaneity. To science we owe our "new world"—science, which has defined itself as a *never-ending quest*, a perpetual search for answers to an infinite sequence of questions.

This introduces us to yet another topic, that of transformation. Observing Jonathan (in addition to his enormous experiences with many other children and adults), Moreno concludes (p. 107):

"He was trying to come closer and closer to the thing 'dog' and possibly turn into one."

Thus while existence is seen irreversible, man has aspired at becoming something *else*, a giant, a hero, a saint, a dog. But the question remains: is it

*total transformation* that man ever envisages or *segmental transformation*? Is the individual, possessed of what Moreno himself takes into account "megalomania normalis" (p. 107), willing to *give himself up* to become something else? Does Jonathan—equipped with the "wonderdrug of megalomania normalis"—want to give up Jonathan to become a dog? Or anybody, and anything else? I rather doubt this. It is some aspect of the dog that he is after; some function which the dog is seen performing "better", or more "efficiently". Observing birds fly, men wanted to fly. Not knowing how to go about it otherwise, they may have fancied themselves as birds—but it was not because they wished to become birds but rather because *they wanted to fly*. The transformation was segmental. For in these dreams, men do not give up the vision of themselves *as men*; they merely supplement their imperfection by the acquirement of wings. And even more so: if a man wanted to be a bird, it was because he could fly around without obvious restrictions—he could free himself where he felt unfree . . . a slave who wished for wings once and for all to escape his master.

Transformation is segmental rather than total. And it is anticipatory rather than abstracted from the past, or real in the here-and-now. Orientation to actions seems then *not situational*, or *historically experiential*—but *consequential*. The moment is a dynamic category in as much as it refers to the dynamisms of the future; it is the moment of anticipated consequences and results which we refer our behavior to.

I agree with Moreno when he says that "anxiety is cosmic" (p. 121). And also, when he asserts that "anxiety is provoked by a cosmic hunger to maintain identity with the entire universe". This cosmic hunger for the maintenance (or establishment) of identity is one in which men attempt to bridge the gap between what *they wish to be* (images they have of themselves in some future) and *what they are*. These images are composed of numerous *segmental transformations* which a man would have to successfully go through to become that which he wishes to become. Anxiety then relates to the diffuse feeling that this may never become possible; or that life is too short for the segments ever to form an integrated pattern of the Self-in-the-Universe.

"The reality function operates by interpolation of resistances which are not introduced by the infant, but which are imposed upon him by other persons, their relations, by things and distances in space, and by acts and distances in time" (19).

In the Jonathan article, Moreno differentiates three critical stages in the social growth of the child brought to the foreground by the role-reversal

technique: his relations to subhuman beings (such as animals), his relations to man-created objects, and his relations to ideal beings) such as Santa Claus, God, demons) in addition to his relation to other persons. The reality-roles develop by becoming gradually distinguished from psychosomatic roles—an original matrix of identity (20) is but a faint memory.

"As long as he lives, he tries to merge the original breach and because he remains, in principle, unsuccessful, the human personality, even in its most integrated examples, has a tragic touch of relative imperfection" (21).

\* \* \*

I can see Moreno's article on "The Discovery" as a major challenge. It points out the importance of *empathy training*. I have attempted to emphasize some of the *possible* pitfalls of the method. Moreno discusses the techniques: role reversal, and the technique of the double in the use of psychodrama with children. I have aimed at provoking a further clarification of the problem of the (a) psychodrama director, (b) skills of the auxiliary egos, and (c) possibilities for manipulation—by either the subject himself, or the therapist.

Furthermore, an attempt has been made here to indicate the possible significance of the notion of segmental transformation as opposed to total transformation. And finally, I have tried to suggest that the category of the moment, of the here-and-now, of the *situational*, may well have as its major referent the *anticipated moment* which will follow action, and behavior, rather than the chronologically "present". And that men orient towards *images* of the self at some future stage, images which are a mosaic of successful segmental transformations without, however, impairing (and transforming) the self as it is but rather adding to it.

That Moreno's hypotheses expressed in the "Discovery" article will be generative of research, and of much thinking, is sincerely hoped. The inclusion of *locometric* (and, by definition, cultural) considerations into psychodramatic work can follow intensive and extensive research work. The understanding of the image-orientations of individuals (should such be of any significance) can result when the images (or psychosomatic roles?) of individuals are better comprehended.

Yet, even without such expenditures of effort, spontaneity-training among children seems exceedingly promising provided that it does not imply manipulation of others into the existing normative patterns—a process which would run contrary to the optimistic conceptualizations of spontaneity.

## BIBLIOGRAPHIC NOTES

1. Moreno, J. L., Moreno, F. B. "Spontaneity Theory of Child Development", *Sociometry*, Vol. 7, 1944, 2, 89-128. Also Psychodrama Monograph No. 8, Beacon House, 1944, pp. 48.
2. Moreno, J. L. *Who Shall Survive?* (1934 edition).
3. Sorokin, Pitirim A. "Concept, Tests and Energy of Spontaneity-Creativity", *Sociometry*, Vol. 12, 1949, 1-3, 215-224, p. 217.
4. Op. cit. ad (1) p. 93.
5. Johnson, Paul E. "Theology of Interpersonalism", *Sociometry*, Vol. 12, 1949, 1-3, pp. 225-234, p. 231.
6. Op. cit. ad (1) p. 120.
7. Op. cit. (2) also 1953 edition.
8. Op. cit. ad (1) p. 121.
9. Meyer, Adolf. "Spontaneity", *Sociometry*, Vol. 4, 1941, 2, 150-167, p. 155.
10. Op. cit. ad (1) p. 92-93.
11. Moreno, J. L. *Einladung zu einer Begegnung*, Vienna, 1914, p. 3.
12. Mead, Margaret. "Some Relations Between Cultural Anthropology and Sociometry", *Sociometry*, Vol. 10, 1947, 4, 312-319.
13. Sorokin, Pitirim A. Op. cit. p. 217.
14. Moreno, J. L. "The Philosophy of the Moment and the Spontaneity Theatre", *Sociometry*, Vol. 4, 1941, 2, p. 205-226.
15. Moreno, J. L. Op. cit. (2) p. 377-8.
16. Moreno, J. L. Op. cit. ad (1) p. 101.
17. Jennings, Helen H. "Sociometric Differences of the Psychogroup and the Sociogroup", *Sociometry*, Vol. 10, 1947, 1, 71-79.
18. Moreno, J. L. *Sociometry, Experimental Method and Science of Society*, Beacon House, 1949, p. 126.
19. Moreno, J. L. Op. cit. ad (1) p. 114.
20. Op. cit.
21. Op. cit.



## EXPERIMENTAL PSYCHODRAMA WITH CHILDREN

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A challenging approach to the investigation of child life has been described by the Morenos (5, 6). Concerned with understanding how the child discovers himself in relation to the external world of people, animals, inanimate objects and supernatural beings, the procedure also has distinct training implications, for through its use both sensitivity and social skills may be learned.

### EXPERIMENTAL PSYCHODRAMA WITH CHILDREN

Using standard psychodramatic procedures the Morenos participate directly in the living universe of the child. The psychodramatic theatre is the house. The principal interpreter is the child. The players are the child and his parents. The scenes are everyday, ordinary ones such as working out a conflict or giving instruction of the kind occurring during socialization. The events during dramatization are unplanned, natural and spontaneous. Dramatization is enriched through procedures such as role reversal, alter-ego and double technique. The goals are not "therapeutic"; rather they are to quicken social learning, to further systematic knowledge of socialization, to increase spontaneity, and to have fun.

### ADVANTAGES OF THE APPROACH

#### *Systematic*

Psychodramatic techniques have unique advantages when used with children. One is that the child's perception of the world can be observed *in statu nascendi* as he takes the roles of others, whether mother, father, or dog. The portrayal of his world through interactions, and his evaluations and interpretations from them, provide a *direct* avenue of access through which to see and to understand his subjective life and experience. He is able to play—and through play to communicate—experiences the depiction of which by question-answer type reporting would suffer in translation, even if the child's skill in conceptualization were sufficient to permit it.

#### *Sensitivity Development*

Not only is it possible to sense the child's perception of the world through psychodrama of the kind described, but also it is possible to help the child to see and experience the world differently. By mother and child

reversing roles, for example, both are able to see and experience the other and himself more clearly. Only in this way is the planned development of social insight concerning the feelings and experiences of others practically feasible. Particular emphasis here is on the possibility that *both* increase in sensitivity; the mother is not only the source of increased sensitivity for the child, the child also is able to help the mother in her own sensitivity development. The family ensemble as a unit within which three or more people share in sensitivity development is an extension of the basic model but similar in kind.

### *Skill Training*

Distinct from sensitivity development is a third advantage of psychodrama with children. Based on more adequate understanding and on increased sensitivity, the learning of *new* social skills is possible through action techniques of the kind Moreno describes.

Through practicing different ways of dealing with a problem preferred styles of action can be selected that are consistent both with the requirements of the situation and the personality organization of the participants. The idea is that social-relational skills are as subject to training as are the skills of reading and writing. Once the idea has become general and has stimulated research giving specification to the optimal conditions of training, important consequences for mental health through social education can be anticipated.

### CRITIQUE

#### *Comparative Approaches*

The importance of experimental psychodrama with children better can be appreciated through comparing this approach with others also having as their purpose increased understanding of the world of children.

Take Piaget's approach (7, 8). The basic method is to engage the child in analyzing a problem by asking questions and provoking his answers and explanations. The method is well suited to analyzing certain problems, and from its use much of value has been learned concerning the stages of development of the conceptual and moral life of children. It is a special rather than *general* method, however, and by comparison with psychodrama it is limited in use by the child's imperfect language skills. It is of restricted application because of the basic requirement but not universally warranted presumption that words and understanding are perfectly correlated. Piaget's method on the one hand and psychodramatic techniques on the other may be regarded as complementary, and it remains for further research to de-

termine the optimal conditions for the use of each and the manner in which they may be employed conjointly in investigating the subjective life of children.

Another interesting comparison is with the work of Gesell (3). Here the basic approach is that of studying development through the age-grading of behavior. Motor, intellectual, emotional and social aspects all are calibrated to establish norms, sequences, and patterns for growth and development. The method is admirably suited for use in an *objective* frame of reference for it provides baseline data through which both horizontal and longitudinal comparisons between children and training regimes. Though different in conceptualization, the approach is in no way contradictory with that using psychodramatic techniques. There is little question but that the latter in combination with the former can add significantly to our appreciation of the developmental aspects of the subjective life of children.

A third comparison can be made with the work of psychoanalysts who have dealt with children, such as Klein (4). Among the methods for exploring the subjective experience and unconscious mind of the child are those of arranging for children to express themselves through other than direct verbal or planned social media. Artistic creations, doll play and the direct observation of children's play are examples of such techniques. The more extensive use of psychodramatic techniques is by no means inconsistent with other methods of analyzing the child, and their use should be helpful within the psychoanalytic frame of reference, both from a diagnostic and personal change point of view.

### *Training Implications*

Beyond increasing understanding of the world of children, psychodramatic techniques have distinct and unique indications for the development of sensitivity and social skills.

Only through the use of these psychodramatic procedures does the child participate *actively* in the change process itself. He, not the specialist, is the interpreter, clarifier, and self-critic. They, not he alone, supply, through their own actions relative to his, the subject-matter through which clarification, insight, increased understanding and social skills can develop. The agent of change is, in other words, the child. The procedures allow him to teach himself. He learns not only the solution to a concrete problem, but also the use of such techniques provides the conditions under which he can learn to learn; that is, learn the procedures for learning.

As emphasized by this writer in previous comments on Moreno's

Seminar, increased attention should be given to the use of psychodramatic techniques for increasing sensitivity and skill, not in areas where behavior is defective or pathological, but in areas where sensitivity and skill are lacking (1, 2). In this article by Moreno being discussed, emphasis is correctly placed on this point by concentrating attention on developmental aspects and by showing how such techniques can be used both for correcting negative aspects of behavior as well as for providing the opportunity for basic learning of adequate social-relational sensitivity and skill.

### *Research*

Progress in introducing new ideas occurs in phases. Initial descriptions of underlying concepts, methods and applications are followed by refinements and further specifications. In a later phase, basic research to evaluate the actual change consequences and to describe more precisely the conditions of their use is possible.

The latter phase now is at hand with respect to psychodramatic techniques. The period ahead is one in which systematic and well-designed experiments conducted to answer specific issues should appear with greater frequency. Such research will provide a whole host of valid techniques and procedures—for both therapeutic and training purposes—each with its own indications for use by both the behavior pathologist and the social engineer.

### REFERENCES

1. Blake, R. R. Transference and tele viewed from the standpoint of therapy and training. *GROUP PSYCHOTHERAPY*, 1955, 8, 178-179.
2. Blake, R. R. The treatment of relational conflicts by individual, group, and interpersonal methods. *GROUP PSYCHOTHERAPY*, 1955, 8, 182-185.
3. Gesell, A. and Ilg, Frances L. *Child development*. New York: Harper & Bros., 1949.
4. Klein, Melanie. *Contributions to psycho-analysis*. London: Hogarth Press, Ltd., 1948.
5. Moreno, J. L., Moreno, Zerka and Moreno, Jonathan. The discovery of the spontaneous man. *GROUP PSYCHOTHERAPY*, 1955, 8, 103-129.
6. Moreno, Zerka. Psychodrama in the crib. *GROUP PSYCHOTHERAPY*, 1954, 7, 291-302.
7. Piaget, J. *The child's conception of the world*. New York: Harcourt, Brace & Co., 1929.
8. Piaget, J. *The moral judgment of the child*. London: Keagan Paul, Trench, Trubner & Co., Ltd., 1932.

## COMMENTS ON "THE DISCOVERY OF THE SPONTANEOUS MAN"

J. L. MORENO

*Moreno Institute*

To Read Bain: 1) Every child "is" the center of the world, by the nature of his existence, from the moment of birth on, whether he develops in the course of ageing mental "expectations" for being it or not.

2) Megalomania is a universal phenomenon. It is common among children, indeed, among all animate beings. There is a variety of existential grandeur which can be called "vegetative" megalomania; lions, tigers, elephants, wolves and buffaloes of the animal kingdom are illustrations of it. The "little ones" among the animals and the human people are no exception. Often, the littler they are, the more brazen their megalomania.

3) Megalomania has nothing to do with an "innate God complex" but it has something to do with the fact that, just as Jonathan is a part of the universe, the universe is a "part" of him (two sides of the coin).

4) If the universe could have an "I" and think like Jonathan, it would behave "micromanic" whenever it thinks of itself as being a part of such a little thing as Jonathan.

To Sorokin: 1) Direct life experience is the best psychodramatic teacher, we call it psychodrama in situ. It is, of course, preferable to superficially played psychodrama because of the profound earnestness with which an individual throws himself into it without reservations. But even in laboratory psychodrama maximum involvement is a requirement. These things are, however, relative, f.i., "locus" and "duration". A man can play a part in direct life and be superficial in it, just marking the role, another one may live through an episode on the psychodramatic stage for a few minutes only and attain great heights of genuine self transformation.

It is important in direct life experience that the individual is not "put" into a situation, but that he chooses the situation and the part himself. He has to be himself; it has to be an act of his own will. Then, of course, what happens escape our observation.

One of the outstanding experiences in my life are the deeds of Chaim Kellmer (1885-1916), a friend of my youth who deliberately, in order to taste living with the plain, hardworking people, gave up his university career and turned from being a philosopher and writer into a simple farmhand. He broke off contact with all his friends, books, never wrote a line again, but just lived in communion with a peasant family which he had joined.

This, up to the end of his life. There was no pretense in his way of life, it was just his profound desire to live a different life from the one which had been marked off for him.

To Jiri Nehnevajsa: The controversy spontaneity vs. adjustment is a matter of dialectics. We have to learn to adjust ourselves with a "surplus" of spontaneity on hand (this surplus is for behavior like a twinkle in your eye) so that we can "de"-adjust ourselves without unpleasant residua and become conserve-ridden.

## BOOK REVIEWS

SCHOOLS OF PSYCHOANALYTIC THOUGHT. *Ruth L. Munroe*. New York: Dryden Press, 1955. Pp. xvi, 670.

It is extremely difficult to imagine that a book devoted to a comparative exposition of some of the major schools of psychotherapy that fit under the rubric of "psychoanalysis" could find acceptance by those who accept one of the points of view, since this field, by its very nature, is such to engender private conceptions and interpretations. However, from the point of view of one who is not totally accepting of any of these specific schools discussed by Monroe, the author appears to have done a masterly job, clearly and concisely laying bare the basic elements of the various theoretical points of view, and competently comparing one point of view with another, being almost scrupulously careful to indicate those aspects that represent her evaluations.

The volume begins with a 70 page overview which serves as an introduction to approaching Psychoanalytic thought and to its concepts; then follows a 262 page section on Freud and the Freudians; then comes a 206 page section on Adler, Horney, Fromm and Sullivan; an 80 page section on Jung and Rank follows; and the volume is concluded with a 75 page Epilogue.

It goes without saying that in this field of psychotherapy with its competing theoretical systems that all practitioners should be aware of the major postulates of those who accept different frames of reference. However, life is short, and to attempt to learn what another is *really* saying, and the validity of what he is saying often is not possible for the person who must read as he runs. This volume by Munroe will well serve such people, since it is packed with data presented in an apparently unbiased and sensible way, so arranged to enable the reader to know the major premises of a half-dozen of the leaders of psychoanalysis, broadly interpreted, that a maximum of information is obtained in minimal time.

Some 30 people, authorities in various aspects of the subjects have read the book in manuscript, which is some guarantee of the "fairness" of the approach. However, it might have been better had the author consulted forthright exponents of the various systems as consultants. Thus, for example, we read that Dr. Peter Glauber, formerly associated with Adler, who retains a sympathetic interest in the so-called dissident developments, but now a "Freudian", read the "non-Freudian" section. The present reviewer can only say that it is his impression that the book is presented in

a manner that Dr. Munroe's biases are made explicit and that she has striven from accuracy and fairness in an area where strong feelings do occur.

One might take the point of view that all of the approaches are insufficient to explain human behavior in collaboration and interaction, but nevertheless this volume is recommended for its clear coverage of an important topic. It could become the basic introduction to psychoanalysis—at least in the minds of non-psychoanalysts.

RAYMOND J. CORSINI  
*University of Chicago*

DORNBUSCH, SANFORD M. & SCHMID, CALVIN F. *A primer of social statistics*. New York: McGraw Hill, 1955.

For the most part, contributions to the literature of group psychotherapy *per se* have limited themselves to theoretical and observational accounts, placing the status of the literature at the level of hypothesis-making. A truly nomothetic science must be based on many observations, operationally defined, and evaluated in terms of departures from pre-established norms. It need not be emphasized, however, the degree to which theoreticians and clinicians shy away from objective procedures which involve mathematics.

It is a pleasure, therefore, to encounter a book which is a primer in the real sense, namely that one may approach it with almost no knowledge of mathematics with the exception of the four basic operations, and which in a gradual and exceedingly clear manner, the vocabulary, the concepts and the operations of the more common statistical procedures are developed. This is a book which even the most fearful may approach with some confidence. It should be an excellent introduction to more complete accounts, and should be enough for most experimental problems in group therapy as presently conceived.

R. J. CORSINI  
*University of Chicago*



FEUER, LEWIS SAMUEL. *Psychoanalysis and Ethics*. Springfield: Charles C. Thomas Press, 1955.

Dr. Feuer develops his thesis clearly and forcefully. Values are authentic which are based on love and arise from the individual's free choice. Such values, called *expressive*, are opposed to *repressive* values which have their foundations in anxiety. We can analyze, through the methods of psychoanalysis and general psychology, a particular value or set of values in an individual or in a culture and can determine whether or not the values are expressive or repressive, i.e., authentic or inauthentic.

It follows from this thesis that ethics can be a branch of the social sciences—even an applied social science. Dr. Feuer develops the concept of the ethical philosopher as a sort of *super-therapist for the culture*. His primary work would be the psychoanalytic study of values within the society and, presumably, the clarification of the status of these values to members of the society.

The possibility is examined that ethics as an applied social science may be inadequate when confronted with the facts of human *resistance*. The culture is filled with repressive kinds of statements and beliefs, as well as with twisted persons who are the carriers of such beliefs, and this will offer great resistance to the education and development of authentic ethical values. However, Dr. Feuer sees hope in *therapeutic propositions* which, when existent or built into the culture, lend support to the unextinguished free components of the personality. Therapeutic propositions counteract resistances to free action which are the repressive forces of the social order.

The second part of the book is a critique of Freud's philosophy of civilization. Freud's contention that aggression of men toward each other is an innate, independent, and instinctual disposition, his notions about the persistence of ambivalence and guilt feelings arising from the conflict between generations, and the necessary conflict between society and the sexual drive of the individual, are all seen as phenomena brought about by conditioning and repressive values rather than basic impulses or necessary effects of basic impulses. Dr. Feuer sees "ultimate" values as *those stemming from unconditioned and irreducible drives in the human organism*. The implication throughout the work is that the most unconditional and irreducible drive is the need for love and affection.

In view of his fundamental criticisms of psychoanalytic theory, as well as his concept of authentic values arising from the individual's own free choice, it might well be that Dr. Feuer should have based his work to a

greater extent on the thinking of some of the existentialist writers, and upon the psychotherapeutic philosophy and theory of the client-centered or Rogerian approach. The basic concepts of the latter are almost identical with those upon which Dr. Feuer bases his notions of authentic values.

A major criticism of Dr. Feuer's work might be aimed at his assumption that, ". . . beneath the pessimistic negation of human satisfactions and values, one finds an underlying striving for good will and affection among men." This assumption is undoubtedly one which will find much agreement, and is one which many therapists—ethical philosopher or individual psychotherapist—will operate upon. Nevertheless, it remains an assumption in the scientific sense. There is no proof that it is not just an arbitrary reference point from which, of course, one may build up a system of "ultimate" values. Although some evidence of its validity stems from the fact that through psychotherapy, a personality heavily weighted with repressive values may be said eventually to eliminate such values (i.e., the direction of growth is toward expressive values), the approach of the therapist is in all likelihood usually founded upon the very assumption which is under consideration. The hypothesis that values founded upon love are basic would be supported were it possible to show that individuals whose personalities are built upon authentic values alone could not be induced to take on inauthentic or repressive values after maturity had been reached.

Although a universal ethic based on incontrovertible psychological knowledge does not emerge clearly from the book, Dr. Feuer's hypothesis of such ultimate values, as well as his contentions concerning the relationship of ethics to the social sciences should offer a challenging line of inquiry both to philosophers and to social scientists.

STANLEY W. STANDAL  
*University of Chicago*

## CRISIS OF THE HIPPOCRATIC OATH

J. L. MORENO

The strictest privacy in the physician's consultation room and the careful prohibition of anything spectacular and exhibitory has been the unanimously accepted strategy of the medical profession all over the world since the days of Hippocrates—and rightly so—at least for the conventional methods dedicated to the treatment of physical and mental ills. But group psychotherapy and psychodrama have changed all this; it has brought about a psychiatric revolution. This process of healing—catharsis—does not take place in a physician's secluded consultation room—it takes place in the *group*, in midst of the community.

The venerable Hippocratic oath has been supplemented by the group oath.

### THE GROUP OATH

This is the group oath to therapeutic science and its disciples. Whatever happens in the mind of patients in the course of group therapy and psychodrama sessions, in the physician's mind, in connection with the patient's ailments, I-he-they, we should not keep anything secret from each other. We should divulge freely whatever we think, perceive or feel for each other; we should act out the fears and hopes we have in common and purge ourselves of them. This oath we will keep unviolated and may it be given to us to enjoy life and the practice of the art of group psychotherapy and psychodrama, respected by all men, in all times.

## AMERICAN SOCIETY OF GROUP PSYCHOTHERAPY AND PSYCHODRAMA

### *Fourteenth Annual Meeting*

The meeting is to take place on Friday and Saturday, May 4. and 5, 1956, at the Morrison Hotel, Chicago, Illinois, in the Hollywood and Constitution Rooms. The tentative program will consist of the following seminars and workshops: "Group Psychotherapy for Children", Chairman—Rudolf Dreikurs; "Education and Research", Chairman—Rosemary Lippitt; "Psychodrama and Group Psychotherapy in Mental Hospitals", Chairman—Jules H. Masserman; "Crime and Delinquency", Chairman—Raymond J. Corsini; "Special Techniques", Chairman—James Enneis; "Presidential Meeting", with former Presidents, J. L. Moreno, Rudolf Dreikurs, James Enneis, incoming President Jules H. Masserman, participating. To be followed up by a "Family Psychodrama" and cocktail party at 10:00 p.m.

### *New Secretary-Treasurer Pro Tem*

Dr. Howard Newburger resigned from his post as Secretary-Treasurer as of the 1st of January. A new secretary-treasurer pro tem was appointed; he is Lewis Yablonsky, 90 Morningside Drive, New York 27, N. Y.

### *Section Meetings*

The Eastern Section of the Society held a meeting on December 9 and 10, 1955, at the Moreno Institute, 101 Park Avenue, New York City.

The Midwest Section of the Society held a meeting on February 11, 1956, at the Morrison Hotel, Chicago, Illinois.

The Michigan Section of the Society held a meeting on February 17, at the Kellogg Auditorium, University of Michigan at Ann Arbor, and at the home of Drs. Ronald and Rosemary Lippitt, at Ann Arbor.

## ANNOUNCEMENTS

### *Moreno Institute Workshops, Beacon, N. Y.*

The workshops will take place as follows: Easter Workshop, March 30, 31, April 1; Independence Day Workshop, June 30, July 1, 2, 3, 4; Labor Day Workshop, September 1, 2, 3; and Thanksgiving Workshop, November 22, 23, 24, 25. Workshops commence at 3:00 p.m. of the first day. Charges are: \$60.00 for three days, \$75.00 for four days, \$85.00 for five days.

Send in your registration at least one week ahead of the workshop date.

### *Friday Night Workshops, New York City*

A continuing series of workshops every Friday evening, at 101 Park Avenue, is to take place, with a number of directors who will rotate on successive evenings: J. L. Moreno, Lewis Yablonsky, Martin Haskell, Hannah Weiner, Zerka Moreno.

### *New Executive Assistant at Moreno Institute, New York City*

Miss Hannah Weiner has joined the staff of the Moreno Institute as executive assistant.

### *Lewis Yablonsky, Educational Director*

Lewis Yablonsky is conducting special classes in directorial training on Fridays, from 6:30 to 8:00, during the spring term.

### *Sociometric and Psychodramatic Seminar in Industrial Relations*

Martin Haskell is conducting a training program in the area of Industrial Relations during the spring term.

### *Bibliography of Group Psychotherapy, 1900-1955*

Beacon House announces the publication of a comprehensive bibliography to be edited by Raymond J. Corsini, Counseling Center, University of Chicago, to appear in May, 1956.

### *Progress in Psychotherapy*

Edited by: Frieda Fromm-Reichmann and J. L. Moreno, published by: Grune & Stratton, New York City. This book is now in press. It will be published the end of April, presenting a world picture of the schools of psychotherapy.

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**Edited by J. L. MORENO**

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